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EXECUTIVE BOARD, 18 MARCH 2020

SUPPLEMENTARY INFORMATION

**AGENDA ITEM 13: 'UPDATE ON LEEDS CITY COUNCIL'S PREPARATIONS FOR
CORONAVIRUS (COVID-19) OUTBREAK'**

UPDATED VERSION OF REPORT FOR BOARD MEMBERS' CONSIDERATION

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Report of the Director of Public Health

Report to Executive Board

Date: 18 March 2020

Updated version of Agenda Item 13

Subject: Update on Leeds City Council's preparations for Coronavirus (COVID-19) outbreak (NB this is an updated version, including the 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

- This updated report provides the latest position on the response to the coronavirus COVID-19 outbreak, which began in China in December 2019. The World Health Organisation (WHO) have now declared the global COVID-19 outbreak as a pandemic. It is important to note the rapidly changing context and guidance.
- National and local health and social care systems have planned extensively over the years for an event like this, and the UK is therefore well prepared to respond in a way that offers substantial protection to the public, however this is a new virus, with rapid changes in information, and our priority being as prepared as we can be for different scenarios.
- The numbers of cases are being updated daily on [COVID-19 cases by local authority \(upper tier or unitary\)](#). Across the UK, as at 15 March, there are 1391 confirmed cases, with 35 deaths. Leeds has 19 confirmed COVID-19 cases as at 15 March 2020.
- The work in Leeds is being done within the context of the work of the Public Health England (PHE) and the National Health Service (NHS), and the Government's action plan with the broad phases being: Contain, Delay, Research, Mitigate. The Government announced a move to the "delay" phase on 12 March.

- The Leeds Health and Social Care system has been refreshing its plans for the specifics of what is known about COVID-19 since the outbreak began, in line with national guidance. All council services are engaged in the planning and in refreshing business continuity plans in light of the reasonable worst case scenarios and national guidance.
- Please note that this is a fast moving incident with the situation changing daily and being heavily reported in the media. This updated report includes a response and recovery plan which sets out a wide range of actions and provides a framework for regular reporting to members
- There is new and emerging governance being put in place in line with our resilience and emergency arrangements, alongside those from the National Health Service and Public Health England, including partnership command and control arrangements and crucially member oversight.
- At this stage, the council and the city are as well prepared as possible given the resources and the information available, with an established rhythm of regular updates for public, councillors, MPs, staff and partners. However, things are changing daily and new challenges will continue to emerge.
- A verbal update will be provided at the Executive Board meeting.

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- The proactive approach to dealing with COVID-19 in the city is aimed towards the pandemic mitigating any impact on delivery of the council and the city's ambitions, with a significant focus being on health and wellbeing in the short term, whilst also considering the economic and social impacts.

3. Resource Implications

- There are likely to be resource implications which follow from the pandemic. The details of the Budget announcement on 11 March are being assessed and a system in place for monitoring additional spend and reduced income. The resource impact will be closely monitored and reported.

Recommendations

Executive Board is requested to:

- 1) Note the national context and local response to the coronavirus (COVID-19) outbreak, which was up to date at the time of writing on 15 March.
- 2) Agree the response and recovery plan and the governance arrangements.
- 3) Note that there will be a further verbal update at the Executive Board meeting.

Purpose of this report

- 1.1 This report updates Executive Board on the preparations that the Leeds Health and Social Care system and Leeds City Council, working with broader partners, has been making in response to the coronavirus outbreak. The Leeds response is set within the national context from PHE and NHS, combined with the multi-agency context of the West Yorkshire Health Resilience Partnership (LHRP) and the West Yorkshire Local Resilience Forum (LRF). Please note that this is a rapidly developing context and so plans and guidance will inevitably change in response to those changes.

Background information

- 1.2 The current coronavirus outbreak has presented a significant challenge internationally ever since the new strain was first identified in Wuhan City, China in December 2019. Since then, there have been a number of cases identified across the world including the United Kingdom. On 30 January 2020, the World Health Organisation (WHO) declared the outbreak of coronavirus a “Public Health Emergency of International Concern”.
- 1.3 On 10 February, the Secretary of State for Health and Social Care, announced the introduction of a set of strengthened legal powers to increase protections against the coronavirus outbreak in England. The Health Protection (Coronavirus) Regulation 2020 have been introduced to keep individuals considered by public health professionals to be a reasonable risk of spreading the virus, in isolation.
- 1.4 On 2 March 2020, the Prime Minister chaired a meeting of the government emergency COBR committee on the coronavirus outbreak. Following this meeting, the government published the Coronavirus Action Plan on 3 March 2020, containing countermeasures taken by the health and care system across the UK to respond to the coronavirus outbreak. The precise response to coronavirus is being tailored to the nature, scale and location of the threat in the UK, as the scientific understanding of this develops. The Plan also includes the government’s four stage strategy to respond to coronavirus: Contain, Delay, Research and Mitigate. The government has also recently increased its public awareness campaign about handwashing to prevent and slow the spread of coronavirus. The campaign has appeared in a range of media/advertising platforms and we are promoting this at every opportunity.
- 1.5 On the 5 March 2020, a statutory instrument was made into law that adds COVID-19 to the list of notifiable diseases. This change in law requires GPs to report all cases of coronavirus to Public Health England. The Chief Medical Officer announced the first death of a patient in the UK with coronavirus on 5 March 2020.
- 1.6 On 8 March 2020, the Government outlined further detail on proposed measures expected to be included in the proposed COVID-19 Emergency Bill including new powers to make it easier for volunteers to support the response to the outbreak. These developments reflect a series of recent actions from government including two ministerial-led COBRs to oversee the government’s response to the coronavirus outbreak, and the government’s cross-government ‘war room’ of communications experts and scientists.
- 1.7 On 9 March 2020, the Secretary of State for Housing, Communities and Local Government announced a new taskforce which will bring together senior experts from across relevant sectors such as resilience, local government, public health and adult social care and will assess LRF plans and readiness, and provide support and advice to ensure they are robust.
- 1.8 On 11 March 2020, as part of The Budget, the Chancellor set out a package to provide support for public services, individuals and businesses affected by the coronavirus. The measures announced by the Chancellor included additional funding, Statutory Sick Pay changes, an increase in the Business Rates retail discount for one year and a £500 million Hardship Fund to economically vulnerable people and households. More detail is expected on this funding soon and members will be kept up to date.
- 1.9 On 11 March 2020, WHO declared the global COVID-19 outbreak as a pandemic. On 12 March 2020, the Prime Minister announced that the “Delay” phase had commenced, with the intention to delay the spread and minimise suffering and

especially so that the NHS is better able to deal with the most vulnerable. The key messages for this new phase are: to self-isolate for 7 days if you have coronavirus symptoms – either a new continuous cough or a high temperature; not to ring 111 but to use the online service; be aware of different testing approaches; for the over 70s not to go on cruises; and for schools to remain open unless specifically advised to close by PHE. The next set of potential measures flagged are: the possibility of banning major public events, self-isolation for whole households, self-isolation for the elderly and vulnerable.

- 1.10 The numbers of cases are being updated daily on [COVID-19 cases by local authority \(upper tier or unitary\)](#). Across the UK, as at 15 March, there are 1391 confirmed cases, with 35 deaths. Leeds has 19 confirmed COVID-19 cases as at 15 March 2020.

2. Main issues

- 2.1 At a national level lead responsibility for providing overall multi-agency command, control and co-ordination throughout the different phases of the pandemic lies with Department of Health and Social Care (DHSC) supported by Public Health England (PHE).
- 2.2 At a local level, Leeds has strong health and care system arrangements and is as well prepared as it can be for this type of outbreak. The Leeds Health and Care Partnership Pandemic Influenza Plan, which has been recently refreshed, provides a framework to ensure the most effective, collaborative and co-ordinated approach across local Health and Care organisations in response to a pandemic in order to save lives and reduce harm. This sits within the national strategic approach to pandemic preparedness.
- 2.3 In line with the Health and Care Partnership Pandemic Influenza Plan, the Director of Public Health has established the Leeds COVID -19 Oversight, Assurance and Co-ordination Group (COAC) to maintain an oversight of the local Health and Care response to Covid-19. Membership of this group includes the DPH, NHS Leeds CCG, NHS Trusts, primary care, adult and children's social care, independent providers and communication officers from across the system.
- 2.4 The group provides co-ordination across the Leeds Health and Care system response, provides assurance to the DPH and local Health and Care partners that the system is responding appropriately, assures that actions are taken across the Health and Care system to implement control measures and identifies pressures, impacts and risks to the Health and Care system.
- 2.5 At an operational level, the Leeds Outbreak Planning Group (chaired by NHS Leeds CCG) has a detailed operational role across agencies to implement actions to contain the outbreak. These actions come directly via NHS England (NHSE) and the DHSC to NHS partners. The governance of this group reports directly into System Resilience Assurance Board (SRAB) and thence NHSE, whilst also reporting into COAC for assurance purposes.
- 2.6 In mid-February, NHS England requested '7 asks' from local Health and Care systems including a requirement to establish a home testing service. This was successfully implemented in Leeds with the commencement of community swabbing on 4th March by Leeds Community Healthcare, alongside a swabbing drive-through service at Chapeltown Health Centre which went live on 11th March and has been well received by patients. Following the recent announcement of a move to the 'Delay'

stage of the national plan, contact tracing and testing has ceased. At the time of writing, it is not yet clear which groups of patients will be tested in the future.

- 2.7 Local Care Direct has been commissioned by NHSE to provide a co-ordination centre for people requiring testing and will provide clinical monitoring and management of those self-isolating. The system goes live on 13th March 2020 and covers the West Yorkshire and Harrogate footprint.
- 2.8 Leeds Teaching Hospitals NHS Trust has comprehensive and well exercised plans in place. It is currently operating two pods for testing people who self-present and, in line with latest national guidance, will commence testing patients who present to the hospital with 'flu-like illness or evidence of pneumonia. Pathways are being developed to isolate inpatients who are awaiting test results in order to protect them and others, and to cohort affected patients. In addition, LTHT is prioritising the transfer and discharge of patients to maintain flow and capacity. In the week commencing 16th March, a mandatory national exercise will be undertaken across all NHS Trusts to test their systems and resilience.
- 2.9 In addition to this comprehensive work across the Health and Social Care system, council services are refreshing their contribution to the overall plan and approaches. In order to broaden the planning to take account of the social and economic aspects, the council has developed a strategic response and recovery plan structured around six key themes - health, infrastructure and supplies, business and economic impact, citizens and community, organisational impact, and media and communications – with a Cross Council Coronavirus Working Group to drive the implementation and with lead officers identified for key actions. This work draws on the national reasonable worst case planning assumptions and the multi-agency strategy at a West Yorkshire level.
- 2.10 Early work from the Cross Council Group has been on updating relevant service and partnership plans; refreshing business continuity plans with the current scenario to think through implications and options; and planning extensive communications (public, councillors, MPs, staff), with frequently asked questions being issued to support managers. There is positive dialogue with the trade unions about the approach to this issue given the impact on our workforce. The working group provides a conduit for services and a consistent approach to planning response and to communications. It is continually emphasised that our approach will be in line with national guidance.
- 2.11 The Working Group will report to a Leeds Multi-Agency Gold chaired by the Chief Executive and with Police, Fire and Health representatives, within the context of the broader West Yorkshire Resilience Forum arrangements. This work will be overseen weekly by a small group of members, chaired by the Leader with relevant Executive Members. There will be regular cross party engagement as plans are delivered and developed further in light of the developing situation.
- 2.12 The response and recovery plan is attached as an annex, with commentary about the current position in relation to each area. This will be continuously reviewed as the situation develops and further actions are identified. It will be a dynamic working document amended to reflect changing circumstances as required. Some areas will have more detailed plans to support this activity. The themes of the response and recover plan are as follows, with the sections below providing a brief overview of the current position.
 - Health
 - Infrastructure and supplies

- Business and economic impact
- Citizens and communities
- Organisational impact and
- Media and communications

- 2.13 **Health:** Linking back to para 2.1-2.4, the action plan is in line with the government and we have revised the pandemic flu plan based on the latest available evidence. There is a multi-agency incident management team and a co-ordinated approach to communications with patients and the wider public in line with nationally approved information. Community testing is in place for people referred by NHS 111 in pods at Leeds General Infirmary and St James's Hospital as well as a community drive-through swabbing service. There is close work with Yorkshire Ambulance Service NHS Trust (who also run the NHS 111 service in our area) when dealing with possible cases of coronavirus (COVID-19) in the community. This means healthcare professionals undertake swabbing by going into people's homes. There is regular staff briefing and business continuity planning in the event that large numbers of staff are required to stay at home. Leeds Teaching Hospitals and GPs are also developing services in line with national plans, which might mean changes in the coming weeks.
- 2.14 **Infrastructure and supplies:** Given the nature of the strain and its impact on the potential of disruption, the plan considers the need to respond on areas such as the city's public transport network, partly through Highways and partly through liaison with bus and rail through the West Yorkshire Combined Authority (WYCA). On supplies, relevant council services are considering the possibility of disruption to their supply chains. The response plan identifies three areas of priority at this stage – catering services (e.g. school meals/food provision to the vulnerable if required because extensive numbers are self-isolating), cleaning services and Personal protective Equipment (PPE). Actions are in place to respond to these issues.
- 2.15 **Business and economic impact:** Leeds is progressing this within the context of the ambitious of the inclusive economic growth strategy and drawing on the approach of good engagement with business, in part through representative bodies such as the Chamber of Commerce, to understand the impact and provide support where possible. Once the detail is available of the schemes announced in the Budget, the council will be promoting and potentially administering these, in conjunction with WYCA where appropriate. We are pushing for these to be delivered at pace so that businesses feel the benefit.
- 2.16 **Citizens and communities:** Leeds' strength is in its rich diversity which benefits from people from different ages, backgrounds, cultures and beliefs living in thriving communities, with the role of elected members crucial in this context, not least through Community Committees. The compassionate city ambition focusses on protecting and supporting the most vulnerable in our society, focusing on strengths and assets in our communities. This strand aims to understand potential impact on individuals and communities on service delivery changes, and responding by planning and communicating accordingly. It places significant value on the role of thriving communities to support each other in times of need through both formal and informal support, learning from the spontaneous volunteering from Storm Eva in 2015. As the outbreak progresses, there will be impacts on services such as schools, care homes, commissioned services, community hubs, leisure centres and waste management services. The approach to business continuity will aim to minimise the effects. The response plan focussed on understanding any potential community tensions and recognising the valuable role of community and faith leaders providing reassurance, signposting appropriately.

- 2.17 **Organisational impact:** This part of the response plan includes the key aspects of the council's own internal planning for coronavirus response, ensuring council services can continue to operate and minimising the potential impact of any disruption. This strand includes: the ongoing assessment of business continuity plans, especially the council's most critical services (reported annually to Corporate Governance and Audit); the monitoring of key supplier relationships; consideration of financial implications for the authority; impact on the council's critical IT systems and the potential impact on the council's extensive workforce, providing the necessary support and advice to respond to those services and individuals affected. There is good positive engagement with trade union colleagues on the best approach to deal with this situation.
- 2.18 This also covers: consideration of the way we conduct council business through meetings and through councillor surgeries, where health and safety are a key consideration. We are examining the need to invoke and refresh any of the other emergency plans that maybe required for this outbreak, such as unexpected deaths and rest centre plans, and continuously assessing the safe and successful running of events in this dynamic context through the Strategic Safety Advisory Group.
- 2.19 The early work on business continuity plans (eg because staff are ill or have to self-isolate or because schools close) means that arrangements are in place for a number of services where staff can work remotely, with a confidence that there is the capacity for the system to cope with it and staff are being encouraged to practice and test IT kit. Extensive frequently asked questions and guidance has been provided to make this as smooth as possible. This is obviously not possible for all areas, including many of our critical services so we are developing a flexible resourcing plan to ensure that critical services can be maintained and our work with the trade unions on this is crucial. There may be some occasions where it is necessary to alter service delivery arrangements, with this being a key message in communications and in our direct work with customers to help them understand the implications.
- 2.20 **Media and communications:** The response to the coronavirus outbreak is fast moving with developments playing out directly through the national media on a daily basis. Clear and consistent communications is important in this context and there is already a rhythm to this with councillors, staff, MPs, schools and partners all receiving regular updates. Public messaging is following the line set nationally, such as promoting the handwashing campaign extensively. These updates are drawing heavily on national guidance and repeating crucial messages, such as hygiene and travel advice, with the emphasis on referring to Public Health and NHS websites. A multi-agency communications group is being effective in helping clear and consistent messaging and good use of social media for signposting. Workforce communications is crucial, with extensive frequently asked questions being updated and issued, with an expectation of consistent implementation and practice. Partner messaging will be about working together to minimise the effects of the outbreak.

3 Corporate considerations

3.1 Consultation and engagement

- 3.1.1 Engagement has been accelerated in recent weeks responding to the increase in national and local response to the coronavirus, including between services within the council, with partners, with elected members, with trade unions, and with the public. Much of this engagement has been carried out by teams within the council as part of

their normal day-to-day business, or supplemented with special events such as the business, VCFS roundtables and additional meetings with trade unions. There will be significant engagement with communities to encourage people to support one another through this challenging situation.

3.2 Equality and diversity / cohesion and integration

- 3.2.1 These considerations are already an implicit part of the planning, particularly given the nature of the incident, and this will continue throughout, for example with prioritisation of services for vulnerable people and monitoring of issues like food poverty and potential community tensions.

3.3 Council policies and the Best Council Plan

- 3.3.1 The proactive approach to dealing with COVID-19 in the city is aimed towards the pandemic mitigating any impact on delivery of the council and the city's ambitions, with a significant focus being on health and wellbeing in the short term, whilst also considering the economic and social impacts.

Climate Emergency

- 3.3.2 We are considering the issues and implications for example in areas such as waste management and will keep these under review as the situation develops.

3.4 Resources, procurement and value for money

- 3.4.1 At this stage, there have been no direct resource implications relating to this report, but this is something being kept under close review. The details of the Budget are being considered, especially as more detailed guidance is issued about the various schemes. The Chief Officer Financial Services, has put arrangements in place to capture the additional costs and potentially reduced income associated with dealing with the outbreak. We are in touch with other authorities and government departments about New Burdens funding and dealing with the financial issues.

3.5 Legal implications, access to information, and call-in

- 3.5.1 To ensure Board Members received an overview of the arrangements in place at the earliest opportunity, a report was included within the published agenda (10 March 2020), but given the fast paced nature of this issue, to ensure that Members have the most up to date information as possible, this further/update report has been submitted for Board Members' consideration.

3.6 Risk management

- 3.6.1 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", but also more generally within all risks. A particular focus here will be the work to review business continuity plans for our critical services, which are reported annually to Corporate Governance and Audit. The COAC group has a role to identify and flag risks to the Health and Care system. These might

include e.g. pressures on hospital admissions/ discharges and on intensive care beds/ventilators; pressures on primary care; supplies of personal protective equipment etc. Such pressures would be flagged through SRAB in the first instance. Given the scale of the outbreak, a separate risk log is being pulled together so that it can be reported as part of the normal arrangements. We are also drawing on our emergency management arrangements to ensure that we take appropriate action, including things like emergency decision making, prioritising critical services and using our workforce flexibly.

4 Conclusions

- 4.1 This report provides an update on the preparations in response to the coronavirus (COVID-19) outbreak, including the response and recovery plan and updates against each theme. This paper focuses in particular on the proactive approach being taken on the strategic response and recovery work to complement existing comprehensive work within the Health and Social Care System. This work will be done within the context of the national approach, following national guidance, our own emergency management arrangements and relevant West Yorkshire approaches as part of the multi-agency approach.
- 4.2 At this stage, the council and the city are as well prepared as possible given the resources and the information available, with established regular updates for the public, councillors, MPs, staff, and partners. There is extensive liaison with a range of national and regional colleagues and agencies to ensure that we have the latest information available to inform our plans. The Cross Council Working Group will report to a Leeds Multi-Agency Gold chaired by the Chief Executive and with Police, Fire and Health representatives. This work will be overseen weekly by a small group of members, chaired by the Leader with relevant Executive Members. There will be regular cross party engagement as plans are delivered.

5 Recommendations

- 5.1 Executive Board are requested to:
- Note the national context and local response to the coronavirus (COVID-19) outbreak, which was up to date at the time of writing on 15 March.
 - Agree the response and recovery plan and the governance arrangements.
 - Note that there will be a further verbal update at the Board meeting given that there are likely to be developments after the publication of this updated paper.

6 Background documents¹

None.

7 Appendices

Annex: Leeds Strategic Response and Recovery Plan – Coronavirus (COVID-19).

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.

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

This plan is a framework for a response and recovery to the coronavirus (COVID-19) incidents, enabling the council and city to be as prepared as possible given the rapidly changing context and the resources and information available. This Plan seeks to complement the existing established governance structure of the multi-agency response to the cases of coronavirus (COVID-19) strain in Leeds, primarily led by government, the health and care system with links to the West Yorkshire Health Resilience Partnership (WYHRP) and West Yorkshire Local Resilience Forum (WYLRF).

It is focused on recovery as well as response in order ensure the Council is proactive in dealing with the challenges which arise, whilst recognising the response phase of this incident will be prolonged. It will be delivered within the context of the council's emergency management arrangements.

Aims and objectives of this plan:

- Minimise the effect of the outbreak on the health and wellbeing of the city, especially the most vulnerable.
- To monitor, mitigate or minimise any relevant risks to the council and city from the Coronavirus outbreak to ensure business continuity where possible.
- Provide what support we can to individuals, families and communities and businesses affected, and encourage communities to provide support.
- Follow national guidance and signpost people to relevant advice.
- Recognise the impact on service delivery, particularly the NHS and social care, but also other critical services, if the spread of the virus continues.

CURRENT POSITION AS AT MARCH 2020

- The new strain of coronavirus (COVID-19) was first identified in Wuhan City, China in December 2019 and has since spread with the number of cases varying across the world. On 30 January 2020, the World Health Organisation (WHO) declared the outbreak of COVID-19 a “Public Health Emergency of International Concern”
- On 2 March 2020, the Prime Minister chaired a meeting of the government emergency COBR committee on the coronavirus outbreak. Following this meeting, the government published the Coronavirus Action Plan on 3 March 2020, containing a detailed set of countermeasures taken by the health and care system across the UK to respond to the Coronavirus outbreak. This Action Plan can be found [here](#).
- On 11 March, the Budget announced funding for coronavirus, including for businesses and individuals as well as the NHS. On 11 March the World Health Organisation announced the global COVID-19 outbreak as a pandemic. On 12 March, the Prime Minister announced a move into the “Delay” phase with immediate new guidance about self-isolation, with more refreshed guidance to follow.
- The numbers of cases are being updated daily on [COVID-19 cases by local authority \(upper tier or unitary\)](#). Across the UK, as at 15 March, there are 1391 confirmed cases, with 35 deaths. Leeds has 19 confirmed COVID-19 cases as at 15 March 2020.
- Reporting arrangements to Executive Board established, with emerging governance in place across the system that is well connected to West Yorkshire and national command and control arrangements. Regular rhythm of communications established with public, councillors, staff and partners.

Each action has a named lead officer within Leeds City Council. These individuals will liaise with other internal colleagues, partner organisations and others as required in order to provide the assurance needed on progress.

Item no.	Action	Officer lead(s)	Status / Comments
1. Health			
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).	Victoria Eaton	<ul style="list-style-type: none"> • COVID Oversight, Assurance and Coordination group (COAC) established for health and care, chaired by DPH, meeting weekly, good engagement from across the system. • Health and Care outbreak planning group (Chaired by NHS Leeds CCG) coordinating NHS services to deliver NHSE '7 asks' including community swabbing, operating effectively. • Liaison with Public Health England (PHE) and West Yorkshire Health Resilience Partnership (HRP) • Refreshed the Leeds H&C Partnership Pandemic Plan and due for sign off by H&C partners this week.
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 ensure Bus and Rail operations assessment of business continuity and issuing advice to bus and rail passengers.
2.2	Assess the possible impact on key supply chains and required actions e.g. Catering Services (e.g. school meals), Cleaning services, Personal Protective Equipment (PPE) etc.	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.
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"> • Brexit roundtable planned for March 2020 which will discuss assessment of impact of coronavirus as well as Brexit. • Stakeholder communications issued and awaiting feedback about impact and solutions. • Aim to collate information on specific areas of business and the economy, including, visitor economy, manufacturing, footfall data in the city centre (where possible), the market etc. • Work with relevant colleagues to promote and potentially administer grant schemes once guidance is available from government

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.	Mariana Pexton/ All Chief Officers	<ul style="list-style-type: none"> • Guidance issued to managers about following national guidance specific to relevant areas such as DfE guidance for schools and DHSC for health etc. • Business Continuity Plans currently being refreshed as new information emerges and key issues being gathered and clarified with relevant government department. • Ensuring that communications are consistent and following government approach, with the public aware of the potential impact on services.
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 to promote messages of reassurance and to be aware and respond to any issues which may arise.
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.	Cath Roff/Shaid Mahmood	<ul style="list-style-type: none"> • Guidance shared with third sector representatives. • Rapid work being done to organise community effort to maximise offers of assistance but ensure this is done safely, especially with the most vulnerable. • 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. • Liaison with Leeds Community Foundation about launching and administering a scheme to support those in need. • Coordination of work on financial inclusion.
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/Mariana Pexton	<ul style="list-style-type: none"> • Regular communication issued to all councillors with relevant guidance and information related to local impact including cases in Leeds, recognising the importance of patient confidentiality and signposting to national guidance and advice.
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"> • Overall Response and Recovery Plan developed to ensure coherence and consistency as well as compliance with national guidance.

			<ul style="list-style-type: none"> • Cross Council working group established as council Silver to ensure coordination and to connect to arrangements in health and social care. • Continuous assessment of resource and capacity required to progress this work to ensure that the best possible response is delivered.
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/all chief officers	<ul style="list-style-type: none"> • In line with expectations of Corporate Governance and Audit Committee, the framework is being utilised for Business Continuity Planning. • Services are refreshing Plans and continually assessing options for maintaining services. • Services where arrangements to work remotely from home is possible, will be encouraged at the most appropriate time. Assessment of some services, where working from home is not an option, and this is where we will focus the bulk of the effort to coordinate across services. This remains a very live and dynamic piece of work subject to continued reviews as the situation develops. • Focus particularly on front line services such as care and housing, services which require visiting and those which keep the city moving and working e.g. waste management, street cleansing, highways, housing repairs, passenger transport and catering. • Managing expectations of the level of delivery if a significant proportion of the council’s workforce is affected (e.g. because of self-isolation or illness or school closures) is a key issue of consideration.
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 are being 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.

5.4	Ensure regular engagement with council contractors and suppliers to identify any potential impact or risks to contractor performance.	Dean Backhouse/ 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.
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"> • New categories for reporting established and a flexible resourcing plan being developed to help respond to business continuity issues. • Liaison with trade union representatives and extensive advice to workforce from a health and safety and general employment perspective.
5.6	<p>Assess the potential impact on the council’s Digital and Information Service (DIS) and respond as required – particularly:</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 (tbd) of staff • Protect the Council and partners from opportunistic cyber attack 	Dylan Roberts	<ul style="list-style-type: none"> • Planning is underway to identify resources that DIS could redirect to undertake support work and thereby protect provision of communication/IT systems and to deal with incidents which occur. • Work has been completed to increase capacity on VPN connections to 10,000 workers although performance at the upper end of use may be slow • Encouraging staff to practice working from home so that devices are tested and readiness assured. • A set of guidance notes are being created in relation to : <ul style="list-style-type: none"> - supporting people in using their equipment to work at home - helping those in the office to use Skype meeting room facilities - providing tips and guidance to get the most out of their connection speeds - reminding people of their obligations around protecting information - general H&S guidance around DSE and avoiding social isolation • Encouraging staff to practice working from home so that devices are tested and readiness assured.
5.7	Assess the impact on events planning and management to understand implications	Mariana Pexton	<ul style="list-style-type: none"> • Strategic Safety Advisory Group will be used as the forum for this, within the context of national guidance. Meeting in March 2020. • Calendar of events in the city being considered and complex issues worked through.

5.8	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"> • Work in hand and issues will be raised and resolved as the situation develops.
5.9	Ensure that governance issues are considered and adapted for a range of scenarios for continuing member and officer business during the outbreak whilst also ensuring good governance.	Andy Hodson	<ul style="list-style-type: none"> • All upcoming council meetings being considered, along with surgeries, in order to give advice. • Sub delegation schemes being adapted with an emergency clause to enable alternative officers to make decisions if required • Consideration of urgency provisions for executive decision making • IT for members being adapted to ensure they can conduct council business remotely, with appropriate kit and with training being delivered.
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.	Sara Hyman	<ul style="list-style-type: none"> • All initial enquiries dealt with by Public Health England. • Local media enquiries and FOI requests beginning to increase and responded to accordingly.
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.
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, currently on a weekly basis, with guidance and reporting Leeds specific cases. • Regular all staff emails, and FAQs issued (refreshed when new national guidance is produced). • Messages to schools being issued, in line with DfE guidance, from the DCS • Leader and Chief Executive monthly communications used to reach broader stakeholders.

			<ul style="list-style-type: none">Leads Alert being used to engage city partners as well as email communications.
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