



Leeds
Health & Care
Partnership

COVID: Most at Risk

Winter 2022

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Covid: Most at Risk Timeline

2020: March

Identifying "Vulnerable"

215,000 over 70's & long term conditions: told they are clinically vulnerable to Covid 19 – and to avoid high risk situations
20,000 Clinically Extremely Vulnerable: issued individual letters and advised to shield at home immediately for 12 weeks

2020: August

Restrictions paused

Advice to shield at home pauses. All CEV and CV cohorts told to follow general advice: avoid high risk locations, limit number of close contacts, avoid contact with anyone with Covid symptoms

2020: November

Lockdown 2

1 month lockdown called due to rising cases and hospitalisations. Shielding advised for CEVs; extra care for CVs.

2020: June

Amended & Extended

Advice to all CV and CEV changes to include exercising outdoors, forming support bubbles and limited socializing outdoors. General advice to shield at home extended to end of July 2020. CEV cohort increased to 42,000 people

2020: September

Tier 2 for Leeds

Rising rates and further restrictions on socializing in groups of more than 6, limited opening of some high risk social locations.

Covid: Most at Risk Timeline



2020: December

Tier 3

Advice to work for home where possible, follow rule of 6 for any close contacts, only meet those in your support bubble indoors and avoid public indoor places where possible



2021: January

Vaccination programme

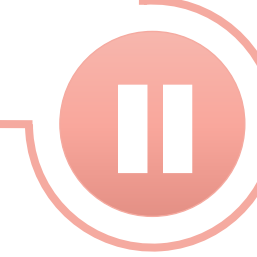
Priority vaccination for CEVs and carers alongside over 70s; and priority vaccination for clinically vulnerable alongside over 60s.



2021: April

Shielding Paused

Lockdown ends and advice to shield at home lifted. Vaccinated CEVs and CVs advised to return to work in person whilst taking care.



2021: January

Lockdown 3

Full shielding advice reintroduced for all CEVs – including not going to work or shop in person. All clinically vulnerable advised to take additional care.



2021: February

Vulnerability algorithm

University of Oxford tool identifies additional cohort vulnerability made up of combined, rather than single factors. Size of CEV cohort increases to 56,000



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Covid: Most at Risk Timeline



2021: July

Transition

CV and CEV people advised to follow general advice. People who are significantly immunocompromised or immunosuppressed told to follow individual doctor's advice in relation to risk activities.



2021: July



Transition Support

Funding activities across the city to alleviate impact of pandemic on most vulnerable: physical and social confidence, mental health impact, finance impact and access to wellbeing opportunities.

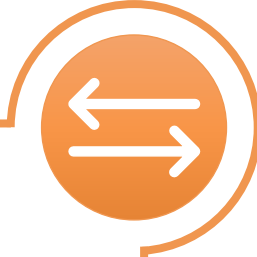
2021: December

Omicron Variant

Plans to step down practical and emotional support delayed due to high levels of Omicron variant. Practical support to ensure CV and CEV people access booster vaccination



2022: March



Emergency structures stood down

Community Care Hubs providing the main emergency response supported by volunteers stand down the emergency phase – models of community anchors, social supermarkets, food banks continue

2022: June

Lessons

Reflections and lessons on support for most at risk.



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Covid: Most at Risk Timeline



September: July

2022: November

Immunosuppressed Working Group

Significantly low uptake of Spring Booster for severely immunosuppressed people and their households – means Severely Immunosuppressed Vaccine Working Group re-established.

Winter Grants

Pilot approach to combined planning and co-production of activity to target people with health and financial worries to focus on wellbeing and covid-protection over winter.

Winter: Most at Risk Group

Working group of partners working directly with people at most risk from Covid – to develop and co-produce practical support options for people who will be more vulnerable over winter.

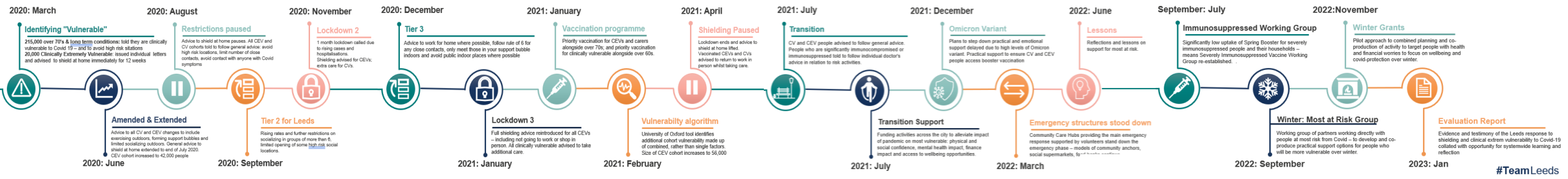
Evaluation Report

Evidence and testimony of the Leeds response to shielding and clinical extrem vulnerability to Covid-19 collated with opportunity for systemwide learning and reflection

2022: September

2023: Jan

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ONGOING NEEDS

FOOD
INC PRESCRIPTIONS & ESSENTIALS



FINANCE
INCLUDING ADVICE & SUPPORT



FRIENDS
INC SOCIAL INTERACTION



FAMILY
INC SCHOOLS, CHILDREN AND YOUR
PEOPLE



FITNESS –
INC PHYSICAL AND MENTAL WELLBEING



FERRYING
TRANSPORT AND ACCESS



"PFIZER"
INC VACCINATION ADVICE AND ACCESS



IN'FORMATION
INC IDENTIFICATION, NOTIFICATION,
COMMUNICATION AND ENGAGEMENT



ONGOING NEEDS: WINTER 2022

FOOD

INC PRESCRIPTIONS & ESSENTIALS

No evidence of any specific need for ongoing food access for people at high risk from covid.

Mitigation: signposting to citywide food support



FINANCE

INCLUDING ADVICE & SUPPORT

Evidence of continued disruption to income and working patterns due to vulnerability to covid. Most affected on low incomes, in insecure employment or in high risk roles.



FRIENDS

INC SOCIAL INTERACTION

Evidence of continued impact on social isolation, social anxiety and fear of crowded spaces in both severely immunosuppressed and wider vulnerable group.



FAMILY

INC SCHOOLS, CHILDREN AND YOUNG PEOPLE

Very low take up of vaccination for 5-25 severely immunosuppressed group; high levels of anxiety from carers and specifically young carers with an immunosuppressed household member.



ONGOING NEEDS: WINTER 2022

FITNESS –
INC PHYSICAL AND MENTAL
WELLBEING

Significant evidence of de-conditioning – esp in ppl with physical limitations, reported lower levels of confidence to take part in physical activity, and link between mental stress and lower levels of self care.



FERRYING
INC PRESCRIPTIONS & ESSENTIALS

No evidence of any specific need for ongoing transport support
Mitigation: signpost to existing community transport offer where appropriate



"PFIZER"
INC VACCINATION ADVICE AND
ACCESS

Lower levels of vaccine offer take up, and significant inequalities across vaccine take up – so specific and targeted action to support take up and answer queries required to continue.



IN'FORMATION
INC IDENTIFICATION, NOTIFICATION,
COMMUNICATION AND ENGAGEMENT

Changes in guidance and advice have meant increased mis-understanding about status of those most at risk. Ongoing support for health and care workforce and for people most at risk required.

