



Report of the Chief Executive

Report to Executive Board

Date: 19 May 2020

Subject: Update on Coronavirus (COVID19) pandemic – Response and Recovery Plan

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the decision be open for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary

1. Main issues

- The unprecedented national and local developments have continued since the last report to Executive Board, with the coronavirus pandemic creating a huge global challenge. Many people have been impacted personally with the loss or illness of a loved one, having to self-isolate and living through lockdown with such significant economic and social implications. Our relentless focus has been to mobilise the city to help minimise the effects, especially on the most vulnerable, and to keep the people of the city safe. This will continue to be our focus through this next challenging phase.
- Once again, it is not possible to do justice to all the work that has been done in the city, by our communities, our partners, and by the council. This report describes the approach that has been taken, some of the impacts of that work, and some of the challenges ahead. The multi-agency arrangements described in previous Executive Board papers have continued and been further developed to deal with new challenges, and will be continually reviewed given the dynamic nature of the pandemic. Regular and extensive communications have continued to the public, councillors, MPs, partners, and staff, and we plan to continue this approach.

- Whilst we have continued to focus on our response on a range of issues, including for example care homes this month, we have also started preparation for recovery following the national approach and being informed by learning and research from others. In broad terms, we can view the next phases as follows, with the first one being the primary focus of this month's report:
 - **Responding to the virus and its effects, safely lifting lockdown**
 - Living with the virus in the population, where social distancing has to be maintained
 - A new normal, most likely once a vaccination is available

- Whilst social distancing remains key for public health reasons, the overall framework that we are using to lift lockdown will be to use test, trace and outbreak management to ensure:
 - **Safe travel** ensuring the safe use of highways and public transport and encouraging active travel where possible.
 - **Safe public spaces** with physical distancing in communities, district centres and the city centre.
 - **Safe delivery of services** including health and social care, and other public services.
 - **Safe education** as more children and young people return to schools, colleges and nurseries.
 - **Safe working** with physical distancing in workplaces and coordination between large employers to avoid peaks of movement.

- We will need everybody's continued cooperation to ensure restrictions can be eased safely, enabling us to support a strong public health response and strong economic recovery approach, delivering public services while continuing to protect and support vulnerable citizens. Clear communications and effective public engagement during this next phase, to avoid a second peak, will be key. To complement the national messaging, our local messaging about a safe city is covered in the infographic attached to this report and can be summarised as:
 - Stay at home if you can
 - Maintain social distancing if you go out
 - Wash your hands regularly and for 20 seconds
 - Stay at home and isolate if you or anyone in your household has symptoms
 - Limit contact with other people
 - Work at home if you can
 - Go to work if it is safe and you can maintain social distancing
 - Only use public transport where necessary, and wear a face covering
 - Continue to stay at home if you are shielded

- The report describes:
 - the range of national developments and announcements since the last report, covering all aspects from testing, tracking, tracing, PPE, advice for schools and support for businesses, developments on those "shielded", and local government funding and
 - the local approach to planning, governance and delivery for this unprecedented scenario, in line with the Civil Contingencies Act 2004, in particular the Response and Recovery Plan, the multi-agency governance arrangements, and the broader West Yorkshire Local Resilience Forum context with its links to the national command and control arrangements
 - the approach to easing restrictions in the city in a way that keeps the city safe, , which will be a major challenge for the city and the country

- There is a section on each of the themes within the Response and Recovery Plan, describing progress and issues, overseen by Gold Strategic Recovery Group (SCG), as follows:
 - **Silver Health and Social Care Group** – Significant focus on support to care homes as the response in those is still a huge risk for further deaths/illness and infection spread, so focus on PPE, responding to hospital discharges, ensuring a healthy workforce, support to providers. Gradual resumption of planned surgery and screening at hospitals. Consideration of how best community services are reintroduced, especially for the most vulnerable. Testing - ensuring capacity and coordination for all eligible groups (including anticipated pop-up sites); further support for care homes; planning for introduction of national approach to contact tracing, with the hope that this can be lodged within local arrangements. Children’s social care preparing for a spike in demand.
 - **Citizens and Communities Silver Group** – maintaining the helpline and volunteering/food support for the vulnerable; third sector sustainability, further impact on inequality and poverty (including digital divide). Planning for key service resumption in communities in a safe way, with an additional bronze group focussing on this e.g. household waste sites, schools and community hubs. Consideration about street support and LASBT. Backlogs in key services – e.g. registrars and licensing to be addressed. Vulnerable children and connections between services important in this context, likewise with health colleagues who are concerned about vulnerable groups without good access to services.
 - **Silver Economy and Business Group** -Continuing effective business engagement focusing on practicalities of transitional arrangements, most notably with anchor institutions, major retailers and representative organisations; ensuring grant payments are made quickly and effectively, and schemes developed with partners where needed; rapid review of the Inclusive Growth Strategy (including further alignment to Health and Wellbeing and Climate Emergency strategies).
 - **Infrastructure and Supplies Silver Group** – practical challenges of social distancing in the city and district centres, public transport use/commuter concerns, working with employers regarding returning workers, safe routes to schools, additional cycling and pedestrian routes.
 - **Silver Organisational Groups - Organisational response** – workspace and building usage, workforce planning, maintaining productivity, health, safety and wellbeing (including method statements where needed); service resumption, expansion and maintenance; trade union engagement, ICT issues, financial position/budget impact.
 - **Bronze groups** – there are an important range of bronze tasking groups operating to progress key issues, often that fall between Silver groups. Some of these are more specifically within health and social care, with others bring broader city-wide groups, the current list includes: Domestic Violence and Abuse Officer Group; Supporting the Financially Vulnerable; Food Provision – Planning; Recovery – Return to City Estates; Recovery – Returning to Public Spaces; Recovery – Reopening Schools; Shielding Cohort; Street Support Improvement Board; Volunteering; PPE; Testing; Primary Care; Discharge; Palliative Care; Data; Support to Care Homes; Contact Tracing and Outbreak Control.

- Other sections include the approach to risk management during the crisis and governance. Given the significance of the financial implications, both additional costs and lost income, there is a separate report on the agenda outlining the latest position and the issues.

- Some examples, since the last report, of activity and impact across the city are as follows and are depicted in an infographic at the end of this section:
 - 190,000 visits to dedicated webpage at www.leeds.gov.uk/coronavirus
 - 11,000 calls for support answered by two helplines

- Launch of a new welfare calls service, 'Are U OK?', providing welfare check-in calls to those that request it through the COVID-19 helpline
- 18,000 clinically shielded people contacted. 16,099 of this cohort have also registered nationally.
- 8.6 million items of PPE (including gloves, aprons and masks), plus 13,911 bottles of hand sanitiser and 37,677 clinical waste bags delivered to almost 500 care homes, children's homes, doctor's surgeries and hospices
- An additional 1,472 packages of support provided to people, either in their own homes or in a care home since the beginning of March.
- £130,805,000 in grants paid to 10,598 businesses
- 10,000+ food parcels delivered and more supported locally through volunteer-assisted shopping
- 330,000 leaflets posted to households with information about accessing support. This has been translated into 12 community languages.
- 52% reduction in air pollution (nitrogen dioxide) across the city compared to last year
- 21,590 children provided with Free School Meals through schools and local hubs across Leeds every week. This comprises 7,090 Grab Bags, 2,700 Hampers, (which is the equivalent of 13,500 meals), plus a further 1,000 hot meals.
- 25% increase in Meals at Home service, providing 800 meals per day, 7 days a week.
- 3.2 million black and green bins collected since lockdown began, with waste 15% higher than usual. Household Waste Recycling Centres re-opened from 11 May on a booking system basis, with 19,600 slots available to book each week
- 33 volunteer coordinator hubs established across the city, supported by 5,200 volunteers. Between 24 March and 28 April 5629 referrals were made to the volunteer hubs.
- 33 Facebook pages set up, one for each ward of the city, to share updates and information
- 129,000 views of online learning videos posted on YouTube by the museums and galleries service, a 30% increase since 23 March
- 4,887 duty of care calls have been made to vulnerable Leeds Card members in 3 weeks
- 133 exercise videos have been added to the Active Leeds YouTube channel, with almost 17,000 views
- 21,746 people visited the new Active Leeds [Healthy at Home website](#)
- 753,445 people reached through the Active Leeds Facebook page
- 7000+ essential housing repairs and 4,300 gas safety checks undertaken
- 215 people provided with emergency accommodation
- Over 700 vulnerable Leeds residents from a cohort of 1700 clinically high risk tenants contacted in one week by the Housing Strategy & Investment team. These calls have resulted in referrals for food parcels, urgent welfare advice and safeguarding.
- 630 people per week assisted over the telephone by Leeds Housing Options, achieving a positive accommodation outcome for 90% of people who approach the Council when threatened with homelessness.
- Over 7000 Council tenants over 70 contacted by Housing Leeds to check their wellbeing, with over 200 referred to foodbanks or additional support. Weekly contact being maintained with over 600 tenants.
- Housing Leeds are operating an emergency amendment to the lettings policy, a lettings panel has been established to rehouse customers who fall into specific priority groups, including hospital discharge cases, high risk cases of domestic violence and abuse, and those in supported/temporary accommodation who are tenancy ready. The panel are working collaboratively with housing association partners and to date have rehoused 26 customers in urgent housing need- two of these cases were rehoused in RSL accommodation.

Coronavirus – summary of council impact (May 2020)



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8.6million
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£130m+
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10,000+
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in air pollution (nitrogen
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5,200
active volunteers

supporting the most
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through 33 volunteer hubs



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19,600
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Recycling Centres since
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17,000
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21,590
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2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- In terms of the Best Council Plan, adaptations are being made to the version that was agreed at February Full Council to ensure that the COVID-19 context is accurately captured – this will be published soon. We plan a further, more fundamental review of the suite of city strategies later in the year when we know more.

3. Resource Implications

- Given the significance of the financial implications of coronavirus, there is a separate and more detailed report included on the agenda for this meeting, so the details are not repeated here.

4. Recommendations

Executive Board is requested to:

- 1) Note the updated national context and local response to the coronavirus (COVID-19) outbreak.
- 2) Agree the updated Response and Recovery plan update, including the updated aims and objectives.
- 3) Agree the approach and messaging for running a safe city.
- 4) Use this paper as context for the more detailed paper on the financial implications of coronavirus for the council

1. Purpose of this report

- 1.1 This report updates Executive Board on the coronavirus (COVID-19) work across the city, being driven by the response and recovery plan previously reported to Executive Board in March and April. This plan aims to mitigate the effects of the outbreak on those in the city, especially the most vulnerable, and prepare for the early stages of recovery. The city's multi-agency command and control arrangements are set within the national approach and guidance from the government, plus the context of resilience and health partnership arrangements at a West Yorkshire level, and the Combined Authority. This paper covers organisational issues arising from the pandemic as well as a citywide update.

2. Background information

- 2.1 Since the outbreak of the coronavirus in December 2019, the number of cases recorded across the world continues to increase, including the United Kingdom. The government has taken a significant number of further measures in response to the outbreak which have been described in the March and April coronavirus Executive Board reports. Since the government's decision on 16 April that the measures of lockdown restrictions, must remain in place for at least 3 weeks, there have been a range of further key developments in the national response to the coronavirus outbreak including the publication of a recovery strategy which sets out the plans for moving to the next phase of the UK response to the virus. This report does not detail every national development, but covers some of the most significant. Full details of guidance and communications issued by the government can be found on the [gov.uk website](https://www.gov.uk).

- 2.2 On 16 April, the government outlined five specific tests to be satisfied in order to determine a safe adjustment of the current measures and easing of the lockdown:
- Confidence that the NHS will be able to provide sufficient critical care and specialist treatment right across the UK
 - A sustained and consistent fall in the daily death rates from coronavirus
 - Reliable data from SAGE demonstrating that the rate of infection is decreasing to manageable levels across the board.
 - Confidence in testing capacity and PPE - supply able to meet future demand.
 - Confidence that any adjustments to current measures will not risk a second peak of infections that overwhelms the NHS.
- 2.3 The government has made several announcements on testing since the last update to the Executive Board. On 17 April the government announced access to testing for individuals with symptoms of coronavirus will be extended across England to include further frontline workers and symptomatic members of their family or household to allow the key worker to return to work. The full list of eligible workers included; all NHS and social care staff; police, fire and rescue services and local authority staff such as those working with vulnerable children, adults and victims of domestic abuse, and those working with the homeless and rough sleepers. A further announcement in relation to testing by the Department for Health and Social Care (DHSC) on 23 April confirmed all essential workers in England, and members of their households who are showing symptoms of coronavirus will now be able to get tested. A wide range of testing methods would be rolled-out to increase accessibility, including home testing kits, mobile testing sites and satellite testing kits. Moreover, the government also announced on 26 April that essential workers and the most vulnerable will gain increased access to coronavirus tests with network of mobile testing units (operated by the Armed Forces) will travel where there is significant demand, including care homes, police stations and prisons. A further expansion of access to coronavirus testing was announced on 28 April, where anyone in England with symptoms of coronavirus who has to leave home to go to work, and all symptomatic members of the public aged 65 and over, will now be able to get tested. Additionally, a major home testing programme for coronavirus which will track levels of infection in the community was detailed on 29 April, where a 100,000 people will be sent self-testing kits to determine if they are currently infected. More recently, the Secretary of State for Housing, Communities and Local Government, Robert Jenrick MP wrote to all councils in England on 1 May, reminding them of their eligibility for testing.
- 2.4 The Local Government Minister Simon Clarke MP also wrote to all councils in England on 17 April to work with faith groups and funeral directors to develop safe, sensitive and innovative ways for funerals to take place. The statutory guidance for local authorities in England on Schedule 28 to the Coronavirus Act was also published, which provides powers to support local and national death management. Further guidance on the management and organisation of funerals during the coronavirus pandemic was issued by Public Health England on 19 April, which details the exceptions which can be made to restriction advice currently in place to allow families and friends to attend funerals, including those who are self-isolating or who have been defined as extremely clinically vulnerable, should they wish to.
- 2.5 On 18 April, the government announced further funding to councils across England of £1.6 billion, to support in dealing with the immediate impacts of coronavirus. Council allocations from this specific funding was announced on 28 April with Leeds receiving £21.7m as part of its second tranche of COVID-19 funding. The first

tranche of support grant funding for Leeds was £22m (£21,964,950), although the methodology used for the second tranche was an allocation per head of population. This is covered further in the finance report on the agenda.

- 2.6 On 20 April, the government's Coronavirus Job Retention Scheme was open for applications allowing employers to claim for a cash grant of up to 80% of a furloughed employees wages, capped at £2,500 a month. Employers can apply for direct grants through HMRC's online portal. The government further announced details of the grant funding provided to businesses by councils in England, publishing data on the amount of money distributed to SMEs by every local authority in England as part of the grant schemes launched to support businesses with the impact of coronavirus. The Chancellor of the Exchequer also announced a £1.25 billion government support package which aims to support UK businesses driving innovation and development during the coronavirus outbreak. The package includes a £500 million investment fund for high-growth companies impacted sourced from funding from the government and the private sector. SMEs focusing on research and development will also have access to £750 million of grants and loans.
- 2.7 The Chancellor outlined additional details of the government's Coronavirus Large Business Interruption Loans Scheme (CLBILS) on 21 April. Companies with a turnover of more than £45 million will now be able to apply for up to £25 million of finance, and up to £50 million for firms with a turnover of more than £250 million.
- 2.8 On 22 April, the Ministry of Housing, Communities and Local Government (MHCLG) wrote to local authority chief executives in England about extending the statutory audit deadlines for 2019 to 2020. The publication date for final, audited, accounts will move from 31 July for Category 1 authorities and 30 September for Category 2 authorities to 30 November 2020 for all local authority bodies.
- 2.9 On 23 April, the government made a series of announcements. The Department for Health and Social Care (DHSC) announced the start of a virus infection and antibody test study. The study aims to improve understanding of the current rate of infection and how many people are likely to have developed antibodies to the virus. 20,000 households in England are being contacted to take part in the first wave of this study. The Local Government Minister Simon Clarke MP also wrote to Leaders of local authorities in England, in relation to continued access to parks and public spaces including burial grounds and cemeteries. Additionally, the Department for Education (DfE) further announced greater flexibility to councils to move free entitlements funding between settings in exceptional cases to meet demand during the outbreak. Councils will temporarily be able to use the funding they receive for the free entitlements for two, three and four-year-olds differently, redistributing it where particularly necessary to support critical workers and the parents of the most vulnerable children, when their usual arrangements are no longer possible as a result of coronavirus.
- 2.10 On 24 April, the government announced furloughed workers will receive full parental leave entitlement. Furloughed workers planning to take paid parental or adoption leave will be calculated based on usual earnings rather than furlough pay rate. Full earnings will apply to Maternity Pay, Paternity Pay, Shared Parental Pay, Parental Bereavement Pay and Adoption Pay.

- 2.11 On 27 April, the government published new guidance for social landlords on essential moves with councils and housing associations asked to continue to support vulnerable people to move home. The guidance states that all social landlords should prioritise essential moves and do what they can to ensure these can take place, when safe to do so. Essential moves include, supporting victims of domestic abuse and people fleeing violence as well as supporting discharge from hospital to free-up bed space for others requiring care.
- 2.12 The Chancellor also announced a new 100% government Bounce Back Loans scheme for small business on 27 April. Businesses can borrow between £2,000 and £50,000 and loans will be interest free for the first 12 months with businesses able to apply via an online form. The scheme launched on 4 May. The scheme will offer smaller amounts than the existing Coronavirus Business Interruption Loan Scheme (CBILS) and should be quicker and easier to apply for. The loan is 100% guaranteed by the government with an interest rate of 2.5% and the loans will last up to six years with funds made available quickly. Businesses who have applied for a CBILS loan of £50,000 or less will be able to switch to a BBL loan should they choose to, or to convert an existing CBILS loans to a BBL loan.
- 2.13 On 29 April, NHS England and NHS Improvement (NHSEI) chief executive Sir Simon Stevens and Chief Operating Officer Amanda Pritchard wrote to NHS organisations across the country to outline a second phase of the response to COVID-19. This letter also highlighted that given the scale of the challenges, NHS organisations must also continue to partner with local authorities and Local Resilience Forums (LRFs) in providing mutual aid with colleagues in social care, including care homes.
- 2.14 On 30 April, the Communities Minister, Lord Greenhalgh wrote to local authority chief executives highlighting that some members of Gypsy and Traveller communities are likely to be particularly vulnerable to COVID-19, and may need support in accessing basic facilities in order to enable them to adhere to public health guidelines around self-isolation and social distancing during the outbreak.
- 2.15 On 1 May, the Ministry of Housing, Communities & Local Government (MHCLG) announced that Business Improvement Districts (BIDs) will receive £6.1m funding in response to the coronavirus pandemic. These monies will be distributed via a grant to local authorities to be passed on to BIDs, and will cover funding for 3 months and contribute to their operational costs.
- 2.16 NHSEI wrote to GP practices and primary care networks, CEOs of community health providers, regional directors of primary care and CCG accountable officers on 1 May requesting that primary care and community health services further support care homes, building on what practices are already doing.
- 2.17 On 2 May, the government announced the Local Authority Discretionary Fund of up to £617 million to accommodate specific small businesses previously outside the scope of the business grant funds scheme. This is an additional 5% uplift to the £12.33 billion funding previously announced for the Small Business Grants Fund (SBGF) and the Retail, Hospitality and Leisure Grants Fund (RHLGF). The exact amount allocated for each local authority is yet to be announced and the scheme is not yet open for applications. The latest advice is that should there be any remaining funding from initial SBGF and RHLGF allocations (having made payments to all eligible businesses) the remaining funding would need to be used

first in the discretionary scheme, and additional funding would only be made available where there are insufficient remaining funds to meet the costs of the additional 5% discretionary grant fund. However, the council is able to launch the new Local Authority Discretionary Fund scheme prior to existing grant funds from the initial scheme having been exhausted. Early indications suggest that this new additional fund is aimed at small businesses of under 50 employees, and local authorities will be asked to prioritise small businesses in shared offices or other flexible workspaces such as in industrial parks, science parks and incubators which do not have their own business rates assessment; regular market traders who do not have their own business rates assessment; Bed & Breakfasts which pay Council Tax instead of business rates; and charity properties in receipt of charitable business rates relief which would otherwise have been eligible for Small Business Rates Relief or Rural Rate Relief. However, local authorities will be given flexibility to make payments to other businesses based on local economic need, and how funding is allocated will be at the discretion of local authorities. The maximum grant will be £25,000. Local authorities will be given discretion to make payments of any amount under £10,000. Further government guidance for local authorities has very recently been published and the council will develop and establish the necessary processes for effective local implementation.

- 2.18 The government also announced £76 million of extra funding for charities to support survivors of domestic abuse, sexual violence and vulnerable children and their families and victims of modern slavery. It was further announced on 2 May that a specialist taskforce has also been created to lead the next phase of the government's support for vulnerable rough sleepers during the pandemic. Led by Dame Louise Casey, the team of experts will advise councils on plans to support rough sleepers into long-term, safe accommodation once lockdown is lifted.
- 2.19 On 4 May, the government announced that Isle of Wight residents will be the first to get access to a new 'test, track and trace' programme. Rollout of the NHS COVID-19 App will begin with the island's NHS and council staff.
- 2.20 Since the 4th May, HMRC has contacted potential customers who may be eligible for the Self-employment Income Support Scheme that will allow the self-employed to claim a taxable grant worth 80% of their trading profits up to a maximum of £2,500 per month for the next three months. This may be extended if needed and opened on the 13 May with payments backdated to 20th March.
- 2.21 On 5 May, Ofqual published its initial consultation decisions on who should receive a calculated grade for GCSEs, AS and A levels. In terms of the calculated grades for students in year 10 and below, Ofqual have decided that these students will be eligible to receive calculated grades this summer. Ofqual is expected to publish the final decisions later in May, in relation to the other specific proposals for awarding GCSEs, AS/A levels, Extended Project Qualification and Advanced Extension Award in maths this summer.
- 2.22 The Local Government Minister Simon Clarke MP and Environment Minister Rebecca Pow MP also wrote to councils on 5 May on the re-opening of household waste and recycling centres. The letter further highlights additional guidance published by the Department for Environment, Food and Rural Affairs (DEFRA) to support councils in maintaining access to key facilities and, where necessary, with managing the process of re-opening.

- 2.23 On 6 May, the government announced the launch of a new dedicated app for the adult social care workforce in England to support staff through the coronavirus pandemic. Care workers will get access to guidance, learning resources, discounts and support will be offered on mental health and wellbeing through toolkits.
- 2.24 On 9 May, the government announced a £2 billion package which seeks to create alternative ways to travel, such as walking and cycling, which could relieve the pressure on public transport. The investment seeks to create emergency bike lanes and streets that will help support the transport network, trials of rental e-scooters to be brought forward to increase green transport options and the government will work with tech developers to reduce crowding on public transport. Pop-up bike lanes with protected space for cycling, wider pavements, safer junctions, and cycle and bus-only corridors will also be created in England as part of a £250 million emergency active travel fund - the first stage of a £2 billion investment, as part of the £5 billion in new funding announced for cycling and buses in February.
- 2.25 On 10 May, in his address to the nation, the Prime Minister announced details of a “conditional plan” for easing the lockdown measures enacted on 26 March and extended on 16 April and 7 May. Updating national messaging now calls on the public to *Stay Alert: Control the Virus: Save Lives*. The government has further stated the easing of some measures will occur in three phases, dependent on the spread of the virus. Details of the government’s approach were further published in a range of new guidance and the UK Government’s COVID-19 recovery strategy on 11 May. The government’s recovery strategy sets out the plans for moving to the next phase of its response to the virus and a roadmap to easing existing measures in a safe way, subject to controlling the virus and being able to monitor and react to its spread. A summary of the three steps included in the strategy and the set ambitions in each phase is below:
- **Step one** changes will apply from 13 May in England.
 - This includes guidance that workers should continue to work from home rather than their workplace, wherever possible. All workers who cannot work from home should travel to work if their workplace is open.
 - Sectors of the economy that are identified as allowed to be open include food production, construction, manufacturing, logistics, distribution and scientific research in laboratories.
 - Exceptions to this are those workplaces such as hospitality and nonessential retail which are required to remain closed.
 - Guidance is maintained in relation to those who have symptoms, however mild, or are in a household where someone has symptoms i.e. they should not leave their house to go to work and self-isolate, including those in their households.
 - In relation to vulnerable children, or the children of critical workers, attending school: LAs and schools are advised to continue to urge more children who would benefit from attending in person to do so.
 - Travel: When travelling everybody (including critical workers) should continue to avoid public transport wherever possible. Social distancing guidance on public transport must be followed rigorously.
 - Face coverings: the government is now advising that people should aim to wear a face-covering in enclosed spaces where social distancing is not always possible and they come into contact with others that they do not normally meet, e.g. on public transport or in some shops.
 - People can now also spend time outdoors subject to various conditions i.e. not meeting up with any more than one person from outside your household;

continued compliance with social distancing guidelines to remain two metres apart from individuals outside your household; maintaining good hand hygiene, and those responsible for public places being able to put appropriate measures in place to follow the new COVID-19 Secure guidance.

- People may also exercise outside as many times each day as they wish. However individuals will still not be able to use playgrounds, outdoor gyms or ticketed outdoor leisure venues. People can only exercise with up to one person from outside their household.
 - People may drive to outdoor open spaces regardless of distance, so long as they maintain social distancing guidance.
 - Those who are more clinically vulnerable to coronavirus such as those aged over 70, those with specific chronic pre-existing conditions and pregnant women should continue to take particular care to minimise contact with others outside their households.
 - Those in the clinically extremely vulnerable group (shielding group) are strongly advised to stay at home at all times and avoid any face-to-face contact.
- **Step two:** the government's current aim is that this step will be made no earlier than 1 June, however, the timing of the second stage of adjustments will primarily depend on the most up-to-date assessment of the risk posed by the virus. The current planning assumption for England is that this step may include some of the following measures as possible:
 - A phased return for early years settings and schools with preparations to begin to open for more children from 1 June. Government expectations include children to be able to return to early years settings, and for Reception, Year 1 and Year 6 to be back in school in smaller sizes, from this point. This phases also aims for secondary schools and further education colleges should prepare to begin some face to face contact with Year 10 and 12 pupils who have key exams next year, in support of their continued remote, home learning. The Government's set ambition is for all primary school children to return to school before the summer for a month if possible, though this will be kept under review.
 - Opening non-essential retail when and where it is safe to do so, and subject to those retailers being able to follow the new COVID-19 Secure guidelines.
 - Permitting cultural and sporting events to take place behind closed-doors for broadcast, while avoiding the risk of large-scale social contact.
 - Re-opening more local public transport in urban areas, subject to strict measures to limit as far as possible the risk of infection in these normally crowded spaces.
 - **Step three:** The government's current planning assumption is that this step will be no earlier than 4 July and will be subject to the five tests outlined and will take place when the assessment of risk permits further adjustments to the remaining measures.
 - The set ambition for this phase is to open some of the remaining businesses and premises that have been required to close, including hairdressers, hospitality, places of worship and leisure facilities (like cinemas). They should also meet the COVID-19 Secure guidelines.

2.26 The Prime Minister also announced the establishment of a new COVID-19 Alert system in order to monitor infection rates and the impact of any changes to the lockdown. The system will be run by a new Joint Biosecurity Centre (JBC) which will provide real time analysis and assessment of outbreaks at a community level, which will enable rapid intervention. The Centre will also advise on the general prevalence

of COVID-19 to help inform decisions to ease restrictions in a safe way. The alert levels are:

- **Level 1:** COVID-19 is not known to be present in the UK
- **Level 2:** COVID-19 is present in the UK, but the number of cases and transmission is low
- **Level 3:** A COVID-19 epidemic is in general circulation
- **Level 4:** A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially
- **Level 5:** As level 4 and there is a material risk of healthcare services being overwhelmed

2.27 Following the initial steps outlined by the Prime Minister in relation to the recovery strategy, the government has also published new guidance for employers on 11 May, setting out practical guidelines to ensure workplaces are as safe as possible. The new guidance covers 8 workplace settings which are permitted to be open, from construction sites to takeaways. Up to an extra £14 million has also been made available for the Health and Safety Executive (HSE) for extra call centre employees, inspectors and equipment.

2.28 The government also launched a new online portal on 11 May, which seeks to make it easier for care homes to arrange deliveries of coronavirus test kits. All symptomatic and asymptomatic care home staff and residents in England are eligible for testing. Moreover, testing will be prioritised for care homes that look after the over 65s.

2.29 On 12 May, the Chancellor confirmed the extension of the government's Coronavirus Job Retention Scheme until the end of October. Furloughed workers across UK will continue to receive 80% of their current salary, up to £2,500. The scheme is expected to continue in its current form until the end of July, with greater flexibility worked in to the system from the start of August to support the transition back to work. More specific details of its implementation are expected to be made available by the end of this month.

2.30 On 13 May, the government announced that five new ministerial-led taskforces have been established to plan how closed sectors can reopen safely. These are:

- pubs and restaurants (Department for Business, Energy and industrial Strategy)
- non-essential retail (including salons) (Department for Business, Energy and industrial Strategy)
- recreation and leisure, including tourism, culture and heritage, libraries, entertainment and sport (Department for Culture, Media and Sport)
- places of worship, including faith, community and public buildings (Ministry for Housing, Communities and Local Government)
- international aviation, reflecting the unique challenges that sector is facing (Department for Transport)

2.31 The Prime Minister also announced on 13 May a further £600m of funding for local councils, focused on adult social care and COVID-19 pressures in care homes.

2.32 Since the announcement of the government's recovery approach, a series of new guidance has been published such as; for owners and operators of urban centres and green spaces to help social distancing; details on a range of outdoor activities which

will be allowed in England from 13 May 2020 subject to social distancing rules; and guidance on the closure of certain businesses and venues as part of further social distancing measures.

- 2.33 The number of COVID-19 cases are being updated daily on the .gov.uk website [COVID-19 cases by local authority](#). Across the UK as of 14 May there are 233,151 confirmed cases with 33,614 deaths. Leeds has 1,678 confirmed cases and 525 deaths as of 14 May.
- 2.34 As reported to Executive Board in April, in addition to the nationally reported data which covers deaths in settings where there has been a positive COVID-19 test result, the Office for National Statistics (ONS) also report on death registrations where COVID-19 has been identified as the cause of death or a contributing factor to the cause of death. ONS also publish excess deaths data comparing deaths in 2020 with previous year deaths and rolling averages over five years. The COVID-19 death data published by ONS is based upon the cause of death indicated on the death certificate rather than all of those deaths being confirmed with the benefit of a COVID-19 test.
- 2.35 In relation to Leeds specific data, all deaths registered in the period 27 March to 14 May 2020, there were 525 deaths which were identified as relating to COVID-19. In regard to where those people died, 296 (56%) died in a hospital setting, 200 (38%) died in care homes and 29 (6%) died in a hospice or at home. Of all deaths registered since the 27 March 2020 when we received the first suspected COVID-19 related death registration, 33% of all deaths registered have been identified as COVID-19 related.
- 2.36 Excess deaths through comparison to the equivalent week in 2019 saw for the w/e 3 April an 84% increase in death registrations, w/e 10 April a 52% increase, w/e 17 April a 124% increase, w/e 27/4 a 114% increase, w/e 1/5 a 87% increase and for w/e 8/5 a 57% increase. The excess death data will need to be tracked over a longer period to assess the full extent of excess deaths in 2020.
- 2.37 As the number of death registrations can vary from day to day, we have also analysed figures on a rolling 7-day basis. At its peak on the 20th April, the rolling average was 18.7 COVID-19 registrations per day which had reduced to 13.29 per day by the 30th April. This rolling average as well as the excess death data above suggests Leeds is over the peak and is now starting to see a steady reduction in COVID-19 death registrations.

3. Main issues

3.1 Planning, delivery and governance

- 3.2 Details of the multi-agency command and control arrangements for the outbreak in Leeds were described in the April 2020 Executive Board report set alongside the wider governance and delivery framework at a sub-regional level including the West Yorkshire Local Resilience Forum strategy. The partnership focus in the response phase has been in mitigating and reducing the immediate impact of the outbreak, particularly for the most vulnerable; maintaining business continuity of key services; and, providing what support we can to individuals, families and communities; and those businesses affected. This approach has been effective with the resources and information available, but as the council prepares to transition into the recovery phase it is vital that this continues to be driven by data as well as being informed by

a clear engagement plan with the public as they will ultimately determine the successful delivery of this next phase. The importance of local engagement with national systems cannot be emphasised enough.

3.3 The multi-agency arrangements have been further developed since the last Executive Board paper to be appropriate for the circumstances and are attached as part of the response and recovery plan, with the main focus of these being about the best possible coordination and communications to handle this complex and rapidly developing global challenge. The main changes have been in the Health and Social Care area, where groups have been rationalised to provide clearer accountability and focus for this phase, with an additional Silver and Bronze group for care homes given the focus. Additionally, the number and focus of bronze groups has developed to reflect the changing nature of the challenge, with new groups during this period for example on returning to public spaces and returning schools.

3.4 The West Yorkshire Resilience Forum (WYLRF) has agreed a refreshed strategy (attached at annex A) which focused more on recovery, with all five councils heavily involved to ensure fit with local approaches. Daily Strategic Coordinating Group (SCG) calls during this period. Daily Sitreps have been submitted to WYLRF raising issues and providing an updated position on key issues. Summaries of the issues being raised have been included each week in one of the updates to councillors and MPs and checked with the Leeds Gold SCG. The Leeds sitrep has stayed at an Amber rating throughout this period and an example of issues raised in one of this week's daily sit reps is as follows to give an illustrative flavour of the reporting to the LRF:

- Reset / recovery - resuming key services remains a big issue within each organisation and across the city and beyond will be a significant challenge not to mention public confidence and trust etc. Working through the guidance.
- Testing – some issues about delayed test results reported from care homes (from home tests). Some mixed messages about MTU/Temple Green capacity.
- PPE - ongoing concerns about supply despite local and national efforts, still feels hand to mouth across all areas. Very concerned about move to a complete national supply system, with clear preference for the work done in WY (NHS, WYCA, councils etc.) to be progressed. Specific issue over the weekend with some face masks, causing additional concern. Appears that LRF supplies getting smaller.
- Care Homes - continued concerns about care homes, with high number of suspected or confirmed outbreaks, but continued extensive support from infection control team and on PPE. New action plan in place and specific bronze group to ensure support.
- Financial impact – ongoing concerns about massive impact on council finances and other bodies. Most councils considering whether a S114 might be required in the coming weeks.
- Inequalities remain a significant concern – short and medium and long term – health aspects, economic, social aspects, disproportionate effect e.g. rough sleepers, vulnerable children, DV etc.
- Food – ongoing concerns about challenge to maintain food supplies for the most vulnerable with demand increasing significantly and period of supply looking longer, plus concerns about national supply to shielded remain
- Shielding - resolving outstanding issues on shielding to ensure everyone gets what they need – lack of clarity on a few things – data, food, NHS volunteers etc.

Concerns about numbers increasing and time period that shielding support will last for.

- 3.5 The WYLRF chair has provided periodic updates to MPs and leaders of WY councils, their website is up and running and there has been some media coverage of the role of the LRF.
- 3.6 Additionally, there has been significant liaison across the West Yorkshire councils (through Leader and Chief Executive groups) to ensure consistency on key issues, such as the way funerals are conducted, the way business grants are re administered, and the re-opening of key services such as Household Waste and Recycling sites. At a Yorkshire and Humber level, liaison between the 22 councils and 4 LRFs (Humberstone, North Yorkshire, South Yorkshire and West Yorkshire) continues to support and ensure coordination where required, consistency of approach where relevant, resource issues share best practice and influence national developments.
- 3.7 The Yorkshire and Humber regional chief executive link to MHCLG and the Local Government Association (LGA) continues to remain an effective communication channel, engaging in regular calls with Whitehall colleagues and the eight other regional chief executives across England. The Chief Executive of Bradford Council currently represents the region in this group. This route is used to influence developments across government departments from a local government perspective, insofar as it is possible. The main focus of these discussions is about ensuring that national policy makes sense and works on the ground. Topics for discussion during this period have been about: local government finances, business grants, testing, tracking, tracing, shielded, and PPE. Leeds City Council has fulfilled its representative role on this group by maintaining strong links with councils across Yorkshire and Humber, regularly communicating to share information and gain feedback about relevant local issues related to coronavirus, whilst also continuing to share best practice and understand the picture across the region in the current context.
- 3.8 At the political level, the group of council leaders continue to have regular calls with the Secretary of State for Housing, Communities and Local Government and with the LGA, providing feedback about local impact in the current context.
- 3.9 On 12 May, it was announced that Leeds City Council's Chief Executive had been asked by the government to lead an important part of the contact tracing programme. This will be a temporary part-time arrangement for about 3 months, and will be done alongside the Chief Executive's role. The role is to represent the sector on this crucial issue to ensure that the testing and tracing arrangements work locally as part of broader local partnerships between councils, health and the voluntary sector, given their importance to successful and sustained easing of restrictions. The Chief Executive will continue to focus on the important issues for the council and the city, continuing to attend key local meetings. Directors will work with Executive Members, chief officers and their teams and with partners, to maintain the effective work underway.
- 3.10 An updated version of the **response and recovery plan** is attached at Annex B providing key headlines of activity and updates of the council and multi-agency partnership work. Regular updates to all councillors and MPs have continued, to provide information about the activity and impact in order that they can fulfil their role as ward members and elected representatives. The response and recovery plan has been continually reviewed and updated as the circumstances have developed, new

national guidance issued and further actions are identified or informed by data and intelligence in particular areas. Moreover, drawing on a range of data and analysis, a dashboard is produced weekly which provides a picture of activity across the city reflecting the themes of the response and recovery plan for the multi-agency Gold group. This week's dashboard is attached Annex C to illustrate the nature of data being considered. Many of the Silver and Bronze groups have specific data and intelligence reports produced to inform delivery activity.

3.11 As the nature of the pandemic changes, the phases of the response and recovery plan are developing towards recovery and renewal in some areas. The overarching aim and objectives of the Plan have been refreshed for this next phase, driven by our shared ambition and values, with the overriding priority of tackling poverty and inequalities consistent with our vision of a strong economy and a compassionate and caring city. It is however important to note that as we move into recovery in some areas and in order to get the city moving again, it is also apparent that other key areas will concurrently remain in response mode, for example mitigating any risks associated with the spread of the virus in care homes. As aspects of the council's governance restart with new virtual arrangements, we anticipate that scrutiny and corporate governance and audit will be involved. Community committees have been heavily engaged with the local arrangements to organise volunteering through the ward based arrangements.

3.12 The revised aim and objectives of the Leeds Response and Recovery Plan are as follows reflecting the ongoing transition:

Aim:

- The city's response and recovery will be driven by our shared ambition and values, with the overriding priority of tackling poverty and inequalities through a combination of a strong economy and a compassionate city.

Objectives:

- Continue to minimise the effect of the outbreak on the health and wellbeing of the city, especially the most vulnerable, and integrating services to achieve this;
- Ensure the provision of essential services, focusing on individuals, families, communities and businesses most affected, whilst encouraging communities to provide support themselves and be actively engaged in the part they can play;
- Work to resume economic and social activity safely and effectively with social distancing measures in place, in line with national guidance and advice;
- Begin to focus on recovery and renewal underpinned by our City Ambition's three pillars - Inclusive Growth, Health and Wellbeing and Climate Change.

3.13 The updated response and recovery plan maintains the framework as approved by Executive Board in March 2020, with a focus on six strands below. The sections later in this report provide a brief overview of the current position for each theme.

- Health and social care
- Infrastructure and supplies
- Business and economic impact
- Citizens and communities
- Organisational impact; and
- Media and communications

- 3.14 The complete process of recovery and the council's approach will be influenced by the guidance at national level from central government and informed by learning from others including partners. The various silver groups, and bronze task and finish groups highlighted in the April Executive Board paper, have been considering their priorities and challenges as we move to the next phase, including discussions with relevant Executive Members. The outcome of this continued work will be coordinated as national guidance becomes available, captured in the response and recovery plan and reported to Executive Board. Decisions about individual council services will be made in the normal way. Aspects of broader coordination, for example across health and social care or with the broader set of partners, will be progressed in line with normal governance routes.
- 3.15 The importance of learning lessons from incidents during this period will also be a key element of our planning ensuring that we maintain a good practice approach for all phases, with much of this being done informally, but a more formal lessons learned being planned at the right time and in the right way.
- 3.16 **Recovery phases and the immediate challenge of running a safe city**
- 3.17 The coronavirus outbreak has demanded a different approach to response and recovery given the unprecedented complexity and scale of the crisis. The various phases are likely to persist for long periods, are less well defined and are multifaceted with varying impacts on different parts of the population. This incident has a greater focus on a local authority lead throughout each phase compared to many other types of incident that see a shorter "blue light" led response phase and a quick handover into recovery. The council has focused its recent considerations on what recovery could look like in the city recognising the potential challenges and the opportunities of a renewed 'new normal' context, which seek to achieve longer term strategic goals. This approach will require that the council maintains its "place" leadership role continuing to work alongside communities, businesses and public services, convening conversations to resolve key issues and ensuring a collective endeavour.
- 3.18 Along with many others, and informed by learning and research, in broad terms, we can view the next phases as follows, with the first one being the primary focus of this month's report.
- **Responding to the virus and its effects, safely lifting lockdown**
 - Living with the virus in the population, where social distancing has to be maintained
 - A new normal, most likely once a vaccination is available
- 3.19 The entire process of recovery will be influenced by the central government recovery strategy where a phased return to normal in the city will be in line with the national approach. As outlined earlier in this report, the government strategy sets a three phase approach with staged adjustments to lockdown measures. Each phase gradually seeks to reopen society and kick start the economy and will therefore require careful management at a city level complementing the national guidelines and transition. We will also build on the shared learning from others to inform our approach to each phase and our aim is to clearly communicate our local approach recognising the wider factors and considerations at city level influenced by national developments. These include the impact on shielded and vulnerable groups; regular testing arrangements; ramping up contact tracing operations and being ready to

manage outbreaks; potentially switching on and off lock down measures; and gradual easements of lockdown measures.

- 3.20 Lifting lockdown safely and avoiding spread of the virus will be a huge challenge, where working together locally and nationally will be key. We will need the best ever coordination across the council and with other partners in the city to ensure that we build trust and confidence and don't put people at significant risk. We will need the public to play their part with handwashing and staying at home where possible, as well as being patient about services resuming. Effective communications and public engagement will be essential, whereas the "stay at home" messaging for lockdown was relatively straightforward, the messaging for lifting lockdown will be much more nuanced and subtle – not least because it will be different for different parts of the population, or potentially restrictions by geography.
- 3.21 We need to work with partners to find ways to run the city safely and effectively with social distancing measures in place, with an expectation that this transitional period may run for some time and with different impacts on different people. Depending on the effectiveness of the measures on infection rates, it may mean that more stringent lockdown measures have to be restarted, with services restarting and having to stop again. Running effective local arrangements for managing outbreaks, linked to the national tracing approach, will be key with clear plans and governance crucial. This will impact on public engagement, confidence and also on tolerance of the public. Linked to this is how the health and social care system gradually resumes services for the public both in the community and in hospitals. Clear communications will be vital. A one page infographic has been produced to support this approach (attached annex D).
- 3.22 Within the context of political leadership and governance, the multi-agency command and control arrangements have been discussing this issue, including new bronze groups for returning to public spaces and re-opening schools.
- 3.23 Whilst social distancing remains key for public health reasons, the overall framework that we are using to lift lockdown will be to use test, trace and outbreak management to build trust and confidence and to ensure:
- **Safe travel** ensuring the safe use of highways and public transport and encouraging active travel where possible.
 - **Safe public spaces** with physical distancing in communities, district centres and the city centre.
 - **Safe delivery of services** including health and social care, and other public services.
 - **Safe education** as more children and young people return to schools, colleges and nurseries.
 - **Safe working** with physical distancing in workplaces and coordination between large employers to avoid peaks of movement.
- 3.24 We will need everybody's continued cooperation to ensure restrictions can be eased safely, enabling us to support a strong public health response and strong economic recovery approach, delivering public services while continuing to protect and support vulnerable citizens. Clear communications during this next phase, to avoid a second peak, will be key. To complement the national messaging, our local messaging about a safe city will be as follows and illustrated in an infographic to help everyone understand:

- Stay at home if you can
- Maintain social distancing if you go out
- Wash your hands regularly and for 20 seconds
- Stay at home and isolate if you or anyone in your household has symptoms
- Limit contact with other people
- Work at home if you can
- Go to work if it is safe and you can maintain social distancing
- Only use public transport where necessary, and wear a face covering
- Continue to stay at home if you are shielded

3.25 In taking the positive opportunity from the pandemic and looking for improved ways of working, organisations and individuals are considering a number of key questions to guide the reset towards a new normal, plan system change, efficiency and transformation:

- What did we stop doing that should remain stopped?
- What did we stop doing that we should bring back?
- What have we started doing that we need to stop?
- What have we started that should continue?
- What are we not doing now that we have never done before, but that we might need?

3.26 Each silver group, and other bronze task and finish groups, have been considering these questions, their priorities and challenges as we move to the next phase, including discussions with relevant Executive Members. The outcome of this continued work will be coordinated as national guidance becomes available, captured in the response and recovery plan and reported to Executive Board. Decisions about individual council services will be made in the normal way. Aspects of broader coordination, for example across health and social care or with the wider set of partners, will be progressed in line with normal governance routes. The next section provides an update for each of the themes.

3.27 **Health and social care:**

3.28 Health and Social Care Gold command has been established to oversee the local management and system co-ordination of the pandemic. It encompasses all aspects of Leeds' local health and care system, chaired by the CCG Accountable Officer. It has a clear focus on ensuring hospitals have sufficient intensive care capacity whilst maintaining access for continuing, urgent and primary care and social care. Command arrangements include a range of regular silver and bronze groups.

3.29 The Bronze Groups have been rationalised as some have finished their tasks, and are now more appropriately called task groups. These groups are focusing on the priority areas that will continue to have an impact across the system.

- Care Homes
- Personal Protective Equipment
- Shielding
- Testing and Contact Tracing
- Frailty and End of Life
- Primary Care
- Impact on Provision of Healthcare Services and

- Stabilisation and Reset

3.30 There are also a wide range of both formal and informal boards and groups across the city that can escalate for decision to Gold or may be asked by Gold to resolve specific issues or make proposals to mitigate risks.

3.31 Health and Social Care continues with this command and control function as required at national and regional level as part of the Emergency Prevention, Preparedness and Response (EPPR) approach, but locally the focus is shifting firmly forward into living with COVID-19 phase. As such, going forward, there will be a need to strike the balance between:

- Stabilisation and resetting
- Re-opening services in a safe and co-ordinated way, at the appropriate time
- Planning for potential further COVID-19 and winter surges

3.32 Healthwatch (HWL) has also had an active role in Leeds' Command arrangements in response to the COVID-19 pandemic and is represented in the Health and Care Gold Command arrangements. Since early April 2020, HWL has been running a COVID-19 listening campaign; producing a weekly report with insight into how it is feeling for people – particularly those communities in Leeds with the greatest health inequalities. As part of the overall campaign, Healthwatch Leeds has been running a 'Question of the fortnight' focusing on a range of service issues, including:

- The move to digital service provision;
- People's mental health and access to mental health services; and,
- Information about COVID-19 provision.

3.33 The insight derived from this activity is designed to be used by decision makers and feeds in directly to Health and Care Gold Command.

3.34 **Personal Protective Equipment**

3.35 Personal Protective Equipment (PPE) remains a serious concern across the city's health and social care system. The local health and care system continues to have issues with the availability and quality of some PPE. The Local Resilience Forum emergency drops remain important until the new supply chain is operational; and close monitoring for any increases in demand from other areas increases will also be taking place, in light of the government's easing of some lock down restrictions.

3.36 Significant work has been undertaken across the system to ensure that those staff that need PPE have access to it. Systems for sourcing and distribution are in place, drawing on WYLRF and locally procured stock. Extensive work on the application of the Public Health England national guidance has been undertaken by DPHs across West Yorkshire and beyond. A local position statement based on national guidance was developed and agreed on April 14th 2020. However, further guidance has since been released by Public Health England, that covers domiciliary care and care homes. The local position statement is subsequently in the process of being revised by Public Health in line with this new national guidance and is due to be signed off imminently.

3.37 Public Health officers, along with wider colleagues in the Adults and Health directorate, have also developed draft PPE guidance for the LCC/Voluntary Action Leeds volunteer schemes.

3.38 **Testing**

- 3.39 The national COVID-19 testing programme is being rolled out across the city, under the leadership of the Director of Public Health. The Leeds testing site at Temple Green has successfully increased its capacity, which now stands at 1,000 slots per day. Eligibility criteria for testing has also been expanded from health and social care staff only, to include over 65s, and care home staff / residents with or without symptoms. Local colleagues have been pushing for additional capacity, including for mobile testing units, with local members being kept informed of developments as far as possible given this is a DHCS/military operation.
- 3.40 A national booking system is in place for employers and /or staff to book a test or to order home testing kits. Ongoing discussions are taking place around potential sites for temporary mobile test units in addition to the Temple Green site. Local colleagues are also able to access the testing at LTHT with extensive liaison through a testing group to ensure local prioritisation as far as possible within the national framework.
- 3.41 In addition, and as mentioned the government recently announced a major new programme of home testing for COVID-19 that will track the progress of the infection across England. The programme will help improve understanding of how many people are currently infected with the virus, and potentially how many have been infected and recovered since the outbreak began. In the first part of the programme, 100,000 randomly selected people from 315 local authorities across England will be invited to provide nose and throat swabs, which will be tested for antigens indicating the presence of the virus. In the second part of the programme, a number of different antibody tests will be assessed for their accuracy and ease of use at home. If antibody self-testing is found to work with a high degree of accuracy, acceptability and usability, it will be rolled out to 100,000 people later in 2020, to provide an indication of the prevalence of coronavirus based on the presence of coronavirus antibodies.

3.42 **Care Homes**

- 3.43 A detailed action plan has been developed focusing on the overall support for care homes, against the following objectives
- Objective 1: To minimise infection and mortality levels across our care homes and supported living schemes
 - Objective 2: Support the well-being of care home residents
 - Objective 3: Support the well-being of care home staff
 - Objective 4: Ensure safe admission to care homes
 - Objective 5: To respond in a timely way to care homes experiencing difficulties
 - Objective 6: Support care homes with simple and timely information
- 3.44 Care Homes have remained a continued focus of the council's and wider health and care system's response throughout the pandemic – with a number of suspected and confirmed outbreaks. This number is highly variable but being reported regularly to command and control groups and to MPs/councillors. There is continued extensive support from the infection control team and around the availability of PPE. Combined with new discharge protocols, extended testing for care homes from LTHT is proving to be very useful – building on the community testing in care homes had throughout the pandemic.

- 3.45 On 7 May, the Minister of State for Care wrote to those involved in delivering social care; setting out further information on COVID-19 testing in care homes. The letter asks Local Directors of Public Health to lead work with Directors of Adult Social Services, local NHS providers, and PHE Regional Directors to ensure that testing of staff and residents in care settings is more joined up, and that available national capacity is targeted to areas and care homes with the greatest need. There has been one uplift to Care Homes, with further work underway to understand the financial impact and provide support where possible.
- 3.46 As part of this, a new web portal is also being set up by the Department of Health and Social Care – with the aim of making the arrangement of tests for care homes as easy as possible; and will enable all care home residents and staff to be tested at the same time.
- 3.47 The portal will only be accessed by those needing to order testing for care home staff and residents; and details of this process and how testing can be accessed will be shared with care home providers as soon as this becomes available.
- 3.48 Along with care providers, local authorities are being asked to support care homes as they receive the results of those tests and support the prioritisation of testing through this route. This is likely to include:
- Identification of all eligible care homes
 - Referral of homes for testing via the portal (or supporting the care home referring themselves)
 - Provision of local contacts and support information for each home
- 3.49 Following the processing of laboratory tests, results for residents will be communicated to care home managers and shared with local councils in order to help manage COVID-19 outbreaks in local areas.
- 3.50 A testing group has been established which links colleagues from across the health and social care system to ensure effective pathways to testing; and early discussions are under way to ensure that the national contact tracing programme works for Leeds and delivers for the local system. Leeds has a strong record of effective outbreak planning and response across the health and care system, which puts the city in a strong position to take this work forward.
- 3.51 **Leeds Teaching Hospitals NHS Trust (LTHT)**
- 3.52 Following the declaration of a Level 4 national incident on 30 January 2020, in mid-March 2020, NHS England/Improvement (NHSE/I) issued a letter outlining the required interventions from the NHS in response to COVID-19; setting out specific actions for the NHS in order to redirect staff and resources as follows:
- Free up the maximum possible inpatient and critical care capacity
 - Prepare for and respond to the anticipated large number of COVID-19 patients who would need respiratory support
 - Support staff and maximise their availability
 - Play our part in the wider population measures announced by government
 - Stress test operational readiness

- Remove routine burdens to facilitate the above

3.53 In response, the following key actions were taken by LTHT:

- All elective activity was cancelled except urgent, cancer, life, limb or sight threatening surgery.
- All non-urgent outpatient activity was cancelled.
- To minimise risks to patients of COVID-19, wherever possible outpatient appointments have been converted to non-face to face through facilities such as video conferencing. Only essential face to face activity has been maintained.
- Due to the change in the way of working within primary care, routine referrals from GPs have not been received during the crisis. Urgent and cancer referrals continue to be referred and managed
- Significant expansion of capacity within Pathology for COVID-19 testing
- Expansion of Mortuary capacity
- All non-urgent routine and planned diagnostics were cancelled.
- Approximately 18,000 LTHT patients who are vulnerable were contacted by the Trust by letter. GPs were informed of which patients were contacted by LTHT
- LTHT has continued to receive 2-week wait referrals – however the referral rates have significantly declined during the COVID-19 crisis and are approximately one third of that expected at this time of year under normal circumstances.
- All cancer treatments are continuing wherever possible. All emergency and clinically urgent cases are continuing with their treatment plan where appropriate.
- In line with national/College guidance, apart from patients requiring very urgent intervention, some of the diagnostic testing has been suspended for example bronchoscopy, upper and lower endoscopy.

COVID-19 patients

3.54 During the pandemic crisis and at the time of writing this report, LTHT has had 887 cumulative inpatients who have tested COVID-19 positive. LTHT has also tested 1372 positive patients who have either not been admitted to hospital or have been admitted at other hospitals.

3.55 LTHT experienced a peak of patients between 9-17 April and have seen a gradual reduction since then; however the Trust still has a high number of COVID-19 positive patients (over 100) who are receiving care in the hospital. Sadly, as of 10 May 2020, the total number of reported deaths of people who tested positive with COVID-19 in Leeds hospitals is 277 (275 reported at LTHT; 2 reported at LYPFT).

Nightingale Hospital

3.56 The West Yorkshire Nightingale Hospital in Harrogate has been completed and opened on 23 April 2020. The hospital has passed approval testing and the site is being maintained. The hospital is ready to receive critical care patients and is available for use if needed as an overflow facility for critical care only. The management team for the hospital have returned to their respective host Trusts and staff who have been trained are back at their usual places of work; and will be mobilised if overall capacity requires the use of the facility.

Recovery and service reset

- 3.57 On 29 April 2020, NHS England issued a letter outlining Phase 2 of the COVID-19 response. In this, NHS England asked all local NHS systems and organisations to reinstate non-COVID-19 urgent services as soon as possible over the following six weeks. Amongst other actions being taken forward, Leeds Teaching Hospitals NHS Trust is implementing a phased response to reinstate non COVID-19 services. This will focus on:
- reviewing clinical priorities across all waiting lists
 - repurposing areas from providing critical care to providing elective operations
 - moving staff back from COVID care to their clinical speciality
 - restarting elective activity
 - increasing virtual patient appointments
 - increasing testing of staff and patients
 - increasing diagnostic activity
 - increasing the use of the independent sector for surgery
- 3.58 NHS bodies expect an increase in A&E attendances and referrals from primary care compared to April.

Public Health

- 3.59 Public Health continue to work pro-actively on surveillance, prevention and control of COVID-19 in Leeds. The strong partnerships that exist between organisations in the city mean that we are in an excellent position to take co-ordinated action. In particular, work to develop local infection control plans, carried out by Public Health, Leeds Community Healthcare Infection Control team and Leeds Clinical Commissioning Group, is enabling the city to closely track outbreaks and provide effective support to care homes and community settings. This work is supporting the health and care system to safely manage COVID 19 outbreaks and to manage system flow. In addition, the wider Public Health directorate is developing work that will help the Leeds system to understand the unequal health impacts of the virus and how best to actively support the most vulnerable groups and communities.
- 3.60 Care homes remain a significant concern and the focus of ongoing actions, particularly in light of continuing challenges with securing Personal Protective Equipment supplies. There have been a number of care homes with confirmed outbreaks/cases of COVID-19. Health and Care partners have developed an action plan for care homes as we go into the next phase of response. This will ensure close support for partners working across the system.
- 3.61 LCC Public Health, working with Public Health England and Leeds Community Healthcare infection prevention service are providing a comprehensive response to support care homes. This focusses on: minimising infection and mortality levels, supporting the well-being of care home residents and staff, and safely managing access to care homes. The local system is providing simple, timely information and advice and, where care homes are experiencing difficulty, responding effectively and efficiently through daily contact with the home. In addition, weekly incident management meetings have now been established to coordinate efforts and target those homes experiencing high levels of infection and mortality.
- 3.62 Effective partnership working at a local level has helped to identify and develop local solutions to issues related to care homes. This includes: utilising local resources in order to improve the time taken for swabs to be delivered and received from care

homes during the initial outbreak testing phase; better communication of the results to primary care colleagues, and the implementation of testing for residents in community care beds.

- 3.63 The Public Health intelligence team are working with colleagues across the health and social care system to provide specialist support. This is enabling detailed understanding of the current and future impact of COVID 19 on the city, helping to track the position in Leeds and summarise global and regional trends to inform actions. There is a specific focus upon health inequalities. The intelligence team are reviewing information about deaths provided by both LTHT and local registrars, in order to understand how COVID 19 affects different population groups. The team are also actively pursuing information, held by Public Health England, about the location of cases and hotspots. This is important information to be able to access, in order to develop contact tracing, particularly in light of the potential easing of restrictions.
- 3.64 In line with the focus on Health Inequalities, Public Health have produced a COVID - 19 Health Inequalities report. It sets out the effects of COVID 19 on key population groups and on areas of deprivation. The report uses national intelligence about COVID 19 and combines this with what we know locally. This evidence based report is also being combined with the equality report compiled by the Communities directorate. Recommendations will be shared across LCC and with the Health and Social care system.
- 3.65 Public Health has also been working closely with CCG colleagues to identify and address the non-COVID health issues that have arisen over the last few months to ensure the impact on people and health inequalities is minimised.
- 3.66 Colleagues are involved in trying to influence the tracing and tracking programme that is being developed nationally, so that this works in a local context. This is a very live situation.

Mental Health

- 3.67 There is continued and growing recognition that people's mental health is likely to be negatively affected during this period. Public Health England have produced a suite of excellent resources which focus on protecting and promoting good mental health. They include advice for the general population (including children & young people, and pregnant women) along with targeted messages for vulnerable groups. The messages are being disseminated effectively through Mindwell and MindMate platforms (which have separate COVID-19 webpages) and the LCC funded Mindful Employer network.
- 3.68 Public Health and wider colleagues across LCC are also in the process of producing mental health guidelines for the wider workforce and volunteers. This is being developed in order to support staff/volunteers to feel confident when speaking to citizens who express emotional distress and/or suicidal thoughts

Dentistry

- 3.69 Nationally, routine dental appointments are not taking place and patients in need of urgent dental care should not visit (i.e. walk in to) their regular NHS dentist, nor should they visit A&E. However there has been growing concern regarding patients' ability to access to urgent dental care.

- 3.70 In early May 2020, NHS England issued a stakeholder briefing that set out that all NHS Dental practices remain open and accessible to patients; in order to provide urgent telephone advice and a triage service – referred to as a Triple A service (Advise, Analgesia, Antibiotics). The briefing also sets out that NHS 111 is also providing this service to patients as an alternative to NHS dental practices and Out of Hours.
- 3.71 In line with national guidance, dentists will clinically assess patients' needs over the phone. If a patient is assessed as needing a face-to-face appointment at a local centre, they will be advised on what to do by the dentist who will make the necessary arrangements.
- 3.72 It is also clear that the Triple A service should be provided to all patients, whether or not they have accessed a regular NHS dentist.
- 3.73 In Leeds, Urgent Dental Care is accessed via NHS 111. Treatment is provided 7-days per week, 8am – 8pm. Additional Urgent Dental Care capacity is being created across Leeds that will allow triaged patients to access urgent dental care as outlined above.
- 3.74 Subject to the availability of enhanced PPE, Urgent Dental Care Centres are being established in a minimum of 10 locations across Leeds.

Further health and care matters

- 3.75 Public Health continue to work with Healthwatch, Leeds Involving People and other Third Sector organisations to develop and disseminate a Community and Voluntary sector bulletin. This ensures consistent national public health messages are being used locally and can be tailored for vulnerable groups and populations.
- 3.76 Specific support for vulnerable groups includes work that Public Health teams are undertaking to ensure that rough sleepers, when placed into emergency accommodation, receive support and treatment for drug and alcohol issues. Notably, Forward Leeds report that this arrangement means staff have been able to contact service users more easily, and service users have commented that assessments are of a higher quality.
- 3.77 Public Health teams have also been working with the Leeds Housing Options team and a number of other partners to mobilise, organise and deliver food supplies to vulnerable people in Leeds, living in temporary accommodation due to COVID-19. These deliveries have been made to over 200 people who have been placed in temporary accommodation in hotels and other properties in locations across Leeds.
- 3.78 The integrated sexual health service continues to offer essential clinics. All patients are triaged by phone and contacted by a clinician. Patients who meet the urgent criteria are seen face to face. Remote online testing continues with the offer to receive treatment by post. Prevention services have adapted their offer and are supporting those most at risk via telephone and zoom calls, postal condoms are also available.
- 3.79 Leeds 0-19 Public Health Integrated Nursing Service (health visiting and school nursing) continues to provide antenatal and birth visits to all families. The first line of contact with families is currently via telephone or video-call; however home visits (with

appropriate use of Personal Protective Equipment) continue where there are concerns. Working closely with children's centres and children's social care the service continues to offer additional 'universal plus' contacts (extra support) and contacts with vulnerable families ,where required.. The service is currently re-setting its offer following new guidance regarding the second phase of the NHS response to COVID-19. This includes preparing for the re-introduction of the 6-8 week infant check and more resources to be dedicated to perinatal education.

3.80 **Infrastructure and supplies:**

- 3.81 The supply of PPE remains a key focus as both local and national management efforts are being made in response to the challenges of supply across the health and social care system and wider sectors across the city. The PPE task group led by the Director of Adults and Health continues to support the effort to address the shortages in areas of the system considering stock control, understanding and compliance with the guidance, mutual aid, and sourcing additional stocks for the short and longer term. The management of PPE and volume of supplies to care homes is a particular concern and the councils has moved to further support this effort by creating a system wide group of meeting regularly to respond to and complement any national developments.
- 3.82 Management of PPE stocks has also been extensively supported through collaboration with the WYLRF, as the government continues to use this route for emergency drops of stocks. With arrangements of distribution to the five WY councils, via the drop hub location in Kirklees, recent activity has seen a strengthening of the established communication channels and implementation of robust systems for improved visibility of stock at each of the hubs. Due to the concerns over PPE shortages in NHS hospitals, social care and emergency services the Leeds City Region Enterprise Partnership (LEP) and West Yorkshire Combined Authority (WYCA) are working with partners including the council and LRF to support businesses get the crucial supplies to health and social care workers. The LEP is supporting existing activity, principally in the identification of potential suppliers and the verification of capability, connecting PPE providers to the existing supply chain. Moreover, it has also established a support package for businesses who wish to adapt to manufacturing PPE, whilst also mobilising business networks to identify firms to assist in the scale up of re-useable supplies where required.
- 3.83 The council also continue to monitor the disruption to their supply chains in other key service areas such as catering services (e.g. school meals) and cleaning services. Actions are in place to respond to these issues with extensive liaison with suppliers about stocks and payments.
- 3.84 The Silver multi-agency group leading on the infrastructure and supplies strand of work continues to engage with relevant partners feeding concerns raised as well as progressing responses to address further issues identified.
- 3.85 In terms of infrastructure and more specifically transport, 24 hour weekday traffic levels in the last week were the highest since mid-March, continuing the trend of increasing traffic in recent weeks. They were down 53% compared to the beginning of March and 49% on the same week in 2019. On average, flows were up 3% on the previous week. Morning peak flows were down 66% compared to the beginning of March and 60% on 2019 (this includes the effect of the VE Day Bank Holiday), pm peak 52% and 48%. Compared with the previous week, and excluding the Bank

Holiday, am and pm peak flows were up 5% and 8% respectively. On the weekend of 9/10 May traffic was down an average of 61% compared to the beginning of March and 58% on the same week in 2019. These represent the highest levels of weekend traffic since mid-March with flows up 2% on last weekend. Analysis of other automatic traffic count sites located away from Leeds city centre shows similar levels of change.

- 3.86 Road traffic casualties recorded in the first 18 weeks of 2020 have been analysed and compared with last year, for all casualties, car occupants, pedestrians and children. The overall reduction in the number of all casualties and those KSI during the first 18 weeks of 2020 is reflected across all the road user groups. All casualties fell by 40% from 643 in 2019 to 383 in 2020, while those KSI have reduced by 38% from 117 in 2019 to 73 in 2020. From week 12, despite some random fluctuations, the number of casualties has substantially reduced regardless of the mode of transport. The total number of all casualties fell by 64% from 236 in 2019 to 86 in 2020, while those KSI went down by 54% from 43 in 2019 to 20 in 2020.
- 3.87 Prior to but also in line with recent announcements, the council as a highway authority is pushing forward with plans to promote active travel across the city. This very much reflects the significant social distancing challenges the city is faced with in the short, medium and possibly longer term, primarily as a result of public transport capacity being significantly constrained. An initial major piece of work to review the city centre and local centres for social distancing “hotspots” has already been completed and there will be engagement with local ward members on proposals for areas which they represent. A Commonplace public consultation exercise is also set to be launched to gain feedback from the general public about locations of concern and to aid the prioritisation of the introduction of remedial measures. Such an approach was used with positive effect during the development of the Leeds Public Transport Investment Programme and it is hoped a similar positive public engagement can be achieved.
- 3.88 The pace of implementation of measures is key here as lockdown starts to be eased and social distancing issues become apparent. An “orca and wand” scheme to improve cycling facilities along the A65 has recently been quickly consulted upon with local ward members with a view to work starting in the near future. Measures have also been introduced prior to the bank holiday weekend at a number of sites in the city centre to widen footways and address potential social distancing “hotspots”. Subject to procuring significant quantities of relevant equipment, funding being made available and feedback from local ward members, the intention is to roll out similar measures across the city as soon as possible. The intention will be to implement and adapt measures as lessons are learned and feedback is received. Relevant bronze and silver meetings have been established across Directorates to coordinate and develop this work stream.
- 3.89 The opportunity is also being taken to fast track where possible schemes under development. These have included the city centre 20mph scheme and City Connect 3 project.
- 3.90 Following the recent announcements of £250m being made available for COVID19 related measures, there will be a need for a strong communications plan sitting alongside this work. A plan is currently in development to reinforce the current message of encouraging people to work from home and to cycle and walk wherever possible if there is a need to travel. The details of how to access the funding is expected in the near future.

- 3.91 Work continues on the Highway Authorities' major schemes and infrastructure programmes of work. Positive feedback was received from most of the utility companies at a recent meeting around service diversions linked to the council's major schemes and a willingness and resources to undertake such work.
- 3.92 WYCA, as transport authority continue to coordinate bus operational matters via WY Bus Alliance. The Key Worker Network has been in operation since 30 March and jointly agreed with operators. The Park & Ride services in Leeds ceased operation on 30 March and the Temple Green site is now an NHS drive through testing site. Operators in the last week have reported a slight increase in patronage from circa 13% to 17% of standard weekday but free bus pass use is around 10% of a standard weekday. The bus stations remain open with social distancing for staff and customers although the Travel Centres in bus stations have been closed since 24 March. Driver safety is a major concern and whilst operators are taking precautions, there will inevitably be major pressure for worker PPE. Clarity for passengers around the wearing of and the supply of PPE will be a key issue going forward. Moreover, AccessBus services ceased operations on 10 April but the vehicles are being used to support community initiatives in Leeds and serving anti-coagulant clinics in Leeds.
- 3.93 In relation to rail services, DfT have suspended franchise contracts and operators are working to a service contract. Similar to bus operations, very low patronage levels are being reported with Northern reporting 8% of normal weekday patronage depending on the route selected and Open Access Operators - Grand Central, Hull Trains suspending services until June; again, similar to bus operations a key worker network service has been established with the Leeds – Harrogate service moving to half hourly operation since 12 April to support the Nightingale Hospital being a good example. More recently, it was noted National Rail will be moving to a "key worker plus" timetable on 18 May and no significant driver/ train crew availability issues are reported.
- 3.94 All transport companies are preparing recovery plans in anticipation of passenger increases and are working through a number of scenarios as to how to operate with assumed social distancing rules and requirements for PPE. Service frequencies are set to increase on rail and bus to circa 70% of normal timetable in the coming weeks but social distancing will adversely limit capacity to circa 15%. This will have a dramatic impact on capacity which will mean for example, approx. only 15 passengers on a double decker bus. The government's message in relation discouraging use of public transport will also require ongoing clarification and discussion given the reliance on such services by many key workers.
- 3.95 Leeds Bradford Airport are also in the process of developing a set of air travel standards required for international travel, outbound flights will be dependent on meeting these standards. PPE and social distancing rules remain a concern to the operations of the airport.
- 3.96 **For the council estate:**
- 3.97 Linked to the organisational section below, for council colleagues, Asset Management and Regeneration and colleagues across Facilities Management and Human Resources worked rapidly to close down the physical estate in response to the lockdown provisions. Whilst this was a multifaceted process it is widely accepted that the reopening will be more complex as it responds to new social distancing

measures, continued need for enhanced home working and a significantly reduced transport capacity.

- 3.98 These teams are further working on a “Mobilise and Energise Programme” for the council. The programme of works is focused on two key areas of; continued home working through the theme ‘Working from Home First but Better’ and ‘In Place’ which is adapting and accelerating the use of our buildings to enhance wellbeing and productivity for our colleagues, customers and partners.
- 3.99 The occupation of our physical estate will respond to government COVID-19 Alert levels and allow Leeds City Council an agreed protocols and principles to be responsive as the Alert level fluctuates over time.
- 3.100 Our Office based staff will continue to, in the first instance ‘Work from Home But Better’ and we are accelerating plans to improve productivity of those doing so through three key areas of equipment, training and service transformation through digitisation. This supports how we plan to minimise the impact on the transport infrastructure and capacity in our physical estate as well as supporting wellbeing.
- 3.101 The ‘In Place’ workstream is adapting the physical estate to pivot the provision of physical space under the themes of Comfort, Contact and Collaboration. Comfort provides for a safe working environment for those who do not have this in the domestic setting for whatever reason; Contact will provide space for where face to face provision can greatly enhance service such as for Registrars and Collaboration as Alert levels reduce and greater physical collaboration will enhance wellbeing and productivity. To achieve this we are working across the Council and with our advisors and suppliers to transform work flows and physical layouts.
- 3.102 For illustration Alert level 4 capacity of the estate has been calculated to meet the Social Distancing guidelines which on current assessments is providing a site utilisation in the range of 20 to 30% depending on building configuration including communal and circulation areas and use. In addition refreshed user principles are being drafted to provide for a safe working environment including appropriate cleaning regimes and extension of building opening hours to stagger occupation. Building liaison managers will also be provided to assist colleagues with onsite needs and practices. We plan to extend meeting room booking facilities to include desk booking to ensure Social Distancing and capacities in buildings are maintained and where possible use electronic access control restrictions to align such. We are providing a mock office for testing and training purpose and will continue to work through the various buildings in the estate to review and adapt accordingly.
- 3.103 This work stream is being coordinated under the bronze structure of Mobilise and Energise.
- 3.104 **For the city more broadly:**
- 3.105 The council is also working with other public sector anchors including University of Leeds, Leeds Beckett University and Leeds Teaching Hospital Trust to share best practices, insight and coordinate activities across our respective estates. In addition a private sector landlords group is now meeting to look at their refreshed and adapted

best practise to influence their estate's requirements and the two will come together regular to collaborate.

- 3.106 These accelerated changes in estate practises will also influence footfall and traffic flow into the city and a willingness to share ideas and approaches on property capacity and management issues across the public and private sector is welcomed by all.
- 3.107 Huge challenges are also faced by our education providers such as universities. Students and staff continue to work and study from home and it is unlikely that staff will return in to workplaces soon as they will be part of the city office based staff phased in at a later date. The Returning Steering Group are making plans to allow some face to face contact to return mainly in the laboratory and workshop settings. Both universities have seen an increase in applications although residency applications are down. The challenges faced by the universities is not just operational but also has a cultural impact too. The operations in relation to the studying environment such as in libraries and the lecture theatres are to be worked through as well as side by side seating in classrooms. Equally challenging will be the shared recreational space for a culture that thrives from interactivity such as shared lobbies, recreational space, raising challenges to universities. In response to this, and working with the social distancing advice the council and universities are working together to consider practical guidelines and to test a number of pilots around shared space setting, access and egress, access routes through the building so that the learning needs can continue and as well as supporting the cultural experience of the university environment.
- 3.108 The partner organisations as well as internal services such as CCM (City Centre Management), Economic Development and Asset Management continue to work together on the guidelines as well as assess data, footfall and intelligence on the phasing of the different work groups. They will continue to monitor how these groups scale up in numbers in order to be proactive as well as reactive to the shifts in commuter, consumer, visitor and employee behaviour and confidence. A strong link with communications team will be essential along with briefings of travel and access into the city aligned with government announcements.
- 3.109 **Business and economic impact:**
- 3.110 Leeds continues to progress its response within the context of the Inclusive Growth Strategy and working with businesses, stakeholders, community groups, and through representative bodies to monitor and understand the impact on our economy and provide support where possible. Information is collated regularly relating to specific areas of business and the economy to support with monitoring impact measurement. Weekly meetings with business representatives and independent businesses continue to take place, alongside existing business support arrangements to share information and details on our collective response (working closely with WYCA/LEP). The council is also engaging further with the LEP as the focus also turns to economic recovery, understanding the challenges and opportunities facing local economies during this next phase.
- 3.111 The PPE Coordination Team are continuing to support with emergency PPE needs, working with partners at an international, national and city level to address the PPE challenges and procure and source supplies.

- 3.112 In terms of communications, the coronavirus - help for business webpage on the council website is being updated continually with information and guidance on support available from both local and national government.
- 3.113 The council continues to make good progress in processing grant payments for the Small Business Grant Fund and the Retail, Hospitality and Leisure Grant Fund. As at 15 May, 10,598 grants have been paid totalling £130,805,000, with over 75% of the initial allocation to Leeds paid to support businesses. This also makes Leeds consistently one of highest performing local authority by amount paid (according to BEIS figures updated at 11 May). We estimate these grants will help a total of just over 12,500 businesses in Leeds, and whilst this funding and further announcements of support for businesses are welcome, continued challenges remain.
- 3.114 Using the business rates system, selected for its speed of delivery to administer business grants, has led to some anomalies resulting in some businesses being excluded from support as only eligible rate payers qualify under the current criteria. The council and its partners have continued to press government for assistance for these businesses through various channels. The government has responded to this call for funding, with the announcement of the new Local Authority Discretionary Grant Fund detailed in the background of this report.
- 3.115 The council is also further supporting to drive the effort to enable the city to prepare for the future during the coronavirus pandemic as it increases conversations with partners around how to create safe work and education places, public spaces and public transport as restrictions begin to be eased. The Leader of the Council and chief executive recently joined leaders from organisations across West Yorkshire at the first Economic Recovery Board, to get to work on supporting people and businesses to recover from COVID-19. The Economic Recovery Board is chaired the Leader of Bradford Council. There has also been an officer group established to support the work of the Board.
- 3.116 Businesses particularly affected include suppliers to retail/hospitality and leisure industries; businesses who's rate liability sits with a third party – in most cases their landlord; the self-employed who work from home/don't have premises; and those in shared workspaces that for business rates purposes are classed as one property. The council is continuing to deal with more complex cases and to work closely with landlords to get grants to tenants where possible.
- 3.117 As mentioned the three key strategies underpinning the work of the council remain incredibly important including the Inclusive Growth Strategy and these will need to be renewed, refreshed and aligned to take account of the current crisis. In this context, work has commenced to review and refresh the Inclusive Growth Strategy. We will use the Inclusive Growth Delivery Partnership to help shape recovery and move forwards. We are also assessing how we can consult and hold a conversation with partners and citizens. An initial review of the overall Strategy will identify potential areas that will need attention, followed by a rapid review of the 'Big Ideas' with the aim to identify areas where we need to Start/Stop/Accelerate work. Senior Officers will be engaged on reviewing the Big Ideas, through the Inclusive Delivery Group including with elected members. As part of this review we will also bring forward our work on the Social Progress Index, which we are proposing to use to measure inclusive growth

- 3.118 In order to support SMEs during this period of uncertainty, the council has also recently launched the Leeds MicroBusiness Support Service which provides support to businesses across the city, particularly to independents and those in the retail sector, through the provision of online resources and information, and a dedicated one to one telephone support sessions with local businesses. To the 4th May, there were over 2,900 page views of the site and a series of webinars have been completed on topics including helping businesses plan for the future, how to grow an online business and manage finances. One to one support has been provided to various types of businesses including professional services, restaurants, arts venue & bar, dogwalker, print and media and a bridal shop. Typical enquiries have included financial support; uncertainty about the future; and online marketing.
- 3.119 The council will also continue to support our commercial tenants who continue to be invoiced during this period. We are offering support to businesses that have been impacted on a one-to-one basis. We will also pause any recovery action on commercial rent collections for the next three months, after which time this will be reviewed.
- 3.120 While face to face services are no longer delivered and the Council's Jobshops are currently closed, the Employment and Skills Service has continued the delivery of existing employment support programmes to over 1,000 residents with check-ins and online learning, job searches, CVs and matching to vacancies by qualified Employment Advisors. We continue to promote current vacancies including roles in food retail, logistics and distribution, construction, health and care through the Council's webpages and social media and recorded 78 job outcomes for local residents during April. New customers, and those now being referred for support by DWP, are able to visit [Leeds Employment Hub](#) website if they require support to re-enter the labour market and for advice about which businesses are currently recruiting.
- 3.121 The service continues to use on-line classrooms and learning platforms to deliver the Council's Apprenticeship Programme and is implementing a programme to enhance the capacity of our Adult Learning providers to deliver on-line courses during the current term to offer new or blended provision from September 2020. New activities have been posted to [StartinLeeds](#), the careers education platform to continue to support young people considering their next steps in education and employment and the Career leads in schools are being updated on the current apprenticeship vacancies with local employers by our network of apprenticeship training providers.
- 3.122 We have also developed guidance for commissioning managers within the council to ensure they can support suppliers as and when they contact the council for support as a result of being adversely affected by the coronavirus outbreak. The guidance takes a sympathetic but proportionate approach and seeks to triage suppliers that most need financial support to the relevant approach, whether that be existing support measures, alternative or reduced services, additional council support measures for "at risk" suppliers, or a combination of these.
- 3.123 The council is further continuing to work with various sectors to offer advice and support, such as the Creative and Arts sector and is able to link organisations with local and national funding and support opportunities, available on the website. We are also involved in work which brings together West Yorkshire authorities to understand the impact the crisis is having on the creative sector, with the aim of

presenting a business case for support as we move from the current phase of response toward stabilisation and then recovery.

- 3.124 The council and West Yorkshire authorities have launched an online regional survey of the creative sector on the impact of COVID-19. The results will help inform the priorities for any further support for the sector going forwards. The Leader of the Council and officers have met with the Arts Council England to further discuss the needs of the sector.
- 3.125 On tourism, Visit Leeds has developed an initial recovery plan which will be refined as more detail emerges on the lifting of restrictions. Welcome to Yorkshire is also leading a series of tourism sector recovery meetings bringing together partners across the region with Visit Leeds also involved.
- 3.126 Moreover, in terms of providing support to investors and the community, the Planning and Building Control Service has contacted customers, setting out the level of service currently being provided. Officers are also in contact with the West Yorkshire Authorities and Core Cities to share current emerging best practice. The Planning Service are currently in the process of developing provision of remote meetings for example, Plans Panels, with the development of a Remote Plans Panel Protocol which has been circulated and communication with developers. Both the Planning page and the coronavirus business pages are regularly being updated on leeds.gov.uk.
- 3.127 Whilst major events in the city have been cancelled or postponed the council continues to work with partners to maintain engagement virtually including via major events such as the largest tech event in the UK in the Leeds Digital Festival earlier in May. Turning virtual for two weeks, 130 online events were held. The response to the change in format of the Festival has been overwhelming and has shown an exceptionally positive response to a very difficult situation, enabling a reach beyond the Leeds City Region, with some events attracting attendees from five different continents.
- 3.128 **Citizens and communities:**
- 3.129 Leeds strength is in its rich diversity which benefits from people from different ages, backgrounds, cultures and beliefs living and working alongside each other harmoniously. This diversity is supported by our compassionate city ambition which influences the way we work and the strong focus that is placed on protecting and supporting the most vulnerable in our society.
- 3.130 The role of elected members remains crucial in this context supporting the overall approach of the council. Councillors have been active in their wards, providing democratic leadership and working with local people and local organisations including via the volunteering hubs to support the most vulnerable in local communities. Elected members have also had access to utilising local resources, including the £10k ring fenced funding from the 2020/21 allocation of wellbeing fund to support local activity. The Community Committee Chairs forum has been re-convened by the Executive Member for Communities to ensure appropriate oversight of community related activities by the Chairs and to review the Wellbeing and Youth Activity budget. A number of community committees have also been convened by their Chairs and these have met on a consultative basis in April to ensure that activities across wards

is joined up and challenges fed through to the appropriate services. The Communities Team is also progressing work to provide a baseline budget position so that committees can consider the decisions that have been made in the March round of community committee meetings and progress them through the delegated decision making process.

- 3.131 The council working in collaboration with Voluntary Action Leeds (VAL) and local third sector organisations continues to provide the necessary additional support, particularly to the most vulnerable people in the city. A coordinated approach to volunteering has been rapidly introduced from a standing start to deliver care to anyone in need across the city. 330,000 leaflets have been post-delivered to households promoting the local offer of support and the council's coronavirus helpline which have also been translated into 12 community languages. 33 ward level Facebook pages have also been created and are being actively used to post updates and information.
- 3.132 The 33 Volunteer Coordinator Hubs across each ward in the city are now supported by 5,200 volunteers, with VAL providing ongoing support and guidance to the volunteers and the third sector organisations involved. These hubs are managed by third sector organisations, who continue to coordinate referrals for support, match volunteers and source the much needed food and prescriptions required by those who are self-isolating, the shielding cohort, and those who are facing difficulty and have no other means of accessing these vital resources. During the period 24th March – 28th April, 5629 referrals have been made to the hubs, with a significant increase in calls to the helpline since the leaflet drop took place.
- 3.133 The Council adapted its Local Welfare Support Scheme (LWSS) and its frontline customer service workforce in the current context to provide a COVID-19 helpline. This provided two telephone helplines to arrange emergency food provision and non-food support. A new warehouse facility was also launched, designed to provide a central location in Leeds for food storage and distribution, linking fleet vehicles and drivers for food deliveries and collections. As of the 12 May, 11,000 calls for support have been answered from both helplines and over 10,000 food parcels have been packed and distributed since the service began.
- 3.134 Alongside the food provision supported by the council, charities such as FareShare, local businesses and the third sector, two supermarket voucher schemes are also in operation to allow volunteers to carry out shopping for residents that are unable to shop for themselves. The voucher scheme works in two ways:
- Free Vouchers allow volunteers to carry out shopping on behalf of the customer, and are available to customers in financial hardship.
 - Paid Vouchers allow volunteers to carry out shopping on behalf of the customer and the customer will then be invoiced by the council. This service is available to customers who can afford to pay, but are unable to leave their homes due to social distancing.
- 3.135 A process for voluntary organisations is being developed to monitor how vouchers are being spent and an eligibility process which will be introduced to tackle potential abuse of the system and to ensure the service is supporting to those most in need.
- 3.136 In late March, the NHS identified a number of medical conditions where there was a significant risk of complications if the person contracts COVID-19. People with these

conditions were advised to shield for 12 weeks. Specifically, this means people were advised to:

- not leave their home
- not go out for shopping or exercise
- strictly limit all contact with people from outside their household
- minimise contact with people even within their household, observing social distancing at home wherever possible
- ensure any deliveries are left at the door
- strictly avoid any contact with someone who is displaying any symptoms of coronavirus

3.137 Based on original estimates of numbers, Leeds was estimated to have had a shielding cohort of 22,532 people. However, this was based on people with the specific conditions identified by medical experts that would make them extremely medically vulnerable. In subsequent weeks, secondary care and primary care have done an extensive search of patient records, to identify patients whose combination of conditions would also raise their risk from “moderately vulnerable” to “extremely vulnerable”. The new estimated figure as of 11th May for people in Leeds advised to shield, is now 45,713, over twice the original estimate. Other areas of the country have also seen significant increases in numbers advised to shield. Work is underway currently to better understand the scale of the increase.

3.138 To date 16,099 people (67% of the original cohort, or 35% of the new expanded cohort) have confirmed they have received the letter to shield by registering with the national shielding service. This marks a significant increase in the numbers of people who have registered in the last three weeks, and may reflect significant efforts from local partners to increase registrations, including raising awareness and providing practical assistance to do so using existing contact with services: specifically housing, social care and primary care. As well as asking all organisations in the city who work with people to raise awareness of the advice and process around shielding. Given the substantial increase in total numbers for the city in the last week, this will remain a high priority.

3.139 Using the Leeds Care Record for the original cohort of 22,532, we were able to break the data down by ethnicity – and this shows some particular concerns that people from minority ethnic groups may not be receiving or understanding the advice to shield. People of Pakistani or British Pakistani origin have the lowest confirmed registered rate of all single ethnic groups in Leeds, with only 119 individuals out of the 353 sent letters (33.7%) registering through the national programme. Followed by Black African identities at 34.2% and Black Caribbean origins at 38.4% registration rate. Given this clear evidence, and the national trend that people from BAME backgrounds account for a disproportionate amount of COVID-19 related deaths in the UK, we will be targeting efforts to ensure that information about shielding is shared in minority ethnic communities across the city, working with third sector organisations, faith communities and sharing this data with primary care, particularly in areas that have higher numbers of BAME residents.

3.140 Additionally, we have been able to map where people advised to shield are living in the city. A significant proportion of people advised to shield 12,047 (26%) are living in areas ranked in the 10% “most deprived” nationally. Whilst the conditions that provoke the shielding advice affect people across all socio-economic brackets – it is

clear that the impact of shielding will be more keenly felt in households with lower incomes, including a higher proportion of people on low wages who are unable to work from home, increases in household expenditure and the difficulty of shielding in homes where physical distancing from other members of the household is more challenging. Shielding has only intensified the impact of existing inequalities – where health status, identity, spending power and social literacy all interplay.

- 3.141 Of the 16,099 confirmed registered in Leeds, 4,628 people have said that they would need help with accessing food and basic supplies. 1,221 of these (26%) regularly receive a Basics Box delivered by national government, a further 486 have received one Basics Box delivery and 491 have asked to be removed from these deliveries permanently. The rest are offered support by our local volunteer support, food banks or informally through neighbours. Since the week commencing 27 April, the council has also been sent details of 1,203 people who say they may need some assistance in meeting their “basic care needs”. As there is no further information provided, a significant piece of work is now underway to cross reference this with local requests for assistance that are already being processed, before making contact. In addition, we estimate that the significant increase in overall cohort size, will possibly double this demand, and may have significant resource implications. It is also likely that there is a higher proportion of people with unmet needs in the people who have not yet registered.
- 3.142 When people register each day through the national programme and indicate they may need some assistance, the local shielding team in Leeds send a text communication to people with mobiles, make a call to people with landlines, emails people with no phone number or sends a letter to individuals where no other contact details are available. This is to inform individuals of the local support available through the Helpline and local volunteers and advises them that they can ask for help at a later date, even if they do not need it now.
- 3.143 Periodically, the local shielding team also provides updates to all people who have confirmed they are shielding, with largely practical information about where to get help with accessing food, welfare support or social support. Tracking on the information sent through email (to 8,544 shielding recipients) show that engagement is high – with a minimum 72% “open rate” and only 1 unsubscribe from the mailing list, indicating that residents find these local updates useful. The multi-agency bronze group is also considering using these communication channels to send health and wellbeing information on staying well during the period of shielding. We anticipate that this will be particularly important for the coming period when messages about national lock down are changing, but the advice to shield remains.
- 3.144 Much of the national shielding programme is predicated on sending clear instructions to people on avoiding contracting COVID-19 in order to make them aware they are at higher risk for complications or even death, this however does not allow much opportunity for people who have been advised to shield to provide feedback on the things that would enable them to shield most effectively as individuals. This is possibly illustrated in the low take up of people accepting the basics food boxes, despite the national offer that it is free and delivered to the door. The vast majority of people who are shielding would prefer to pay for and choose their own shopping, but the distribution of priority delivery slots from supermarkets remains unclear and hard to

obtain. Therefore, it is imperative that we open up communication channels with people who are shielding to express their views, ideas or on what we can do to help them stay happy, healthy and at home. We consider it essential to their mental and physical wellbeing to be active participants in taking informed decisions on their own health, supported and backed by a logical set of arrangements that keep them safe and reduces risk, costs and unnecessary stigmatisation.

- 3.145 Indications from Government are that a period of advised shielding is to be extended for some time yet. This will mean a significant undertaking for people who are shielding, but also a shift in how we ensure planning and the necessary resources to support people beyond this initial emergency phase.
- 3.146 The approach in Leeds to date has been to use our existing strengths – working as one joined up health and care system, working with local partners to maintain trusted sources of support and to approach the support we can provide locally through a model that puts people at the centre of their own lives, and we as active partners in their welfare. If the advice to shield from national government does remain in place over a longer period, it is essential that as much as possible, we can maintain this balanced relationship.
- 3.147 Working across West Yorkshire we have established a strong route for communication with central government, and the Multi Agency Bronze on Shielding has begun compiling a report on considerations for shielding post lockdown. This will include a range of issues including the reopening of schools, continued food supplies, health and wellbeing and work and employment. There is a significant role for local authorities to support the ongoing welfare of people who are shielding and there are considerations for how this is resourced for an increased number of people and for an extended period.
- 3.148 Moreover, in order further strengthen the understanding of national shielding policy implementation at local level the government has established a Stakeholder Engagement Forum (SEF), bringing together the regional lead Chief Executives and representatives from LRFs. The Yorkshire and Humber Chief Executive's representative on the SEF is the Chief Executive of Bradford Council. The national shielding team has also recently established a local structure and regional teams with named civil servant contacts for each local authority enabling a further route to identify and raise issues related to the programme for a response.
- 3.149 The council is also expanding its local offer working partnership with Leeds Older People's Forum and Voluntary Action Leeds by introducing the 'Are U OK? Service' to complement the volunteering effort and provide support for people who have indicated they would welcome a welfare check call. Information on this service will also be sent directly to people who are shielding.
- 3.150 Additionally, all families with children who are advised to shield are being sent a letter containing relevant information and signposting to local support specifically for children and families.
- 3.151 More broadly, the council will continue to monitor the demand of the local support offer to ensure its sustainability if required and to inform the scoping of the next phase of development of the volunteering approach in this city. It is anticipated that the number of calls for support will reduce as the local connections between the

hubs/other local third sector organisations and individuals are increasingly established directly.

- 3.152 In schools, Civic Enterprise Leeds (CEL) continue to provide catering support to those pupils who are eligible for Free School Meals. The current weekly figures are approximately around 7,090 Grab Bags, 2,700 Hampers, (which is the equivalent of 13,500 meals), plus a further 1,000 hot meals, this amounts to 21,590 meals to Free School Meal children per week. Hot meal provision within Specialist Inclusive Learning Centres (SILC's) , adult social care residential homes and recovery hubs has been consistent since the beginning of close down as well as early years catering provision in the Early Years Centres which remain open for children or new children of key workers.
- 3.153 The Meals at Home function has maintained its 7 days a week service and has seen a 25% growth of daily meal numbers to 800 a day during this period. The same service has been supporting the community with providing food for individuals who are homeless and currently in temporary accommodation. We have also been working closely with our suppliers and partners to support a number of community initiatives. Over this period this has included support for a soup kitchen with a range of donated fruit and vegetables, the distribution of surplus sandwiches as well as donating food products to various community groups.
- 3.154 The latest figures for Leeds indicate a significant increase in Universal Credit claimants since the coronavirus pandemic took effect in the UK. Access to free, independent, impartial and confidential advice is vital to contributing to the council's ambition of a strong economy and compassionate city. Effective and good quality advice supports people to lead sustainable lives through maximising incomes, dealing with debt, resolving housing issues and gaining training and employment opportunities. Recent engagement with advice service partners has revealed calls regarding welfare benefits and UC queries are the top issue since the start of the lockdown period. The relaxation of benefit rules and offers of payment holidays amongst mortgage and energy providers has eased the pressure in terms of demand for debt advice. However, the advice services are anticipating a surge in demand for debt advice once repayments become due, forbearance measures come to an end and the true economic impact of the pandemic takes hold.
- 3.155 To support residents affected by the pandemic with Council Tax payments, the council has introduced an option for residents to defer payment by up to 3 months and reschedule payments over the remaining 9 months. The Council is working with residents to ensure customers understand that they should only seek deferment if they cannot afford repayments, and is encouraging customers who can afford to pay to continue as normal. Latest data has shown that 3,500 Leeds residents have applied for the 3 month deferment to repay later in the year. Leeds also provides the Council Tax Support Scheme to eligible residents on a low income. There have been 1,700 new claims for Council Tax Support since the outbreak. The Council's Housing service is further working to support tenants facing financial difficulty by suspending normal recovery action for 3 months, providing advice in relation to support of benefits to assist tenants with rent payments. Again, the true impact on Council Tax and Housing rents may not be known until lockdown is eased and forbearance measures come to an end.

- 3.156 In terms of the response to support those who are homeless and rough sleeping the council has been working to ensure all those who require urgent accommodation are assisted with a number of options introducing hotel rooms at a number of locations were sourced and with a focus on a triage approach around 'Protect', 'Care' and general population needs. Specific hotels were also introduced to support women and those fleeing domestic violence. 215 individuals have temporarily been rehoused and we are now working on assisting individuals in hotels moving to more settled accommodation and will continue to do so over the coming months. The Housing service continues to consider planning arrangements following an easing of lockdown which will be overseen by the Street Support Improvement Board, developing a partnership co-produced recovery framework.
- 3.157 Contact to national domestic violence helplines have significantly increased and evidence suggests that incidents are becoming more complex and serious. It is within this context that Leeds has worked quickly within existing resources to respond to the immediate challenge of lockdown. Domestic violence and abuse incidents in Leeds are very high and have remained at this level consistently throughout the lockdown period.
- 3.158 At the start of lockdown the council moved swiftly to launch a DVA social media campaign to promote the support available for people experiencing domestic violence and abuse and linked to the "You Are Not Alone" national campaign. The Leeds Domestic Violence Service moved quickly to mobilise a business continuity plan that ensured services could be delivered with social distancing measures in place. The commissioned refuge service is open and is currently full and LDVS is working closely with Housing Leeds through the Emergency Lettings Panel to re-house families and release the refuge units when occupants are able to move on. Other temporary accommodation is available through the hotel infrastructure commissioned during this time and a decision was taken to re-house any individual presenting as a victim of domestic violence regardless of their immigration status at this point time.
- 3.159 Safer Leeds moved the daily Domestic Violence and Abuse MARAC to a virtual meeting as part of their early COVID-19 business continuity planning arrangements. The MARAC has continued to run daily and ensures there are safety plans in place for people who are assessed as high risk. There is an average of 14/15 case a day. Children and Families services are a key partner in this front door activity and are continuing to support a range of children and their families who are experiencing domestic abuse and violence through the Early Help Hubs and more direct contact with social care services.
- 3.160 The local authority has recognised that we now need to be pro-active in organising our collective response to potential surge activity as we move out of lockdown. A new COVID-19 DVA Tactical Response Group has been created which meets virtually on a weekly basis to ensure there is a good understanding of visible DVA presenting need and that there is a shared tactical plan for priority themes. It is likely that this programme of work will mirror the recent focus of national discussions on the Domestic Abuse Bill covering; access to information and support, response to support services for BAME communities and specialist services, housing support and refuge accommodation and a strong criminal justice response. Initially this will be explored

within existing resources but the council will work to support third sector partners as they bid for the grant resources announced by government.

- 3.161 As highlighted in this report the coronavirus pandemic has placed unprecedented demands on the need for and supplies of PPE. The Citizens and Communities directorate has also played a key role in the response to this demand supporting three strands of focus: safety of LCC staff; safety of volunteers; and supporting the wider work of the Local Resilience Forum (LRF). There have also been many examples of mutual aid between organisations. This has involved joint procurement exercises, exchange and donating supplies as well as sharing best practice. There has also been a community effort involving local suppliers, people/schools/companies making PPE; and elected member donations from their contacts at home and abroad. To date, an adequate supplies of PPE to comply with national guidance, has been maintained throughout.
- 3.162 In terms of temporary mortuary provision, the development at Waterside in Stourton is now complete and available for use by Leeds and Wakefield. Mortuary capacity within the hospital trusts and through funeral directors has thus far been sufficient to cope with the number of excess deaths in recent weeks, therefore, Waterside whilst available has not yet been placed into operation. The capacity at Waterside will remain in place to support any potential future waves of COVID-19 deaths and will be kept under regular review.
- 3.163 A series of new measures were established to help keep families and loved ones safe during services at the council's cemeteries and crematoria. This included putting limits on the numbers of people who could attend a burial or a cremation and closing our crematoria buildings for public access including cremation services. We have continued to work closely with funeral directors to ensure that bereaved families are able to find the most appropriate way of paying their respects for their loved ones at this challenging time. This includes making alternative arrangements for services either through chapels managed by funeral directors or through a local church; by delaying a chapel service until restrictions have been lifted; or by attending the crematorium grounds and viewing the coffin being moved from the hearse into the chapel with the potential, should families wish, for their officiant to do a short blessing outside of the crematoria chapel in view of the bereaved family. In accordance with national guidelines, all cemeteries and crematoria grounds have remained open to the general public subject to social distancing guidelines being adhered to.
- 3.164 There has been a range of additional work which has been progressed to support vulnerable children during this period. The Children and Families Social Work and Early Help service are working closely with schools, Targeted Services Leads and other key partners at a cluster level to identify the most vulnerable children, ensuring that there are robust support plans in place. Multi-agency Bronze COVID-19 groups have been established in the East, South and West of the city to provide a strategic response to issues emerging from the clusters. The Children and Families service has also identified vulnerable children who are eligible for technology support (laptops/tablets) under the national scheme and are supporting the roll out of this. Additionally, a new 'Relationship Matters' website recent went live and is a collaboration between 14 local authorities in the Yorkshire and Humber region and forms part of the national Parental Conflict Programme. The website will provide information, advice and resources to parents/carers where conflict is an issue, it will

also signpost to relevant agencies. Children's Centre day care staff also continue to support Leeds Teaching Hospitals to maintain their day care provision for keyworkers.

- 3.165 In terms of schools, there continues to be extensive liaison with children and families colleagues and schools, providing support where possible and very regular communication from the DCS within the context of the national framework and guidance for schools and local governance of schools. The Leader and Chief Executive also joined a recent call with all head teachers and principals invited, and more than 180 participants. This will be a regular occurrence. This was an opportunity to recognise and say thank you to head teachers and schools for the significant role they are playing during this period in supporting children, especially with our most vulnerable children and the children of key workers. Moreover, the council was also able to provide an update on its approach to the coronavirus outbreak locally as well as to listen to issues raised and to answer any questions. Moving forward, bronze groups have been established, as part of the multi-agency arrangements that are being used in the city. Continued engagement with the wider group of head teachers will continue.
- 3.166 There was a phased safe reopening of Leeds Household Waste and Recycling Centres for pre-booked appointments only from the 11 May, with brown bin collections set to resume later this month across the city. The council has also outlined proposals to restart its bulky waste collection service during the week commencing May 18. With many households still requiring to self-isolate and shield relatives, the council has also taken the decision to offer this service free of charge whilst these restrictions are in place. Whilst the council will endeavour to offer as many booking slots as is possible in the context of existing resources, this service will be limited, and residents are asked if feasible, to store any waste and continue their efforts to reduce and reuse.
- 3.167 The importance of parks has been highlighted nationally as well as locally during this crisis as fundamental to the health and wellbeing of every citizen. A number of attractions and facilities have been closed in parks in line with government guidance or regulation, but for the most part parks have remained open. In Leeds there are over 4,000 hectares of public parks and green spaces distributed on over hundreds of sites with over 800 km of public rights of way. Therefore, to enable social distancing and government guidance, there are benefits in encouraging people to use their local parks and green spaces for exercise which can be accessed from their homes and thus distribute people more widely throughout the city. Having considered all of these issues carefully and the fact that the key concern in this situation has to, unquestionably, be the issue of public safety, the decision was taken to close all car parks in parks throughout the city as well as cafes and concessions in parks, playgrounds, outdoor gym equipment, bowling greens, golf courses, fishing, tennis courts and multi-use games areas. People have generally respected these closures. With the new guidance that was issued on the 11 May some of these facilities were re-opened, or plan to re-open, including car parks in parks, cafes and concessions, bowling greens, golf courses, fishing and multi-use games areas. The Arium has also been re-opened for plant and sundry sales.
- 3.168 Returning safely to public spaces is a key consideration as the city moves in to the recovery phase. Led by a newly formed bronze group there will be a strong focus in developing multi-agency responses to ensure the public can safely access services, amenities and support as well as being able to safely access retail and other

businesses that are permitted to trade and which have a customer interface. The council will work with partners to plan for exiting lockdown with continuing social distance measures in place, ensuring that all relevant community safety issues have been considered and plans in place to manage and mitigate risk. Moreover, the city response will ensure that relevant control and enforcement measures are in place to support members of the public being able to go about their business in a safe manner.

3.169 **Organisational impact:**

- 3.170 There is a clear framework for the resumption of council services, within the context of the broader multi-agency arrangements where relevant, but it is important to note that we are not planning for a full resumption of services based on pre-coronavirus times. Extensive planning is underway based on what we already know, pending specific guidance from the national context which we will use to inform our local response. A survey based on the five questions above has been sent to heads of service to capture the learning from the changes to our ways of working in recent weeks. An additional wellbeing pulse survey is underway at the time of writing across all staff as a quick check on colleagues' health and wellbeing and to ensure they are receiving the appropriate support as needed; it is anticipated this survey will be rerun at various points in the coming months. HR continue extensive work on deploying staff flexibly to priority areas and TU engagement about health and safety. A particular focus is the use of those staff not currently working but able to work to see if they can help with additional capacity: e.g. wardens to ensure services resume safely.
- 3.171 Front Line Delivery - Where services cannot be delivered from home we are looking at expanding service resumption, whilst ensuring social distancing. Currently curtailed non-urgent services will not resume unless social distancing can be implemented. Method statements are being developed to ensure the implementation of safe working. The availability of PPE (and associated Government advice) is a key factor in the breadth and speed of service expansion.
- 3.172 Home working - Overall staff will continue to work from home if their jobs allow, unless a return to office-based activity is central to their role or their domestic circumstances makes home working impractical. As mentioned, Asset Management, Facilities Management and HR are co-ordinating this work. As with front-line delivery, the emphasis will be on health and wellbeing and ensuring that appropriate equipment is provided as required. It is likely the workplace capacity will be restricted to approximately 20% to ensure safe social distancing, so rotas of attendance and staggered starts which seek to avoid peaks in travel will be adopted. The council is working with other major employers across the city to consider in particular the implications for public transport. With regards to the council's own buildings, principles and processes are being established to protect staff and visitors around occupancy, maintaining social distancing and cleaning/ hygiene arrangements.
- 3.173 HR continue extensive work on deploying staff flexibly to priority areas and Trade Union engagement about health and safety. A particular focus is the use of those staff not currently working but able to work to see if they can help with additional capacity e.g. wardens to ensure services resume safely. Moreover, in anticipation of developments at a national level and as part of considerations of the recovery and renewal phase, the council will remain committed to ensuring any reset accounts for

key factors such as the implementation of safe working for staff and health and wellbeing.

- 3.174 The council has continued its implementation of the flexible resourcing plan to ensure that critical services can be maintained. The central reallocation pool is continuing to be utilised to support resource deployment enabling effective business continuity both internally and city-wide. There has been a particular focus on supporting staff in vulnerable groups who are working in frontline critical services by matching surplus resource with these roles and a recruitment drive into social care, with volunteers supporting these critical services.
- 3.175 Arrangements to enable a high proportion of staff to work from home continues to be supported by the Digital and Information Service (DIS) with IT systems running at increased capacity. To further support staff to work remotely during this period the DIS training team have also created a set of virtual learning tools to support online training and development. Additionally, working with partners, the council's IT team has rapidly developed an application to support the online booking system, helping to manage the demand of Household Waste and Recycling Centres, following the recent announcement to open specific sites.
- 3.176 In terms of the council's management of PPE supplies this is being efficiently distributed to those services where it is required. As highlighted earlier in this report, there remain some challenges as there is continued demand for additional PPE beyond that which PHE has outlined is needed in specific clinical settings. Extensive engagement with trade unions on the complex workforce issues created by the current pandemic including daily meetings regarding PPE challenges continue to ensure maintaining the high standards of health and safety for the council's workforce.
- 3.177 In terms of maintaining council decision making and scrutiny functions in the current context, the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 came into force on the 4th April 2020. The Regulations provide flexibility for meetings of Full Council, Executive Board and other committees to be held remotely provided that:

Members in remote attendance must be able at the time of the meeting to;

- a) hear, and where practicable see, and be heard and, where practicable, be seen by, the other members in attendance (including where they do so by remote access),
- b) hear, and where practicable see, and be heard and, where practicable, be seen by, any members of the public entitled to attend the meeting (including by remote access) in order to exercise a right to speak at the meeting, and
- c) be heard and, where practicable, be seen by any other members of the public attending the meeting by whatever means (including remote access)

- 3.178 In order to respond to the practical challenges provided by the Regulation, joint work was undertaken by Democratic Services, DIS and Facilities Management which has enabled remote meetings of Full Council and Executive Board to take place. In addition during April each Scrutiny Board Chair has been meeting regularly with

Directors and Executive Members to review the COVID-19 response and, during May these arrangements will be extended so that, on a fortnightly basis, all Boards Members will be engaged (as a working group) in those briefings. Community Committees have now also now started to meet remotely as advisory working groups.

- 3.179 Formal Remote Meeting arrangements are resource intensive and currently require separate teams to; manage the webcast (to provide the public access element); manage the virtual meeting space, and; provide governance/clerking to the meeting. Work is nearing completion on a programme of formal remote meetings of Executive Board, Scrutiny Boards, Plans Panels and Corporate Governance and Audit Committee, initially for the period until the end of July. Work is also being progressed by DIS and Democratic Services to explore arrangements to more efficiently support and facilitate these meetings both now and beyond the current lock down (where all participants access meetings remotely) to a potential future scenario where some Members (and other participants) might physically attend a Meeting (observing correct social distancing precautions) with other Members (and the public) attending/accessing the meeting remotely.
- 3.180 The financial impact of coronavirus is also detailed in a separate report on the agenda of this Board meeting.
- 3.181 **Media and communications:**
- 3.182 Communications during this pandemic has been key given the fast changing nature of the situation and the reliance on everyone to play their part. Councillors, staff, MPs and partners continue to regular updates of the national and local activity in relation to the Coronavirus response and recovery. To support their community role during this incident, councillors have received regular updates to ensure that they have the latest local and national information to fulfil their role.
- 3.183 The multi-agency communications group continues to inform messaging supported by the broader council and partners. Business, partners, head teachers and workforce communications continue to be updated with extensive frequently asked questions issued. As mentioned, engagement with trade union colleagues have continued throughout this period.
- 3.184 The council's dedicated webpage related to coronavirus is regularly updated reflecting any developments at national and local level, with a total of 190k visits. The website includes key information for the public and businesses in relation to the council and city response to the coronavirus outbreak and the various support available (the website can be found [here](#)).
- 3.185 Social media advertising has been used for key messages so that it is available in the language of the user and there continues to be translated material of key documents into languages where we have the most users. Infographics are being used to help communicate clearer.

3.186 In order to further increase media engagement and to answer specific questions about the councils approach to the outbreak, regular press briefings are now held on a weekly basis.

Corporate considerations

4. Consultation and engagement

4.1 Extensive engagement continues between services within the council, with partners, with elected members and with the public. It has not always been possible to engage in the normal way about service changes as there has been no choice about many of the changes to ensure compliance with national guidance. Ward members have played a key role in engaging the public, particularly in encouraging neighbourliness and volunteering to help the vulnerable. We have endeavoured to keep people up to date with developments as best we can. Engagement with stakeholders has continued and in many cases been strengthened with the context of what we have had to manage during this incident. Regular written updates to partners, weekly messages to the public, regular thank you notes to staff and calls with MPs, head teachers, and businesses.

5. Equality and diversity / cohesion and integration

5.1 These considerations are already an implicit part of the planning, particularly given the nature of the incident and this will continue, for example with prioritisation of services for vulnerable people and monitoring of potential community tensions and the impact on inequalities. Snapshot data on this has been provided regularly in the councillor/MP updates. Work is ongoing to specifically review inequalities in targeted communities and equality and diversity is built into the consideration of all citizens and communities work including for example, appropriate food provision and faith community engagement.

6. Council policies and the Best Council Plan

6.1 In terms of the Best Council Plan, adaptations are being made to the version that was agreed at February Full Council to ensure that the COVID context is accurately captured, then will be published soon. We plan a further, more fundamental review of the suite of city strategies later in the year when we know more. Here is a summary of some of the issues that will feature in the coming months.

6.2 Recognising this is a complex and long lasting recovery, maintaining clarity of focus will be crucial so that we have all potential capacity in the city, including the public, engaged and playing their role. Retaining the ambitions of best city, with a strong economy that is compassionate, will be important so that priorities, resources and relationships are guided by that shared ambition and the values. We want to retain the overriding priority of tackling poverty and inequalities, underpinned by our three pillars: inclusive growth; health and wellbeing; and climate change, which are even more relevant now, and the links between them even more critical.

6.3 In terms of Inclusive Growth, the economic impact has been instantaneous, large parts of our economy are in shutdown, many businesses are facing severe pressure, with grave concerns regarding business closures and redundancies. The crisis has

compounded deep-rooted inequalities, with young people, and low earners being most affected to date as they are most prevalent in the hardest hit sectors. Many families are struggling with uncertainty and the potential of mounting debt. The longer the current measures are in place the greater the economic impact, with difficult decisions regarding interim measures, specifically how to ease pressure on those individuals, communities and businesses most affected, who in many cases are not at the front of the queue in any return to normality.

6.4 Health and Wellbeing has been the primary focus of our collective response to date, and tragic though the crisis is, our worst fears have not yet been realised. However, significant concerns remain, regarding the most vulnerable, specifically those in care homes; the supply of PPE; and, the speed at which a more systematic approach to testing and contact tracing can be introduced and accelerated. The health and social care response remains the top priority, however, we are already seeing evidence of the wider health impacts of the crisis, with the drop in numbers of other patients presenting themselves and what this might mean, and the potential impact on mental health of the current measures. The longer-term economic fallout is likely to have an adverse impact on already significant health inequalities, with those individuals and communities at most disadvantage hit hardest.

6.5 The impact on our response to Climate Emergency is more complex, but presents significant opportunities presented by the reduction in travel and encouraging more active travel. However, the practicalities of re-booting public transport whilst maintaining social distancing will require careful planning and adjusted behaviour from commuters. In the longer term, it will be important to resist the very strong temptation to simply resume past behaviours with all the associated environmental consequences. As we move out of lockdown and towards a longer lasting new “normal” we will need to reset our carbon reduction ambition for the city. This could encompass promoting more sustainable and healthy movement of people; new ways of working, adopting digital technology and home working; emphasising the value of green spaces and reviewing the role of special planning in pursuing low carbon; influencing consumer behaviour and increasing recycling.

7. Climate Emergency

7.1 We are continuing to review implications in relation to the climate emergency as the situation develops. The current focus on the practicalities of how people will commute when they return to work whilst maintaining social distancing requires careful planning and adjusted habits from commuters, but also provides an opportunity to increase active travel across the city. As we develop our recovery plans these will incorporate the promotion of more sustainable and healthy movement of people; exploring new ways of working, adopting digital technology and home working; emphasising the value of green spaces and local community as well as looking to focus on green investments.

8. **Resources, procurement and value for money**

8.1 Given the significance of the financial implications of coronavirus, there is a separate and more detailed report included on the agenda for this meeting.

9. **Legal implications, access to information, and call-in**

9.1 With the agreement of the Chair, given the significance and scale of this issue, it is appropriate for the Board to receive an update at this meeting. However, this report is coming to Executive Board as a late paper due to the fast paced nature of developments of this issue and in order to ensure Board Members receive the most up to date information as possible. A further verbal update on developments since the publication of this report will be provided at the Board meeting.

10. Risk management

10.1 The risks related to coronavirus referenced throughout this report will continue to be monitored through the council's existing risk management processes. For example under two of the main standing risks of "Major incident in the city" and "Major Business continuity issue for the council". Other corporate risks, such as those relating to the council's budget and the Leeds economy have also been updated to reflect the impact of the outbreak. More specific risks relating to coronavirus are being managed through the Silver Groups, with the more significant ones being escalated onto the corporate coronavirus risk document seen in annex E. The rating of this risk is difficult given the uncertainty, in light of that, a cautious approach is taken for the target rating.

11. Conclusions

11.1 This report provides an update on the ongoing progress made by the council working with partners and communities in response to the unprecedented COVID-19 pandemic. As the gradual lifting of lockdown and national recovery strategy has been articulated and will become the new normal, there remain a series of challenges which will require harnessing the strong multi-agency relationships built as well strong engagement with wider partners, businesses, third sector, elected members, the public and communities across the city.

11.2 This report further details the rationale and immediate activity of the council as the recovery phase approach is developed and the immediate challenge of lifting the lockdown safely in Leeds, reflected in the approach described, with the infographic being used to help promote the right behaviours for the city to stay safe and safe lives.

11.3 The council's continued focus will be maintaining the response to key issues, especially on care homes, complemented with progressing preparations for recovery consistent with the national approach, leading to safely lifting lockdown. A key feature of this next phase will be contact tracing, linked to effective testing, and effective management of local outbreaks with clear governance.

12. Recommendations

12.1 Executive Board is requested to:

- 1) Note the updated national context and local response to the coronavirus (COVID-19) outbreak.
- 2) Agree the updated Response and Recovery plan update, including the updated aims and objectives.
- 3) Agree the approach and messaging for running a safe city.

- 4) Use this paper as context for the more detailed paper on the financial implications of coronavirus for the council

13. **Background documents**¹

13.1 None.

14. **Appendices:**

Annex A: West Yorkshire Resilience Forum COVID-19 Epidemic Reset, Rebuild Strategy

Annex B: Leeds Strategic Response and Recovery Plan – coronavirus (COVID-19)

Annex C: Leeds Strategic Coordinating Group (SCG Gold) Weekly Dashboard 12 May

Annex D: Coronavirus infographic – Recovery Approach

Annex E: Corporate risk LCC 5: Coronavirus pandemic (COVID-19) – May 2020

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

**West Yorkshire Resilience Forum COVID-19 Epidemic
Reset, Rebuild Strategy – 15th May 2020 onwards**

1. Aim and objectives

On the 20th March the West Yorkshire Local Resilience Forum (LRF) declared the COVID-19 outbreak a “major incident” under the Civil Contingencies Act 2004. Since this declaration, the LRF’s Strategic Co-ordination Group (SCG) have held daily calls with representation from all Category 1 responders (Local Authorities, NHS, Police, Fire and Rescue Service, Ambulance Service and Environment Agency) and Category 2 responders (utility companies, transport companies) and wider partners.

The management of the epidemic is dynamic, ever-changing, complex and systemic. The response required is global; international, national, regional, local, community, family and individual. It is clear, therefore, that all agencies, strategic partners and communities will continue responding to the impacts of COVID-19, while simultaneously transitioning to a more dynamic (alert level based) model.

Tackling the epidemic will be long-term; for the time being we are *living with Covid19*. Our strategy will require us to work in ways we had not envisaged before until an effective vaccine or treatment has been established.

The LRF SCG has recognised three phases to the work, which will run concurrently;

1. Mitigating the initial impact of the coronavirus epidemic on the communities of West Yorkshire.
2. Managing the easing of lockdown restrictions whilst still living with COVID-19
3. Laying the foundations for future economic and community recovery

It is recognised that working on and moving through these phases will be significantly affected by any rise in rates of infection, hospital admissions and/or mortalities, subsequently leading to a future tightening of lockdown restrictions. We will seek to be guided by evidence from the R rate, from our local places, from national and international research and best practice.

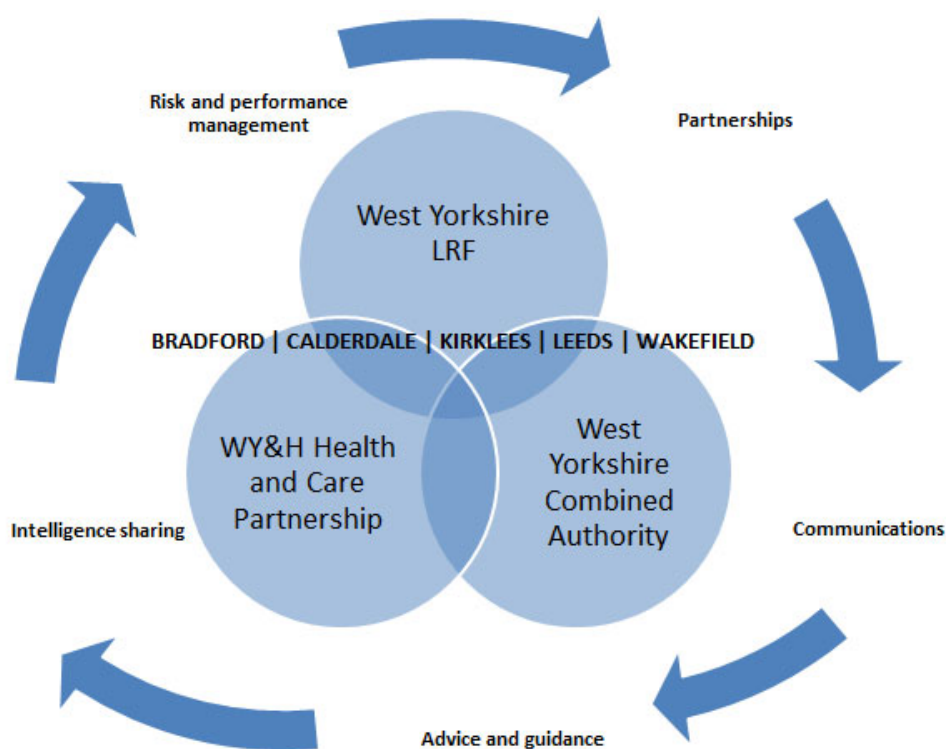
The overarching aim of the West Yorkshire Resilience Forum is to **preserve life and relieve suffering, support those most vulnerable, and the health and social care system** through collaboration, co-ordination and communication and by following the principal objectives;

- Minimise infection and mortality rates by protecting West Yorkshire’s communities against the health and wider consequences of the coronavirus epidemic.
- Collaborate to create safe communities, safe transport, safe education, safe public spaces and safe work places.
- Support isolated people and encourage community resilience, particularly those who are shielding or experiencing hardship.
- Support activity to delay the spread of the virus locally and proactively managing cases to reduce further spread.
- Recognise and address the impact of the epidemic on the widening inequalities gap.

- Enable greater economic activity in line with national guidance and advice.
- Support delivery of the national strategy; providing a more local context, whilst at the same time positively challenging and influencing decision making to create pragmatic solutions for West Yorkshire.

2. How we will deliver against our objectives;

There are a number of West Yorkshire-wide partnerships that will have a contribution to make and a significant impact on how we effectively manage the epidemic. The West Yorkshire Local Resilience Forum (LRF), the West Yorkshire and Harrogate Health and Care Partnership and West Yorkshire Combined Authority (especially the focus on economic recovery) are particularly relevant. Localities will rightly have a different and nuanced approach for their communities.



We will continue to consider, as we have throughout the COVID-19 pandemic, the following;

- What is best done at scale – using the vast array of organisations contributing to partnerships?
- What can be done best at “place” level vs what best done at a West Yorkshire level? Civil Contingencies Act 2004 assumes subsidiarity.
- How can we most effectively influence national debate?
- What is best done together be that;
 - Thematic delivery
 - Risk and performance management or

- Cross cutting activity such as intelligence sharing, advice and guidance and communications

3. Current priorities

While working within the context of promoting messaging on staying at home, working from home where possible, acting responsibly and following social distancing guidelines at all times, the West Yorkshire Resilience Forum recognise the significant role that test, trace and contain will play in the enabling of the following priorities;

- Hunting down the virus through proactive Test, Track and Contain and gearing up for the future roll out of a vaccination scheme.
- Safe communities – supporting those that need shielding, the most vulnerable and the newly vulnerable. Supporting and enhancing the community and voluntary sector. Actively working to reduce (or at least not widen) the equalities gap. Health and social care activity and effective mortality planning.
- Safe transport – accessible and safe public transport, modal shift to working from home, walking and cycling and taking the opportunity for carbon reduction.
- Safe education – the reopening of nurseries, school, colleges and universities, vital to support the growth of economic activity in the region in the period prior to an effective vaccination or treatment being developed.
- Safe public spaces – towns and city centres, parks and managed open spaces, shops and retail spaces, land and the countryside.
- Safe work places – shared advice and guidance, support for local businesses as well as our own organisations, sufficient personal protective equipment.

The priorities are interlinked and only effectively delivered via many partnerships and organisations.

4. Delivery

a. Thematic approach

The thematic approach to delivering our priorities at this stage of the epidemic will be multi-level and delivered in partnership.

The Safe communities' priority will most often be a partnership between localities and where economies of scale are useful at the West Yorkshire Resilience Forum level. Examples of this would include where a collective understanding of the issues, to support dialogue with central government is more effective than localities can muster on their own. Test, trace, contain activity will be delivered through Public Health England, with an important link into Directors of Public Health in localities who will have a responsibility for a locality plan and again important economies of scale can be gained from having collective guidance across West Yorkshire. This will be overseen by Supporting and enhancing the community and voluntary sector would be a priority for localities. Health and social care activity is likely best done across West Yorkshire and Harrogate Health and Care Partnership and effective mortality planning with West Yorkshire Resilience Forum oversight. Each Director of Adult Social Services has responsibility to complete a Resilience Plan for social care to manage and mitigate impacts for those receiving services.

The Safe transport priority is already a key issue for the West Yorkshire Resilience Forum with active attendance by West Yorkshire Combined Authority Transport Services. All aspects of the priority are delivered through the Authority with collaboration from all the localities. Support from the Resilience Forum is offered, where additional benefit can be gained.

The Safe education priority will be a significant factor in restarting economic activity in West Yorkshire. Local Authorities will respond to and share expected advice and guidance to support the safe and timely re-opening of schools potentially as early as 1st June. This will ensure that schools reopen in the region when it is safe to do so, through a phased approach.

The Safe public spaces priority has a number of opportunities. Firstly there are rafts of organisations who attend the Resilience Forum who are also significant land owners. Some form of collaboration, shared good practice and collective communication is useful. West Yorkshire Police have responsibilities for order and Local Authorities similar and additional responsibilities, particularly relevant in our towns and city centres. Localities have further responsibilities for parks and managed open spaces,

Safe work places – shared advice and guidance and sufficient supply of Personal Protective Equipment for all the organisations that are members of the Resilience Forum is a useful function for it to support. Support for local businesses is a responsibility for localities and wider economic recovery best delivered through the Combined Authority.

b. Communications and engagement

Communications will play a leading role in the next stages of the work of the Resilience Forum. The West Yorkshire Resilience Forum Communications Cell will pull together partner's communications strategies to find commonalities and ensure regional and district communications are consistent across West Yorkshire.

The easing of lockdown provides an opportunity to promote messaging in public spaces and on public transport. The West Yorkshire Resilience Forum Communications Cell is taking an active approach to this.

c. Governance, roles and responsibilities: LRF cell/subgroup structure

NB: to be revised and developed referencing an Appendix One map

d. Performance and risk management

Risk and performance management is important with any incident. Both risk and performance management will thus still be a fundamental part of governance moving forward. An incident risk register and performance framework will be separate to the strategy as live documents.

Risks and issues have been highlighted and mitigated wherever possible. Examples include the need and supply of PPE, difficulty with the data about shielded individuals and that guidance has lagged behind government announcements. These risks have been logged and indeed escalated to colleagues in central government, when necessary. Future risks may include;

- Uneven delivery of test, tracing, contain

Annex A

- Lower levels of compliance
- Inability to enforce
- R rises above 1

Objectives have and will continue to be measured against a number of indicators. Moving forward a wide-view comprehensive set of measures will be developed to allow tracking of key features. We will want to know where bottle necks and pressure points occur at the same time as making sure that things like the R rate stay below 1. To be comprehensive this set of measures will need to be delivered from organisations across the LRF. For examples will include a way of tracking cases, testing, excess deaths, outbreaks, PPE stocks etc. and also wider performance measures including schooling, transport, safe spaces and economic activity.

e. Review

Due to the dynamism of the situation in which the West Yorkshire Resilience Forum is operating, we recognise that this strategy will be subject to continuous review and routinely every two weeks.

LEEDS STRATEGIC RESPONSE & RECOVERY PLAN – Coronavirus (COVID-19)

This plan provides a framework for response and recovery to the coronavirus (COVID-19) pandemic, enabling the council and city to be as prepared as possible given the unprecedented challenges, rapidly changing context, the resources and information available. The multi-agency arrangements drive delivery of this plan, combined with the efforts of individual organisations and the community more broadly. It is set within the context of the government’s strategy to tackle coronavirus and within the context of the West Yorkshire Local Resilience Forum (WYLRF), the West Yorkshire Health Resilience Partnership (WYHRP) and the West Yorkshire Combined Authority.

In overall terms, we can view the next phases as follows:

- Responding to the virus and its effects, safely lifting lockdown
- Living with the virus in the population, where social distancing has to be maintained
- A new normal, most likely once a vaccination is available

The themes of the Response and Recovery plan and multi-agency arrangements to drive these are maintained as follows:

- Health and social care
- Infrastructure and supplies
- Business and economic impact
- Citizens and communities
- Organisational impact; and
- Media and communications

Aim: The city’s response and recovery will be driven by our shared ambition and values, with the overriding priority of tackling poverty and inequalities through a combination of a strong economy and a compassionate city.

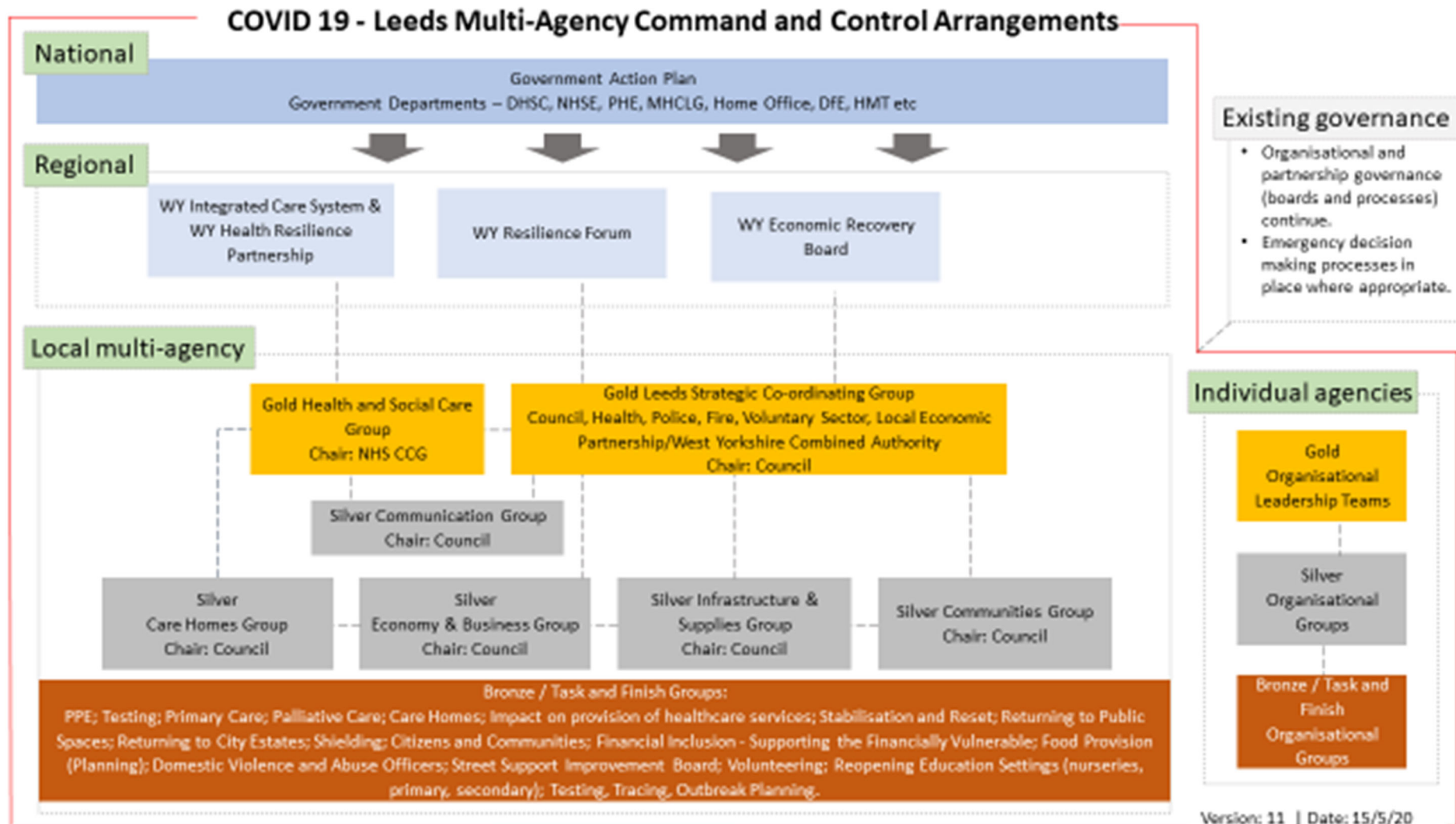
Objectives:

- Continue to minimise the effect of the outbreak on the health and wellbeing of the city, especially the most vulnerable, and integrating services to achieve this;
- Ensure the provision of essential services, focusing on individuals, families, communities and businesses most affected, whilst encouraging communities to provide support themselves and be actively engaged in the part they can play;
- Work to resume economic and social activity safely and effectively with social distancing measures in place, in line with national guidance and advice;
- Begin to focus on recovery and renewal underpinned by our City Ambition’s three pillars - Inclusive Growth, Health and Wellbeing and Climate Change.

Whilst social distancing remains key for public health reasons, the overall framework that we are using to lift lockdown is to test, trace and manage outbreaks to enable:

- **Safe travel** ensuring the safe use of highways and public transport and encouraging active travel where possible.
- **Safe public spaces** with physical distancing in communities, district centres and the city centre.
- **Safe delivery of services** including health and social care, and other public services.
- **Safe education** as more children and young people return to schools, colleges and nurseries.

- **Safe working** with physical distancing in workplaces and coordination between large employers to avoid peaks of movement.



Annex B

Item no.	Action	Officer lead(s)	Status / Comments
1. Health & social care			
1.1	Ensuring effective liaison and support between the Council, Local NHS Partners and the West Yorkshire Local Health Resilience Partnership (LHRP), to provide an effective, co-ordinated multi-agency response to Coronavirus (COVID-19), including readiness of the health and social care system, from acute to community, to deal with the anticipated pressures in the system effectively.	Health & Social Care Gold (Victoria Eaton, Julian Hartley, Cath Roff, Tim Ryley)	<ul style="list-style-type: none"> • Health and Social Care Gold command has been established. It encompasses all aspects of the system, chaired by the CCG Accountable Officer to oversee the local management and system co-ordination of the pandemic. It has a clear focus on ensuring hospitals have sufficient intensive care capacity whilst maintaining access for continuing, urgent and primary care. Command arrangements include a weekly Silver group and seven weekly Bronze groups. • Bronze Groups have been rationalised to reflect some have finished their tasks. Remaining groups are focusing on the priority areas that will continue to have an impact across the system, as follows: <ul style="list-style-type: none"> ○ Care Homes ○ Personal Protective Equipment (PPE) ○ Shielding ○ Testing and Contact Tracing ○ Frailty and End of Life ○ Primary Care ○ Impact on Provision of Healthcare Services and ○ Stabilisation and Reset • A wide range of both formal and informal boards and groups exist across the city that can escalate matters to Gold (for decision) and/or may be asked by Gold to resolve specific issues or make proposals to mitigate identified risks. • System continuing to liaise with Public Health England (PHE) and West Yorkshire Health Resilience Partnership (LHRP) • Healthwatch Leeds (HWL) has had an active role in Leeds' Command arrangements in response to the COVID-19 pandemic – and is represented in the Health and Care Gold Command arrangements. • Since early April 2020, HWL has been running a COVID-19 listening campaign; producing a weekly report with insight into how it is feeling for people – particularly those communities in Leeds with the

Annex B

			<p>greatest health inequalities. As part of the overall campaign, a 'Question of the fortnight' has been running, focusing on a range of service issues, including:</p> <ul style="list-style-type: none">○ The move to digital service provision;○ People's mental health and access to mental health services; and,○ Information about COVID-19 provision. <ul style="list-style-type: none">● Public Health continue to work pro-actively on surveillance, prevention and control of COVID 19 in Leeds. This work is supporting the health and care system to safely manage COVID 19 outbreaks in the community and to manage system flow.● The Public Health intelligence team continues to provide specialist support to enable detailed understanding of the current and future impact of COVID 19 on the city, enabling the system to provide a timely and effective response and to inform preparedness planning to meet changing demands. There is a specific focus upon understanding how Covid 19 affects different population groups - how the virus contributes to and compounds health inequalities in the city. The Public Health intelligence team is reviewing information about deaths provided by LTHT and local registrars.● The team is actively pursuing intelligence about the location of cases and hotspots, which will be important information to have in being able to develop contact tracing, particularly in light of potential easing of restrictions.● Public Health have produced a COVID - 19 Health Inequalities report. It sets out the effects of COVID 19 on key population groups and on areas of deprivation. The report uses national intelligence about COVID 19 and combines this with what we know locally. This evidence based report is also being combined with the equality report compiled by the Communities directorate. Recommendations will be shared across LCC and with the health and social care system.● Public Health is ensuring consistent national public health messages are being used locally. Promoting good mental health advice for the
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Annex B

			<p>general population (including children & young people) has been developed along with targeted messages for vulnerable groups</p> <ul style="list-style-type: none">• Testing for all health and care staff continues under leadership from the Director of Public Health.• Eligibility criteria for testing has been expanded from health and social care staff only, to include over 65s, and care home staff / residents with symptoms or those who are asymptomatic .• Drive-through testing site established at Temple Green for NHS and key workers. Testing capacity continues to increase. The take up from staff in Leeds has been good and now stands at 1,000 slots per day.• LTHT staff continue to be tested through the pathology laboratory at the LGI.• LTHT testing increasing with patients admitted being tested and tests are also being sent out to care homes.• Effective partnership working at a local level has helped to identify and develop local solutions to issues related to care homes. This includes: utilising local resources in order to improve the time taken for swabs to be delivered and received from care homes during the initial outbreak testing phase; better communication of the results to primary care colleagues, and the implementation of testing for residents in community care beds.• A national booking system is in place for employers and /or staff to book a test or to order home testing kits. A new web portal is also being set up by the Department of Health and Social Care. This will enable all care home residents and staff to be tested together.• Local turnaround times for staff tests at LTHT is around 24 hours and at Temple Green around 48 hours.
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Annex B

			<ul style="list-style-type: none">• Early discussions are under way to ensure that the national contact tracing programme works for Leeds and delivers for the local system. Leeds has a strong record of effective outbreak planning and response across the health and care system, which puts the city in a strong position to take this work forward.• A detailed action plan has been developed focusing on the overall support for care homes, against the following objectives:<ul style="list-style-type: none">○ Objective 1: To minimise infection and mortality levels across our care homes and supported living schemes○ Objective 2: Support the well-being of care home residents○ Objective 3: Support the well-being of care home staff○ Objective 4: Ensure safe admission to care homes○ Objective 5: To respond in a timely way to care homes experiencing difficulties○ Objective 6: Support care homes with simple and timely information• Since the beginning of March we have provided an additional 1,472 packages of support to people, either in their own homes or in a care home• The Health and Care Gold Command Group has agreed a revised Personal Protective Equipment (PPE) position statement for Leeds care home and community staff. This updated position statement for Leeds, uses the most recent national guidance released by PHE on PPE use for domiciliary care and in care homes. Details continue to be disseminated to partners by the PPE bronze group.• Public Health and colleagues in adults and health have also developed draft guidance for the VAL volunteer schemes.• Public Health has also been working closely with CCG colleagues to identify and address the non-COVID health issues that have arisen
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Annex B

			<p>over the last few months to ensure the impact on people and health inequalities is minimised.</p> <ul style="list-style-type: none"> • Extensive changes have been made through partnership working across the local health and care system to cope with the pandemic, including: <ul style="list-style-type: none"> ○ Significantly increasing LTHT's intensive care capacity and isolate this for COVID positive patients. ○ Converting spaces (such as operating theatres) to become critical care facilities ○ Reducing the number of elective (planned) operations to limit the number of people who will need intensive care in recovery from theatre. ○ Limiting complex operations to reduce the risk for patients who could be immunocompromised after surgery and also reduce the risk of COVID-19 infections acquired in hospital. ○ Changing the nature of GP interaction, shifting from face-to-face service delivery to a model that includes extensive triage and digital / telephone based patient consultations. ○ Extensive social care changes to support hospital discharges implemented on 18th March 2020, including an additional 120 step-down beds commissioned across the city; and ongoing work to support discharge for Older People's Mental Health Services. Key data demonstrates rapid progress with 165 patients in the bed base for 21 days or longer, compared to 487 patients in January 2020, with 116 people supported to move (by 9th April). ○ 7-day social work cover in place to support hospital discharge and throughput from step down beds and cover for COVID advice line since 3rd April ○ Talking Points (face to face advice offer) suspended on 18th March , replaced by responsive telephone support and
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Annex B

			<p>prioritisation of home visits within Social work and occupational therapy services</p> <ul style="list-style-type: none"> ○ Additional support continues to be offered to people no longer able to access day services from 18th March 2020 ○ Guidance developed to support people who lack capacity regards decision to adhere to social isolation rules ○ Extensive workforce changes to support the actions taken, with continued communications, effective use of ICT, provision of PPE and associated guidance for the use of PPE <ul style="list-style-type: none"> ● COVID-19 support line delivered through St Gemma's and Wheatfields Hospices is now available to anyone with family members or friends that are critically ill or have died from any illness during COVID-19. ● The West Yorkshire Nightingale Hospital in Harrogate has been completed and opened on 23 April 2020. <ul style="list-style-type: none"> ○ The hospital has passed approval testing and the site is being maintained. ○ The hospital is ready to receive critical care patients and is available for use if needed as an overflow facility for critical care only. ○ The management team for the hospital have returned to their respective host Trusts and staff who have been trained are back at their usual places of work. ○ Staff will be mobilised if overall capacity requires the use of the facility. ○ LTHT experienced a peak of patients between 9-17 April and has seen a gradual reduction since then; however the Trust still has a high number of COVID-19 positive patients over 100 who are receiving care within the Trust. ○ Actions taken have resulted in good capacity and sufficient well-trained staff at LTHT to provide high quality, safe care for
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Annex B

			<p>the number of COVID positive patients who have been admitted.</p> <ul style="list-style-type: none">○ LTHT continues to have the ability to cope with further increases in demand and transfer of patients from smaller NHS Trusts across the region.● At the time of writing, LTHT has:<ul style="list-style-type: none">○ Had 887 cumulative inpatients who have tested COVID-19 positive.○ Tested 1372 positive patients who have either not been admitted to hospital or have been admitted at other hospitals.● In relation to Leeds specific data, all deaths registered in the period 27 March to 14 May 2020, there were 525 deaths which were identified as relating to COVID-19. In regard to where those people died, 296 (56%) died in a hospital setting, 200 (38%) died in care homes and 29 (6%) died in a hospice or at home. Of all deaths registered since the 27 March 2020 when we received the first suspected COVID-19 related death registration, 33% of all deaths registered have been identified as COVID-19 related.● Continued Public Health support for the GP Confederation and Primary Care Networks with practical support and advice in relation to staying healthy and self-care for both the shielded group and other people at high risk,● Ensuring rough sleepers placed into emergency accommodation continue to, or start to receive support and treatment for drug and alcohol issues.● Significant work with providers to ensure their readiness and engagement.● Written to 12,500 unpaid carers to ensure they are clear about routes to help if needed.
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Annex B

			<ul style="list-style-type: none">• Close links with Citizens and Communities group continues to ensure effective support from communities, volunteers and Third Sector Leeds• Reorienting volunteering work contracts with the Third sector to enable them to provide this service.• Contribution to the Council's wider response to emergency food provision, including providing information and advice to ensure appropriate support and referrals, influencing the food offer to ensure healthy balanced food availability and developing support resources around food safety, healthy eating, managing waste and recipes.• The PPE challenges facing local services across the system continue to be raised via national channels. See section 2.3• Care homes remain a significant concern for the city, particularly in light of continuing problems with securing PPE supplies. There have been a number of care homes with confirmed cases/outbreaks in Leeds.• The Infection Control team continues to contact all Leeds care homes daily to provide regular support. As a result, the Council is remains confident that the data is highly accurate, and that reporting practices continue to be consistent.• Developing communications plan to support moving towards steady-state COVID activity and escalation of planned activity in phases to cover urgent and cancer ops, long waits and then routine activity• Nationally, routine dental appointments are not taking place and patients in need of urgent dental care should not visit (i.e. walk in) their regular NHS dentist, nor should they visit A&E.
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Annex B

			<ul style="list-style-type: none"> • All NHS Dental practices and NHS 111 remain open and accessible to patients to provide urgent telephone advice and a triage service – referred to as a Triple A service (Advise, Analgesia, Antibiotics). NHS 111 also provides an Out of Hours service. • Urgent Dental Care in Leeds is accessed via NHS 111. Treatment is provided 7-days per week, 8am – 8pm. Additional Urgent Dental Care capacity is being created across Leeds that will allow triaged patients to access urgent dental care. • Subject to the availability of enhanced PPE, Urgent Dental Care Centres are being established in a minimum of 10 locations across Leeds.
1.2	Focus on Phase 2 of the COVID-19 response; considering how all local NHS systems and organisations reinstate non-COVID-19 urgent services as soon as possible over the following six weeks (from 29 April 2020).		<ul style="list-style-type: none"> • Leeds Health and Social Care system continues with the command and control function, as required at national and regional level as part of the Emergency Prevention, Preparedness and Response (EPPR) approach, but locally the focus is shifting firmly forward into Living with COVID-19 phase. As such, there will be a need to strike the balance between: <ul style="list-style-type: none"> ○ Stabilisation and resetting ○ Re-Opening services in a safe and co-ordinated way, at the appropriate time ○ Planning for potential further COVID-19 and winter surges • Work led by Leeds CCG focussing on the wider impacts of COVID, including post COVID rehabilitation; impact on urgent non-COVID related conditions; impact of interrupted care on people with long term conditions; and mental health and physical health impacts of the pandemic.

Annex B

			<ul style="list-style-type: none">• Amongst other actions being taken forward, Leeds Teaching Hospitals NHS Trust is implementing a phased response to reinstate non-COVID-19 services. This will focus on:<ul style="list-style-type: none">○ reviewing clinical priorities across all waiting lists○ repurposing areas from providing critical care to providing elective operations○ moving staff back from COVID-19 care to their clinical specialty○ restarting elective activity○ increasing virtual patient appointments○ increasing testing of staff and patients○ increasing diagnostic activity○ increasing the use of the independent sector for surgery• A&E attendances and referrals from primary care expected to increase compared to April 2020.• NHS Leeds has published a useful traffic light guide for parents who have an unwell child; and West Yorkshire Police continue to fully support anyone who is concerned about their own or someone else's safety and wellbeing and continue to encourage people to call them for help if/when people are in imminent danger.• Leeds 0-19 Public Health Integrated Nursing Service (health visiting and school nursing) continue to provide antenatal and birth visits to all families. The first line of contact with families is currently via telephone or video-call; however home visits (with appropriate use of PPE) continue where there are concerns. Working closely with Children's Centres and children's social care the service continues to offer additional 'universal plus' contacts and contacts with vulnerable families where required.
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Annex B

1.3	Prepare for outbreak planning as lockdown restrictions are eased to ensure integration between national and local system.	Victoria Eaton/Mariana Pexton	<ul style="list-style-type: none"> • Draw on extensive planning and exercising done on outbreak planning in the city and adapt for the specific nature of COVID-19. • Be involved in national and regional discussions about how this will work in practice to balance the health and economy issues, have clear communications with the public and good governance. • Be proactive about data flows from national systems and engage all settings for potential outbreaks. • The We Care Academy have supported 43 people so far into employment with a further 38 people either on work experience placements with guaranteed job interview or awaiting pre-employment checks. •
2. Infrastructure and supplies impact			
2.1	Work with relevant authorities and agencies to assess and respond to disruption to key infrastructure such as public transport.	Gary Bartlett	<ul style="list-style-type: none"> • Liaison with the West Yorkshire Combined Authority (WYCA) to continue to review changes to Bus and Rail services, link on communications about this. • Updated advice and guidance made available to bus and rail passengers and communicated through all channels. Service frequencies are set to increase on rail and bus but social distancing will adversely limit capacity. • Work to focus on key worker transport, including for Nightingale • Support where needed for pressure points on transport • Introduced first wave of social distancing (SD) measures in the city centre. • Consultation has been completed on the A65 orcas and wand scheme to improve cycling facilities and encourage safe travel. This is part of a package of measures to respond to the constraints on public transport capacity by the implementation of social distancing. • Completed a city wide review of local centres to identify possible interventions

Annex B

			<ul style="list-style-type: none"> • Continue to work with partners on Silver Group to understand and collate issues and to identify appropriate courses of action • Working with partner organisations on Temple Green testing facility and additional testing facilities, Nightingale provision and other estate as part of the COVID emergency • Providing support for the delivery of PPE across the city • Procuring hundreds of metres of appropriate barriers for further active travel interventions • Commence a public consultation on Commonplace to identify problem areas and opportunities for active travel • Ongoing work supporting the HWRCs • The approach to staff WFH and those returning to the office is delivered through the ‘mobilise and energise programme’ which focuses on two key areas of: <ul style="list-style-type: none"> ○ Continued home working through the theme ‘Working from Home First but Better’ – plans will be accelerated to improve productivity and support staff wellbeing through three key areas of equipment, training and service transformation through digitisation ○ ‘In Place’ which is adapting and accelerating the use of our buildings to enhance wellbeing and productivity for our colleagues, customers and partner. • A bronze structure will coordinate these working areas. • The reopening of buildings will be in line with the COVID alert system published by national government. • The priority is to ensure that where people are returning to the office, this is managed to make sure that social distancing can be maintained.
2.2	Assess the possible impact on key supply chains and required actions e.g. Catering Services (e.g. school meals), Cleaning services	Sarah Martin	<ul style="list-style-type: none"> • Plans in place and continued liaison with services. No major issues identified at this stage but continually being reviewed.

Annex B

			<ul style="list-style-type: none"> • Supply and demand of fuel being monitored closely, provisions in place should there become shortage of supply • Working closely with our food suppliers- no major issues some issues with failed supply of products but being able to source through low levels of off contract spend. • The Council is also working with schools, its catering division and other partners to ensure that vulnerable children and their families continue to receive the necessary support, which includes access to food/free school meals. Latest data reveals 7090 grab bags and 2,700 hampers are being delivered weekly (which is the equivalent of 13,500 meals), plus a further 1,000 hot meals. Overall, 21,590 meals are being provided to Free School Meal children each week. • Nationally, the DfE has introduced a supermarket voucher scheme for schools to provide to families entitled to free school meals.
2.3	Ensure sufficient PPE available to key services across the city and that guidance is followed consistently.	Cath Roff	<ul style="list-style-type: none"> • NHS system moved to “push” system to provide PPE when stocks low, with some evidence of this working, but still shortages reported periodically, eg gowns. • Cath Roff appointed as city-wide lead for PPE: <ul style="list-style-type: none"> ○ with additional capacity attached to her to help with stock control, logistics etc ○ with the DPH role to provide guidance based on the national approach ○ deployment of LRF emergency supplies against agreed prioritisation framework ○ extensive brokering of mutual aid across the city ○ awareness raising with the sector on most recent PPE national guidance and its implications • Extensive work to procure and source PPE for non NHS, including at a city wide level and through emergency provision via the LRFs.

Annex B

			<ul style="list-style-type: none"> • LEP business support package established for businesses who wish to adapt to manufacturing PPE: website https://www.the-lep.com/ppe/ • Due to the concerns over PPE shortages in NHS hospitals, social care and emergency services, the Leeds City Region Enterprise Partnership (LEP) and West Yorkshire Combined Authority (WYCA) are working with partners including the council and LRF to support businesses get the crucial supplies to health and social care workers. • Continues to be raised as a key concern locally and nationally with shortages in a range of settings being reported. • Web based access promoted for local services. • Feeding data returns to ensure LRF drops meet demands required.
2.4	Establish arrangements for food supply to the vulnerable, working with partners and securing an appropriate facility.	Polly Cook/Lee Hemsworth	<ul style="list-style-type: none"> • Local Welfare Support Scheme and frontline customer service workforce adapted to provide two telephone helplines to arrange emergency food provision and non-food support. • New warehouse facility launched to provide a central location for food storage and distribution, linking fleet vehicles and drivers for food deliveries and collections. This larger premises allows food to be packaged within social distancing guidelines. Calls for food provision from the Covid-19 and LWSS helplines are directed to this warehouse for food distribution across the city. • Four Council Community Hubs and 27 third sector organisations remained open to co-ordinate food provision across the city with the Warehouse, working together with existing foodbanks and partners and using VAL volunteers. • As of the 12 May, 11,000 calls for support have been answered from both helplines and over 10,000 food parcels have been packed and distributed since the service began. • Two supermarket voucher schemes in operation to allow volunteers to carry out shopping for residents that are unable to shop for themselves.

Annex B

			<ul style="list-style-type: none"> • A process for voluntary organisations is being developed to monitor how vouchers are being spent and an eligibility process is also going to be introduced to tackle potential abuse of the system and to ensure the service is supporting those most in need.
3. Business and economic impact			
3.1	Ensure effective liaison with business, specifically representative bodies to understand impact on local economy (including business confidence) and provide relevant advice or support where possible, including access to government grants.	Eve Roodhouse	<ul style="list-style-type: none"> • Emergency structures in place with workstreams covering: Intelligence; business support; communications; administration; and recovery. • Intelligence hub provides a weekly intelligence report based on information collated from across the council (e.g. city centre footfall) and through proactive contact with businesses and business representative groups (e.g. Chamber of Commerce). Weekly meetings are held with business representative groups. • Business support working with colleagues across the council to ensure delivery of national Government schemes on business rates relief and small business grants schemes and to support commercial tenants and suppliers where required. Good progress continues in the processing of business grant payments. As at 15 May, £130,805,000 has been paid in 10,598 grants, and Leeds is one of the best performing local authority by amount paid. • Following lobbying to national government for an additional local discretionary grant scheme a 'Local Authority Discretionary Grant Fund' was announced by central government on 02/05. Further government guidance for local authorities has very recently been published and the council will develop and establish the necessary processes for effective local implementation, ensuring that there is good analysis and understanding of need to inform the approach. • Leeds City Council launched the Leeds MicroBusiness Support Service to support small businesses, particularly independents and those in the retail sector, through the provision of online resources

Annex B

			<p>and information, and dedicated 121 telephone support sessions with local business advisors: https://mybusinessleeds.info/about/</p> <ul style="list-style-type: none"> • Also worked with WYCA to pivot existing City Region wide business support schemes delivered by Leeds City Council to respond to COVID 19. This includes Digital Enterprise and Ad.Venture. • With Jobshops closed, Employment and Skills (E&S) has continued delivering employment support programmes with check-ins, online learning, job searches, CVs and matching to vacancies by Employment Advisors. • Promotion of current vacancies continues via the Council's webpages and social media and recorded 78 job outcomes for local residents in April. • New customers, and referrals by DWP, can visit Leeds Employment Hub website for support to re-enter the labour market. • The use of on-line classrooms and learning platforms to deliver the Apprenticeship programme continues as well as a programme to enhance Adult Learning providers capacity to deliver on-line courses • New activities have been posted to StartinLeeds, the carers education platform, to support young people in their next steps in education and employment and Career leads in schools are being updated. • Working with the other West Yorkshire authorities, the Council has launched an online regional survey of the creative sector. The results will help inform the priorities for further support going forwards. The Leader of the Council and officers met with the CEO of Arts Council England to further discuss the needs of the sector. • Communications workstream is ensuring that the Leeds City Council business pages on COVID 19 are regularly updated to include relevant information to encourage businesses to claim business grants: https://www.leeds.gov.uk/coronavirus/business
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Annex B

			<ul style="list-style-type: none">• The team is also leading on social media campaigns relating to implementation of small business grants and promoting good news stories (e.g. Clipper Logistics has partnered with Leeds United Foundation to support LCC's effort to deliver essential food to vulnerable families in need of extra support.).• Recovery: The Leader and Chief Executive joined organisations across West Yorkshire at the first Economic Recovery Board meeting on 30/04. The Board is chaired by Cllr Susan Hinchcliffe, the Leader of Bradford MDC and Chair of the Combined Authority. There has also been an officer group established to support the work of the Board.• Recovery: Work has commenced to complete an initial review of the Inclusive Growth Strategy in the context of COVID 19. Once this is complete we will engage with a wider range of stakeholders on the review. We will use the Inclusive Growth Delivery Partnership to help shape recovery and move forwards. At this stage consideration is being given as to the likely key areas of focus which are expected to include: access to finance; innovation; skills, recruitment and retention; and, the role of Leeds Inclusive Anchors and the Leeds £.• Recovery: Visit Leeds have developed an initial recovery plan which will be refined as more detail emerges on the lifting of restrictions. Welcome to Yorkshire is leading a series of tourism sector recovery meetings bringing together partners across the region. Visit Leeds is joining these meetings.• Businesses across Leeds City Region directed to the LEP as the first port of call: https://www.the-lep.com/business-support/covid-19-support-for-businesses/• Administration includes supporting all workstreams but also accepting offers of support from key partners anchor institutions (offers such as free car parking and spaces in halls of residents for key workers etc.).
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4. Citizens and communities impact			
4.1	Assess the impact on key services and plans for events (e.g. related to areas below) to understand implications for service delivery and plan/communicate accordingly e.g. Schools, Care homes, Commissioned services, Community Hubs, Leisure centres, Waste services.	Helen Freeman/ All Chief Officers	<ul style="list-style-type: none"> • Business Continuity Plans are being continuously reviewed with the pandemic response continuing for a protracted period. Key issues are gathered and clarified with relevant government department. • With lockdown, focus shifted to work out how to follow national guidance with the aim of maintaining essential services whilst ensuring staff and public safety. • Maintained provision for key workers across schools and nurseries • Maintained access to food for FSM children through parcels, vouchers or the early help hubs, with 21,590 meals provided to Free School Meal children each week. • Hot meal provision maintained within Specialist Inclusive Learning Centres (SILCs), ASC Residential Homes and Recovery Hubs and those Early Years Centres which remain open. • Assessed services against clear framework and maintained communications with key stakeholders and the public about the implications and the alternatives for access (cross reference to 5.2 for approach) • The Council's Housing service is working to support tenants that get into financial difficulty by suspending normal recovery action for 3 months, and give advice and support to claim appropriate benefits to assist tenants with paying rent. • Approaches to range of services has changed, all communicated through the daily update and on the website, and this continues through the recovery phase, for example: <ul style="list-style-type: none"> ○ Housing repairs and home visits ○ Planning ○ Street cleansing ○ Refuse collection – no longer collecting garden waste ○ All museums, leisure centres, attractions closed, with some offering online engagement

Annex B

			<ul style="list-style-type: none"> ○ Libraries closed ○ Retained 4 community hub sites for urgent appointments ○ Reduced number of schools and children's centres open to provide access for key worker children ○ Children's Homes staying open ○ Care homes open, but 24 outbreaks that are being managed
4.2	Monitor community tensions and providing community reassurance through regular channels e.g. faith and community leaders, responding appropriately when required.	Shaid Mahmood	<ul style="list-style-type: none"> ● Partnership arrangements in place and being used to promote messages of reassurance and to be aware and respond to any issues which may arise. ● Particularly focused with faith sector on death management issues ● Work has been progressed with Muslim faith and community leaders to develop a suite of public health information to support Muslims during the Ramadan period as well as providing a guidance leaflet on constraints during what is a communal month. ● Chief Officer Communities has met with representatives of the Leeds Faith Forum and a further meeting with a wider group of faith leaders is planned. ● A community tensions report has been developed by Safer Leeds and is being effectively used to deploy resources to counter tensions. ● Work to understand COVID-19 related inequalities in the city has been initiated and a report will be developed. ● Support provided to migrants, asylum seekers and refugees and those with no recourse to public funds.
4.3	Ensure effective liaison with the third sector (VCFS organisations) to understand impact and provide advice and support to ensure a coordinated and safe approach to the use of community capacity.	Shaid Mahmood	<ul style="list-style-type: none"> ● Guidance shared with third sector representatives. ● Volunteering scheme with Voluntary Action Leeds has been launched allowing people to provide community care and support in a co-ordinated way that keeps everyone safe. Once signed-up volunteers will receive training and then be matched with

Annex B

			<p>opportunities locally to help. Over 8,000 volunteers identified, of which over 5200 have been inducted with VAL.</p> <ul style="list-style-type: none"> • Structured approach – tier 1 are DBS checked; tier 2 are for other services where DBS not required; with tier 3 focussed on community and citizen led activity, using an Asset Based Community Development Framework and approach, promoting and nurturing a range of activity across the city, including friendliness, neighbourliness, role of civil society, and making connections – ‘Socially Connected whilst Physically Distant’. Crucially this reduces demand on both formal volunteering and services as communities and neighbours come together to take action to support each other. • LCC helpline has been launched to enable members of the community to make contact and be matched with a local volunteer. • Letter provided and name badges sorted. • Weekly Third Sector meetings are being held and a Third Sector Resilience survey is underway. • A review of has been initiated to examine the sustainability of the current volunteering arrangements for the medium term and to consider improvements. • “Are U Ok?” Service introduced to help support individuals that have requested a check in and chat/welfare calls. • Considerable work is underway to understand the requirements of PPE for volunteers that need to cross the threshold of someone’s home and if required, to equip those volunteers to do so. • To date, adequate supplies of PPE to comply with national guidance has been maintained throughout with mutual aid between organisations. • 33 ward-level Facebook pages have been created and are being actively used to post updates and information. • 33 Volunteer Coordinator Hubs have been established for each ward across the city. 5629 referrals were made to the hubs between 24th March and 28th April, following a significant increase in calls to the
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Annex B

			<p>helpline since the leaflet drop took place. The majority of the requests received are for help with food and essential shopping, prescription collection, dog walking and befriending and reassurance calls.</p> <ul style="list-style-type: none"> • A team of Helpline Liaison Support staff from across the Communities & Environment directorate is being established to ensure the referrals are accurately and effectively allocated to the Volunteer Coordinator Hubs. • The Executive Member for Communities has written to the third sector to encourage them to make contact with their council contract manager to see how the council might offer help and support in light of anticipated funding and cash flow issues for the sector in the medium-term. • Voluntary Action Leeds has initiated a survey of the sector with its findings. The council is also exploring the detail of a recent government announcement to top up the local business grant funds scheme aimed at small business with ongoing fixed property-related costs which includes small charity properties that would meet the criteria for small business rates relief.
4.4	Recognising the community understanding role of Councillors, ensure appropriate information is provided to elected members to enable them to support the community in their wards.	Shaid Mahmood	<ul style="list-style-type: none"> • Daily communication issued to all councillors with relevant guidance and information related to local impact including cases in Leeds, LCC service disruption, food provisions, shielding and volunteering updates, economic impact report. Signposting to national guidance and advice remains ongoing. • 33 ward-level Facebook pages have been established to encourage communication and share important messages. • Ward level organisations in place and supported by VAL and some LCC capacity to ensure effective during this crisis. • The Community Committee Chairs Forum has re-established Skype-based meetings and some community committees have met on a consultative basis in April. Wellbeing and Youth Activity Fund

Annex B

			positions for each committee have been reviewed and spend patterns on a ring fenced £10k of wellbeing fund have been shared.
4.5	Ensure that there is access to a coronavirus helpline to provide support, help the vulnerable meet needs and signpost to other services where appropriate.	Lee Hemsworth	<ul style="list-style-type: none"> • Helpline established receiving on average between 300-500 calls per day from citizens requiring a range of support from food, medicines, loneliness and poverty. Support being provided to call-handlers from range of multi-agency colleagues within Health and Social Care. • Leaflet drop to 330,000 households to highlight support and help available. Now translated into 12 community languages online. • Staff on the Helpline triage the support customers needed and task out to Adult Social Care, the food distribution warehouse or the 33 volunteer hubs. • Staffing implications have meant other, non-priority lines within the Contact Centre have closed, but that has been communicated. • Calls for food provision from the Covid-19 and Local Welfare Support Scheme (LWSS) helplines are directed to either the emergency food warehouse or the lead Voluntary Organisations in each ward for food distribution across the city. From 16 March to 1st May a total of 12,864 food parcels have been packed and provided. • A process to allow citizens to pay for their food shopping was introduced on the 30th April 2020 • A team of Helpline Liaison Support staff from across the Communities & Environment directorate is being established to ensure the referrals are accurately and effectively allocated to the Volunteer Coordinator Hubs.
4.6	Ensure that support is provided to the shielded cohort as outlined in the guidance, including distribution of food provision	Tony Cooke/Polly Cook/Lee Hemsworth	<ul style="list-style-type: none"> • The NHS has identified a number of medical conditions that would most likely result in severe illness requiring admission to hospital as a result of Coronavirus. Because of this high risk of complications, it is proposed that individuals with these conditions take significant measures to shield themselves from contracting the virus through strict social isolation for a period of 12 weeks.

Annex B

			<ul style="list-style-type: none">• Based on original estimates of numbers, Leeds was estimated to have had a shielding cohort of 22,532 people. In subsequent weeks, secondary care and primary care have done an extensive search of patient records, to identify patients whose combination of conditions would also raise their risk from “moderately vulnerable” to “extremely vulnerable”. The new estimated figure as of 11th May for people in Leeds advised to shield, is now 45,713, over twice the original estimate. Other areas of the country have also seen significant increases in numbers advised to shield. Work is underway currently to better understand the scale of the increase.• To date 16,099 people (67% of the original cohort, or 35% of the new expanded cohort) have confirmed they have received the letter to shield by registering with the national shielding service. 4,628 people have said that they would need help with accessing food and basic supplies. 1,221 of these (26%) regularly receive a Basics Box delivered by national government, a further 486 have received one Basics Box delivery and 491 have asked to be removed from these deliveries permanently. The rest are offered support by our local volunteer support, food banks or informally through neighbours. Since the week commencing 27 April, the council has also been sent details of 1,203 people who say they may need some assistance in meeting their “basic care needs”. Significant piece of work is now underway to cross reference this with local requests for assistance that are already being processed, before making contact.• All families with children who are advised to shield are being sent a letter containing relevant information and signposting to local support specifically for children and families.• Targeting efforts to ensure that information about shielding is shared in minority ethnic communities across the city, working with third sector organisations, faith communities and sharing this data with primary care, particularly in areas that have higher numbers of BAME residents.
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Annex B

			<ul style="list-style-type: none"> • The Council is working with supermarkets to offer priority services to this cohort as well as promoting the local support offer. • Following the release of government guidance around shielding, processes are being established to ensure emergency food provisions, phone support and signposting is provided to those in need (lead by Chief Officer Health Partnerships). • Each person on the list who has expressed a need for help and support is contacted directly either via text, email or phone call and the helpline number is provided for them to call should they need help. • A multi-agency approach has been taken to ensure that people will have access to the support they need through this period. • A dedicated helpline number has been established in Leeds to help coordinate matching people with the support they need. • The local Shielding Team periodically sends out updates to all people who have confirmed they are shielding, with practical information about where to get help with accessing food, welfare support or social support. • Coordination of work on financial inclusion. • Categorisation of type of support and clarification of pathway being worked through in advance of more formal approach to launching and promoting this additional mobilisation of community capacity both formal and informal. • The local “check in and chat” service, called ‘Are U OK?’ has been introduced and information on this will be sent directly to people who are shielding.
4.7	Ensure that we take an intelligence led approach to deal with emerging or anticipated issues as a result of the impact of coronavirus eg domestic violence, rough sleepers, release of prisoners, managed approach, NRPF	Paul Money	<ul style="list-style-type: none"> • Daily Threat report evolved to provide more focussed intelligence picture to aid the deployment of resources in an intelligence led way. e.g. tracking COVID-19 OCG activity including frauds and scams being targeted on vulnerable people. • To address issues associated with DV&A we have now set up COVID-19 Officer Group to review our capacity and capability and stress

Annex B

			<p>test arrangements to ensure we are able to support victims and families at a time of heightened demand - with indications that demand will increase further over coming weeks and months as social distancing guidance is relaxed.</p> <ul style="list-style-type: none">• Safer Leeds is maintaining close liaison/ coordination with all partners including third sector support charities/organisations to ensure we have resilience in our partnership capacity and no interruption of services. This includes monitoring the availability of specialist accommodation support for those at risk of DV&A• Rough sleeper accommodation has been further enhanced to include COVID-19 Care, COVID-19 Protect and general population offers. Rough sleepers are also being offered PPE as are colleagues working with this high risk group. 215 people are currently being supported in emergency accommodation – approximately 25% of whom have been physically seen rough sleeping in the city at least once in the last 12 months by street support services.• New arrangement for the support of street based sex workers are now being further embedded. Support to sex workers is being delivered in a different way and most women on the cohort are now not believed to be street sex working. Those that continue with such activity are being engaged dynamically and supported to refrain by resources forming part of the Managed Approach partnership.• Services including accommodation providers are supporting individuals who are assessed as being without recourse to public funds on the basis of the indiscriminate nature of COVID-19.• Working group set up to address issues arising from the national Prisoner Early Release Scheme. No significant threat in Leeds due to the low volume of prisoners being considered for early release. The original issue around the need to alleviate pressure in the secure estate (5000 prisoners) has now significantly dissipated (at least for
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Annex B

			<p>the time being) mainly due to the major reduction in the number of people being sentenced by the courts. Local arrangements may come under pressure due to the volume of people who are now being made subject of bail and curfews and remaining in the community as opposed to being required to attend Trials but we have partnership arrangements in place to keep this under review.</p> <ul style="list-style-type: none"> • All relevant community safety services are currently engaged in 'return to normality' planning in anticipation of further Government/Health announcements linked to the pandemic with a focus on the impact on people and services.
4.8	Ensure that vulnerable children and young people are safeguarded as far as is possible during this pandemic given that services cannot be provided in the normal way.	Sal Tariq	<ul style="list-style-type: none"> • Social work service maintained but requiring social distancing • Social Work, schools, early help, targeted/specialist services and key partners working together at a cluster level to identify vulnerable children/young people to ensure a line of sight on them and robust support plans. • Multi agency Bronze groups taking place each week in the East, South, West of the city to provide a strategic response to emerging issues at a cluster level. • Children and Families staff contacting the families of shielded children to offer support. • On line and practical resources developed and shared with vulnerable children and their families. • Early Help hubs ensuring that vulnerable children and their families are provided with food and other essential provisions as well as on-going Early Help. • Domestic Violence, Substance Misuse and Mental Health specialists based in the Early Help Hubs providing advice and support to professionals and families. • Support being provided to families where Parental Conflict is an issue to prevent escalation

Annex B

			<ul style="list-style-type: none"> • Allocations meetings increased to 2 meetings a week to ensure timely provision of targeted/specialist support to vulnerable children and their families. • Children and Families DV officer group established to look at support available to families during the current pandemic and feeding into Safer Leeds Covid-19 DV officer group. • 13 childcare hub sites remain open with increasing numbers of children attending. • Children and Families staff working with key partners to investigate whether appropriate numbers of vulnerable children are attending school • Identified children/young people who are eligible for a free laptop through the government scheme and supporting the rollout of this. • which can in turn impact on children in the household. • Free school meal provision is continuing.
4.9	Supporting schools to provide education for key workers and “re-open” in line with national guidance.	Sal Tariq	<ul style="list-style-type: none"> • Very regular bulletins with schools and staff supporting schools with a range of practical issues as well as safeguarding (as above) • Encouraging schools to collaborate to provide care for key worker children • Engaging with head teachers/principals now weekly with the Leader and Executive members • Bronze arrangements now in place to help plan for nurseries, primary and secondary, with connections to other groups where needed eg shielding, transport etc. • Developing a framework to help interpret guidance and providing a steer about implementation.
4.10	Establish a hardship fund in line with government guidance and to meet local need	Victoria Bradshaw/Lee Hemsworth	<ul style="list-style-type: none"> • Processes are in place, including a new on-line form, for citizens to seek a delay in paying their monthly Council Tax payments. Residents are entitled to request up to a 3 month council tax deferrals for those financially affected by the

Annex B

			<p>pandemic and reschedule payments over the remaining 9 months of the financial year.</p> <ul style="list-style-type: none"> • The Council is working with residents to ensure customers understand that they should only seek deferment if they cannot afford repayments, and is encouraging customers who can afford to pay to continue as normal. Latest data has shown that 2,500 -3,000 Leeds residents have applied for the 3 month deferment to repay later in the year. • Further work is ongoing to develop the hardship scheme, which in the main will bring support to those on Local Council Tax Support or those who may come into this cohort as a result of the current situation. Options are being developed following liaison with other councils and specialist bodies about the best way to implement the scheme which will be implemented by the end of May as the required software changes won't be made until this time.
5. Organisational impact			
5.1	Ensure joined-up cross-departmental approach to Coronavirus (COVID-19) response within the council, within the context of the emergency management arrangements.	Neil Evans	<ul style="list-style-type: none"> • This Response and Recovery Plan is being used to ensure coherence and consistency as well as compliance with national guidance. The plan is reviewed regularly and updated accordingly. • Multi-agency command and control arrangements in place and within the organisation. More frequent engagement with chief officers so everyone clear about role and expectations and a consistent approach is taken
5.2	Ongoing assessment of business continuity plans for the council's critical and non-critical services to understand the implications of the relevant scenarios and options for maintaining services.	Mariana Pexton/Andy Dodman/Helen Freeman/all chief officers	<ul style="list-style-type: none"> • In line with expectations of Corporate Governance and Audit Committee, the framework was utilised for Business Continuity Planning • All services have completed an essential service prioritisation exercise to aid decisions and actions on work force redeployment and PPE provision (for example). This prioritisation work will be refreshed at regular intervals. • Recruitment is continuing into care roles and children's homes with fast track training in place.

Annex B

			<ul style="list-style-type: none"> • Extensive work to ensure redeployment to key areas, with use of a skills questionnaire and a redeployment team, to complement lots of informal arrangements where staff are being used across services to help maintain essential services • The delivery of many front line services has been reduced in response to national guidance and messages. Where services are continuing, appropriate measures have been taken to ensure adherence to national guidelines. • Managing expectations of the level of delivery as increasing proportion of the council's workforce is affected (e.g. because of self-isolation or illness) is a key issue of consideration. • Leading on council-wide discussions regarding the resumption of services and working towards a plan about which services can resume and when.
5.3	Identify council service budgets which may require additional financial investment or underwriting as a result of reduced income or increased expenditure. Consider requesting additional funding from government and the most effective use of funding from central government.	Victoria Bradshaw	<ul style="list-style-type: none"> • Systems have been established to capture the impact/potential issues so that these can be reflected in evidence for additional funding requests e.g. business grants, hardship schemes, social care funding etc. (Cross reference to 3.1 on business grants) • A full account of additional costs will be maintained and reported regularly so additional budget pressures can be identified early. • Extensive liaison with colleagues in other authorities and sector bodies to influence government to support councils • Submissions being made to MHCLG when required • Report to Exec Board planned for May to highlight issues and options.
5.4	Ensure regular engagement with council contractors and suppliers to identify any potential impact or risks to contractor performance.	Victoria Bradshaw/ Commissioners	<ul style="list-style-type: none"> • Liaison across services taking place with contractors and providers so that issues can be captured and responded to. • National advice and support is communicated to suppliers to ensure that a consistent message is circulated.

Annex B

5.5	Track impact on council workforce affected by Coronavirus (COVID-19), including a period of staff absence, staff welfare, workplace conditions, intervening and issuing regular up to date guidance as required, so that managers can support individual members of staff.	Andy Dodman	<ul style="list-style-type: none"> • Liaison with trade union representatives and extensive advice to workforce from a health and safety and general employment perspective. • Work with trade union colleagues continues, with any vulnerable staff who are at work are doing so willingly and have Occupational Health advice. Extensive guidance to managers is being issued weekly. • A central reallocation pool has been created. Managers are invited to log where there is supply and demand in their service. Staff will be supported to complete skills surveys to inform redeployment decisions, and all this will be carried out in-line with our values and through engagement with line managers. • There has been a focus on supporting staff in vulnerable groups who are working in frontline critical services by matching surplus resource with these roles. • Staff volunteers will be identified through the essential services redeployment pool and for staff who are able to work but are not needed to support an essential service, they will be matched where possible to the VAL volunteering roles. • New categories for reporting established and a flexible resourcing plan developed to help respond to business continuity issues. • Strong links developed with anchor organisations and other city employers to support wider resource deployment as and when necessary. • Council PPE stock is being efficiently distributed to those services where it is required.
5.6	Work across the City as a whole to lead and coordinate the delivery of the necessary Digital and Information solutions to underpin the whole City operation through the ONE City approach to Digital and Information. Maintain	Dylan Roberts	<ul style="list-style-type: none"> • Enabled 9000+ LCC staff to stay safe and work from home at the same time, regularly with more than 8000 users including the contact centre

Annex B

	<p>and emphasise the ONE city approach to continue beyond the crisis.</p> <ul style="list-style-type: none"> • Prioritise use of available resources to maintaining the availability of critical communication and IT systems • To make infrastructure changes and arrangements to enable remote working for large numbers of staff • Protect the Council and partners from opportunistic cyber attack 		<ul style="list-style-type: none"> • Rolling out new solutions enabling our GPs and other primary care staff to work from home, provide online consultations and share resources across practices to support the demand • Combining the intelligence from multiple sources to identify hot spots and those most at risk in order to inform a targeted response • Providing the collaboration technology and tools to enable the diverse third sector of Leeds to coordinate efforts and enable thousands of new “checked” volunteers • Rapidly developing new web based and social media based solutions to enable new services to give much needed help fast eg business grants • Supporting partners without the necessary skills to upgrade their systems due to massive increase in demand. Enabled VAL to run a payroll for 170+ 3rd sector organisations in the City with a massive increase in “employees” and getting key workers paid. • Our 100% Digital Literacy Leeds and Smart Leeds teams are enabling our third sector to get a significant number of our most isolated people online and connected to family, friends and health professionals, rolling out critical MyCOP App to those at high risk. • An example of the City Digital approach enabling staff and the public, in this case the GP and the patient see tweet https://twitter.com/rachalate/status/1247582714297016330 • Nominated as one of Matt Hancock’s COVID19 HeathTech Heroes • Working with partners, the council’s IT team has rapidly developed an application to support the online booking system, helping to manage the demand of Household Waste and Recycling Centres, following the recent announcement to open specific sites.
5.7	Ensuring accurate and timely intelligence to support effective response and recovery	Polly Cook/Simon Foy	<ul style="list-style-type: none"> • Broader intelligence to support and link to existing arrangements in H&SC system.

Annex B

	<p>planning through a cross-council/wider system intelligence group to:</p> <ul style="list-style-type: none"> • Share key analysis and headlines; • Identify gaps in data and analysis: • Share capacity and resources: • Provide common/consistent feedback on intelligence issues. 		<ul style="list-style-type: none"> • Intelligence group established backed up by weekly call to identify issues, fill gaps by joint working and highlight key areas of concern. • Data Mill North and Leeds Observatory promoted as platforms to share data and analysis and to facilitate collaboration. • Range of individual thematic and policy updates shared across the group and a weekly headline summary report established. • Joint working underway on key areas such as COVID19 impact, tracking vulnerable and shielded cohorts, socio-economic insights/impacts.
5.8	Assess the impact on events planning and management to understand implications	Mariana Pexton/Cluny McPherson	<ul style="list-style-type: none"> • Strategic Safety Advisory Group and Major Events Project Board will be used as the forum for this, within the context of national guidance. • A large number of our venues and facilities (including Leeds Town Hall, Carriageworks, and Pudsey Civic centre) have now closed to the public and will remain so throughout March and April. • A number of events due to take place have now been postponed or cancelled. These include the Vaisakhi Parade, 2020 Tour de Yorkshire and Asda Tour de Yorkshire Women's Race, the AJ Bell World Triathlon Leeds, Leeds West Indian Carnival 2020 and the Leeds Young Film festival, Pride and Leeds Fesitval. • Calendar of events in the city being continually reviewed and complex issues worked through. • Consideration to be given to an event to thank the city's key workers and pay tribute to those who lose their life
5.9	Ensure other emergency plans are refreshed and invoked as appropriate for the circumstances or refreshed recognising the current context/situation e.g. unexpected deaths, rest centre plan etc.	Mariana Pexton	<ul style="list-style-type: none"> • Unexpected deaths plan has been refreshed • Flexible resourcing plan has been invoked • Work in hand and issues will be raised and resolved as the situation develops.
5.10	Ensure that governance issues are considered and adapted for a range of scenarios for	Andy Hodson	<ul style="list-style-type: none"> • All meetings now facilitated through Skype

Annex B

	continuing member and officer business during the outbreak whilst also ensuring good governance.		<ul style="list-style-type: none"> • Sub delegation schemes have been adapted with an emergency clause to enable alternative officers to make decisions if required. • IT for members has been adapted to ensure they can conduct council business remotely and appropriate kit and training has been offered. • All upcoming council meetings being considered, along with surgeries, in order to give advice.
5.11	Ensure that our arrangements for death management are handled appropriately and sensitively in line with guidance and excess deaths plan and policy.	James Rogers	<ul style="list-style-type: none"> • Excess deaths plan refreshed and associated policy prepared and agreed • Changes made to burial and cremation arrangements in line with excess deaths plan and policy to keep people safe and protect lives • Proactive liaison with faith sector/leaders, funeral directors and other key stakeholders • Councillor updates include death figures and • Agreed development of emergency mortuary provision in line with excess deaths plan. Site delivered and operationally ready. • Link with other authorities on excess death plans to ensure that there is capacity and arrangements to deal with anticipated deaths in line with the Reasonable Worst Case Scenarios (RWCS) or other advice given by key national departments (eg Worst Winter Deaths)
6. Media and communications			
6.1	Capture the scale of enquiries, activity and impact through communications channels. Respond to media enquiries, referring to lead body/organisation where appropriate.	Donna Cox/Danni Clayton	<ul style="list-style-type: none"> • Brandwatch social media monitoring queries on coronavirus and related topics in place. Informs reporting and proactive planning. • Volume of media requests high: prioritising around those that are coronavirus-related or major reputational threats for the city • Proactive media work continuing, informed by strategic direction and monitoring and prioritised around coronavirus handling • Three times weekly media summary incorporating enquiries, proactive releases and social media planning/monitoring produced, helping to feed updates for BCLT, members and MPs and regular partner briefings.

Annex B

			<ul style="list-style-type: none"> • Silver communications leads group established for key partners on Gold Strategic Command that links communications between partners and channels Silver Health Group information (via its health communications leads). • Weekly press briefings taking place remotely since April.
6.2	Effective liaison and engagement with Public Health to promote communication and information sharing with key services (such as, Schools, Waste services, Higher/further education institutions, Health sector, Social care, Third sector, Faith organisations/leaders etc), the public and workforce.	Sara Hyman	<ul style="list-style-type: none"> • Range of communications issued and specifically advising reference to continually updated national guidance e.g. for schools etc seeking to ensure coherence and consistency on guidance from government. • Communications work streams established for all key Silver groups – Health, Communities, Business and Infrastructure and Organisational Impact • Sub-groups in place to coordinate Marketing and Campaigns, Digital and Social, Press media and PR and Internal comms coordinating and promoting communication and information sharing with key services and audiences • Digital forecast in place three times weekly for social media and digital channel owners to ensure coordination of messages across council channels.
6.3	Regularly update key stakeholders across the council and city, in particular, elected members and MPs, CLT, BCLT, COVID-19 (Coronavirus) response working group, schools, updates to Executive Board, stakeholders/partners, workforce etc.	Mariana Pexton	<ul style="list-style-type: none"> • Regular councillor and MP emails being sent, including guidance and signposting to further information, • Regular all staff emails, and FAQs issued (refreshed when new national guidance is produced). • A staff Facebook page has been established to ensure a greater reach out to Leeds City Council staff. • Two dedicated webpages created on leeds.gov to host information for residents and communities; and businesses • GovDelivery Coronavirus weekly newsletter sent to circa 116k • Messages to schools being issued, in line with DfE guidance, from the DCS • Leader and Chief Executive monthly communications used to reach broader stakeholders regularly.

Annex B

			<ul style="list-style-type: none">• Weekly calls with MPs. Regular calls with headteachers, businesses, third sector partners and other partners.• Communications have been increased to amplify national messages and changes to services via the website, virtual newsroom and Leeds Alert.
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Coronavirus - Gold Covid Strategic Coordination Group

Weekly Report - 12th May 2020

Headlines

Health and Social Care

Cases and Hospital Occupancy have slowed, however, significant concerns remain, regarding the most vulnerable (care homes cases rose steadily throughout April); PPE supplies; and, the speed at which testing can be accelerated.

Citizens & Community

Generally widespread compliance with restrictions continues though there was a slight peak on the Saturday of the BH weekend. Concerns remain around domestic violence during the lockdown. The majority of calls to the LCC helplines relate to food and essential shopping, centred on the south and east of the city centre.

Economy and Business

Cash flow and access to finance remain the key issues. However, reflecting the speculation regarding easing of lockdown, focus continues to shift to safe re-opening and managing social distancing, firms believe staff confidence in coming out of lockdown will be crucial, with some identifying questions around employers' liability in managing a safe return to some form of normality.

Infrastructure and Supplies

Shortages of PPE continue to be a challenge. Again perhaps reflecting the speculation regarding easing of lockdown over the last week, there are early signs of increased footfall and traffic, particularly at rush hour and over the weekend.



1,635

Total Covid-19

Reported in
Hospitals



36

New Cases

Reported in
latest update



58.6%

Critical Care Beds

Reported as occupied
in LTH Hospitals



11

Patients

In receipt of mechanical
ventilation



205

People

In emergency
Accommodation



1544

Covid related

Incidents reported to
West Yorkshire Police



446

Domestic Incidents

reported to WY
Police in last week



359

Covid warnings

Issued by WY Police in
the last week



472

Grants paid

to local businesses
this week



£5.6m

In grants paid

paid to local businesses
this week



6.9%

Footfall in Leeds

Based on figures for the
same week last year



12,500

Website Visits

To Covid guidance pages
on LCC website

Coronavirus - Health and Social Care Impact

Weekly Report - 12th May 2020



1635 Total Covid19 Cases Reported in Leeds



36 New Cases Reported in latest update



277 Hospital Covid19 deaths



471 Registered Covid19 Deaths

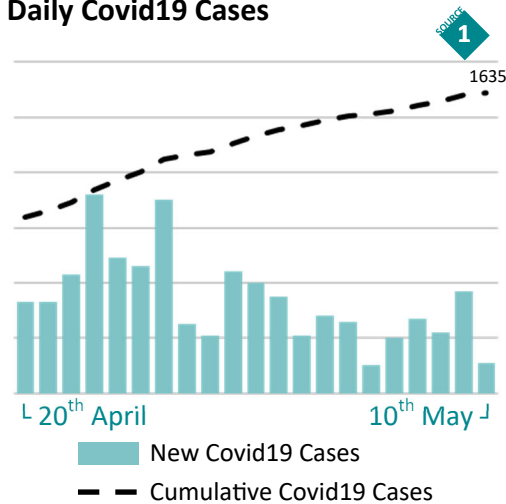


173 Registered Covid19 Deaths in care homes

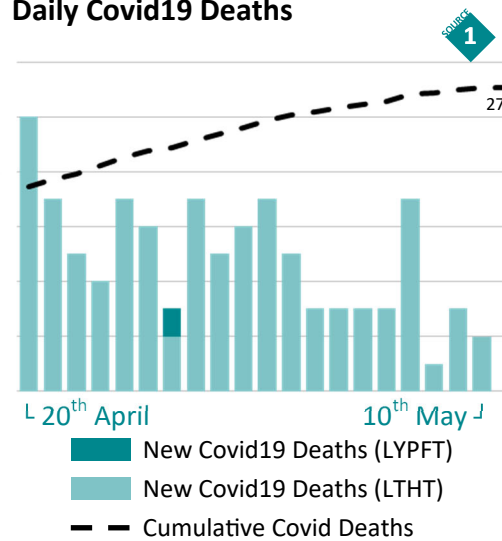
Cases and Deaths in Leeds

Daily Covid19 cases are revised each day by Public Health England and as such historic figures may be updated retrospectively. Consequently, the latest daily figure provided below is unlikely to accurately represent the true number of cases confirmed for that day.

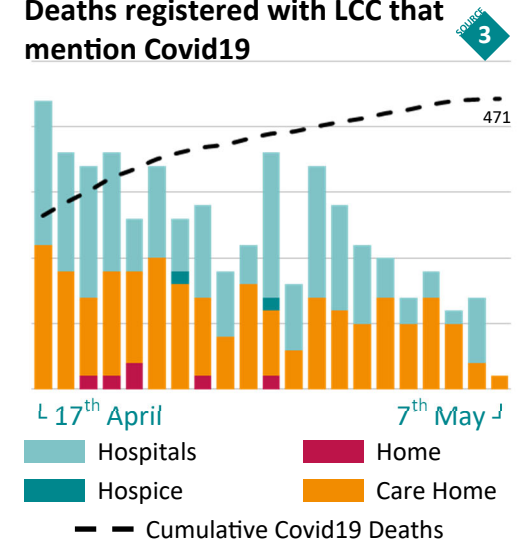
Daily Covid19 Cases



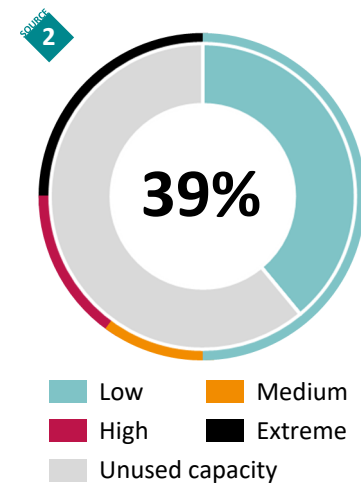
Daily Covid19 Deaths



Deaths registered with LCC that mention Covid19



Mortuary Capacity Data



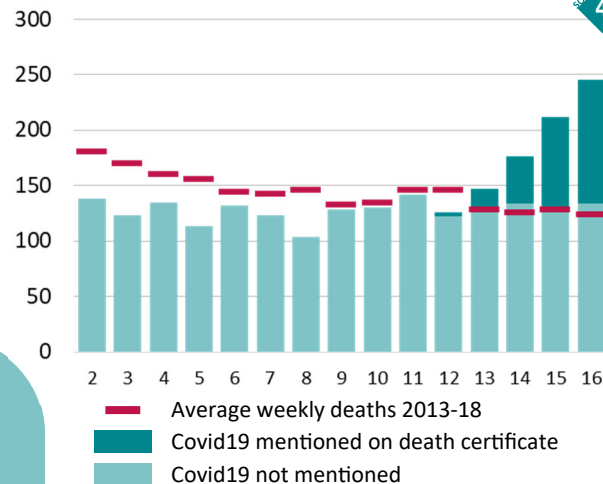
Combined data for LTHT and MYHT.
Does not include Waterside facility.
*Not updated 12/05 due to VE Day bank holiday

All Deaths in 2020

The chart below shows the number of deaths by week in 2020. Deaths where Covid19 is mentioned are highlighted in dark green. This chart also gives the average deaths in the same week for the years 2014-2018 (red bar).

The chart shows between weeks 2 and 12 the number of deaths in 2020 was lower than average, and for weeks 13 to 16 the number of deaths were higher than average.

In week 16, Leeds recorded 122 excess deaths, of which, 111 mentioned Covid19 on the death certificate.



As of Sunday 10th May 2020 17:00, the number of confirmed cases within Leeds equalled 1,635. A further 36 confirmed cases were added to the total yesterday. Deaths in Leeds

As of 10th May 2020, the total number of reported deaths of people who tested positive with COVID-19 in Leeds hospitals is 277 (275 reported at LTHT; 2 reported at LYPFT). There was 1 new death reported yesterday. Interpretation of these figures should take into account the fact that the number of deaths, particularly for recent prior days, are likely to be updated in future releases. Cases are only included in the data when the positive COVID-19 test result is received or death certificate confirmed with COVID-19 mentioned. This results in a lag between a given date of death and exhaustive daily death figures for that day.

As of 7th May 2020, a total of 471 COVID-19 related deaths had been registered by Leeds Register Office. Of these deaths, 269 (57.1%) were in hospital, 173 (36.7%) were in care homes, 20 (4.2%) in their own home and 9 (1.9%) in a hospice. 62.7% of deaths which occurred during the most recent 7-day period were in care homes. Deaths are charted by date of death, further deaths may be added to recent dates as death registrations are updated. <3>

Due to the average time taken to registering a death (3-4 days), data from the Leeds Registrars Office should be interpreted carefully as they're subject to change considerably more so than LTHT figures.

Sources:

- 1) Leeds Teaching Hospital Trust - 11/05/20
- 2) Leeds Resilience & Emergencies - 30/04/20
- 3) Leeds Registrars Office - 07/05/20
- 4) PHINE - Using ONS Data - 2014 - 2019

Coronavirus - Health and Social Care Impact

Weekly Report - 12th May 2020



1635 Total Covid19 Cases Reported in Leeds



36 New Cases Reported in latest update



127 Cases Reported active in Care Homes



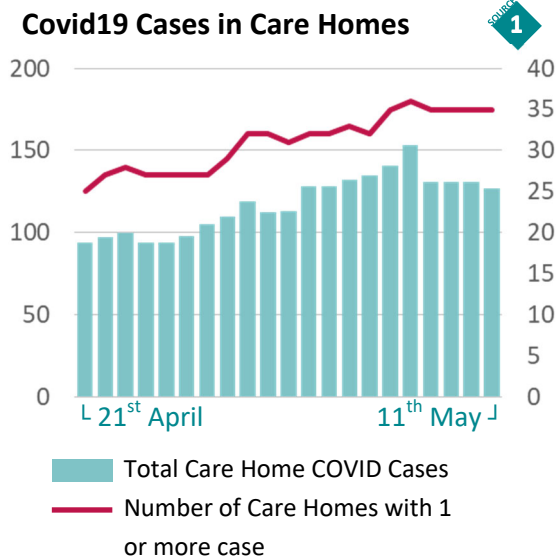
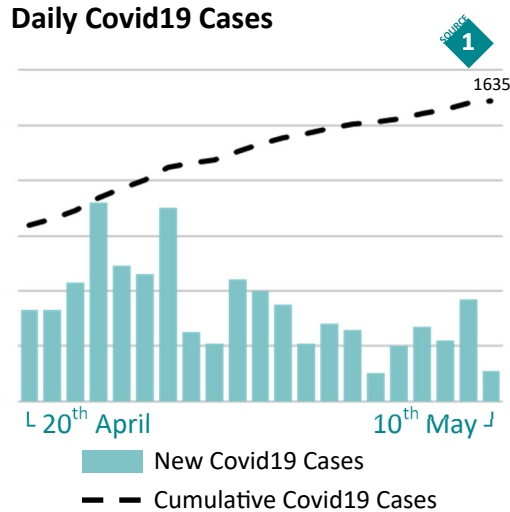
52.1% Beds Occupied in LHHT



58.6% Critical Care beds occupied in LHHT



11 Patients Receiving mechanical ventilation



Sources:
 1) Leeds Teaching Hospital Trust - 11/05/20

As of Sunday 10th May 2020 17:00, the number of confirmed cases within Leeds equalled 1,635. A further 36 confirmed cases were added to the total yesterday. Deaths in Leeds

Bed Occupancy

At 08:00 on Monday 11th May 2020, 158 beds were occupied at LHHT by confirmed COVID-19 patients; an increase in 7 patients compared to the previous day (+4.6%; similar increases observed in acute settings for WY&H and National). A further 73 beds were occupied by suspected COVID-19 patients (a reduction by 57% compared to the previous day).

Although the reduction in beds occupied by confirmed COVID-19 patients is in contrast to the recent reduction in bed occupancy, it is currently unknown if this is a one-off occurrence, if there's a link between the increase in beds occupied by confirmed patients and reduction in beds occupied by suspected patients, or for some other reason. Changes in bed occupancy over the coming days will help with further understanding.

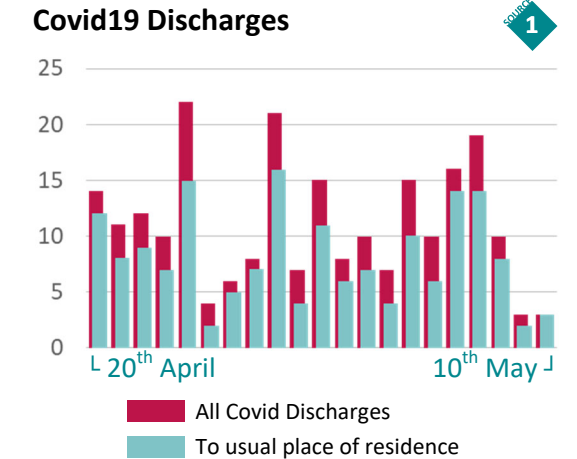
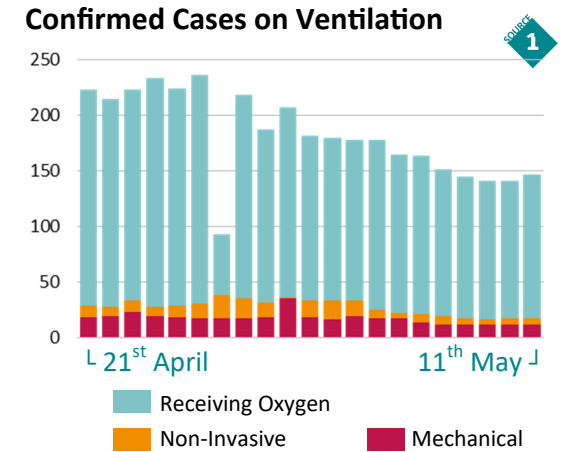
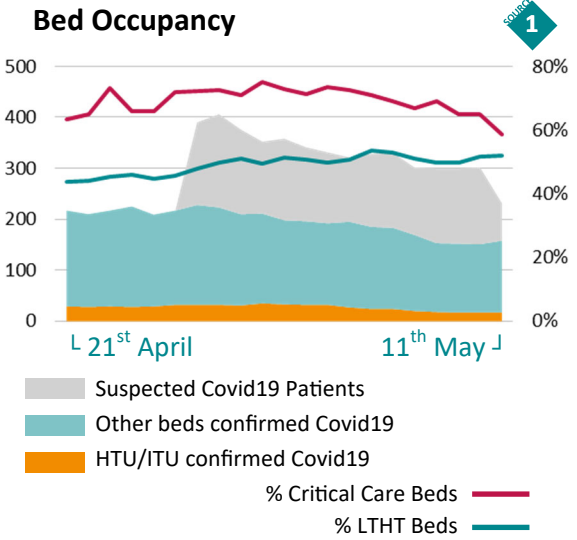
52.1% of general and acute beds at Leeds Teaching Hospitals NHS Trust were reported to be occupied and 58.6% of critical care beds were also occupied, 17 of these beds being occupied by confirmed COVID-19 patients.

11 confirmed COVID-19 patients at LHHT were occupying mechanical ventilation beds and on an oxygen supply. 6 confirmed COVID-19 patients were occupying non-invasive ventilation beds and in receipt of oxygen, and a further 130 confirmed COVID-19 patients were in receipt of oxygen.

21 beds were occupied at Leeds and York Partnership NHS Foundation Trust by confirmed COVID-19 patients (an increase from 8 compared to yesterday).

Covid Discharges at LHHT

On Sunday 10th May 2020, there were 3 discharges from Leeds Teaching Hospitals NHS Trust, with all patients being discharged to their usual place of residence. The total number of patients discharged to date equates to 453 patients (83.2% to their usual place of residence).



Coronavirus - Citizens and Community

Weekly Report - 12th May 2020



1544 Covid19 related Incidents last week



446 Domestic incidents reported last week

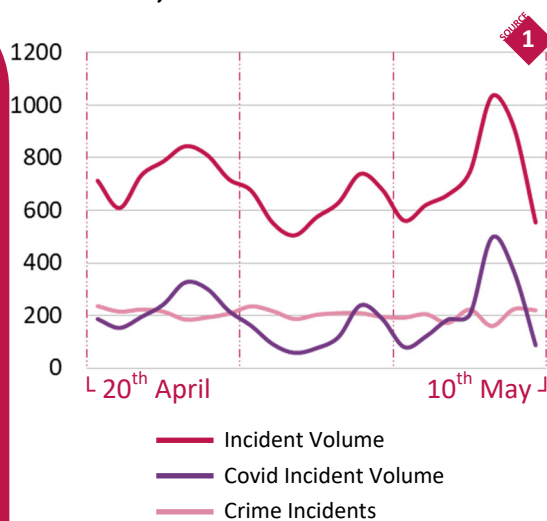


359 Covid19 related warnings issued last week

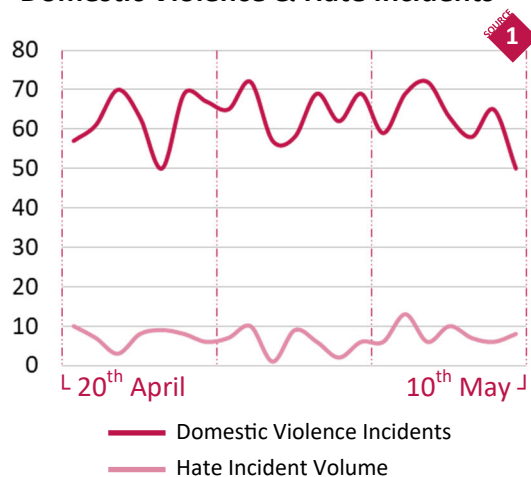


205 People in emergency accommodation

Incidents, Crimes & Covid Incidents



Domestic Violence & Hate Incidents

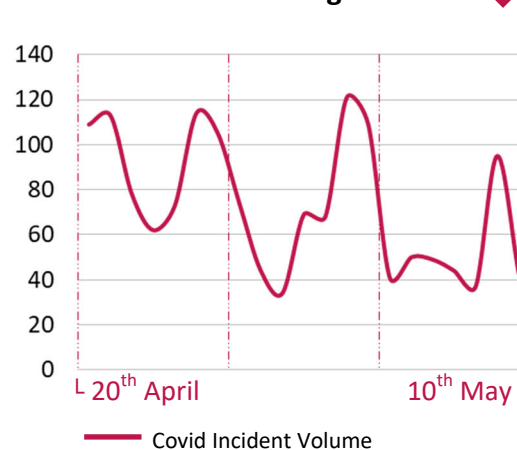


Incidents and Crimes Overview

Generally widespread compliance with restrictions continues; majority of non-compliance reports concern single individuals outside unnecessarily or making non-essential journeys, or couples/ small groups congregating. The concerns around increasing domestic incidents and violence during the current social lock-down period.

Weekly totals	Volume	Change
Crime	1396	-59
Incident	5095	741
Covid Incident	1544	613
Covid Warnings	359	-160
Domestic Incidents	446	-12
Hate Incident	48	0

Covid19 related warnings issued



Emergency Accommodation

As of Thursday 7 May 2020 there were 205 people in emergency accommodation. An decrease of 10 people compared with the previous week.

Shielded Persons

There are over 22500 residents in Leeds considered to 'clinically vulnerable' requiring shielded support, to date over 18000 have been contacted and over 15099 have registered with Leeds City Council for support. Many of those identified in the shielded cohort will not require targeted support.

Living Situation	Est.	Registered
Care Homes	368	76
Social Care package	682	221
Sheltered Accommodation	557	306
Independent - alone	5500	2784

Identified Needs	Number
Accessing food	4628
With basic care needs	1203
Carrying supplies inside	1,610
Dietary requirement	1,854

Children & Education

Average School Attendance w/c 27th April 2020:

Pupils	Number
Total pupils attending daily	2428
Children of Critical Workers	1774
Vulnerable Children	721

*Please note there will be some overlap between critical workers and vulnerable children.

This week the attendance average represents Monday to Thursday only due to a technical problem with the DfE webform on Friday. 219 schools reported to the DfE that they were open supporting on average 2428 children each day, an increase of over 200 more per day than the previous week. The number of vulnerable children attending provision increased to an average of 721 and and children of key workers to 1774, a small group of children are both

Sources:

- 1) Safer Leeds - 10/5/20
- 2) Leeds Children's Services - 5/5/20
- 3) Leeds Adults Services 09/05/20

Coronavirus - Citizens and Community

Weekly Report - 12th May 2020



107%
Recycled waste
compared to 2019



1100+ Calls
To LCC Covid19
support helpline

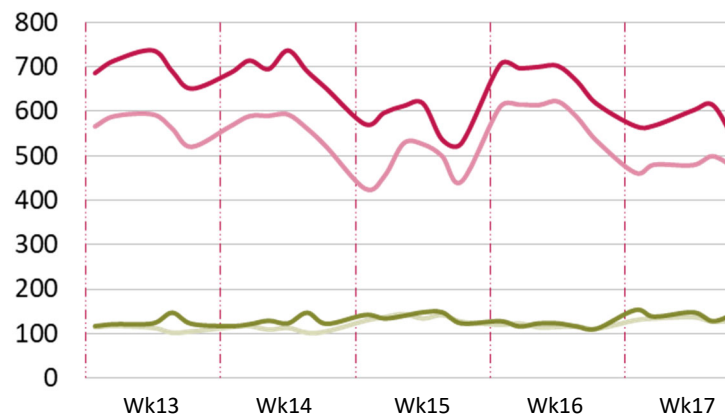
Domestic Waste and Recycling

Source 1

The Covid-19 lockdown has affected domestic waste and recycling collections. Both black and green bin weights have increased significantly when compared to the same period last year.

Waste Type	Tonnage	Change
Black Bins - 2019	2812	
Black Bins - 2020	3406	121%
Green Bins - 2019	778	
Green Bins - 2020	3406	107%

Domestic Waste and Recycling Tonnage



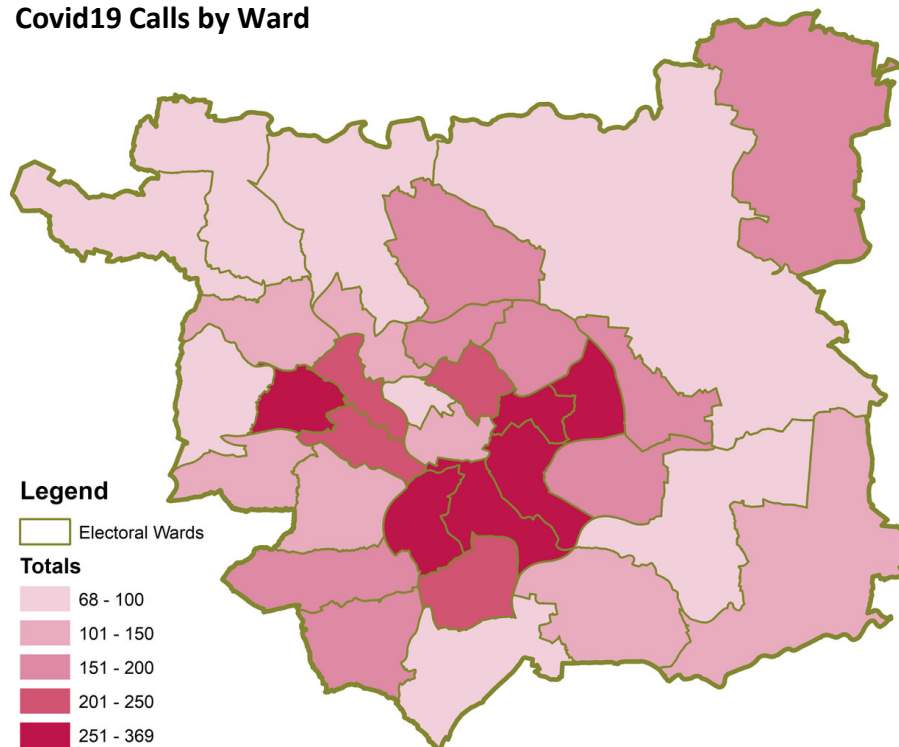
Call Centre Data

Source 1

In the week commencing 23rd April there were over 1300 calls to the Leeds City Council call centre that could be attributed to the Covid19 Pandemic. Of the call that could be categorised, the following support was provided

Type of Assitance	Number
Food & shopping	331
Food parcel	468
Prescription	226
Fuel	51
ASC	0
Personal Products	13
Dog walking	5
Befriending and reassurance	39
TOTALS	1133

Covid19 Calls by Ward



Sources:

1) Leeds City Council 11/5/20

Coronavirus - Economy and Business

Weekly Report - 12th May 2020



472 Grants
for businesses
issued this week



£194 Million
To support C.Tax
payers & businesses



Cash flow remains
the key challenge
for businesses

Economy and Business

1

The main issues facing businesses remain the same as in previous weeks, with cash flow and access to finance the top priority. The latest national business surveys show record falls in activity across construction, manufacturing, and the dominant services sector, where 80% of firms reported falls in activity.

Small to medium-sized manufacturers in Yorkshire and the Humber are calling for greater and faster financial support from the Government due to decreasing sales, production volumes and the prospect of job cuts. The region's latest Manufacturing Barometer, which surveyed 82 firms in the region, saw 85% of respondents experiencing a significant decline in production volumes, while a similar number (83%) are expecting sales to drop over the next six months.

The Council continues to pay out grants to those who qualify either through the Small Business Grant Fund or the Retail, Hospitality and Leisure Grant Fund immediately. The latest figures available (10th May) indicate a total of 10,334 grants valued at £127,535,000 had been paid. The Council is continuing to work through the more complex cases ensuring monies are paid as quickly as possible.

Perhaps reflecting the speculation regarding easing of lockdown over the last week, there are early signs of increased economic activity, with footfall and traffic showing slight increases, particularly at rush hour and weekends. The weekly British Chamber of Commerce survey showed the vast majority of firms say they will require three weeks or less to prepare to restart operations alongside any loosening of the UK lockdown. Smaller businesses may be able to restart operations more quickly, with 64% of those employing fewer than 10 people saying they would need less than one week.

The latest intelligence from our interactions with business confirm that the Government's newly announced Bounce Back Loans scheme has been positively received. Focus continues to shift to safe re-opening and managing social distancing, firms believe staff confidence in coming out of lockdown will be crucial, with some identifying questions around employers' liability in managing a safe return to some form of normality.

Today the ONS published analysis on 'Which occupations have the highest potential exposure to the coronavirus'. Women and men working in social care had significantly raised rates of death involving COVID-19. However, healthcare workers, including doctors and nurses, were not found to have higher rates when compared with the general population. Among men, a number of occupations were found to have raised rates, including: security guards; taxi drivers; bus drivers; chefs; and sales and retail assistants. The report also stated that factors such as ethnic group and place of residence could play a part in these rates.

Finance

2

Organisational impact (11/5/20)

As reported last week, nationally the government has released £3.2 billion of non-ringfenced Covid-19 Support Grant funding to local authorities in two tranches of £1.6bn. In Leeds, the total allocation is £43.8m (£22.0m in the first tranche; £21.8m in the second). However, this falls far short of the estimated £165m full-year pressure on the council's budget as a result of additional expenditure and reduced income, leading to a real risk that the council will not be able to cover the current level of expenditure within the resources available. There is likely to be a need to make some difficult decisions in the coming weeks, considering the impact on this year's budget and the 2021/22 position.

At present, it is difficult to estimate how long it will take the authority to recover to pre-Covid-19 levels. With another delay to the Fair Funding Review recently announced as a result of coronavirus, this adds further uncertainty to local authority finances.

Councils provided an initial assessment of their cash flow and estimated full-year pressures as a result of Covid-19 to MHCLG in April and will be repeating the exercise shortly.

Leeds Economy (11/5/20)

To help reduce uncertainty for businesses, the planned revaluation of business rates will no longer take place in 2021

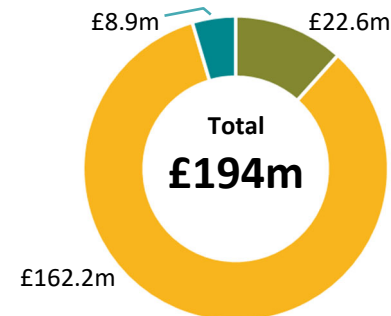
LCC has received £194m government funding to passport to businesses and council tax payers

Leeds compares extremely well against other local authorities for the % of business grants paid. As at 3/5/20, LCC had paid 75.3% (£122m) of those businesses in scope to receive a grant, above the Core City average of 63.4% (LCC ranks 2nd of 8 behind Bristol at 75.9%) and national average 74.8%.

(Source: BEIS published 4/5/20)

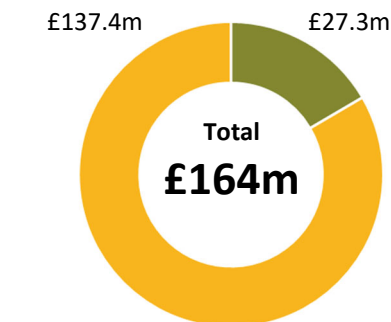
Business Grants	Number	Value
Grants issued this week	472	£5.62m
Total grants issued	10334	£127.5m

Support to businesses and council tax payers



- Business Rates Reliefs (NNDR1)
- Business Grants
- Hardship Fund (Council Tax)

Estimated full-year impact on LCC expenditure and income



- Estimated Spending Pressure Full Year
- Estimated Total Reduction in Income Full Year

Sources:

- Centre for Cities - April 2020
- Leeds Financial Services - 11/5/20

Coronavirus - Infrastructure & Supplies

Weekly Report - 12th May 2020



6.9% Foot fall
In Leeds Centre in
relation to 2019



6.0% Foot fall
In Leeds Station

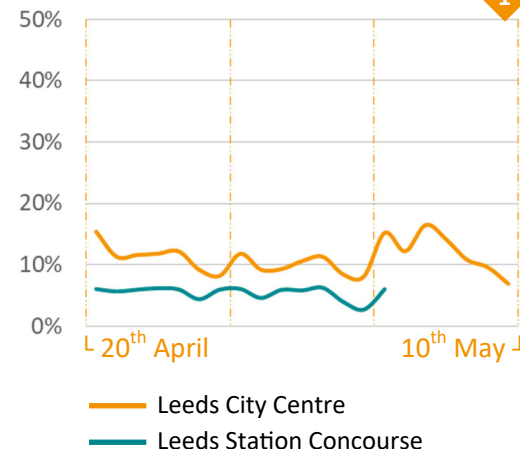


38% Traffic
Compared to usual
expected traffic flow

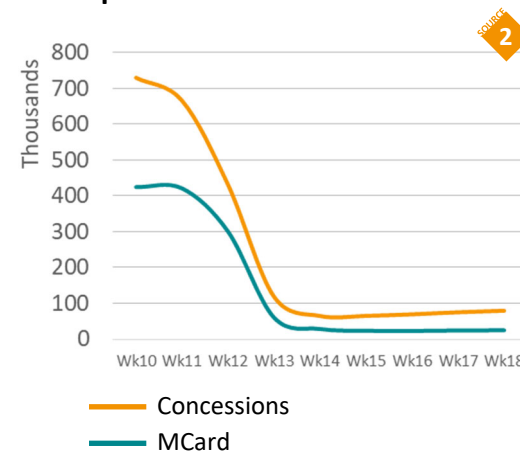
Travel

Patterns of travel remain extremely subdued, though some suggestion that city centre footfall has clicked up.

Percentage of Expected Footfall



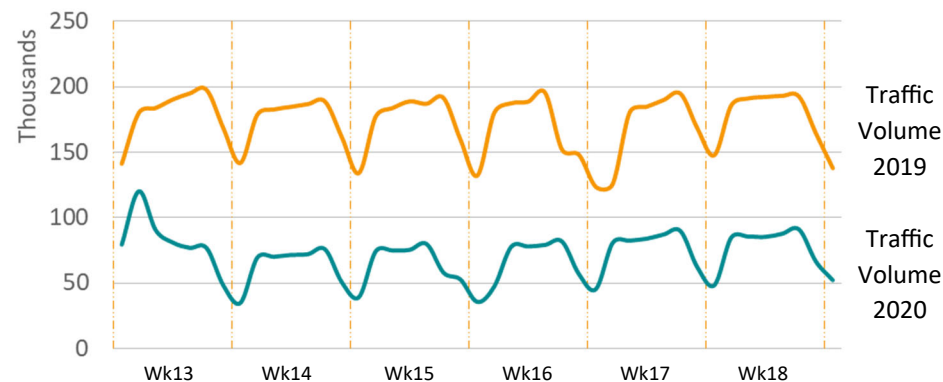
MCard purchases and Concessions



Sources:

- 1) Leeds City Council - 11/5/20
- 2) West Yorks. Combined Authority - 11/5/20

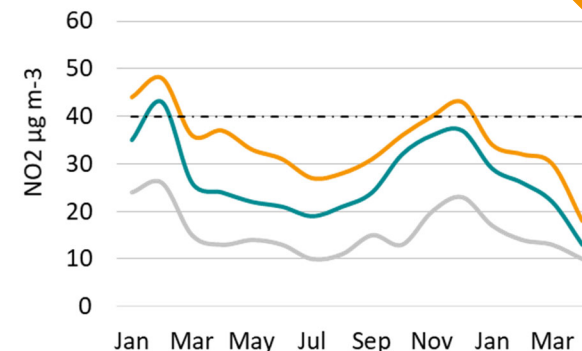
Two-way 24hr Traffic (5 Radials)



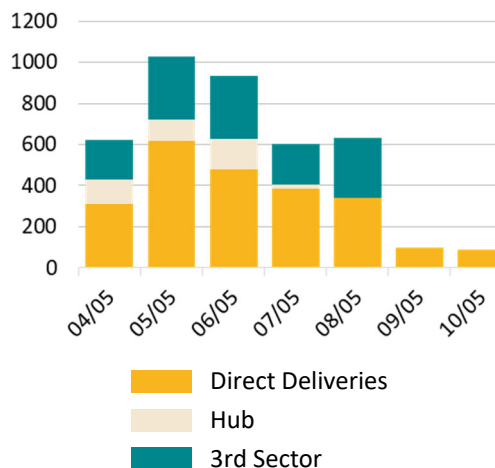
Leeds Air Quality

The plot to the right shows the monthly mean Nitrogen Dioxide (NO₂) for all the Leeds air quality monitoring sites. NO₂ is one of the main pollutants of concern from vehicle emissions. The effect of the lockdown shows a dramatic reduction across all sites in Leeds and the City Centre area.

Temple Newsam Park is included to illustrate the approximate background levels of NO₂ away from busy road networks



Food Parcel Deliveries



- Leeds Average
- Leeds Centre
- Temple Newsam
- - - National Objective 40 µg m⁻³

PPE Supplies

Reflecting the national picture, there a significant shortages of PPE.

We are aiming to develop city-wide analysis of the PPE stock for inclusion in the dashboard.

Coronavirus - Organisational

Weekly Report - 12th May 2020



7% LCC staff
Declaring Covid19
absence from work

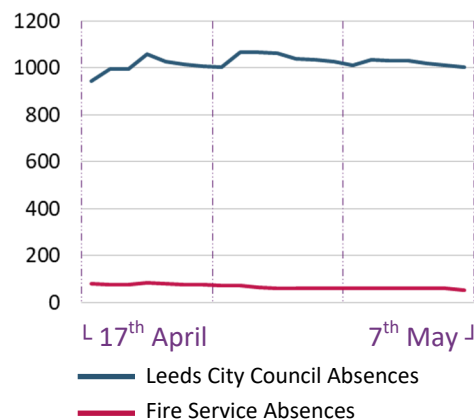


4% Fire staff
Declaring Covid19
absence from work



3-10% Health
staff declaring
Covid19 absences

Covid related workforce absence



Leeds City Council

Since the 1st of March a total of 2,832 staff have been absent due to a Covid related issue, of which 1,842 have since returned to work. 919 were due to sickness absence, of which 852 have since returned to work.

At the 7h May, 1003 staff are currently absent due to Covid related issue, of which 74 are sick and 929 are isolating (without access or suitable role to work from home), representing around 7% of the organisation.

Fire Services

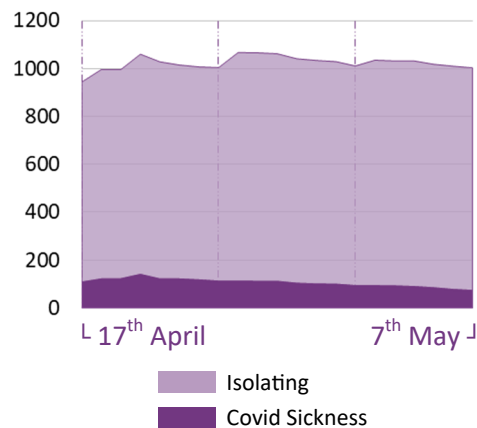
As of the 9th May, 55 staff are currently absent due to Covid related issue, of which 5 are currently sick and 50 are isolating (without access or suitable role to work from home), representing around 4% of the organisation.

Health Care Services

As of the 11th May, Absenteeism remains at around double the rate for the three health care providers when compared to April 2019, although overall workforce absenteeism trend remains downward.

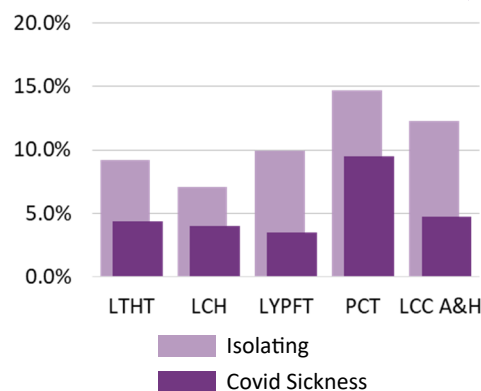
Leeds City Council absences

SOURCE 1



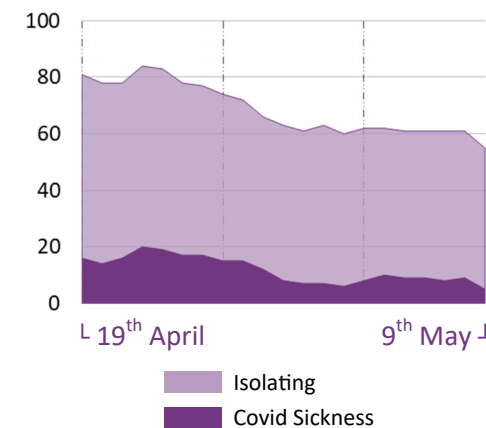
Health Care Services absences

SOURCE 3



Fire Service absences

SOURCE 2



Sources:

- 1) Leeds City Council - 07/05/20
- 2) West Yorks. Fire Service - 09/05/20
- 3) Leeds Teaching Hospital Trust - 11/05/20

Coronavirus - Communications & Media / Policy Announcements

Weekly Report - 12th May 2020



12500 visits
to Covid19 guidance
web pages



“Your NHS is still
here for you”
comms message

Website Visits

12.5K visited the COVID information web pages, of which over half were new users (similar to the previous week).

The open rate for GovDelivery email bulletins, which are sent out to 113K residents, continued to decrease with a large drop from 40% to 30%.

Council/others

Communicating services coming back online: garden waste already announced; plans to re-open car parks in parks but not playgrounds.

Further updates and public information/engagement to follow once government guidance for Phase 2 has been reviewed. Messaging to be developed locally around safety.

Monitoring public opinion/behaviour around household waste site re-openings – so far has gone down well and people using booking system and avoiding queues.

Daily interviews with social care staff in this week's YEP to spotlight them as hidden key workers

Further proactive work: domestic violence support; Connecting Leeds work on Park Row; continuing support of food distribution programme and volunteering; 50 year anniversary of Leeds twinning with Dortmund; 75th anniversary of VE Day; cycling: measures to support physical distancing for people walking and cycling across Leeds/ temporary cycle safety improvements to be installed along Kirkstall Road

Health

Continue to deliver daily operational communications bulletin across the Trust for all staff

Working with the BME staff network to support staff from BME backgrounds amid the current concerns around the impact of Covid-19 on these communities

Developing plans for how communications can support the Trust, and staff, as it moves into the second phase of this pandemic and engage with patients and the public around the restart of urgent procedures

Supporting the 'your NHS is here for you' campaign to encourage people to attend for emergencies at the hospital

Taking time to celebrate international day of the midwife and international day of the nurse and also the efforts of staff to make VE Day a celebration – despite the current challenges

Continue to push social distancing messages across the Trust and particularly on Thursday evenings

Developing messaging for safety around Phase 2 of government response

5 May 2020

Working parents eligible for government childcare offers will remain eligible if their income drops below the threshold due to Covid-19, or increases above the threshold in the case of critical workers.

Source: www.gov.uk ([webpage](#))

Councils encouraged to re-open household waste and recycling sites if social distancing can be adhered to. Guidance issued on how to do this safely.

Source: www.gov.uk ([webpage](#))

6 May 2020

26 councils, including Leeds, pledge their commitment to continuing essential building safety works where safe to do so.

Source: www.gov.uk ([webpage](#))

Care Workforce app launched to provide support for adult social care workforce in England.

Source: www.gov.uk ([webpage](#))

A re-evaluation of business rates scheduled for 2021 has been postponed.

Source: www.gov.uk ([webpage](#))

7 May 2020

Guidance issued for small-scale manufacturers that wish to produce PPE.

Source: www.gov.uk ([webpage](#))

Pension Credit claims can now be made online to assist self-isolating or shielded pensioners.

Source: www.gov.uk ([webpage](#))

9 May 2020

£250m emergency funding announced by government to support active travel in England. Statutory guidance also issued to councils on reallocating road space to pedestrians and cyclists. LCC has announced a number of measures this week.

Source: www.gov.uk ([webpage](#))

Source: www.leeds.gov.uk ([webpage](#))

10 May 2020

Prime Minister announces change in lockdown rules- those who cannot work from home should return to work, but should avoid public transport if possible. People can have unlimited outdoor exercise, and a provisional roadmap is set out for the re-opening of schools and businesses.

Source: www.gov.uk ([webpage](#))

Running a safe city, whilst living with COVID-19

We need a phased return to a new normal in the city, so that everyone is safe within the national Plan for Recovery. Isolation, testing, contact tracing, and managing local outbreaks are key to continuing to protect the most vulnerable, while supporting businesses to return and be COVID-19 secure.



During this time, please:



Stay at home if you can.



Maintain social distancing if you go out.



Wash your hands regularly and for 20 seconds.



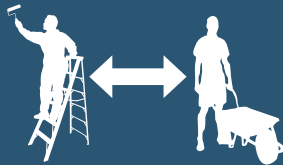
Stay at home and isolate if you or anyone in your household has symptoms.



Limit contact with other people.



Work at home if you can.



Go to work if it is safe and you can maintain social distancing.



Only use public transport where necessary, and wear a face covering.



Continue to stay at home if you are shielded.

And remember that the NHS is still here for you if you need treatment or have worries about your health.

We need everyone to play their part for the city to run safely. This means:



Safe travel
ensuring the safe use of highways and public transport and encouraging active travel where possible.



Safe public spaces
in communities, district centres and the city centre.



Safe delivery of services
including health and social care, and other public services.



Safe education
as more children and young people return to schools, colleges and nurseries.



Safe working,
with physical distancing in workplaces and coordination between large employers in the city to avoid peaks of movement.

Corporate risk		Current risk evaluation			Target risk evaluation (by summer 2020)		
Title	Coronavirus: threat to life, health, wellbeing and the economy	Probability	Impact	Rating	Probability	Impact	Rating
Description	Risk of fatalities and serious illness, significant disruption to the city and to council services in the short- to medium-term and long-term negative economic impact as a result of the coronavirus pandemic, potentially greater impact on more vulnerable and disadvantaged.	5 (Almost certain)	5 (Highly significant)	Very High	3 (possible)	3 (moderate)	High
Accountability	Risk owners: Cllr Blake (Leader) and Tom Riordan (Chief Executive) Delegated owners: Directors and Executive members Key contact: Mariana Pexton (Chief Officer, Strategy & Improvement)	Monitoring		Best Council Plan implications			
		Last review date	Next review date	This risk impacts upon all ambitions and priorities for the city and the organisation set out in the council's corporate plan			
		23/4/20	19/5/20				
Management review and action – systematic update monthly for Executive Board reporting and reviewed regularly by SCG Gold, CLT and Executive Members given dynamic context. More detailed risk approaches being used at more detailed levels.							

Strategic		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> Ensuring effective planning and monitoring Ensuring clear governance – Leeds and West Yorkshire, Regional and National Maintaining effective, public engagement and support Lockdown restrictions may need to be re-imposed following initial easing Major challenge around operating the city centre in line with updated social distancing requirements 	<ul style="list-style-type: none"> Overall plan in place and regular review Multi-agency governance in place and regular review Clear approach to engagement – public, political, partners, staff, trade unions 	<ul style="list-style-type: none"> Continually improve clarity of governance and reporting arrangements, including detail below overall plan Evaluate engagement approach is effective Increasingly explicit shift towards recovery Best Council Plan outcomes and priorities are being reviewed and updated to reflect implications of the pandemic on the city and the council. Taking account of the lessons learned from the pandemic (local and national) Influencing national developments to help ensure they are effective

Health and Social Care		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> Increased death caused by COVID-19 (includes deaths in care homes and home deaths as well as hospitals) Care Home sustainability Increased hospital admissions caused by COVID-19 Additional pressure on health and social care services Other health issues caused by inevitable focus on COVID-19 Worst affected are those most vulnerable People with non-coronavirus health issues don't report them to their GPs e.g. chest pains, mini strokes. 	<ul style="list-style-type: none"> Leeds Teaching Hospitals Trust (LTHT) plans, plus Nightingale Hospital Additional focus on discharges Changes in access to services e.g. GP practices and other services 	<ul style="list-style-type: none"> Ensure focus of recovery plan is on the most vulnerable and consider best practical approach to progress this Focus on patients no longer accessing services Detailed service planning for new normal Provide advice, information and resources to schools, parents and carers to support access to food, Personal, Social and Health Education (PSHE) and children's social, emotional and mental health (SEMH) needs. Contribute to the development and implementation of new measures to test, trace and control the outbreak.

Citizens and communities		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> School closures and impact on educational attainment and progression Risks arising from the phased reopening of schools e.g. difficulty maintaining social distancing, infection spread, Trade Union concerns not addressed. Safeguarding children from risk of significant harm (child sexual exploitation, online sex abuse) 	<ul style="list-style-type: none"> Schools providing online tuition Tracking of children and partnership working Promoting contact details for domestic violence help Active support for 3rd sector and lobbying for national support 	<ul style="list-style-type: none"> Supporting Leeds school and learning community to minimise disruption Adapting practice and process to ensure vulnerable children continue to be identified, assessed, supported and 'seen/visited' Key safeguarding stakeholders working together adapting/updating child protection plans and other measures to ensure they remain robust. Weekly Bronze meetings.

Citizens and communities		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> • Increase in levels of domestic violence • 3rd sector resilience / sustainability problems • Extremist narratives • People ignoring national lock-down and social distancing guidance • Provision of emergency food struggles to meet demand as a result of reduced food supply and/or fragility of the infrastructure which relies heavily on volunteers and 3rd sector organisations • Inequalities relating to COVID-19 • Problems maintaining social distancing once public spaces reopen 	<ul style="list-style-type: none"> • Daily intelligence report introduced and informing prioritisation of resourcing. 	<ul style="list-style-type: none"> • Operation Encompass remains in place. This connects the police with schools to ensure better outcomes for children subject to, or witness to, domestic violence • Major West Yorkshire public relations and communications initiative on domestic violence • Guidance on dealing with extremist narratives circulated to key people • Relevant teams proactively working together to enforce adherence to lock-down guidance and requirements • Liaison with food partners to integrate and reduce duplication. Promote donations • Focus on understanding inequalities impact from range of perspectives to plan accordingly

Business and economy		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> • Mass job losses • Significant increase in business failure due to the impact of lockdown restrictions • Gaps in central government interventions to support businesses leading to increased business failure, higher unemployment and a deeper recession • Extended lockdown period may result in increased damage to the national and local economy, a deeper recession and an increase in poverty across Leeds • Acceleration of economic trends including automation and digital transformation • High numbers of people infected with the virus or self-isolating and unable to work • Employees and consumers lack confidence in the safety measures in place in public spaces, including public transport as restrictions are lifted in advance of a vaccine leading to an extended hit to productivity and a limited recovery • Businesses may struggle to adopt new requirements for the workplace e.g. social distancing for customers, staff workspaces and PPE. 	<ul style="list-style-type: none"> • Matching people to jobs where growth • Lobbying for an extension of the Job Retention Scheme beyond June and a phased withdrawal of support. • Efficient processing of payment of grants, ongoing engagement, support and advice. • Mobilise new Local Authority Discretionary Grant Fund announced on the 2nd May to support businesses unable to access current grants schemes once government guidance is received. • Maintain effective liaison with business, specifically representative bodies to understand impact on local economy • The wider council working with education providers to ensure that there are plans in place for re-opening. 	<ul style="list-style-type: none"> • A clear exit plan for the lockdown is needed that can be implemented quickly, allow the economy to get moving again whilst also managing pressures on the NHS • Building capability and capacity to understand how the economy will begin to recover and reshape • Supporting small businesses through the allocation of discretionary fund payments • With Jobshops closed, Employment and Skills has continued delivering employment support programmes with check-ins, online learning, job searches, CVs and matching to vacancies by Employment Advisors. • New customers, and referrals by DWP, can visit Leeds Employment Hub website for support to re-enter the labour market. • Promotion of current vacancies continues via the council's webpages and social media. • Leeds MicroBusiness Support Service support to small businesses, independents and retail sector. • A rapid review of the council's Inclusive Growth Strategy has been initiated. • Working Group considering phased and staged working in relation to transport and workplace attendance. • A new Bronze Group has been formed with a strong focus in developing multi-agency responses to ensure the public can safely access services, amenities and support.

Infrastructure and supplies		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> • Safe transport not provided when needed (e.g. key workers) • Public transport struggles to cope with matching demand pressures and social distancing / face covering requirements • Increased car journeys into the city due to reduced public transport • Schemes not progressed • Insufficient personal protective equipment (PPE) including face coverings • Supply chain failure / key supplier ceases trading • Insufficient food supplies and distribution, especially in emergency for the most vulnerable 	<ul style="list-style-type: none"> • West Yorkshire Combined Authority (WYCA) engaged and providing support • Maintaining contact with major schemes • Maintaining contact with key suppliers • Active management of PPE supplies and compliance with the guidance • Use of FareShare and promoting campaign 	<ul style="list-style-type: none"> • Scenario planning for removal of lockdown • Encourage working from home where possible to minimise travel • Continued engagement with partners • Continued efforts to raise PPE issues nationally and be resourceful locally

Organisational impact		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> Problems in maintaining the delivery of critical services as the pandemic progresses Workforce pressures: staffing levels unable to fully support critical services, threats to the Health, Safety and Wellbeing of staff, Trade Union involvement. Significant financial pressures (high levels of unexpected expenditure, reduced income) 	<ul style="list-style-type: none"> Ongoing assessment of business continuity plans for the council's critical services. Extensive activity on workforce Proactive approach with meeting needs of remote working 	<ul style="list-style-type: none"> Identification and refresh of changing workforce resource needs to reflect prioritisation. Financial management arrangements.

Media and communications		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> Challenge to reach some part of the population Campaigns don't drive behaviour required. Problems maintaining clarity with new/revised communications with the public. Reputational issues from failing to communicate properly e.g. misinformation, conflicting/confusing messages or delay in circulating key messages 	<ul style="list-style-type: none"> Extensive approach in place 	<ul style="list-style-type: none"> Dedicated Communications staff support for each key area Communications channels established for Coronavirus Leeds.gov website used to communicate changes to council services and important public announcement re coronavirus Use of Infographics as an effective way of conveying messages to the public. Comprehensive social listening and monitoring to identify and highlight emerging issues, FAQs, inform our own communications, and help counter misinformation