

# Public Document Pack

**Executive Board: 22<sup>nd</sup> April 2020**

**Late Item of Business: Item 8:**

***'Update on Coronavirus (COVID-19) Pandemic'***

This page is intentionally left blank



Report authors: Wasim Feroze/Mariana Pexton  
Tel: 0113 37 88805

## Report of the Chief Executive

## Report to Executive Board

Date: 22 April 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

- There have been unprecedented national and local developments since the last report to Executive Board, with this pandemic creating a huge global challenge the like of which we have not seen. At a more personal level, it is hard to capture the anxiety faced by some of our most vulnerable residents or the grief of those who have lost loved ones during this crisis. Coronavirus has impacted on everyone and our focus has been to mobilise the city to help minimise those effects.
- 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, but this report tries to describe the approach that has been taken and some of the impacts of that work. The city has been as prepared as possible for this unprecedented global crisis with the information and the resources available. Frequent reports have been provided about the issues being faced, which are described later in the report at para 3.14, with PPE and local government finance being the most significant. Importantly, this activity has been described in almost daily updates to our councillors and Members of Parliament so that they could fulfil their role in the communities and constituencies.
- The report describes:
  - the range of national developments and announcements since the last report, covering all aspects from testing and the issues with PPE, through to advice

- for schools and support for businesses, as well as the instruction about the “Stay At Home” lockdown announced on 23 March, including the implications for the most medically vulnerable and
- the local approach to planning and governance 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.
- There is a section on each of the themes within the Response and Recovery Plan, as follows:
    - Health and social care: setting out the work across the system from acute through community and in the care sector, as well as the work on vulnerable children.
    - Infrastructure and supplies: setting out the work on PPE, which has been one of the biggest areas of concern, plus work on transport, capital schemes and supplies such as food.
    - Business and the economy: setting out the engagement with business, the support being provided and the approach to gathering intelligence to inform interventions.
    - Citizens and communities: setting out the work on the helpline, volunteering, food provision, shielding, and service changes that impact on the public, death management, and the impact on vulnerable groups such as rough sleepers and vulnerable children.
    - Organisational: setting out the implications for the Council and its staff, covering industrial relations, where we are working closely with trade unions, looking at the financial implications, assets, ICT and governance.
    - Media and communications: setting out the activity to support the public, staff, members and partners during this crisis.
  - Other sections include the approach to risk management during the crisis, and the governance and crucially the resource implications.
  - Some examples of activity and impact across the city are:
    - Launching a coronavirus helpline, receiving more than 300 calls per day
    - Creating a dedicated information webpage at [coronavirus webpage](#)
    - Ensuring the hospital has capacity to deal with COVID-19 patients
    - Adapting primary care to triage most patients by telephone
    - More than 4000 food deliveries
    - More than 8000 registered volunteers
    - A local organisation in every ward nominated to coordinate volunteers
    - More than 200 schools open for vulnerable children and children key workers
    - More than 240 early years settings (including childminders) open for essential childcare for key workers
    - Providing more than 6,500 children with free school meals through schools and local hubs across Leeds, with special diet provision in place to ensure all children can access appropriate food which meets their dietary needs
    - As of 17<sup>th</sup> April, 6,734 grants had been paid totalling £86,000,585
    - Social media campaigns to support Stay At Home messaging and promote help e.g. domestic violence
    - Established a drive through coronavirus testing site and a temporary mortuary
    - Continuing essential contact with vulnerable residents and families
    - Maintaining refuse collection for black and green bins
    - Updating social housing tenants with essential information
    - Council tenants aged 70 and over being contacted by a housing officer to ensure that they are safe and well and active sport checking with their customers
    - Writing to 12,500 informal carers to ensure they know how to ask for support

- Accommodation for rough sleepers secured, promoting the Big Change Leeds campaign
- The Retirement LIFE Service supports approx. 4300 tenants to live independently in their homes. In response to COVID-19 Retirement LIFE Support Officers are currently making around 10,000 telephone contacts per week to support tenants in these challenging circumstances. These contacts are providing essential support to reduce the impact of social isolation and provide support.
- Transport prioritised for key workers
- Increased online learning content for museums and galleries, arts and libraries services and Active Leeds
- Regularly having more than 8,000 council staff working from home, including the council contact centre
- Extensive liaison with the trade unions
- Training and redeploying staff to keep key services running and to support voluntary schemes
- Rapid redesign of processes e.g. webform for grants, invoice processing and mail delivery to enable essential services to be provided.

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

- The proactive approach dealing with the Coronavirus pandemic is aimed at mitigating the negative impact on delivery of the council and the city's ambitions.

## 3. Resource Implications

- As part of the national coronavirus outbreak response, central government has announced a number of financial resources to support local Government, the NHS, businesses and council tax payers. Leeds City Council has received £22m of support grant funding, however it is anticipated that the costs and lost income will significantly exceed this figure, with the initial estimate submitted to government suggesting £129m.
- There is a systematic approach to collecting and understanding the impact of coronavirus on the council's finances, including an assessment of lost income and additional costs. This work is ongoing and will be regularly reported to members and also used in liaison with other councils, the LGA and government in the push to ensure a fair settlement for local government to deal with both response to and recovery from this crisis.
- Additional resources also directed towards Leeds City Council to respond to the pandemic or to administer for businesses and council tax payers include £8.9m of Hardship Fund (Council Tax), Business Rates Reliefs (NNDR1) of £22.6m and Business Grants of £162m.

## 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 and governance.
- 3) Use this paper as context for the more detailed paper on decision making.

# Coronavirus – summary of council impact



**300+**  
**calls**

per day to  
newly launched  
coronavirus helpline



**8,000**  
**registered  
volunteers**

being matched with  
members of the public



**£86m**  
**in grants**

have been paid to  
6,734 businesses  
to date



**4,500**  
**food parcels**

delivered and more  
supported locally  
through volunteer-  
assisted shopping



**146,000**  
**visits**

to dedicated  
webpage at  
[leeds.gov.uk/  
coronavirus](https://leeds.gov.uk/coronavirus)



**200+**  
**schools open**

for vulnerable  
children and children  
of key workers



**6,500+**  
**children**

provided with free  
school meals through  
schools and local hubs  
across Leeds



**1.5 million**  
**black/green bin**

collections prioritised  
since lockdown to ensure  
essential household waste  
services are not affected



**240+**  
**early years  
settings**

open for essential  
childcare for key  
workers



**12,500**  
**informal carers**

contacted to ensure  
they know how to  
ask for support



**10,000**  
**weekly calls**

to tenants  
supporting them to  
live independently in  
their homes



**85,000**  
**views**

of videos posted on  
YouTube by the museums  
and galleries service  
offering increased online  
learning in the last month

## **1. Purpose of this report**

- 1.1 This report updates Executive Board on the Coronavirus (COVID-19) work within the city's health and social care system, across all council services and with a broad range of partners to mitigate the effects of the outbreak on the city. The Leeds response is set within the national context and guidance from the government, resilience and health resilience arrangements at a West Yorkshire level, and the city's multi-agency command and control arrangements. 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, there has been an increasing number of cases recorded across the world, including the United Kingdom. The government has taken a significant number of measures in response to the outbreak since those described in the March Coronavirus Executive Board report, which included reference to the government's Coronavirus Action Plan published on 3 March 2020 and the World Health Organisation declaration of a global coronavirus outbreak as a pandemic on 11 March.
- 2.2 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. The national guidance in relation to social isolation and social distancing has developed significantly over recent weeks aimed at further reducing the spread of the coronavirus outbreak. These measures are outlined below recognising the various stages of restrictions introduced by the government including the specific circumstances within households to broader restrictions applying to the wider population.
- 2.3 On 16 March, new guidance was issued relating to households where an individual displayed symptoms of coronavirus. This stated that those individuals must stay at home for 14 days, and those who are vulnerable (such as people over 70 and pregnant women) were advised to take particular care to minimise social contact.
- 2.4 On 18 March, the government announced that schools were to close at the end of 20 March to most pupils, except those whose parent is a key worker or where the child is vulnerable. It was also confirmed that the exam regulator, Ofqual and exam boards would work with teachers to provide grades to students whose exams have been cancelled. The Department for Education released guidance in March to provide further information in relation to the key worker categories.
- 2.5 On 20 March, the government announced further restrictions that all pubs, cafes and restaurants, gyms and theatres required to close; further guidance on what premises may remain open was issued on 26 March. The government issued further measures on social distancing with entertainment and hospitality premises required to close temporarily and people urged to only travel if absolutely essential.
- 2.6 On 22 March, major new measures to protect people at highest risk from coronavirus were also announced. Up to 1.5 million people in England who face the highest risk

of being hospitalised by the virus were now required to “shield” themselves and stay at home. People with specific underlying health conditions, including some being treated for cancer would be contacted directly by the NHS. Plans were also revealed to deliver food and medicines for those most at risk from the virus where needed. Locally there has been extensive work across a range of partners to ensure that these complex arrangements work.

2.7 On 23 March, the government announced further plans to ensure compliance with the instruction to stay at home, with an additional set of measures to be implemented, including the following:

- close all shops selling non-essential goods, including clothing and electronic stores and other premises including libraries, playgrounds and outdoor gyms, and places of worship;
- stop all gatherings of more than two people in public excluding people you live with;
- stop all social events, including weddings, baptisms and other ceremonies, but excluding funerals; and
- parks remaining open for exercise but gatherings will be dispersed

2.8 On 25 March, the Coronavirus Bill received Royal Assent. The Bill enables action across key areas including increasing the availability health and social care workforce such as enabling retired NHS staff and social workers to return to support the health and care response to the outbreak; enabling local authorities to prioritise care for people with the most pressing needs; containing and slowing the virus by strengthening the quarantine powers of police officers; managing the deceased with respect and dignity supporting the increasing demand to death management system; and supporting people by allowing them to claim Statutory Sick Pay.

2.9 In addition to the range of policy measures, the government also announced a series of financial packages to support businesses and the economy during this period. On the 17 March the Chancellor of the Exchequer announced a £330 billion support package of state backed loans that are now interest free for the first 12 months through the Coronavirus Business Interruption Loan Scheme (CBILS). The Chancellor also introduced two grant schemes for businesses, the Small Business Grant Fund (offering grants of £10,000) and the Retail, Hospitality and Leisure Grant Fund (offering grants between £10,000 and up to £25,000). We estimate just over 12,500 businesses in Leeds will qualify for these grants. Also businesses in the retail, leisure and hospitality sectors will receive a 12 month business rates holiday beginning in April. The Government made additional announcements on 3 April to improve the deliverability of CBILS, so that more small businesses could access it and stopping banks and lenders from asking company owners to guarantee loans with their own savings or property when borrowing up to £250,000. They also introduced a new Coronavirus Large Business Interruption Loan Scheme (CLBILS) allowing larger firms with a turnover of up to £500m to become eligible for help.

2.10 On 20 March, the Chancellor announced a package of measures through the Coronavirus Jobs Retention Scheme which will provide a grant to employers to retain their workers rather than make them redundant. Salaries will be paid at 80% of their current level up to a maximum of £2,500 with the government also covering employer National Insurance and pension contributions of furloughed workers. These grants will be available by the end of April and in the meantime £30bn of cash flow relief has

been provided through the deferment of VAT bills. For VAT, the deferral will apply from 20 March 2020 until 30 June 2020.

- 2.11 On 26 March the government announced the Self-employment Income Support Scheme that will allow the self-employed to claim a taxable grant worth 80% of their trading profits (not revenue or dividends) up to a maximum of £2,500 per month for the next three months. This may be extended if needed and should be ready for the beginning of June – payments will be backdated to 20<sup>th</sup> March.
- 2.12 On 27 March, the government launched a new drive on coronavirus tests for frontline NHS staff to help ensure they will be first in line for a new coronavirus testing programme being developed in collaboration with relevant industry.
- 2.13 On 30 March, the government announced spend of £75 million on charter flights and airline tickets to repatriate up to 300,000 Britons stranded abroad as countries have closed their borders to limit the spread of the coronavirus.
- 2.14 On 31 March, the government announced a voucher scheme for schools providing free school meals with weekly shopping vouchers worth £15 to spend at supermarkets while schools are closed due to coronavirus.
- 2.15 On 2 April, the government announced a five point plan to accelerate coronavirus testing, setting a goal to achieve 100,000 tests per day by the end of April. The five pillar plan includes, increasing the current in-house testing run by Public Health England, utilising commercial partners to establish swab testing, introduce antibody blood tests to determine whether people have had coronavirus, creating a database mapping the way the virus spread across the UK and seeking to create a major UK diagnostic capability.
- 2.16 On 3 April, the government announced that new NHS Nightingale hospitals will be built in Harrogate and Bristol to provide extra beds capacity if local services need them during the peak of coronavirus. This is in addition to the sites in London, Manchester and Birmingham.
- 2.17 On 3 April, Ofqual also announced that GCSE and A level exam results would be replaced by centre assessed grades. Teachers will look at the available evidence and determine the most plausible grade pupils would have been awarded had they sat the exams this summer. Centres will rank pupils, for example, from the pupil most likely to get a grade 5 to the pupil least likely to get the same grade. Further consideration will take place of a school's historic success rate to ensure that returned assessment grades are broadly consistent with past progress. For 2019-20, no centralised performance data will be made available, no performance tables will be published and schools have been told not to use centre assessed grades as part of teachers' performance management reviews. On 15 April Ofqual launched a consultation of how a number of features of the exceptional arrangements for awarding GCSEs, AS and A levels in 2020 will be implemented (In light of the pace with which the arrangements must be finalised, this consultation will close on 29 April 2020).
- 2.18 On 6 April local authority chief executives were sent a letter from MHCLG explaining two sets of regulations made under the Coronavirus Act 2020; The first enables all local authority meetings before 7 May 2021 to be held remotely and removes the requirement for the annual meeting this year; the second set postpones until 6 May

2021 local by-elections and other polls, either scheduled or which would otherwise arise before that date.

- 2.19 On 7 April, the government has announced a package of support to help schools deal with the challenges posed by coronavirus. The additional funding for schools will be available on top of core funding allocations that will be paid as normal to schools for the 2020-21 financial year.
- 2.20 In response to the call for NHS Volunteer Responders in March, to support vulnerable people to stay safe and well at home during this period, it was recently confirmed that over 750,000 people have signed up across England, exceeding the original target set. The Royal Voluntary Service are delivering this scheme, with approved volunteers offered tasks via the GoodSAM app.
- 2.21 On 8 April the government announced a £750m package of support for frontline charities, including hospices and those supporting domestic abuse victims. £360m will come directly from government departments to charities providing key services and supporting vulnerable people, with at least £200m of the grants going to hospices. £370m will be for smaller charities (including through a grant to the National Lottery Community Fund), to support organisations at the heart of local communities, such as those delivering food, essential medicines and providing financial advice. The funds will provide direct cash grants to charities that are providing services that respond to coronavirus, but will not be able to be used for wider means such as adapting to changes in how they work more broadly as a result of this outbreak. Government departments are working to identify priority recipients, with the aim for charities to receive money “in the coming weeks”. The application system for the National Lottery Community Fund grant pot is expected to be operational within a similar period of time to the government department funds
- 2.22 On 10 April, a cross-government UK-wide plan was published to ensure that critical personal protective equipment (PPE) is delivered to those on the frontline responding to coronavirus. The plan incorporate 3 strands; guidance; distribution and future supply.
- 2.23 On 11 April, the Home Secretary launched a new public awareness raising campaign (#YouAreNotAlone) highlighting the support available for anyone at risk of, or experiencing domestic abuse. It was also announced that the Home Office is working with charities and the Domestic Abuse Commissioner to provide an additional £2 million to immediately enhance domestic abuse helplines and online support.
- 2.24 On 14 April, the independent watchdog, The Office for Budget Responsibility (OBR) published a report in relation to the impact of coronavirus on the economy and public finances. This is not a forecast but an illustrative scenario showing how economic disruption related with the outbreak could possibly effect the economy and public finances of a three month shutdown and the government’s policy responses.
- 2.25 On 15 April, the government announced that care home residents and social care staff with coronavirus symptoms will be tested as capacity is increased. This will also mean all patients discharged from hospital are to be tested before going into care homes and all social care staff who need a test will now have access to these. The Care Quality Commission (CQC) will also be contacting all 30,000 care providers to offer tests. The Health secretary also announced the social care action plan, which sets out the government’s plan for; controlling the spread of infection in care settings;

supporting the workforce; supporting independence, supporting people at the end of their lives, and responding to individual needs; supporting local authorities and the providers of care.

- 2.26 Since the last Executive Board report in March, a range of other measures have been announced nationally including: a relaxation of planning rules allowing pubs and restaurants to offer takeaway services; announcing rough sleepers, or those at risk of rough sleeping, will be supported by £3.2 million of initial emergency funding if they need to self-isolate to prevent the spread of coronavirus; and £2.9bn funding was to support care for vulnerable people (£1.6bn to councils to support social care workforce and services and £1.3bn to enhance the NHS discharge process).
- 2.27 Following meetings of the Cabinet and COBR to consider the advice from SAGE on the impact of the existing social distancing measures on 16 April, the government announced, that the current measures of lockdown restrictions, must remain in place for at least the next 3 weeks.
- 2.28 The government also announced new measures to address immediate financial pressures faced by councils in England as a result of the coronavirus outbreak. These new measures will mean local authorities will be able to defer £2.6 billion of payments they are due to make to central government over the next 3 months as part of the business rates retention scheme. Additionally, the government will bring forward care grant payments to councils worth £850 million for both children and adults (these will now all be paid this month, rather than monthly in April, May and June). Further clarity on the Coronavirus Large Business Interruption Loans Scheme (CLBILS) was provided by the Chancellor on 16 April. Now all viable businesses with turnover of more than £45m will be able to apply for government-backed support and firms with turnover of more than £250 million can borrow up to £50 million from lenders.
- 2.29 The number of COVID-19 cases as reported by Leeds Teaching Hospital Trust are being updated daily on the .gov.uk website [COVID-19 cases by local authority](#). As at 3pm on the 15 April, the latest confirmed figures available at the time of finalising this report, the number of confirmed cases within Leeds stood at 779. As at 5pm on the 15 April the number of confirmed hospital deaths in Leeds stood at 101.
- 2.30 We are also able to analyse our death registration data which will cover all deaths, including those outside of a hospital setting. In analysing this information we have included all deaths that referred to coronavirus in the cause of death whether that be the only or main cause of death or as a contributing factor to the cause of death. This is a broader definition than nationally reported deaths in a hospital trust - including suspected but unconfirmed cases. It needs to be noted that very few deaths outside of a hospital setting will have been confirmed with the benefit of a COVID-19 test. From death certificates registered in Leeds between 27 March and 5pm 15 April, there were 159 deaths which were described as relating to COVID-19. It should be noted that these numbers cannot be confirmed as COVID-19 deaths. These local data give an indication of total deaths for Leeds residents, at home, in care homes, a hospital or hospice. In regard to where those people died, 119 (75%) died in a hospital setting, 26 (16%) died in care homes and 14 (9%) 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, 25% of all deaths registered are suspected as COVID-19 related. The difference in this data and hospital reported deaths in paragraph 2.29 will relate to the difference in definition between tested cases in the

trust and non-tested suspected cases in a non-hospital settings, as well as reporting delays.

### 3. Main issues

#### 3.1 Planning and governance:

The initial governance and delivery structure to drive the response to the coronavirus outbreak was detailed in the March 2020 Executive Board report. The early multi-agency response to the initial stages of the outbreak were primarily led within the health and social care system, with clear levels of accountability arrangements led by the Director of Public Health. The initial **Response and Recovery plan**, reported to March Executive Board, has continued to be used and developed, using the following framework:

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

3.2 An updated version of the **Response and Recovery plan** is attached at annex A, with some highlights of delivery against that plan drawn out in the sections below. It is difficult to do justice to the full range of work that has been done by all partners and communities across the city, but this report tries to give a flavour. All councillors and MPs have been receiving updates, almost daily, to provide information about the activity and impact in order that they can fulfil their role as ward members and elected representatives. This report draws on the content of those daily updates.

3.3 The aims of the **Leeds Response and Recovery Plan** are as follows:

- 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 and plan for any anticipated impact on service delivery, particularly the NHS and social care, but also other critical services as the situation continues to change.

3.4 The current **governance** of the plan is also attached in annex B. Given the scale of the issues and range of impact of developments to the outbreak, the **multi-agency command and control arrangements** to the outbreak in Leeds were further strengthened in the middle of March into a broader Strategic Coordinating (Gold) Group, led by the council's Chief Executive with council directors, key statutory partners from health (LTHT, CCG), police (WYP), fire (WYFRS), representation from the voluntary sector (VAL) and business via WYCA/LEP. The purpose of this SCG (Gold) is:

- Develop and deliver the Response and Recovery plan
  - Monitor progress in multi-agency working
  - Communicate collective actions to keep key stakeholders informed
- 3.5 There are **multi-agency silver groups** for each of the main themes of the Response and Recovery plan, with an additional Gold group for Health and Social Care given the significance of those arrangements for this pandemic. These arrangements are outlined in annex B. Supporting the overall arrangements are a range of multi-agency task and finish Bronze groups which are working flexibly, dealing with significant city issues as they emerge such as discharges, PPE, volunteering, shielding and testing.
- 3.6 These arrangements also see temporary command and control arrangements within each of the main organisations. For the council, Corporate Leadership Team is operating as Gold, with directorate leadership teams operating as Bronze. Importantly, there is a Cross Council Silver Organisational Group, chaired by the Director of Resource and Housing, with relevant senior officers from all areas of the council. The primary focus of this group will be in progressing the response to the organisational impact strand of the Response and Recovery Plan (including matters related resources, digital, asset, financial impact, workforce issues).
- 3.7 All of this work is being overseen by a **member oversight group**, chaired by the Leader of the Council with relevant Executive Members setting the direction for the council, accountable for decision making and delivery as well as checking and challenge the robustness of internal and partner preparations. There will be regular reports to Executive Board to outline progress and issues. In addition, all councillors are receiving very regular (mostly daily) updates about developments with a clear opportunity to ask questions about any issues. The broader implications for council governance are covered in a separate report about **decision making during this emergency**.
- 3.8 On 20 March, Leeds City Council declared a **major incident**, along with the other four West Yorkshire councils and the Local Resilience Forum (LRF). Some health organisations had already declared major incidents at that stage, in line with their categorisation, including the NHS nationally had declared a major incident. Under the **Civil Contingencies Act (2004)**, a major incident is defined as an event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agencies (e.g. police, fire, NHS services, Local Authorities):
- A major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security.
  - The severity of the consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally.
- 3.9 The assessment for this declaration was made by the LRF, and individually by the partners represented on the LRF, including local authorities. This was a unanimous decision because coronavirus was well beyond the business as usual position and escalating daily; moving to that status supports the collective focus to work where appropriate at West Yorkshire level in relation to issues such as mutual aid, gives some leverage to government in requests such as PPE (Personal Protective Equipment), testing and support our health and care system and collective resilience.

All 38 LRFs across England have now declared a major incident. Given the nature of the incident, command and control arrangements at this stage are generally being chaired by local authorities.

- 3.10 The **West Yorkshire LRF strategy** is attached at annex C, and whilst this is reviewed regularly, the headline aims are very consistent with what we are doing as a city. It clearly states that it is in accordance with JESIP (Joint Emergencies Services Interoperability Principles), with the overall aims of the WY LRF Strategic Coordinating Group being to:
- Act collaboratively (with all category 1 and 2 responders) and as individual organisations to preserve life and relieve suffering, in line with the national government's approach and guidance, and especially to help those most vulnerable and support the health and social care system.
  - Mitigate the negative health, economic, social and environmental effects of the pandemic as far as possible, maintaining a sustained and coordinated response to lead into recovery with what is expected to be a long-lasting incident.
  - Engage with the public, and key stakeholders about their role in both response and recovery, for example in following advice, being neighbourly or volunteering to support the most vulnerable.
- 3.11 The daily LRF Strategic Coordinating Group calls are supported by sub groups to work on key issues such as communications, mortality planning, voluntary and community response and public health impact. PPE has been the biggest challenge raised by partners on the LRF and required significant liaison, collaboration and mutual aid, as well as logistics to deal with the emergency drops of PPE equipment. The LRF has worked to support increased testing, in particular working with the West Yorkshire and Harrogate Health and Care Partnership. The LRF coordinates mortality planning across the five districts to ensure that there is sufficient capacity and plans for mutual aid if required. Partners have also discussed issues relating to the early release of prisoners to ensure there was minimum impact on districts, and discussed the policing issues to provide feedback about how these are working in practice. Attention is turning to establish a Recovery Coordinating Group (RCG), with support from the WYCA and leadership from WY council leaders.
- 3.12 At a Yorkshire and Humber level, there is liaison between the 22 councils and 4 LRFs (Humberside, North Yorkshire, South Yorkshire and West Yorkshire) to help ensure coordination where it is needed, consistency where it is helpful, resource issues (for example with agencies less local e.g. Yorkshire Ambulance Service) and to share best practice. The 4 LRFs have formed a Resources Coordinating Group (ResCG) to help with issues on death management, coordination of additional military aid if needed, and as an additional route to raise issues nationally, such as pressing the DWP to reopen access to Funeral Payments.
- 3.13 Leeds City Council's Chief Executive continues to be the Yorkshire and Humber regional chief executive link to MHCLG and the LGA, on regular calls with Whitehall colleagues and the eight other regional chief executives. The purpose of this arrangement is communication rather than coordination (which is the role of the LRFs), but remains a very helpful route to influence developments across government departments from a local government perspective. Leeds City Council communicates regularly with the other councils across Yorkshire and Humber to share information and gain feedback about their local issues, whilst also continuing to share best practice and understanding of intelligence across the region (such as population

vulnerability and health inequalities) in the current context. There is also a group of council leaders who have regular calls to the Secretary of State for Housing, Communities and Local Government and with the LGA, so that they can provide feedback about local issues and how the government's strategy is working in places.

3.14 These routes through the LRF and in particular through the chief executive and leaders groups have been invaluable for raising issues of local concern across the system, which generally have been common to most places. We submit a daily sitrep to the LRF, which has been graded as Amber so far throughout the incident. Below is a summary of the main issues raised in recent weeks:

- Key worker: ensuring that the definition of key worker was wide enough to keep essential local services running whilst not placing too much pressure on schools
- PPE supplies: lack of confidence in PPE supplies for all providers
- Data: urgent need to release of data from the SAGE Committee reports to help update RWCS for planning, especially to help with mortality planning
- Testing: increasing testing and especially ensuring that key health and social care staff can be tested, ensuring the quality of tests and being able to expand to community testing
- Shielding: detailed work to ensure that this very complex piece of work is deliverable locally
- Local Government Finance: explaining the financial impact of coronavirus from additional costs and lost revenues and influencing for additional funding and resource.
- Prisoners: ensuring that the approach for the early release of prisoners, including young offenders from secure units, doesn't risk the broader population and that those released have accommodation
- Business support: ensuring support for those who are not covered by any existing schemes
- Food Provision: concerns around the provision of supplies on a sustained basis to the shielded and broader vulnerable groups.
- Economic impact: helping government understand the impact and considerations for recovery
- Impact on poverty and inequalities: ensuring that vulnerable groups are supported by schemes and policies
- Nature and timing of lockdown lift: to enable more accurate scenario planning.

3.15 The updated Response and Recovery plan is attached as annex A, with commentary about the updated position in relation to each area. This has continued to be reviewed as the situation develops and further actions are identified. As the phases of the response and recovery plan progress, the focus will shift as we deal with the lifting of lockdown and understand what a new normal looks like. The sections below provide a brief overview of the current position for each theme.

#### **4. Health and social care:**

4.1 Multi-agency arrangements across the health and care system has been further strengthened to support the response to coronavirus in the city, with Health and Social Care Gold command established and led by the CCG to oversee the local management of the pandemic across the system. These arrangements are comprehensive and drive close working across the system. These are nested within

the broader city-wide arrangements, but clearly in this situation require an additional focus.

- 4.2 Leeds Teaching Hospital Trust (LTHT) have made extensive changes to services to cope with the pandemic. These changes have been based upon the Trust's pandemic response plan, which was updated in 2019 and forms part of the Trust's corporate risk register. LTHT has had to significantly increase its intensive care capacity and isolate this for COVID-19-positive patients. This has been achieved in several ways, including converting spaces (such as operating theatres) to become critical care facilities and reducing the number of elective operations which are done to reduce the number of people who will need intensive care in recovery from theatre. Complex operations have also been limited to reduce the risk of COVID-19 infections in hospitals and the risks for patients who could be immunocompromised after surgery. Capacity in the hospital has also been created by significant partnership work to increase the discharge of patients and care for people in the community. This partnership work has resulted in a record low number of patients staying in LTHT for seven days or more. Taken together these actions have resulted in (at the time of writing of this report) good capacity and sufficient well-trained staff in LTHT for high quality, safe care for the number of COVID-19 positive patients who have been admitted.
- 4.3 LTHT has the ability to cope with further increases in demand and transfer of patients from smaller NHS Trusts in the region. The Trust has also been the sponsoring NHS Trust for the establishment of the Nightingale Hospital for Yorkshire and Humber in Harrogate. This facility will provide critical care capacity should existing resources in existing NHS Trusts be overburdened. LTHT has provided leadership, oversight and staff to create this new facility within three weeks of initiation.
- 4.4 Overall, there are extensive plans in place to change provision and release capacity to deal with the anticipated COVID-19, along the way managing a range of workforce, digital, asset and clinical issues. This has been possible because of the work with partners to help with discharge. The community organisations in the city have been instrumental in this and also undergone significant changes themselves e.g. the routine work unable to be continued because of social distancing and the different nature of GP interaction, which has been agile, shifting from face-to-face service delivery to a model that includes extensive triage and digital patient consultations. Extensive changes have been made to service for social care to support discharges – for example, LTHT's latest weekly data shows 165 patients had been in the bed base for 21 days or longer. This is a reduction from a peak of 487 patients earlier in January 2020. Changes have been made to ensure that vulnerable people are well supported, providers clear on expectations and informal carers are aware of how to access support.
- 4.5 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. As a result of closer working, the Council is confident that the data is increasingly accurate, and that reporting practices are much more consistent. This work is supporting the health and care system to safely manage coronavirus outbreaks in the community and to manage system flow.

- 4.6 Care homes in the city remain a significant concern and the focus of continued and additional actions in the current context, particularly in light of continuing challenges with securing PPE supplies. There have been a number of care homes with confirmed outbreaks/cases of COVID-19 that we are aware of in Leeds. The care homes that are closed are either large chains who have made a corporate decision regarding closures or smaller non purpose built homes who are unable to safety cohort and isolate residents. The infection Control team are contacting all care homes daily. Of particular note is that Leeds has maintained testing in community settings throughout the period, including care homes and prisons, as a way of targeting efforts.
- 4.7 The Public Health intelligence team are working with colleagues providing specialist support to enable detailed understanding of the current and future impact of coronavirus on the city, helping to track the position in Leeds and summarise global and regional trends to inform actions. The joint working across council and CCG intelligence functions is supporting the response, for example in enhancing intelligence on at risk groups and 'Shielded Cohort' information received nationally to enable better targeting of resources and support. This collaborative intelligence effort is right across the council and beyond with work to develop new sources of intelligence to support and inform the city's continued response to coronavirus. Public health officers have worked with Healthwatch, Leeds Involving People and other Third Sector organisations to develop a Community and Voluntary sector bulletin.
- 4.8 Plans are underway to roll out the national testing programme for all health and care staff, under leadership from the Director of Public Health. Work is on-going to co-ordinate the roll out of this national testing programme to commence over the Easter week at Temple Green park and ride. This is for health and social care staff and their families where needed, with expansion then to other key workers. This site would support community testing. The council decision making relating to Temple Green is covered in the separate report on governance. It should be noted that there has been incredible team work across the council to get this site ready, with a range of colleagues for example: from highways, building services, asset management, emergency planning linking to blue light services, linking across to Public Health with their role across the health and social care system. LTHT hosts a regional PHE testing centre at its pathology laboratory on the LGI site. This centre processes - tests for NHS Trusts in West Yorkshire. Laboratory capacity has been increased sufficiently to now increase the amount of testing which can be provided to staff in addition to inpatients.
- 4.9 The Personal Protective Equipment (PPE) challenges facing local services across the system continues to be one of the most significant issues and will feature in other areas of this report. It has been repeatedly raised via national channels with government, including as mentioned through the nine Regional Local Authority Chief Executive Leads, the LGA and the LRF. The trust in the national system from a range of partners from acute trusts through to community provision, care homes and funeral directors, is challenging and could really impact on service delivery. Extensive work on the application of the revised Public Health England national guidance has been undertaken by DPHs across West Yorkshire and beyond. A local position statement based on the national guidance for local application has been developed for different settings (e.g. care homes) and different situations (e.g. with outbreaks). LTHT is reliant on national supply chains for the provision of PPE equipment. To date, there has always been sufficient PPE to equip staff in accordance with the national

guidelines, although there continue to be day-to-day pressures to maintain supplies of specific items.

- 4.10 There is 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 and young people) along with targeted messages for vulnerable groups. Communication of these locally continues through the Leeds Public Mental Health Team. More broadly, Public Health is leading a group with representatives from the Third Sector and LCC communications team, in order to ensure consistent national public health messages are being used locally. The primary focus is currently on staying safe, changes to local services and how people can access additional support although the focus of the group is likely to develop over time.
- 4.11 Public Health are supporting the volunteering work reorienting contracts with the Third sector to enable them to provide this service. Public Health have been supporting 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, including older people and people with long term conditions. Public Health is also now involved in work led by Leeds Clinical Commissioning Group focussing on the wider impacts of COVID-19 including post COVID-19 rehabilitation; impact on urgent non COVID-19 related conditions; impact of interrupted care on people with long term conditions; and mental health and physical health impacts of the pandemic.
- 4.12 Public Health teams are supporting the work to ensure that when rough sleepers are placed into emergency accommodation, they receive support and treatment for drug and alcohol issues. In addition, Public Health are contributing to the council's response to emergency food provision. This has included understanding from services and key partners including the NHS and Primary Care Networks what their food provision plans are to inform the development of the emergency food response. Information and advice has been provided 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.
- 4.13 Public Health teams are also working across the system to ensure business continuity and to support vulnerable groups. This includes ensuring that messages about social distancing and hand hygiene are communicated to people who may not have access to the internet and/or who may need extra support to understand how these messages impact on their day to day lives (including, for example, people with Learning Disabilities). This is combined with developing practical solutions, including work to provide roadside Gypsy and Traveller communities with access to showers.
- 4.14 Children and Families social work managers are liaising closely at a cluster level with Targeted Service Leads (TSLs), early help and specialist family support, schools, commissioned services and other key partners to identify the most vulnerable children and ensure that robust and effective plans of support are in place for them and their families given the particular challenges posed by the pandemic.
- 4.15 A multi-agency Children and Families Bronze meeting takes place each week in the East, West and South of the city to provide a timely strategic response to any emerging issues identified at a cluster level. The three Early Help Hubs continue to

have a key role in the provision of advice and support for professionals and parents/carers. Specialist workers are on hand to provide particular support in relation to Domestic Violence, Mental Health and Substance Misuse. The Early Help Hubs have been instrumental in identifying children and families in need of food and other vital provisions, they have supported a coordinated and effective response to this growing need.

## **5. Infrastructure and supplies:**

- 5.1 As described above, the supply of PPE has been a key focus with some areas of the health and social care system, and some partners, still continuing to face shortages. The PPE task group led by the Director of Adults and Health is seeking to address shortages in areas of the system, being resourceful to ensure that PPE stock levels are maintained and prioritising the use of this stock across the whole system. There has also been extensive collaboration across partners and with local authorities to help manage PPE stocks, including the LRF as the government are using LRFs for emergency drops of stocks. This arrangement involved drops to a hub at Kirklees, with distribution to the five WY councils based on population. In addition, through Economic Services, there is contact with some 30 local textile companies to secure a local supply chain for PPE. As highlighted further in this report, the council is also leveraging its long-standing relationship with sister city Hangzhou to try and identify providers in China that we may be able to access directly. The importance of this issue cannot be emphasised enough for maintaining essential services during the coronavirus pandemic. This has consistently been one of the biggest challenges.
- 5.2 More broadly council services are also continuing to monitor the disruption to their supply chains in 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.
- 5.3 The Silver multi-agency group leading on the infrastructure and supplies strand of work continues to feed any concerns raised to relevant partners as well as progress responses to address further issues identified. These include concerns over the potential lack of PPE also extending to public transport operators; supporting key workers to access free parking facilities; and reducing impact of potential disruption to the delivery of important infrastructure projects.
- 5.4 The city also continues to demonstrate the strength in our partnerships with key institutions such as Universities, offering support to the NHS where possible such as personnel and equipment, use of facilities (Rose Bowl), warehousing of equipment, car parking facilities and potential production of PPE equipment.
- 5.5 In terms of infrastructure a key element of this strand is related to transport. The city has seen traffic flow reductions of circa 60% during the week and 70% over the weekends and there has been a significant reduction in public transport patronage in line with the large fall in demand following the government's announcements on social distancing and home working. Bus and rail operators are running enhanced weekend/Sunday service timetables with patronage at circa 10% of normal levels and particularly focused on ensuring key workers can access places of work as reliably and safely as possible. WYCA is working with the operators to match demand with service supply to ensure the travel needs of key workers are met. Access to the new Nightingale Hospital via public transport has been a key piece of work. Leeds rail

station and bus station remain open. At the present time, there is no intention to move to the May rail timetable change.

- 5.6 Moreover, further impact on Leeds transport infrastructure includes, the city's two park and rides which were closed at an early stage of the lockdown following significant falls in demand. One park and ride has been converted into a drive through testing site. All operations at the Leeds Bradford Airport have also been suspended.
- 5.7 In relation to the council's construction activities, the national and industry guidance is being followed, continuing work to maintain the network for the supply of food, medical supplies and access for NHS/ key workers. Changes in work practices to ensure social distancing is observed and to maintain health and safety have been undertaken and reminders issued to the council's external contractors. Compliance remains challenging but good progress has been made since the lockdown and is constantly being reviewed. All the council's major construction sites e.g. ELOR, FAS2 and LPTIP schemes remain operational and any issues with the supply chain are being worked through. Opportunities to accelerate works and/or undertake activities during peak hours and in the day time rather than at night are being considered. Furthermore, a letter issued by the Highway Authority to express thanks to its construction partners for their continuing work on these schemes in these very challenging times has been well received. There have been some cases where local work on minor highways maintenance works has attracted comments about the perceived non-essential nature of this work and social distancing issues. The council will continue to support workers playing an important role in maintaining important works consistent with national guidance. Finally, work is increasingly now being prioritised on the main road network for the reasons outlined above.

## **6. Business and economic impact:**

- 6.1 Leeds is progressing its response within the context of the Inclusive Growth Strategy and working with businesses, stakeholders, community groups, and through representative bodies such as the Chamber of Commerce to 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 are taking place, alongside existing business support arrangements to share information and details on our collective response (working closely with WYCA/LEP).
- 6.2 The strength of existing partnership arrangements can be further seen through the offers of support both at the local level, particularly via anchor institutions providing support, but also as mentioned at an international level with our sister city of Hangzhou providing Leeds with 10,000 surgical masks with the possibility of further support. Similarly, other partners in the city have helped with items like hand sanitizer and other supplies such as food for the vulnerable.
- 6.3 In terms of communications, there is a new webpage on the council website sharing information about the various assistance businesses can access. Information and guidance on the webpage is updated regularly and advises of support available from both local and national government.
- 6.4 On the 1<sup>st</sup> April the council received funding from government to begin processing grant payments for the Small Business Grant Fund and the Retail, Hospitality and

Leisure Grant Fund with the first batch of payments being issued that same day. As of 17<sup>th</sup> April, 6,734 grants had been paid totalling £86,000,585. We estimate these grants will help a total of just over 12,500 businesses in Leeds, and whilst the funding is welcome it is clear using the business rates system, selected for its speed of delivery has led to anomalies resulting in some businesses being excluded from support as only eligible rate payers qualify under the criteria. We have found those 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 and other local authorities have raised such issues with government.

- 6.5 The Council will continue to support our commercial tenants, these will continue to be invoiced by the Council but 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. The Council's Employment and Skills team has helped to find employment for people where there was demand in the economy, such as in social care and in supermarkets. Some skills provision has been moved on-line and is continuing, such as the Council's apprenticeship programme, where internal and external training providers are providing online webinars and support.
- 6.6 We have 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.
- 6.7 The Council is working 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. The Council is also involved in work bringing 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.
- 6.8 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.

## **7. Citizens and communities:**

- 7.1 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.
- 7.2 The role of elected members remains crucial in this context supporting the approach of the council including in relation to the ward based voluntary activity for communities

affected across the city to encourage neighbourliness and informal support for those who need it, and helping those who need or can offer more formal support to access/provide it. The daily updates providing information have been designed to support the role of local ward members in engaging and supporting their communities.

- 7.3 The value of the role of thriving communities to support each other in times like this is reflective of the significant engagement from Leeds residents with the city's volunteer effort. Leeds City Council collaboration with Voluntary Action Leeds and local organisations to provide additional support to ensure everyone is able to access the help they need such as delivery food, medicines and other essentials continue to progress. The response to the call for volunteers has resulted in over 8,000 registrations and work continues to match the needs of the public coming through the contact centre to these volunteers and using the ward based organisations.
- 7.4 The structured approach to volunteering to ensure appropriate safeguards are in place is as follows – tier 1 are DBS checked; tier 2 are for other services where a DBS check is not required; with tier 3 focussed on community and citizen led activity, using an Asset Based Community Development 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 latter part reduces demand on both formal volunteering and services as communities and neighbours come together to take action to support each other.
- 7.5 The council launched a coronavirus helpline – 0113 3781877 – to provide help and signpost for those in the shielded cohort and beyond. The helpline receives on average between 250-450 calls per day from citizens requiring a range of support. To date over 3,000 people have been supported. Given the nature and content of some of the calls, we are working to ensure that the front line staff dealing with this are well supported. This is done through the provision of a second-line of professional support from Adult Social Care, so those answering the calls have a professional contact with whom they can discuss customer issues and get the right advice. Work is ongoing to add Health colleagues to this second-line of support. Furthermore, we have ensured a rota of Mental Health First Aiders is available for those on the calls to talk to if they require support.
- 7.6 In order to further scale up support offer for vulnerable residents in Leeds, the council is working with partners such as FareShare, who have created a food donation campaign to allow individuals and companies to donate key items or access to financial support to enable further food purchases.
- 7.7 More specifically on the shielding cohort, both local and national agencies have been working to support those in communities who are at the highest risk and have been advised to isolate themselves for a period of at least 12 weeks. Leeds has set up a multi-agency Bronze Group to progress what is a complex task of ensuring that the (so far) 22,000 people told to shield receive adequate support. There is a clear offer to support those who are being shielded, but do not have a support network: food, financial support, medicines/pharmacy support and emotional health/social contact/transport. A clear process has been set up using the council contact centre and the volunteering system set up by communities, social care and third sector colleagues. Local authorities were commissioned to organise themselves into local authority hubs to support this offer with LRFs playing a key coordination role where needed, for reporting and sharing best practice.

- 7.8 In Leeds, food deliveries are well underway and council hubs are in place and providing support to the shielded group as well as wider vulnerable groups. A food storage warehouse has been secured, for details of this decision please see the accompanying report on decision making. More broadly in terms of shielding, partnership systems and processes are in place to ensure that the needs of these are met with a multi-agency bronze group coordinating relevant activity, including issuing briefings to members, putting data protocol in place and regular communications to ensure appropriate support for front line staff.
- 7.9 By working with numerous partners such as FareShare, Food Revival, Morrison's, Coop the council has managed to secure significant food donations that have been supplemented by purchasing core stock items to help meet the substantial increase in demand that we are experiencing. On day one of operation circa two hundred food parcels were produced. With the new warehouse secured, large staff teams in place, and access to vehicles/drivers sourced we have increased production significantly, delivering over a thousand parcels over the Easter weekend as well as 800 lunches for the homeless. In total, over 4500 food parcels have thus far been distributed.
- 7.10 The council has made a series of decisions consistent with the national guidance including the closure of most buildings and facilities to the public such as libraries, leisure centres, attractions and museum and galleries. Parks and estates remain open but facilities and spaces such as playgrounds, skate parks, golf courses have also been subject to closures. Car parks at parks and attractions are also closed. Many council and other events have been postponed or cancelled.
- 7.11 Since the closures, the council has enhanced its offer of online learning content, via the museums and galleries, arts and libraries services to help with home schooling, as well as Active Leeds guides on maintaining fitness and mental health at home during the lockdown. Active Leeds have also made outbound calls to customers who access rehabilitation classes to check in on customers and signpost to support services where needed, and also to Bodyline members.
- 7.12 In terms of schools, the council continues to engage and work closely with head teachers and the education workforce to ensure that our most vulnerable children and the children of key workers who are not able to care for them safely at home, can continue to attend school. More than 200 schools across the city have remained open, attended by 1,700 children from families of key workers or to support vulnerable families (these schools will remain open over the Easter holidays). More than 240 early years settings (including childminders) also continue to operate providing essential childcare for key workers. All children with Education, Health and Care Plans (over 4,500) have been risk-assessed to determine if their needs can be safely met at home or if provision needs to be put into place. Specialist Provision across the city also remains open for the most vulnerable who could not be supported at home because of their profound and multiple learning difficulties and Alternative Provision for those learners who were in danger of exclusion because of their social, emotional and mental health needs has also been maintained.
- 7.13 A webpage has been developed for parents who are key workers to use if they need school provision but none is available for them. Schools have been supported if they have decided to pool their resources and develop a hub model, ensuring that fewer buildings are open, but a senior leader, a designated safeguarding officer and a first

aider are available at all times. The same service is available on the website and phone to provide nursery provision for key workers.

- 7.14 Schools are providing a crucial service across the city at this difficult time and helping to support children and families to meet their needs and offer advice where needed. We are also providing free school meals and any other additional support required to ensure the health and wellbeing of young people in the city, providing more than 6,500 children with free school meals through schools and local 28 hubs across Leeds.
- 7.15 In addition to the work described in the health and social care section, about additional potential risks and vulnerabilities caused to CSE, CCE and targeted exposure to extremist ideologies, there is extensive work within the Safer Leeds context. We continue to work with young people at risk of being exploited in an engagement capacity most notably in partnership with the OPCC and the West Yorkshire Violent Crime Reduction Unit linked to the Ending Youth Violence agenda (which involves engaging non statutory partners such as St Giles Trust, Catch and other community based intervention and mentoring support providers). Tackling the grooming of vulnerable children by organised crime groups linked to the 'County Lines' issue remains a priority for Leeds.
- 7.16 The significant Safer Schools police officer presence working in an integrated way with schools and other educational establishments continues to be successful working on restorative and preventative initiatives to identify and support vulnerable children at risk of exploitation of any sort during this crisis. The Channel scheme and our multi agency panel is in place meeting monthly to support young people at risk of being exploited with regards extremist ideologies. Nearly 300 children are currently adopted onto the scheme nationally and in Leeds we tend to run at 50% child to adults ratio on our adopted active case management safeguarding list. There are significant overlaps with regards children and young people being at risk of both criminal exploitation and the risk of being radicalised through exposure to extremist ideologies. In particular on line grooming of vulnerable children is threat we are managing as part of our wider Prevent programme. Through this initiative we employ a range of risk reduction measures including the use of Home Office approved Intervention Providers, some of whom are specialists in working with vulnerable children. We also have access to partnership data through the Safer Leeds Intelligence Team that will assist in baselining and tracking trends with regards this particular high level risk and allow for early identification of emerging threats moving forwards.
- 7.17 The response and recovery plan continues to focus on understanding any potential community tensions and recognising the valuable role of community and faith leaders providing reassurance, signposting appropriately and in particular focussing on death management issues to ensure these are handled respectfully for all faiths.
- 7.18 Coronavirus has had implications for a range of vulnerable groups that have been worked through locally and following national guidance and plans where appropriate. These are captured in the response and recovery plan, and include: rough sleepers, prisoners being released early, those who suffer domestic violence and the managed approach. Sufficient accommodation has been sourced to support rough sleepers and those suffering homelessness and a significant number of people have been accommodated. There remains a small cohort of rough sleepers that are more challenging to deal with and work continues with this group to seek to get them into the accommodation that has been provided. We are working closely with Leeds HMP

regarding prison releases. We have also recently launched a major PR campaign around Domestic Violence and have made a number of policy changes to the managed approach as a consequence of coronavirus.

- 7.19 Likewise, death management is a significant issue facing all councils and communities given the unprecedented nature of Coronavirus. This is a very challenging issue and it is crucially important that we get the right balance between ensuring the deceased and grieving families are treated with respect and dignity whilst making sure that staff involved in supporting funeral arrangements, as well as mourners attending funerals, are not put at an increased risk of contracting the virus and that we are able to continue servicing an ever increasing number of deaths. It is also important that we recognise and understand the needs of different faiths and how these need to be effectively managed when we are required to make changes to our funeral arrangements. Indeed, in Leeds we have a complex set of stakeholders but also have a strong partnership base which helps us deal effectively with the challenges that arise from making necessary changes to funeral arrangements.
- 7.20 At a time when we have a very clear increase in the number of deaths that we are dealing with, and the social distancing guidelines that we are required to adopt, we have already had to implement a range of new measures in order to ensure that our funeral arrangements can continue to function and at the same time protect staff and mourners.
- 7.21 Leeds City Council operates one of the largest crematoria services outside of London with three crematoria each routinely performing up to eleven services each day. Each service would ordinarily involve attendance by between 50-100 people per service amounting to 8-16,000 people each week attending our three crematoria. Therefore, with the large number of cremations being handled in Leeds and the high risk of contracting the virus for our small number of specialised crematoria staff, we took the difficult decision to stop services at cremations and proceed with direct cremations only. A direct cremation is one where there is no family in attendance and no music or service at the crematoria. We have agreed that one religious celebrant may attend in order to do any blessing or equivalent religious/faith requirement.
- 7.22 We are providing information to funeral directors and bereaved families to help them find the most appropriate way of paying their respects for their loved ones at this challenging time. So, for example, we are aware that some families may wish to attend the crematoria grounds and view the coffin being moved from the hearse into the chapel for a short period of time and mourners are invited to do so provided that, no more than ten people attend and who are from the same household as that of the deceased and or close family members. Where there are no close family members in attendance, a small number of close family friends may attend. Social distancing of two metres between people must be maintained at all times. During this emergency period, a religious officiant may wish to do a short blessing outside of the crematoria chapel in view of the bereaved family rather than do it inside.
- 7.23 In regard to burials, whilst we have continued to allow services we have introduced limits on the number of mourners. We have also asked any family/mourner who wishes to help fill the grave after the burial bring their own tools in order to ensure that there is no cross contamination with staff.
- 7.24 Families may also wish to make alternative arrangements for services either through their own chapels or through a local church or funeral director and we would ask

families to discuss alternative options with their funeral director. In terms of holding a service, families may also wish to defer the date in which it is held until sometime after the actual funeral, when the lock-down and social distancing rules have been lifted. This could allow vulnerable family members and friends who are currently unable to attend due to self-isolation or being shielded under the current restrictions, to attend.

7.25 There are many options for families to consider and their choice will depend on each family's particular circumstances and preferences. We will be continuing to work closely with funeral directors and different faith groups to ensure the most appropriate options are considered for each family.

7.26 In terms of temporary mortuary provision for this pandemic, we are developing a temporary mortuary at Waterside in Stourton, which will be for Leeds and Wakefield. Other WY authorities are making their own arrangements, but there will be constant liaison to ensure effective use of space. The related report on the agenda covers the decisions made about Waterside.

## **8. Organisational impact:**

8.1 Arrangements are in place for a number of services to enable a high proportion of staff to work from home. IT systems are running at increased capacity and guidance notes have been created and circulated to support with this change in working arrangements. More than 8000 people are working from home effectively supported by IT, including the contact centre.

8.2 There has been extensive work with trade unions on the complex workforce issues created by the current pandemic, with some very detailed joint work to balance the requirement to maintain essential services with the need to ensure staff safety.

8.3 A flexible resourcing plan has been developed to ensure that critical services can be maintained. Resource deployment is managed through a central reallocation pool, allowing for an efficient response to business continuity issues both internally and city-wide. Some recent examples of the flexibility of resource in practice, include household waste sorting centre staff re-training as bin wagon loaders, youth workers moving into children's residential care and staff from the council's nurseries and cleaning teams moving over to support childcare and cleaning in NHS hospitals. There is extensive staff guidance on the website and a Facebook group to ensure that staff are valued and supported during this difficult time. There is a particular emphasis on health and safety advice at this time as well as a focus on mental wellbeing and support. To support business continuity, adaption to a number of employment policies has become necessary including the management of annual leave and special leave. Additional provision has also been made to augment staff health, wellbeing and communications. The Council's HR team are meeting regularly with the trade unions (at least three times a week) to ensure constructive and collaborative employee relations.

8.4 The council is continuing to work to deliver services as effectively as possible, and especially to support the most vulnerable members of communities. This has also led to redefining particular service offers in the current context such as collections of household waste (prioritising collections of black and green bins). Recent figures reported since the start of lockdown showed 1.5m black and green bins were collected to ensure essential household waste services are not affected.

8.5 At the core of our approach is a commitment to the safety and well-being of all staff. Throughout this crisis we have carefully pursued national government instructions and Public Health England advice. The measures undertaken have ensured that we remain a beacon of good practice through safeguarding our workforce whilst delivering the critical services on which the city and we all depend. Specific highlights include:

- All staff who can effectively work from home now do so, as mentioned with over 8,000 staff working in this manner.
- Guidance and support has been developed to enable staff to continue to work safely in those jobs that cannot be done from home.
- All staff in vulnerable categories, or those staff that live with/care for others in vulnerable groups, are now working from or isolating at home, save for some in essential front line roles that directly protect vulnerable adults and children. We are working closely with the trade unions to ensure the safe transition of these staff to home.
- Ensuring we have sufficient PPE equipment to protect front line members of staff who are recommended to be using it is a constant priority (as covered across section in the paper). We have also developed a training package to help staff understand PPE requirements and how it should be safely donned, doffed and disposed of.
- All staff that have been absent from work due to self-isolation or ill health have been contacted with support and counselling offered.
- A broad range of training packages, online resources and applications have been made available for all staff to access in support of their physical, mental, social and financial wellbeing during this crisis.

8.6 Council wide services have also responded to the need to work differently during this current period to ensure for example process functions are maintained and supporting the council workforce to work from home. Some key innovations/initiatives led by the Business Support Centre (BSC) include digitising incoming mail; SKYPE training session's functionality available within the internal Performance and Learning (PAL) platform; and enabling staff working from home to be given ability to print mail from home.

8.7 The broader implications for council governance is also a key consideration of the Silver organisational group and details of the agreed approach are covered in separate report on the agenda which sets out arrangements made to enable publication and recording of officer decision making during the current context of the Coronavirus pandemic.

8.8 The financial impact of coronavirus is also detailed in the finance and resources section of this report.

## **9. Media and communications:**

9.1 Communications during this pandemic has been key given the fast changing nature of the situation and the reliance on everyone to play their part. There has been a consistent reporting rhythm to councillors, staff, MPs and partners continues with all receiving regular updates of the national and local activity in relation to the Coronavirus response. To support their community role during this incident,

councillors have received updates almost daily to ensure that they have the latest local and national information to fulfil their role.

- 9.2 The multi-agency communications group established in the early stages of this outbreak across health and social care has served us well in terms of messaging and this is now supported by the broader council and partners. This is helping to ensure clear and consistent messaging and good use of social media for signposting. Workforce communications continue to be updated with extensive frequently asked questions issued. As mentioned, engagement with trade union colleagues have continued throughout this period.
- 9.3 A dedicated webpage has been developed and has already received more than 146,000 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](#)).
- 9.4 A leaflet is being distributed to all households to ensure that everyone understands the stay at home message and how they can access help. Facebook advertising has been used for key messages so that it is available in the language of the user and there has been translation of key documents into languages where we have the most users.

## **Corporate considerations**

### **10. Consultation and engagement**

- 10.1 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. However, 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.

### **11. Equality and diversity / cohesion and integration**

- 11.1 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.

### **12. Council policies and the Best Council Plan**

- 12.1 The proactive approach to dealing with coronavirus (COVID-19) in the city will be aimed towards it not impacting on the council and the city's ambitions. The cross council and partnership way of working, informed by the values, is underpinning this work.

### **13. Climate Emergency**

- 13.1 We are continuing to review implications in relation to the climate emergency as the situation develops. Like most places though there is likely to be a positive impact given the implications of the reduction in travel to the city. Furthermore, analysis of

the impact of the large scale home working that we are currently experiencing and reductions in travel will feed into the post pandemic Climate Emergency work.

#### **14. Resources, procurement and value for money**

- 14.1 As part of the national coronavirus outbreak response, central government has announced a number of financial resources to support local Government, the NHS, businesses and council tax payers. Leeds City Council has received £22m of support grant funding, however it is anticipated that the costs and lost income will exceed this figure, with the initial estimate submitted to government suggesting £129m.
- 14.2 There is a systematic approach to collecting and understanding the impact of coronavirus on the council's finances, including an assessment of lost income and additional costs. This work is ongoing and will be regularly reported to members and also used in liaison with other councils, the LGA and government in the push to ensure a fair settlement for local government to deal with both response to and recovery from this crisis.
- 14.3 Additional resources also directed towards Leeds City Council to respond to the pandemic or to administer for Businesses and council tax payers include £8.9m of Hardship Fund (Council Tax), Business Rates Reliefs (NNDR1) of £22.6m and Business Grants of £162m.

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

- 15.1 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.

#### **16. Risk management**

- 16.1 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 risk registers for directorates and as part of the multi-agency groups that are working. A particular focus here was to review business continuity plans for our critical services, which are reported annually to Corporate Governance and Audit. As suggested in the March Executive Board, a separate corporate risk on the coronavirus pandemic has been developed and is attached at annex D.

#### **17. Conclusions**

- 17.1 This report provides an update on the activity to respond to the unprecedented COVID-19 pandemic, as we start to anticipate preparing for the gradual lifting of lockdown and leading into recovery to a new normal. This is the widely regarded as the biggest challenge facing the country (and beyond) since the Second World War. The extensive approach to partnership working across Leeds, combined with the ambition and capability across organisations in the city, means that we continue to

be as well prepared as possible with the information and resources available. Despite this, like most places, we remain very concerned about the short and longer term effects on the health, wellbeing, socioeconomic condition of the city. We will ensure that our recovery efforts are well thought through, learn from best practice and connect with partners locally, regionally and nationally.

## **18. Recommendations**

18.1 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 and governance.
- 3) Use this paper as context for the more detailed paper on decision making.

## **19. Background documents<sup>1</sup>**

19.1 None.

## **20. Appendices:**

Annex A: Leeds strategic Response and Recovery Plan – coronavirus (COVID-19)

Annex B: Leeds COVID-19 Governance Arrangements

Annex C: West Yorkshire LRF Strategy

Annex D: Corporate risk: Coronavirus pandemic

---

<sup>1</sup> 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 unprecedented challenges, rapidly changing context and 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) and the West Yorkshire Health Resilience Partnership (WYHRP).

Inevitably, at this stage, the plan is more focussed on response than recovery, but with a clear intent to shift into scenario planning for lifting of lockdown and recovery to a new normal, taking a proactive approach as early as possible given the prolonged nature of this incident.

### **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 and plan for any anticipated impact on service delivery, particularly the NHS and social care, but also other critical services as the situation continues to change.

### **CURRENT POSITION AS AT APRIL 2020**

- The national context has been set by the publication of the government Coronavirus Action Plan on 3 March 2020, with further actions and announcements since then, for example: stricter social distancing measures; shielding; volunteer schemes; implications for foreign travel; a range of funding announcement across most sectors; plans to expand testing; and PPE delivery plans. The World Health Organisation (WHO) declared a pandemic on 11 March 2020.
- An overview of the multi-agency arrangements is provided on the next page, intended to give the best possible coordination and communication on the complex interrelated key challenges and being operated as efficiently as possible. The health and social care arrangements are at the heart of a broader response covering all aspects of the city, with strong links to West Yorkshire arrangements and the national command and control approach. These arrangements are rightly quite dynamic and responsive to what is an ever changing and challenging context, with these under regular review to ensure they are fit for purpose and effective.
- Each action in the plan 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.
- A very regular rhythm of communications is established with public, councillors and MPs, staff and partners.
- The number of COVID-19 cases as reported by Leeds Teaching Hospital Trust are being updated daily on the .gov.uk website COVID-19 cases by local authority. As at 3pm on the 15th April, the latest confirmed figures available at the time of finalising this report, the number of confirmed cases within Leeds stood at 779. As at 5pm on the 15th April the number of confirmed hospital deaths in Leeds stood at 101.

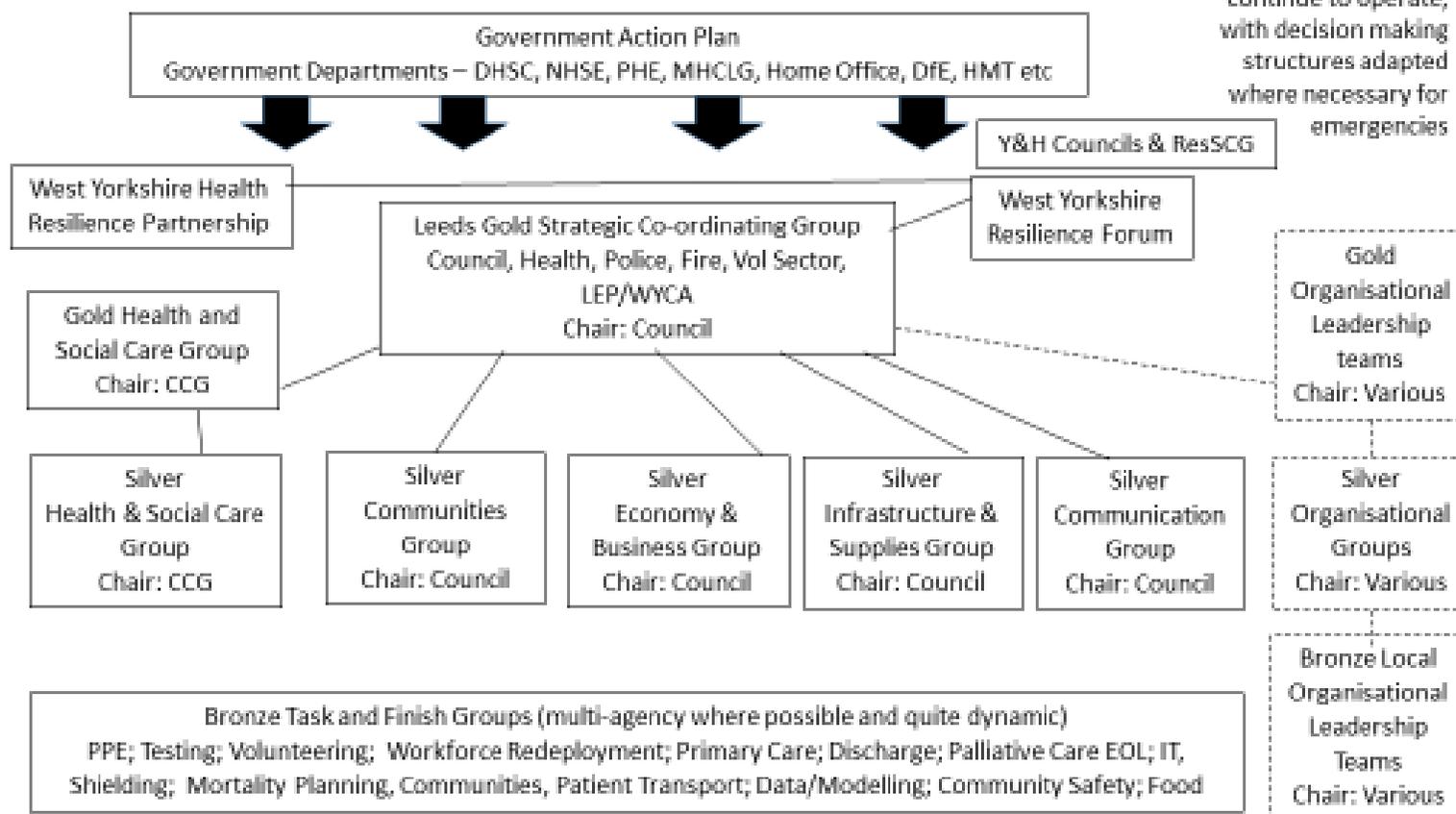
**Leeds COVID-19 Response and Recovery Plan Themes:**

- Health & Social Care
- Communities
- Economy & Business
- Infrastructure & Supplies
- Organisational
- Communications

**Aims and objectives:**

- Minimise the effect of the outbreak on the health and wellbeing of the city, especially the most vulnerable.
- To monitor, mitigate or minimise any risks to the city from the Coronavirus outbreak to ensure provision of essential services 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 comply with 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.

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Overview



**Please note:**  
Governance & boards for all organisations continue to operate, with decision making structures adapted where necessary for emergencies

Item no.	Action	Officer lead(s)	Status / Comments
<b>1. Health &amp; social care</b>			
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.	<b>Health &amp; Social Care Gold</b> (Victoria Eaton, Julian Hartley, Cath Roff, Tim Ryley)	<ul style="list-style-type: none"> <li>• Health &amp; Social Care Gold command refreshed and established to encompass all aspects of the system. Chaired by the CCG to oversee the local management of the pandemic, with a clear focus on ensuring hospitals have sufficient intensive care capacity whilst maintaining access for continuing, urgent and primary care.</li> <li>• Leeds H&amp;SC Silver established with the ability to call a system level silver command call 8am-8pm 7 days a week</li> <li>• Leeds H&amp;SC Bronze Operational group meeting 3 times a week to manage health and care system at an operational level, chaired by CCG.</li> <li>• System liaising with Public Health England (PHE) and West Yorkshire Health Resilience Partnership (LHRP)</li> <li>• 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.</li> <li>• The Public Health intelligence team are providing 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.</li> <li>• Public Health is ensuring consistent national public health messages are being used locally. Promoting good mental health advice for the general population (including children &amp; young people) has been developed along with targeted messages for vulnerable groups</li> <li>• Testing for all health and care staff is underway, under leadership from the Director of Public Health. Work is underway to co-ordinate the roll out of this national testing programme for health and social care staff and then broader key workers as capacity expands. LTHT staff are being tested through the pathology laboratory at the LGI.</li> <li>• The Health and Care Gold Command Group has agreed a Personal Protective Equipment (PPE) position for Leeds care home and</li> </ul>

			<p>community staff, based on the PHE national guidance where there is evidence of sustained transmission of COVID 19 in the community, this is being disseminated to partners by the PPE bronze group.</p> <ul style="list-style-type: none"> <li>• Extensive changes made through partnership working across the local health and care system to cope with the pandemic, including: <ul style="list-style-type: none"> <li>○ Significantly increasing LTHT's intensive care capacity and isolate this for COVID positive patients.</li> <li>○ Converting spaces (such as operating theatres) to become critical care facilities</li> <li>○ Reducing the number of elective (planned) operations to limit the number of people who will need intensive care in recovery from theatre.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ Extensive social care changes to support hospital discharges implemented on 18<sup>th</sup> 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 9<sup>th</sup> April).</li> <li>○ 7-day social work cover in place to support hospital discharge and throughput from step down beds and cover for COVID advice line since 3<sup>rd</sup> April</li> <li>○ Talking Points (face to face advice offer ) suspended on 18th March , replaced by responsive telephony support and prioritisation of home visits within Social work and occupational therapy services</li> <li>○ Additional support offered to people no longer able to access day services from 18th March 2020</li> </ul> </li> </ul>
--	--	--	---

			<ul style="list-style-type: none"> <li>○ Guidance developed to support people who lack capacity regards decision to adhere to social isolation rules</li> <li>○ Extensive workforce changes to support the actions taken, with clear communications, effective use of ICT, provision of PPE and clear guidance for using PPE</li> <li>○ LTHT being the sponsoring NHS Trust for the establishment of the Nightingale Hospital for Yorkshire and Humber in Harrogate. This facility will provide critical care capacity should existing resources in existing NHS Trusts be overburdened. LTHT has provided leadership, oversight and staff to create this new facility within three weeks of initiation.</li> <li>● At the time of writing, the actions taken have resulted in good capacity and sufficient well-trained staff at LTHT to provide high quality, safe care for the number of COVID positive patients who have been admitted.</li> <li>● LTHT has the ability to cope with further increases in demand and transfer of patients from smaller NHS Trusts across the region.</li> <li>● Partner contributions to the 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.</li> <li>● 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,</li> <li>● Ensuring rough sleepers placed into emergency accommodation continue to, or start to receive support and treatment for drug and alcohol issues.</li> <li>● Significant work with providers to ensure their readiness and engagement.</li> <li>● Written to 12,500 unpaid carers to ensure they are clear about routes to help if needed.</li> </ul>
--	--	--	---

			<ul style="list-style-type: none"> <li>• Close links with Citizens and Communities group to ensure effective support from communities, volunteers and Third Sector Leeds</li> <li>• Reorienting volunteering work contracts with the Third sector to enable them to provide this service.</li> <li>• 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.</li> <li>• The PPE challenges facing local services across the system continue to be raised via national channels. See section 2.3</li> <li>• 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.</li> <li>• The Infection Control team are contacting all Leeds care homes daily to provide regular support. As a result, the Council is confident that the data is increasingly accurate, and that reporting practices are much more consistent.</li> </ul>
<b>2. Infrastructure and supplies impact</b>			
2.1	Work with relevant authorities and agencies to assess and respond to disruption to key infrastructure such as public transport.	<b>Gary Bartlett</b>	<ul style="list-style-type: none"> <li>• Liaison with the West Yorkshire Combined Authority (WYCA) to continue to review changes to Bus and Rail services, link on communications about this.</li> <li>• Updated advice and guidance made available to bus and rail passengers and communicated through all channels</li> <li>• Work to focus on key worker transport, including for Nightingale</li> <li>• Support where needed for pressure points on transport</li> <li>• Overall peak traffic levels have fallen by more than 70% as the crisis has developed.</li> </ul>
2.2	Assess the possible impact on key supply chains and required actions e.g. Catering Services (e.g. school meals), Cleaning services	<b>Sarah Martin</b>	<ul style="list-style-type: none"> <li>• Plans in place and continued liaison with services. No major issues identified at this stage but continually being reviewed.</li> </ul>

			<ul style="list-style-type: none"> <li>• Supply and demand of fuel being monitored closely, provision in place should there become shortage of supply</li> <li>• 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.</li> </ul>
2.3	Ensure sufficient PPE available to key services across the city and that guidance is followed consistently.	<b>Cath Roff</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Cath Roff appointed as city-wide lead for PPE: <ul style="list-style-type: none"> <li>○ with additional capacity attached to her to help with stock control, logistics etc</li> <li>○ with the DPH role to provide guidance based on the national approach</li> <li>○ deployment of LRF emergency supplies against agreed prioritisation framework</li> <li>○ brokering of mutual aid across the city</li> <li>○ awareness raising with the sector on most recent PPE national guidance and its implications</li> </ul> </li> <li>• Extensive work to procure and source PPE for non NHS, including at a city wide level and through emergency provision via the LRFs.</li> <li>• Raised this as the biggest concern locally and nationally with shortages in a range of settings being reported.</li> </ul>
2.4	Establish arrangements for food supply to the vulnerable, working with partners and securing an appropriate facility.	<b>Polly Cook/Lee Hemsworth</b>	<ul style="list-style-type: none"> <li>• Build on existing partnerships and approaches with FareShare, ReThink Food, the Leeds Food Aid network and the supermarkets to extend and provide emergency food provision in the city</li> <li>• Established a facility to provide a central location in Leeds for food storage and distribution, linking fleet vehicles and drivers for food deliveries and collections across the city.</li> <li>• The new food facility estimated they receive an average 250 referrals a day and have dispatched approx. 4,500 food parcels since they opened (inclusive of the Bank Holiday weekend).</li> <li>• Redeploy staff to work both within the warehouse and as delivery drivers</li> </ul>

			<ul style="list-style-type: none"> <li>Both the Covid 19 helpline and the Local Welfare Support Scheme helpline arrange access for citizens to emergency food provision.</li> </ul>
<b>3. Business and economic impact</b>			
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.	<b>Eve Roodhouse</b>	<ul style="list-style-type: none"> <li>Emergency structures in place with workstreams covering: Intelligence; business support; communications; administration; and, recovery.</li> <li>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.</li> <li>City centre footfall has dropped significantly against the level it was at during the same period last year, many days up to 90% less.</li> <li>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. Also working with WYCA to pivot existing City Region wide business support schemes (e.g. Digital Enterprise) to respond to COVID 19. (Cross reference to 5.4)</li> <li>Communications workstream is ensuring that the Leeds City Council business pages on COVID 19 are regularly updated to include relevant information: <a href="https://www.leeds.gov.uk/coronavirus/business">https://www.leeds.gov.uk/coronavirus/business</a></li> <li>The team is also leading on social media campaigns relating to implementation of small business grants and promoting good news stories (e.g. Herida Healthcare winning contract to supply NHS Nightingale).</li> <li>Businesses across Leeds City Region directed to the LEP as the first port of call: <a href="https://www.the-lep.com/business-support/covid-19-support-for-businesses/">https://www.the-lep.com/business-support/covid-19-support-for-businesses/</a></li> <li>Recovery. 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 £.</li> </ul>

			<ul style="list-style-type: none"> <li>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.). Our sister city of Hangzhou has provided Leeds with 10,000 surgical masks.</li> </ul>
<b>4. Citizens and communities impact</b>			
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.	<b>Helen Freeman/ All Chief Officers</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Maintained provision for key workers across schools and nurseries</li> <li>Maintained access to food for FSM children through parcels, vouchers or the early help hubs</li> <li>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)</li> <li>Approaches to range of services has changed, all communicated through the daily update and on the website, for example: <ul style="list-style-type: none"> <li>Housing repairs and home visits</li> <li>Planning</li> <li>Street cleansing</li> <li>Refuse collection – no longer collecting garden waste</li> <li>All museums, leisure centres, attractions closed, with some offering online engagement</li> <li>Libraries closed</li> <li>Retained 4 community hub sites for urgent appointments</li> <li>Reduced number of schools and children’s centres open to provide access for key worker children</li> <li>Children’s Homes staying open</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Care homes open, but 27 (as at 9 April) with outbreaks that are being managed</li> </ul>
4.2	Monitor community tensions and providing community reassurance through regular channels e.g. faith and community leaders, responding appropriately when required.	<b>Shaïd Mahmood</b>	<ul style="list-style-type: none"> <li>● Partnership arrangements in place and being used to promote messages of reassurance and to be aware and respond to any issues which may arise.</li> <li>● Particularly focused with faith sector on death management issues</li> </ul>
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.	<b>Cath Roff/Shaid Mahmood</b>	<ul style="list-style-type: none"> <li>● Guidance shared with third sector representatives.</li> <li>● 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 opportunities locally to help. Over 8,000 volunteers identified</li> <li>● 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 Assed 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.</li> <li>● LCC helpline has been launched to enable members of the community to make contact and be matched with a local volunteer.</li> <li>● Letter provided and name badges sorted.</li> </ul>
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.	<b>Shaïd Mahmood</b>	<ul style="list-style-type: none"> <li>● 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.</li> <li>● Ward level Facebook pages have been established to encourage communication and share important messages.</li> <li>● Ward level organisations in place and supported by VAL and some LCC capacity to ensure effective during this crisis</li> </ul>

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.	<b>Lee Hemsworth</b>	<ul style="list-style-type: none"> <li>• Helpline established and operating, with staff working from home, taking an average of 300-400 calls per day. Support being provided to call-handlers from range of multi-agency colleagues within Health and Social Care.</li> <li>• Staff on the Helpline triage the support customers needed and task out to Adult Social Care, the food distribution warehouse or the 33 lead volunteer organisations.</li> <li>• Work on-going with DIS to ensure the line remains resilient and able to cope with increased demand expected as a result of city-wide leaflet distribution.</li> <li>• Staffing implications have meant other, non-priority lines within the Contact Centre have closed, but that has been communicated.</li> </ul>
4.6	Ensure that support is provided to the shielded cohort as outlined in the guidance, including distribution of food provision	<b>Tony Cooke/Polly Cook/Lee Hemsworth</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• It is estimated that 14,000 – 15,000 people in Leeds fall in this category of very high clinical risk.</li> <li>• 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).</li> <li>• 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.</li> <li>• A multi-agency approach has been taken to ensure that people will have access to the support they need through this period.</li> <li>• A dedicated helpline number has been established in Leeds to help coordinate matching people with the support they need.</li> <li>• Coordination of work on financial inclusion.</li> </ul>

			<ul style="list-style-type: none"> <li>• 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.</li> </ul>
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	<b>James Rogers</b>	<ul style="list-style-type: none"> <li>• Daily intelligence report introduced and informing prioritisation of resourcing.</li> <li>• Domestic violence being tracked, helplines being publicised regularly and major PR campaign launched</li> <li>• All rough sleepers being offered accommodated and support re food and supplies</li> <li>• Multi-agency work to ensure effective release of prisoners and young offenders</li> <li>• New arrangements implemented re managed approach</li> <li>• Services being provided to those with no recourse to public funds (NRPF) during this pandemic given the public health risks of not providing services</li> </ul>
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.	<b>Sal Tariq</b>	<ul style="list-style-type: none"> <li>• Tracking of vulnerable people</li> <li>• Social work service maintained but requiring social distancing</li> <li>• Using Early Help Hubs for access to keep track and provide contact</li> </ul>
4.9	Establish a hardship fund in line with government guidance and to meet local need	<b>Victoria Bradshaw/Lee Hemsworth</b>	<ul style="list-style-type: none"> <li>• Processes are in place, including a new on-line form, for citizens to seek a delay in paying their monthly Council Tax payments. Currently up to 3 months payment can be delayed with repayments being recalculated for repayment over the remaining 9 months of the year.</li> <li>• 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 April.</li> </ul>
<b>5. Organisational impact</b>			

5.1	Ensure joined-up cross-departmental approach to Coronavirus (COVID-19) response within the council, within the context of the emergency management arrangements.	<b>Neil Evans</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul>
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.	<b>Mariana Pexton/Andy Dodman/Helen Freeman/all chief officers</b>	<ul style="list-style-type: none"> <li>• In line with expectations of Corporate Governance and Audit Committee, the framework was utilised for Business Continuity Planning</li> <li>• 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.</li> <li>• Recruitment is continuing into care roles and children's homes with fast track training in place.</li> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> </ul>
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.	<b>Victoria Bradshaw</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• A full account of additional costs will be maintained and reported regularly so additional budget pressures can be identified early.</li> </ul>

			<ul style="list-style-type: none"> <li>• Extensive liaison with colleagues in other authorities and sector bodies to influence government to support councils</li> </ul>
5.4	Ensure regular engagement with council contractors and suppliers to identify any potential impact or risks to contractor performance.	<b>Victoria Bradshaw/ Commissioners</b>	<ul style="list-style-type: none"> <li>• Liaison across services taking place with contractors and providers so that issues can be captured and responded to.</li> <li>• National advice and support is communicated to suppliers to ensure that a consistent message is circulated.</li> </ul>
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.	<b>Andy Dodman</b>	<ul style="list-style-type: none"> <li>• Liaison with trade union representatives and extensive advice to workforce from a health and safety and general employment perspective.</li> <li>• 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.</li> <li>• 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.</li> <li>• New categories for reporting established and a flexible resourcing plan developed to help respond to business continuity issues.</li> <li>• Strong links developed with anchor organisations and other city employers to support wider resource deployment as and when necessary.</li> </ul>
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 and emphasise the ONE city approach to continue beyond the crisis. <ul style="list-style-type: none"> <li>• Prioritise use of available resources to maintaining the availability of critical communication and IT systems</li> </ul>	<b>Dylan Roberts</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• Combining the intelligence from multiple sources to identify hot spots and those most at risk in order to inform a targeted response</li> </ul>

	<ul style="list-style-type: none"> <li>• To make infrastructure changes and arrangements to enable remote working for large numbers of staff</li> <li>• Protect the Council and partners from opportunistic cyber attack</li> </ul>		<ul style="list-style-type: none"> <li>• Providing the collaboration technology and tools to enable the diverse third sector of Leeds to coordinate efforts and enable thousands of new “checked” volunteers</li> <li>• Rapidly developing new web based and social media based solutions to enable new services to give much needed help fast eg business grants</li> <li>• 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.</li> <li>• 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.</li> <li>• An example of the City Digital approach enabling staff and the public, in this case the GP and the patient see tweet <a href="https://twitter.com/rachalate/status/1247582714297016330">https://twitter.com/rachalate/status/1247582714297016330</a></li> <li>• Nominated as one of Matt Hancock’s COVID19 HeathTech Heroes</li> </ul>
5.7	<p>Ensuring accurate and timely intelligence to support effective response and recovery planning through a cross-council/wider system intelligence group to:</p> <ul style="list-style-type: none"> <li>• Share key analysis and headlines;</li> <li>• Identify gaps in data and analysis;</li> <li>• Share capacity and resources;</li> <li>• Provide common/consistent feedback on intelligence issues.</li> </ul>	<b>Polly Cook/Simon Foy</b>	<ul style="list-style-type: none"> <li>• Broader intelligence to support and link to existing arrangements in H&amp;SC system.</li> <li>• Intelligence group established backed up by weekly call to identify issues, fill gaps by joint working and highlight key areas of concern.</li> <li>• Data Mill North and Leeds Observatory promoted as platforms to share data and analysis and to facilitate collaboration.</li> <li>• Range of individual thematic and policy updates shared across the group and a weekly headline summary report established.</li> <li>• Joint working underway on key areas such as COVID19 impact, tracking vulnerable and shielded cohorts, socio-economic insights/impacts.</li> </ul>

5.8	Assess the impact on events planning and management to understand implications	<b>Mariana Pexton/Cluny McPherson</b>	<ul style="list-style-type: none"> <li>• Strategic Safety Advisory Group and Major Events Project Board will be used as the forum for this, within the context of national guidance.</li> <li>• 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.</li> <li>• 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.</li> <li>• Calendar of events in the city being continually reviewed and complex issues worked through.</li> <li>• Consideration to be given to an event to thank the city's key workers and pay tribute to those who lose their life</li> </ul>
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.	<b>Mariana Pexton</b>	<ul style="list-style-type: none"> <li>• Unexpected deaths plan has been refreshed</li> <li>• Flexible resourcing plan has been invoked</li> <li>• Work in hand and issues will be raised and resolved as the situation develops.</li> </ul>
5.10	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.	<b>Andy Hodson</b>	<ul style="list-style-type: none"> <li>• All meetings now facilitated through Skype</li> <li>• Sub delegation schemes have been adapted with an emergency clause to enable alternative officers to make decisions if required.</li> <li>• IT for members has been adapted to ensure they can conduct council business remotely and appropriate kit and training has been offered.</li> <li>• All upcoming council meetings being considered, along with surgeries, in order to give advice.</li> </ul>
5.11	Ensure that our arrangements for death management are handled appropriately and sensitively in line with guidance and excess deaths plan and policy.	<b>James Rogers</b>	<ul style="list-style-type: none"> <li>• Excess deaths plan refreshed and associated policy prepared and agreed</li> <li>• Changes made to burial and cremation arrangements in line with excess deaths plan and policy to keep people safe and protect lives</li> <li>• Proactive liaison with faith sector/leaders, funeral directors and other key stakeholders</li> </ul>

			<ul style="list-style-type: none"> <li>• Agreed development of emergency mortuary provision in line with excess deaths plan</li> <li>• 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)</li> </ul>
<b>6. Media and communications</b>			
6.1	Capture the scale of enquiries, activity and impact through communications channels. Respond to media enquiries, referring to lead body/organisation where appropriate.	<b>Donna Cox/Danni Clayton</b>	<ul style="list-style-type: none"> <li>• Brandwatch social media monitoring queries on coronavirus and related topics in place. Informs reporting and proactive planning.</li> <li>• Volume of media requests high: prioritising around those that are coronavirus-related or major reputational threats for the city</li> <li>• Proactive media work continuing, informed by strategic direction and monitoring and prioritised around coronavirus handling</li> <li>• Daily 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.</li> <li>• 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).</li> </ul>
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.	<b>Sara Hyman</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Communications workstreams established for all key Silver groups – Health, Communities, Business and Infrastructure and Organisational Impact</li> <li>• 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</li> <li>• Digital 24 hour forecast in place for social media and digital channel owners to ensure coordination of messages across council channels</li> </ul>
6.3	Regularly update key stakeholders across the council and city, in particular, elected members	<b>Mariana Pexton</b>	<ul style="list-style-type: none"> <li>• Regular councillor and MP emails being sent, currently on a daily basis, including guidance and signposting to further information,</li> </ul>

	and MPs, CLT, BCLT, COVID-19 (Coronavirus) response working group, schools, updates to Executive Board, stakeholders/partners, workforce etc.		<ul style="list-style-type: none"><li>• Regular all staff emails, and FAQs issued (refreshed when new national guidance is produced).</li><li>• A staff Facebook page has been established to ensure a greater reach out to Leeds City Council staff.</li><li>• Two dedicated webpages created on leeds.gov to host information for residents and communities; and businesses</li><li>• GovDelivery Coronavirus weekly newsletter sent to circa 90k</li><li>• Messages to schools being issued, in line with DfE guidance, from the DCS</li><li>• Leader and Chief Executive monthly communications used to reach broader stakeholders.</li><li>• Communications have been increased to amplify national messages and changes to services via the website, virtual newsroom and Leeds Alert.</li></ul>
--	---	--	--

# COVID-19 LEEDS MULTI-AGENCY ARRANGEMENTS

**This slide deck sets out the multi-agency arrangements for dealing with COVID-19 in Leeds, within the broader context of West Yorkshire and the national approach. They also describe the generic command and control arrangements that individual agencies are using.**

**These arrangements are rightly quite dynamic and responsive to what is an ever changing and challenging context, especially at a multi-agency bronze level where we have a range of task and finished groups. We will keep these under regular review to ensure they are fit for purpose and effective.**

**These arrangements are driving the response and recovery plan for the city and whilst the focus is currently mainly on response, many groups are also turning attention to planning recovery.**

**These arrangements are intended to give us the best possible coordination and communication on set of complex interrelated key challenges. We are operating these in as efficient a way as possible.**

**The health and social care arrangements are at the heart of a broader response covering all aspects of the city.**

**Leeds COVID-19 Response and Recovery Plan Themes:**

- Health & Social Care
- Communities
- Economy & Business
- Infrastructure & Supplies
- Organisational
- Communications

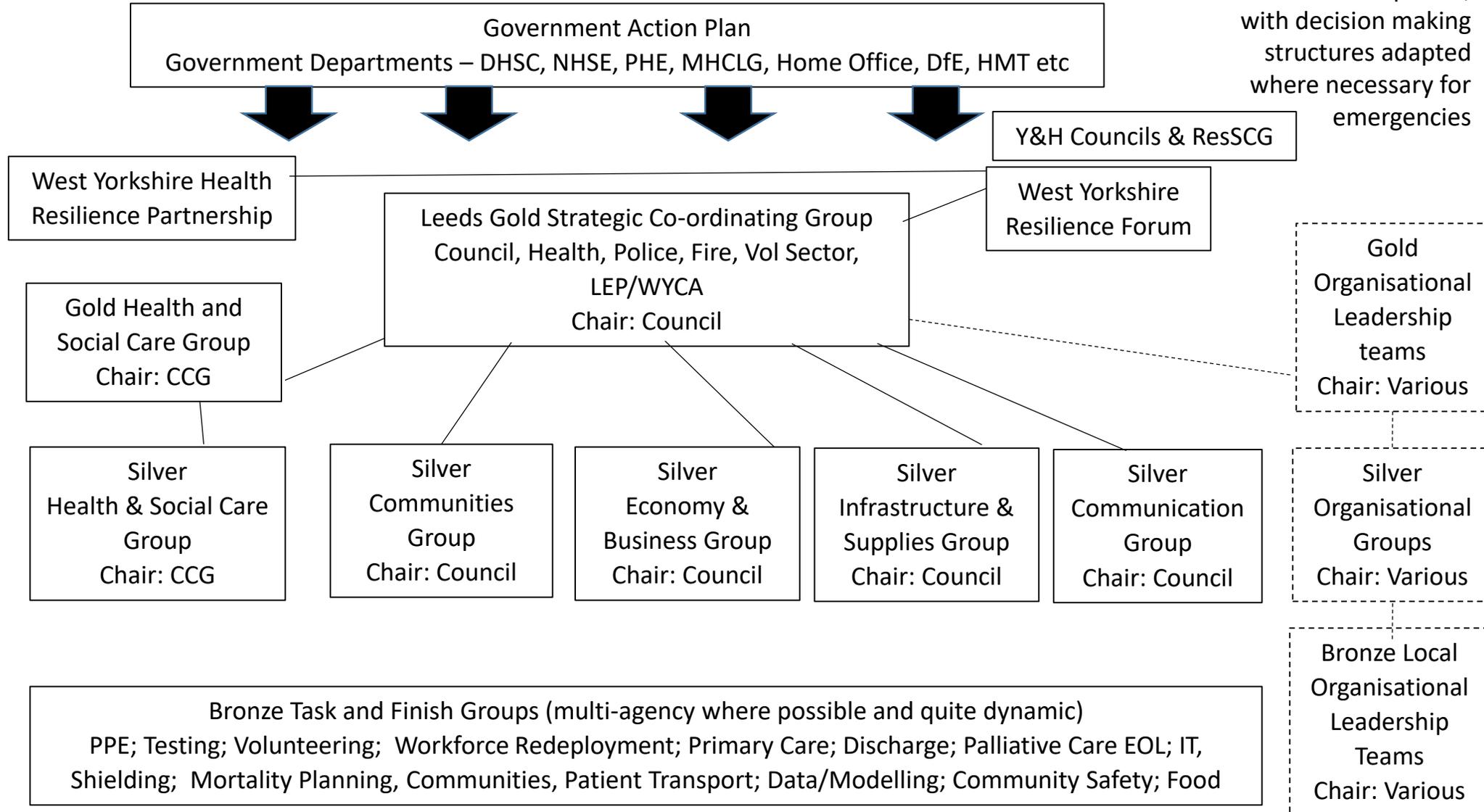
**Aims and objectives:**

- Minimise the effect of the outbreak on the health and wellbeing of the city, especially the most vulnerable.
- To monitor, mitigate or minimise any risks to the city from the Coronavirus outbreak to ensure provision of essential services 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 comply with 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.

# Leeds Multi-Agency Command and Control Arrangements

## COVID-19 – Overview

**Please note:**  
Governance & boards for all organisations continue to operate, with decision making structures adapted where necessary for emergencies



## Leeds Multi-Agency Command and Control Arrangements COVID-19 – City-wide Gold Strategic Coordination Group

	<b>Gold – Strategic Coordinating Group</b>
<b>Chair</b>	Tom Riordan, Chief Executive Leeds City Council
<b>Membership</b>	Tim Ryley, Julian Hartley, Cath Roff, Sal Tariq, Martin Farrington, Neil Evans, Victoria Eaton, James Rogers, Richard Jackson, Ben Still, Steve Cotter (with others as required by the agenda)
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• Develop and deliver an initial response and recovery plan</li> <li>• Monitor progress in multi-agency working</li> <li>• Communicate collective actions to keep key stakeholders informed</li> </ul>
<b>Timing of calls</b>	Tuesday 8:45am Support: Mariana Pexton, Leeds City Council (as connection to the WY LRF)

### **Leeds COVID-19 Response and Recovery Plan Themes:**

- Health & social care
- Communities
- Economy & business
- Infrastructure & supplies
- Organisational
- Communications

### **Aims and objectives:**

- Minimise the effect of the outbreak on the health and wellbeing of the city, especially the most vulnerable.
- To monitor, mitigate or minimise any risks to the city from the Coronavirus outbreak to ensure provision of essential services 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 comply with 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.

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Health and Social Care Gold Command

	<b>Leeds Health and Social Care Gold Command (reports to City-wide SCG)</b>
<b>Chair</b>	Tim Ryley, Chief Executive Leeds CCG
<b>Membership</b>	<p>Cath Roff  Victoria Eaton – Director of Public Health  Louise Metcalf/Lou Auger - NHS England  Julian Hartley – LTHT  Sara Munro – Leeds &amp; York Partnership Foundation Trust (LYPFT)  Thea Stein – Leeds Community Health Trust (LCH)  Jim Barwick – Leeds GP Con-federation  Hannah Davies – Health Watch Leeds</p>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• To agree strategy and policy positions to support silver and operational teams</li> <li>• To ensure effective operation of city-wide and partner silver arrangements</li> <li>• To address any weaknesses in city-wide coordination of health &amp; care response</li> <li>• To identify issues to escalate through City-Wide Multi-Agency Gold</li> <li>• To provide a link to wider NHS and Care system (ICS/Regional/ National)</li> <li>• To ensure Health &amp; Social Care Communication is effective</li> </ul>
<b>Timing of calls</b>	<p>Friday 2pm  Administered by the CCG  Any additions to the Sitreps submitted to Silver and other papers/information will need to be submitted by Thursday before the meeting by 12.noon and will be sent out the Friday morning by 10am.</p>

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Health and Social Care Silver Command

	<b>Leeds Health and Social Care Silver Command</b>
<b>Chair</b>	CCG – Debra Taylor-Tate in hours, out of hours CCG COVID on call manager
<b>Membership</b>	<p>Members include Chief Operating Officers/Executive Directors from the following organisations:</p> <ul style="list-style-type: none"> <li>○ CCG – representing the CCG and Primary Care</li> <li>○ Adults and Health - LCC</li> <li>○ LTHT</li> <li>○ LCH</li> <li>○ LYPFT</li> <li>○ LCD</li> <li>○ OMG</li> <li>○ Hospice Alliance</li> <li>○ YAS</li> </ul>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>● Manage the immediate pressures and risks across system.</li> <li>● Take operational and tactical decisions requiring partnership arrangements</li> <li>● Manage the available resources to meet the strategic goals</li> <li>● Ensure the system position is understood across system via SITREPs</li> </ul> <p>In addition all organisations will be able to convene a Silver Command meeting during the hours of 8am-8pm 7 days a week. Appendix 3 shows the process and requirements for initiating the call.</p>
<b>Timing of calls</b>	<p>Wednesday at 2pm Administered by the CCG</p> <ul style="list-style-type: none"> <li>● Any additions to the Sitreps submitted to Silver and other papers/information will need to be submitted by Thursday before the meeting by 12.noon and will be sent out the Friday morning by 10am. Meeting structure: All organisations can initiate a System Silver Command 7 days a week - this will be at a time agreed by the initiator and chair</li> <li>● The meeting will be action focused, the initiator will provide information regarding their current position/reason for calling the meeting and asks of the wider system. Reports directly to the Leeds Health and Social Care Gold Command</li> </ul>

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Silver Citizens and Communities

	<b>Citizens and Communities Multiagency Silver Group</b>
<b>Chair</b>	James Rogers, Director Communities and Environment
<b>Membership</b>	<ul style="list-style-type: none"> <li>○ Chief Officers from the following Council Directorates: Communities and Environment, Adults and Health, Children’s and Families, City Development and Resources and Housing.</li> <li>○ Officers from Resilience and Emergency Team and Communications</li> <li>○ Officers from West Yorkshire Police</li> <li>○ Representatives from Voluntary Action Leeds</li> </ul>
<b>Purpose</b>	<p>Remit:</p> <ul style="list-style-type: none"> <li>• To work together as a strategic multi-agency partnership harnessing the responsibilities and accountabilities for each service to best effect.</li> <li>• To understand the potential impact on individuals and communities of COVID 19.</li> <li>• Ensure our responses to COVID 19 are planned, coordinated, mitigate and mitigate risk, and are well communicated and well understood by decision makers and the public.</li> <li>• Ensure robust plans are put in place to protect and support the most vulnerable in our city in their neighbourhoods and communities.</li> <li>• Ensure Elected Members are enabled to play a strong civic leadership role in their wards.</li> <li>• Ensure contributions from our third sector organisations, community, and faith leaders to best effect.</li> </ul> <p>Role</p> <ul style="list-style-type: none"> <li>• Continuously assess the impact on key services to individuals and communities</li> <li>• Effective public awareness of changes or impact in service delivery</li> <li>• Ensure communications are consistent and following government approach</li> <li>• Provide support and guidance to Local Elected members</li> <li>• Jointly share and assess information &amp; intelligence</li> <li>• Monitor and respond</li> <li>• Collectively plan multiagency approaches to emerging issues, challenges and threats</li> <li>• Deliver effective joint reassurance and engagement</li> <li>• Plan joint responses for events which impact on communities</li> <li>• Effective liaison and support to the third sector</li> <li>• Ensuring that the use of community capacity /volunteers is safe and well-coordinated</li> <li>• Coordination of work on financial exclusion</li> </ul>
<b>Timing of calls</b>	Monday

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Silver Economy and Business

	<b>Economy and Business Silver Group</b>
<b>Chair</b>	Eve Roodhouse, Chief Officer Economic Development
<b>Membership</b>	LCC, WYCA Business Support, West and North Yorkshire Chamber of Commerce, Federation of Small Businesses, Bank of England, Confederation of British Industry, Institute of Directors, LeedsBID, Leeds Hotel and Venues Association, Top 12 Retail Group, Yorkshire Mafia, Tech Nation (representing digital sector), Insights with Passion.
<b>Purpose</b>	<p><b>Remit</b></p> <ul style="list-style-type: none"> <li>• To work together as a strategic partnership harnessing the responsibilities and accountabilities for each organisation to best effect.</li> <li>• To respond and action works emanating from Leeds Gold Strategic Co-ordinating Group.</li> <li>• To understand the ongoing impact on business and the economy of COVID 19.</li> <li>• Ensure our responses to COVID 19 are planned, coordinated, mitigate and mitigate risk, and are well communicated and well understood by decision makers and the public.</li> <li>• Ensure Executive Member(s) and Elected Members are involved and informed at appropriate stages and enabled to play a strong civic leadership role in their wards.</li> <li>• Ensure contributions from our business community as appropriate.</li> </ul> <p><b>Role</b></p> <ul style="list-style-type: none"> <li>• Continuously assess the economic impact of COVID 19 to individuals, businesses and communities across Leeds by sharing intelligence across our networks, membership groups and structures.</li> <li>• Share communications so that they are clear, consistent with government approach and amplified across the business community.</li> <li>• Leverage national networks to escalate messages into central government.</li> <li>• Work together to develop and deliver a recovery plan that works for business, providing support and guidance to Leeds City Council (Elected Members and Officers).</li> </ul>
<b>Timing of calls</b>	Thursday

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Silver Infrastructure and Supplies

	<b>Infrastructure and Supplies Multiagency Silver Group</b>
<b>Chair</b>	Gary Bartlett, Chief Officer Highways and Transportation
<b>Membership</b>	Representatives from: Asset Management, Highways and Transportation (public and private) LTHT, Leeds Beckett and University of Leeds, WYP, WYCA, Utilities providers, the Resilience and Emergency and Communications team.
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• To work together as a strategic multi-agency partnership harnessing the responsibilities and accountabilities for each service to best effect.</li> <li>• To respond and action works emanating from Multi Agency Gold Group.</li> <li>• To understand the potential impact on individuals and communities of COVID 19.</li> <li>• Ensure our responses to COVID 19 are planned, coordinated, mitigate and mitigate risk, and are well communicated and well understood by decision makers and the public.</li> <li>• Ensure robust plans are put in place to protect and support the most vulnerable in our city in their neighbourhoods and communities.</li> <li>• Ensure Executive Member(s) and Elected Members are involved and informed at appropriate stages and enabled to play a strong civic leadership role in their wards.</li> <li>• Ensure contributions from our third sector organisations as appropriate.</li> </ul>
<b>Timing of calls</b>	Monday

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Silver Communications Group

	<b>Leeds Silver Multi-agency Communications Group</b>
<b>Chair</b>	Leeds City Council (via communications)
<b>Membership</b>	<p>Heads of communications from the following organisations represented on Gold Command (with information fed direct via Silver Health and Social Care Command communications leads)</p> <p>Leeds City Council LTHT CCG Voluntary Action Leeds (VAL) West Yorkshire Police West Yorkshire Fire Service West Yorkshire Combined Authority (as necessary)</p>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• Establish a forum for efficient cross-stakeholder communications and understanding of common aims and concerns</li> <li>• Agree and disseminate mutual messaging to support achieving/addressing those aims and concerns.</li> <li>• Use this to inform delivery of public safety messaging and other key issues as pandemic develops and throughout the response and recovery process</li> <li>• Enable a two-way information flow between partner organisations to support delivery of communications across all communications channels. [To include the media, social media and across the broader communications spectrum]</li> </ul> <p>*This is a “virtual” group which meets via email and takes a direct feed of information from the Silver Health and Social Care Command Group.</p>
<b>Timing of updates</b>	<p>Pre and post Leeds Gold Strategic Co-ordinating Group weekly calls</p> <p>Updates and exchanges currently fit in around the pattern of supporting the Gold weekly calls</p> <p>This is augmented by telephone calls direct between members of the group as required</p> <p>It is anticipated that these exchanges will become much more frequent based on need as the situation develops.</p> <p>Noon Monday deadline for headline top-level campaign or issues updates for Gold</p> <p>Daily option to feed stakeholder information into LCC-led member and MP updates</p>

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Multi Agency Bronze Groups – task and finish groups

A number of task and finish bronze groups have been established to address the various issues and or pressures we are facing in our response to the COVID 19 outbreak. Working across the wider multi-agency system including health and social care, these bronze groups will be managing, implementing solutions and providing clarity to ensure we are co-ordinated and focused on the priority areas.

To date the following groups have been established with SRO and Programme management support in the process of being identified from across the key partners. Sitrep and risk reporting and monitoring arrangements across the bronze groups will be put into place to inform position statements to the following groups to support decision making and identifying system issues and risks to the relevant gold and silver groups.

Bronze Groups	SRO	Programme Support
PPE	Cath Roff- Director Adults & Health	Joanna Bayton-Smith & Les Reed
Testing	Victoria Eaton – Director of Public Health	Penny McSorley
Workforce redeployment (Health and Social Care)	Jo Harding – Director of Nursing - CCG	LAP
Primary Care	Katherine Sherrin – Director of Strategy and Planning, CCG	Kirsty Turner
Volunteering	Cath Roff- Director Adults & Health	
Discharge	Helen Lewis – Director CCG	
Palliative Care EOL	Thea Stein- CEO Leeds Community Health Care	
IT	Dylan Roberts, Chief Digital and Information Officer	
Shielding	Tony Cooke, Chief Officer Health Partnerships	Dayle Lynch
Mortality planning	James Rogers, Director Communities and Environment	Leanne Cummings
Communities	Shaid Mahmood, Chief Officer Communities	
Patient Transport	TBC	
Data/modelling	Polly Cook, Chief Officer Sustainable Energy and Air Quality	

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Example of an Organisational Gold Group

	<b>Organisational Gold Group</b>
<b>Chair</b>	Chief Executive or equivalent
<b>Membership</b>	Directors or departmental heads plus Heads of Finance, HR, Legal, Strategy and Policy and lead for Emergency Planning.
<b>Purpose</b>	<p><b>Primary Responsibilities</b></p> <ul style="list-style-type: none"> <li>• To agree organisational strategy and policy positions to support silver and operational teams</li> <li>• To address any weaknesses in organisation coordination and response</li> <li>• To escalate significant issues and risk through Multi-Agency command and control arrangements</li> <li>• To evaluate the organisations response and recovery effort and identify lessons learned</li> </ul>
<b>Timing of calls</b>	

## Leeds Multi-Agency Command and Control Arrangements COVID-19 – Example of an Organisational Silver Group

	<b>Organisational Silver Group</b>
<b>Chair</b>	Organisation Director level
<b>Membership</b>	The organisational silver group will comprise of at least one senior representative from each directorate, plus members from key services including IT, Finance, HR, Legal and Communications. Membership of the group will be flexible to bring in additional expertise as priority areas of work are identified.
<b>Purpose</b>	<p><b>Primary Responsibilities</b></p> <ul style="list-style-type: none"> <li>• Be responsible for identifying the highest priority issues for consideration for the city and organisation, coordinating further necessary work to resolve them.</li> <li>• Ensure that effective processes for identifying and managing related risks are maintained through the organisations normal risk management and business continuity procedures, and that these processes are enhanced as required in response to specific intelligence and guidance.</li> <li>• Ensure that guidance and communication received from the UK Government, NHS and Public Health England including the publication of guidance, is fully considered by and acted on.</li> <li>• Ensure that guidance and communications received from the UK Government, NHS and Public Health England has been communicated to Leeds citizens and the organisation, where appropriate.</li> </ul>
<b>Timing of calls</b>	



## WEST YORKSHIRE PREPARED

YOUR WY SERVICES WORKING TOGETHER

### **Novel coronavirus (2019-nCov) – Updated SCG Strategy for West Yorkshire 020420**

**In accordance with JESIP principles, its overall aim of the SCG is to:**

1. Act collaboratively (with all category 1 and 2 responders) and as individual organisations to preserve life and relieve suffering, in line with the national government’s approach and guidance, and especially to help those most vulnerable and support the health and social care system.
2. Mitigate the negative health, economic, social and environmental effects of the pandemic as far as possible, maintaining a sustained and coordinated response to lead into recovery with what is expected to be a long-lasting incident.
3. Engage with the public, and key stakeholders about their role in both response and recovery, for example in following advice, being neighbourly or volunteering to support the most vulnerable.

**These aims will be delivered through these more specific objectives:**

4. The objectives of the group are:
  - a. To ensure establishment of effective command, control and coordination functions as per the relevant West Yorkshire Prepared and plans and any other relevant organisational plans.
  - b. Uphold the safety of responders (especially in use of PPE) and those affected by the incident, being able to rapidly and effectively support partners as required as reasonably practicable.
  - c. To communicate with all key stakeholders internal to the SCG and to the wider public, through its warning and informing, and CCA duties.
  - d. To maintain, as far as possible, a coordinated source of information to help SCG and individual organisation decision making, with LRHP being the assurance route for health related information.
  - e. To carry out dynamic risk assessments, identifying as per JESIP principles, key elements such as (but not limited to) intelligence, risk, options, powers, policies and procedures, setting objective measures of success and monitoring progress.
  - f. To ensure effective tactical and operational management of the ongoing incident
  - g. Ensure humanitarian and welfare and support where required, address the needs of those involved in or affected by the incident, and play a key role in the shielding of the most medically vulnerable and those more generally vulnerable.
5. Pandemic specific objectives (advised by LRHP):
  - a. Protect West Yorkshire’s communities and visitors against the health and wider consequences of Novel coronavirus (2019-nCov) as far as this is possible.
  - b. Support national efforts, e.g. field hospitals, testing, mortality planning to prevent and detect its emergence and prevent, slow, or limit its spread, and work with the Local Health Resilience Partnership (LRHP) to mitigate health and social, care impacts
  - c. Ensure that all Business Continuity Plans are operational and ready to support the wider SCG response and recovery plans, with flexible use of resource where required.
  - d. LRHP to organise and adapt the health and social care systems to treat and support the large numbers likely to have coronavirus or its complications whilst maintaining other essential care.
  - e. Support the continuity of essential services and protect critical national infrastructure, as far as possible, supporting continuation of everyday activities as far as practical, following national advice, and leading into recovery.
  - f. Uphold the rule of law and the democratic process.
  - g. Instil and maintain trust and confidence by ensuring that the public and the media are engaged and well informed in advance of and throughout the pandemic period.
  - h. Promote a return to normality and the restoration of disrupted services at the earliest opportunity.

This page is intentionally left blank

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	2 (Unlikely)	2 (Minor)	Low
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			
		16/4/20	23/4/20				
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"> <li>Ensuring effective planning and monitoring</li> <li>Ensuring clear governance – Leeds and West Yorkshire, Regional and National</li> <li>Ensuring effective ongoing engagement</li> </ul>	<ul style="list-style-type: none"> <li>Overall plan in place and regular review</li> <li>Multi-agency governance in place and regular review</li> <li>Clear approach to engagement – public, political, partners, staff, trade unions</li> </ul>	<ul style="list-style-type: none"> <li>Continually improve clarity of governance and reporting arrangements, including detail below overall plan</li> <li>Evaluate engagement approach is effective</li> <li>Increasingly explicit shift towards recovery</li> </ul>

Health and Social Care		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> <li>Increased death caused by COVID-19 (includes deaths in care homes and home deaths as well as hospitals)</li> <li>Increased hospital admissions caused by COVID-19</li> <li>Additional pressure on health and social care services</li> <li>Other health issues caused by inevitable focus on COVID-19</li> <li>Worst affected are those most vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>Leeds Teaching Hospitals Trust (LTHT) plans, plus Nightingale Hospital</li> <li>Additional focus on discharges</li> <li>Changes in access to services e.g. GP practices and other services</li> </ul>	<ul style="list-style-type: none"> <li>Ensure focus of recovery plan is on the most vulnerable and consider best practical approach to progress this</li> <li>Focus on patients no longer accessing services</li> <li>Detailed service planning for new normal</li> <li>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.</li> </ul>

Citizens and communities		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> <li>School closures and impact on educational attainment and progression</li> <li>Safeguarding children from risk of significant harm (child sexual exploitation, online sex abuse)</li> <li>Increase in levels of domestic violence</li> <li>3rd sector resilience / sustainability problems</li> <li>Extremist narratives</li> <li>People ignoring national lock-down and social distancing guidance</li> <li>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</li> <li>Inequalities relating to COVID-19</li> </ul>	<ul style="list-style-type: none"> <li>Schools providing online tuition</li> <li>Tracking of children and partnership working</li> <li>Promoting contact details for domestic violence help</li> <li>Active support for 3<sup>rd</sup> sector and lobbying for national support</li> <li>Daily intelligence report introduced and informing prioritisation of resourcing.</li> </ul>	<ul style="list-style-type: none"> <li>Supporting Leeds school and learning community to minimise disruption</li> <li>Adapting practice and process to ensure vulnerable children continue to be identified, assessed, supported and 'seen/visited'</li> <li>Key safeguarding stakeholders working together adapting/updating child protection plans and other measures to ensure they remain robust. Weekly Bronze meetings.</li> <li>Operation Encompass remains in place. This connects the police with schools to ensure better outcomes for children subject to, or witness to, domestic violence</li> <li>Major West Yorkshire public relations and communications initiative on domestic violence</li> <li>Guidance on dealing with extremist narratives circulated to key people</li> <li>Relevant teams proactively working together to enforce adherence to lock-down guidance and requirements</li> </ul>

Citizens and communities		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
		<ul style="list-style-type: none"> <li>Liaison with food partners to integrate and reduce duplication. Promote donations</li> <li>Focus on understanding inequalities impact from range of perspectives to plan accordingly</li> </ul>

Business and economy		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> <li>Mass job losses</li> <li>Businesses unable to recover</li> <li>Gaps in central government interventions to support businesses leading to increased business failure, higher unemployment and a deeper recession</li> <li>Extended lockdown period may result in increased damage to the national and local economy, a deeper recession and an increase in poverty across Leeds</li> <li>Acceleration of economic trends including automation and digital transformation</li> </ul>	<ul style="list-style-type: none"> <li>Matching people to jobs where growth</li> <li>Payment of grants, engagement, support and advice</li> <li>Maintain effective liaison with business, specifically representative bodies to understand impact on local economy</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Building capability and capacity to understand how the economy will begin to recover and reshape</li> </ul>

Infrastructure and supplies		
Risks and issues	Existing actions from Response and Recovery Plan	Additional actions
<ul style="list-style-type: none"> <li>Safe transport not provided when needed (e.g. key workers)</li> <li>Schemes not progressed</li> <li>Insufficient personal protective equipment (PPE)</li> <li>Supply chain failure / key supplier ceases trading</li> <li>Insufficient food supplies and distribution, especially in emergency for the most vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>West Yorkshire Combined Authority (WYCA) engaged and providing support</li> <li>Maintaining contact with major schemes</li> <li>Maintaining contact with key suppliers</li> <li>Active management of PPE supplies and compliance with the guidance</li> <li>Use of FareShare and promoting campaign</li> </ul>	<ul style="list-style-type: none"> <li>Scenario planning for removal of lockdown</li> <li>Continued engagement with partners</li> <li>Continued efforts to raise PPE issues nationally and be resourceful locally</li> </ul>

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

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