

Report of:	The Elected Mayor of Middlesbrough; Chief Executive
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Submitted to:	Executive, 16 June 2020
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Subject:	COVID-19 – the Council’s response and Recovery Plan
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Summary

Proposed decision(s)

- That the Executive notes the loss of life to COVID-19 in Middlesbrough and formally records its condolences to the families and friends of all those that have died.
- That the Executive notes the Council’s effective response to the COVID-19 pandemic and records its thanks to all staff, volunteers, partners and other stakeholders for their efforts in reducing transmission and supporting local communities and businesses.
- That the Executive approves the Council’s proposed COVID-19 Recovery Plan (at Appendix 1) and associated arrangements for reporting progress and engaging with the Overview and Scrutiny Board.

Report for:	Key decision:	Confidential:	Is the report urgent?
Decision	No	No	No

Contribution to delivery of the 2020-23 Strategic Plan

People	Place	Business
Activity within the proposed COVID-19 Recovery Plan supports the achievement of all strategic priorities set out within the Council’s Strategic Plan 2020-23 and will ultimately contribute to a fundamental review of these, leading to the development of a new plan from November 2020.		

Ward(s) affected

COVID-19 has and will affect all wards in Middlesbrough, and recovery planning will seek to assist and promote recovery to the ‘new normal’ across the town, proportionate to the differential impact of the pandemic on local communities.

What is the purpose of this report?

1. This report provides an overview of the COVID-19 pandemic, the Council's response to date and the projected impact on local communities, the Council's strategic objectives and its financial position. It seeks approval of the Council's proposed COVID-19 Recovery Plan (Appendix 1) and associated arrangements for reporting progress and engaging with the Overview and Scrutiny Board.

Why does this report require a member decision?

2. Under the Civil Contingencies Act 2004 the Council has a legal duty (alongside other local partners) to plan for and deliver both a response to an emergency incident and the recovery from it. The Coronavirus Act 2020 created a number of new, and revised other, local authority powers and duties (principally regarding education, social care, volunteering and death management) in order to better enable the response to the COVID-19 pandemic.
3. COVID-19 is an unprecedented global event that will have long-term impacts on life within Middlesbrough and significant implications for the Council's objectives, the way it does business and its finances both in the current and future years.
4. The Council's Scheme of Delegation gives the Executive collective responsibility for corporate strategic performance and financial management / monitoring, together with associated action.

Report Background

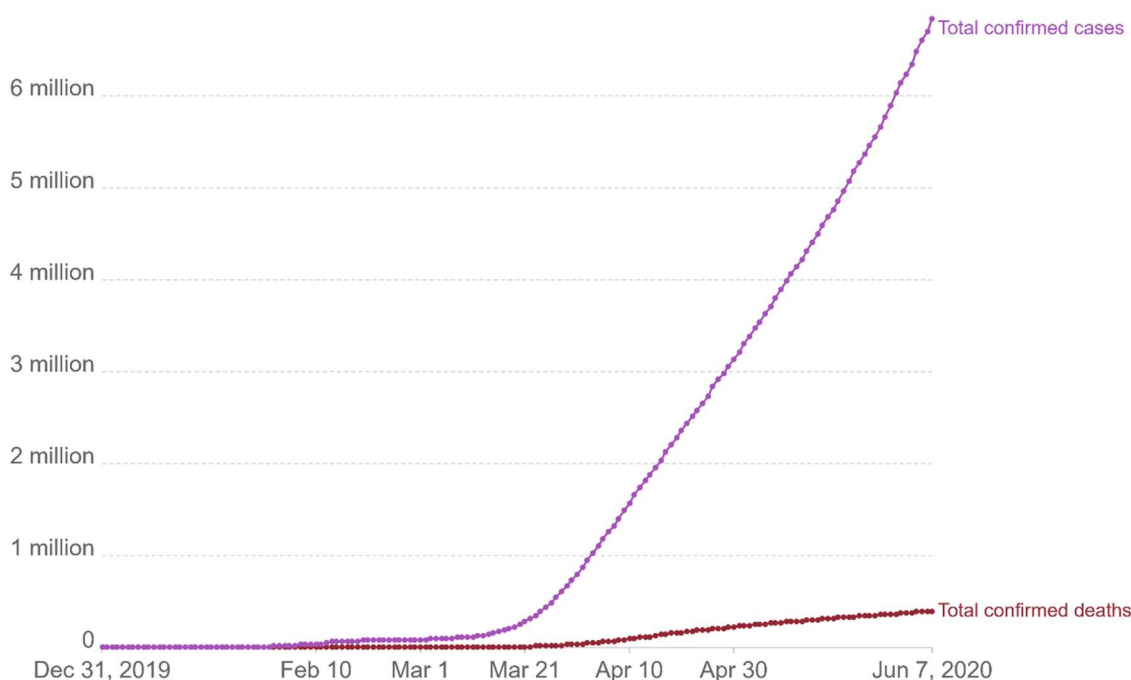
SARS-CoV-2 and COVID-19 global pandemic

5. Coronaviruses (CoV) are a large family of viruses in animals and humans that cause illness ranging from the common cold to more severe diseases. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans.
6. On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of pneumonia cases of unknown cause in Wuhan City, China. An nCoV was identified as the cause by Chinese authorities on 7 January 2020. On 12 January, China shared the sequence of this nCoV, named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
7. On 30 January 2020, the WHO declared the SARS-CoV-2 outbreak a public health emergency of international concern. At that point, there were an estimated 10,000 confirmed cases in China, and 98 cases across 18 other countries globally.
8. On 11 February, the WHO named the disease caused by SARS-CoV-2 coronavirus disease 2019 (COVID-19).
9. COVID-19 is highly contagious, spreading primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Its main symptoms have been identified as a persistent dry cough, a temperature of 37.8C and a loss of taste and smell. However, a significant proportion of people carry the disease asymptotically, and so unwittingly spread the virus.

10. There is no innate human immunity to COVID-19. While some measure of immunity is likely to be conferred from contracting the disease (it is also thought that some cross-protection be conferred by exposure to similar diseases, such as SARS-Cov-1, in the past), this will almost certainly be temporary, meaning that reinfection following further exposure in due course is likely.
11. Most people contracting COVID-19 will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, the clinically vulnerable and (current data suggests) a number of other groups (men, the obese) are more likely to develop serious illness, in particular pneumonia and vascular complications, and be admitted to hospital.
12. While the overall case fatality rate from COVID-19 is likely to be under 1% (lower than other coronaviruses such as SARS-CoV-1 and MERS), some studies have estimated the observed death rate of those admitted to hospital in the UK at 35-40%, highlighting the significant danger posed to the above groups by the disease.
13. Depending on the severity of infection and the treatment required, recovery from COVID-19 can take some months and survivors may experience ongoing physical and mental health issues.
14. At this time there are no specific vaccines or treatments for COVID-19. While there are many ongoing trials worldwide, the development of an effective vaccine is not guaranteed, at least in the short term. The reasonable alternative scenario is that societies will adapt to live with COVID-19, with transmission slowed through increased public awareness and vigilance, national and local control measures, improved treatment for those contracting the disease and rapid response to contain outbreaks. This will certainly be the case until such time as mass vaccination is in place.
15. While much about COVID-19 remains unknown, the global scientific understanding of the disease is developing at pace. All governments have stressed that their policy choices are being guided by data and scientific expertise.
16. As part of this there is a particular focus on the Reproduction (R) number as a method of rating the ability of a disease to spread. The R number is the average number of people that one infected person will go on to infect. When the R number is 1, one infected person will go on to infect one other person on average. If it is higher than 1 then the number of cases in a population will increase exponentially unless immunity and / or controls are in place. Conversely, if the number is lower than 1 then cases will eventually peter out. Measles has an R number of around 15 in populations without immunity. It is estimated that COVID-19 has an R number of between 2 and 3, which is around double that of seasonal influenza.
17. On 11 March, the WHO declared COVID-19 a global pandemic. At that point, there were 120,250 cases worldwide, with 4,293 confirmed deaths. In the previous fortnight, cases outside of China has increased 13-fold and the number of countries with cases threefold.
18. By 7 June, there were 6.84 million confirmed cases worldwide, with 399,000 confirmed deaths. The epicentre of the pandemic has passed from China to Europe and into the Americas.

Total confirmed COVID-19 deaths and cases, World

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.



Source: European CDC – Situation Update Worldwide – Last updated 7th June, 11:00 (London time) OurWorldInData.org/coronavirus • CC BY

19. COVID-19 has affected (or will in time affect) most, if not all, countries in the world. All countries have introduced a number of control measures to limit the spread of the disease, with billions of people subject to lockdown at the height of the pandemic. These interventions have been more successful in some countries than others, depending upon their severity, when they were introduced, and a range of other factors.
20. Ultimately the epidemics in all regions will decline, and countries will move on to address the health, economic and wider societal impacts of COVID-19 in their recovery planning. Within recovery there will also be opportunities to build back better, creating a 'new normal' featuring more cohesive and healthier communities, greater work / life balance, improved customer experience and lower carbon emissions.

Transmission in the UK and the UK Government response and recovery

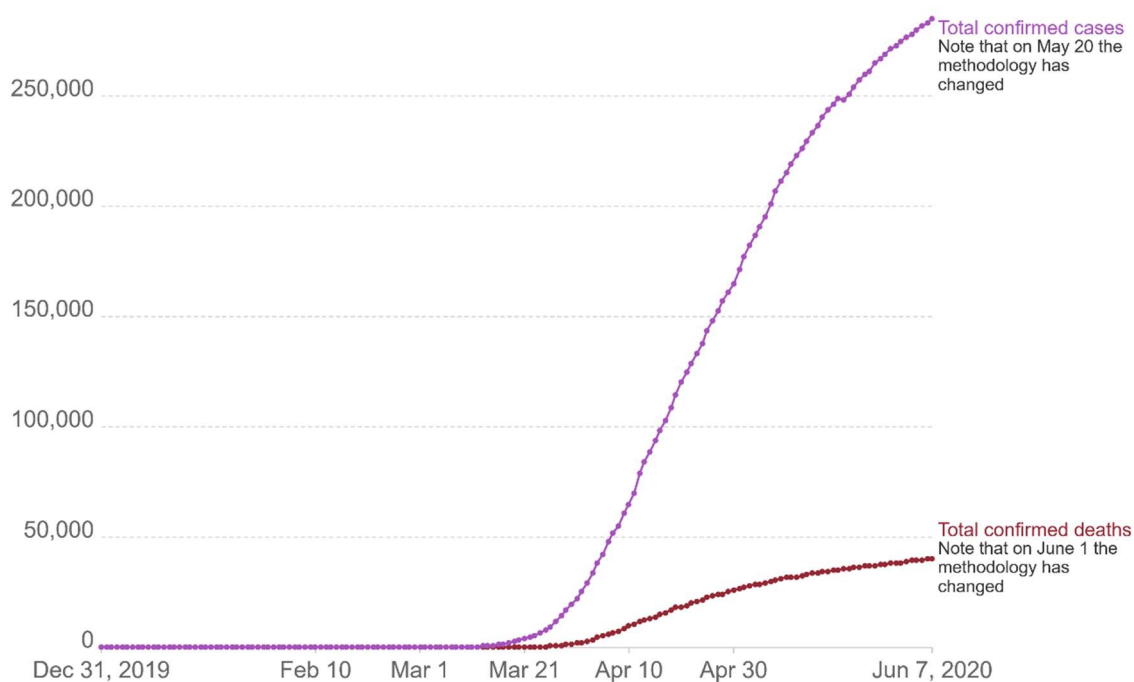
Transmission

21. The first case of COVID-19 in Europe was reported in France on 24 January. The first cases in the UK were reported on 31 January, in York. On 5 March, the first UK death from COVID-19 was confirmed. On 13 March, the WHO confirmed Europe as the epicentre of the outbreak.
22. By 7 June, there were 284,868 confirmed cases in the UK, with 40,465 confirmed deaths, the highest numbers in Europe at that time. Following the initial severe outbreak in London, significant infection rates have been seen in a number of regions including the West Midlands, Cumbria and the North East.

Total confirmed COVID-19 deaths and cases, United Kingdom



The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.



Source: European CDC – Situation Update Worldwide – Last updated 7th June, 11:00 (London time) OurWorldInData.org/coronavirus • CC BY

23. In addition, during the pandemic period most countries have seen a significant increase in deaths apparently unrelated to COVID-19 compared with averages for previous years. This could be explained by undiagnosed COVID-19, delays in seeking or accessing treatment, or other factors. In the UK, a full analysis of non-COVID-19 excess deaths will be completed by the Office for National Statistics in due course, when all data is available.

Government response

24. The Government has used the structure designed to support influenza pandemic planning as a basis for its COVID-19 response, but its approach has evolved as the outbreak grew. While some elements of the response structure are derived from the framework provided by the Civil Contingencies Act 2004, the Coronavirus Act 2020 became law on 25 March 2020, and provides a range of additional temporary powers for the Government during the COVID-19 outbreak and response.
25. The key elements of the national response structure in England are:
- The Department of Health and Social Care (HSC) is the lead UK Government Department for response, with the four UK Chief Medical Officers providing public health advice to all agencies.
 - The Scientific Advisory Group for Emergencies (SAGE) is responsible for ensuring that a single source of coordinated scientific advice is provided to decision makers in COBR (the Civil Contingencies Committee convened to handle matters of national emergency or major disruption, which meets in the Cabinet Office Briefing Rooms, Whitehall).
 - The tripartite partnership of DHSC, Public Health England (PHE) and NHS England provides strategic oversight and direction for the health and adult social

care response to a pandemic, with Department for Education (DfE) leading on the children's social care response.

- The NHS works in partnership with Local Resilience Forums (LRFs) on pandemic preparedness and response delivery in healthcare systems in England and Wales.
- Public Health England (PHE) provides specialist technical expertise and advice to support both planning and delivery arrangements in England, working closely with devolved administrations.

Response chronology

26. The key events of the Government's response to date are outlined in paragraphs 27 to 86.
27. On 22 January the Government announced enhanced monitoring of flights into the UK from Wuhan, raising the risk level to the UK population to low (from very low). On 23 January, the Secretary of State for HSC advised Parliament that the UK was well prepared and equipped to deal with cases.
28. On 28 January the Government advised against non-essential travel to China. On 30 January, the risk to the UK population was raised to moderate.
29. On 2 February, the first UK public information campaign on COVID-19 was launched, based on past 'catch it, bin it, kill it' influenza messaging and advising regular handwashing and the use of hand sanitiser.
30. On 10 February, the Health Protection (Coronavirus) Regulations 2020 came into force, providing new powers to require the isolation of individuals where health professionals believe there to be a reasonable risk of transmission.
31. From 26 February, the Government began to articulate its overall plan for response with a statement to Parliament by the Secretary of State for HSC. On 1 March, the COVID-19 Battle Plan was published, setting out Departmental responsibilities across Government for coordinating response.
32. On 3 March 2020, the Government published its 'Coronavirus (COVID-19) action plan', which set out a four-phase response, including action taken to date and next steps if the virus spread to pandemic levels. The phases were described as:

Contain: Detect early cases, follow up close contacts, and prevent the disease taking hold for as long as is reasonably possible.

Delay: Slow the spread, if it does take hold, lowering the peak impact and pushing it away from the winter season.

Research: Better understand the virus and the actions that will lessen its effect on the population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care.

Mitigate: Provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the

community to minimise the overall impact of the disease on society, public services and on the economy.

33. The plan described the UK as currently being in the 'Contain' phase and identified the critical role to be played by the public in halting the spread of the disease by complying with the Government's public health guidance.
34. On 6 March, the first upper tier local authority data was published, followed on 10 March by the first Public Health England dashboard, marking the start of ongoing improvements in the availability and analysis of COVID-19 data.
35. The Spring Budget on the 11 March set out an initial £12bn package of support for public services and businesses and individuals affected by COVID-19, including £6bn in extra NHS funding, a £5bn emergency response fund for the public sector, a £500m hardship fund for local authorities to help the most vulnerable, improved access to statutory sick pay and income support, a Coronavirus Business Interruption Loan Scheme for small firms of up to £1.2m and the abolition of business rates in England for firms in the retail, leisure and hospitality sectors of a rateable value below £51,000. The Bank of England cut interest rates, from 0.75% to 0.25%.
36. On 12 March, the national risk level was moved from moderate to high and the Prime Minister announced that the Government had moved from the Contain to Delay phase, with PHE ceasing contact tracing. This invoked new advice on self-isolation (for seven days if experiencing one of the two major symptoms) and a number of other measures.
37. On 14 March, local elections were postponed for one year, pushing elections for the Tees Valley Mayor and Cleveland Police and Crime Commissioner back to 2021.
38. On 16 March, the Government held the first of its daily press briefings, fronted by senior politicians alongside scientific and medical experts. In this the Prime Minister set out the Government's objective to delay and flatten the peak, taking the right measures at the right time, based on the best scientific advice. Further measures were introduced to reduce transmission. The public were advised to avoid all non-essential contact, work from home where possible, avoid unnecessary travel, visits to care homes and pubs, clubs, cinemas and theatres. People with one of the two major symptoms and their entire household were advised to self-isolate for 14 days, giving time for all potential infections to clear. Forthcoming measures to protect the most vulnerable for 12 weeks were signalled, as the peak of the outbreak approached.
39. On 17 March, the Government flagged that more stringent measures to control transmission could be expected. An initial £330bn injection into the economy was announced to support businesses and individuals affected by the outbreak, with further measures signalled.
40. On 18 March, school closures were announced from 20 March, with schools remaining open only for vulnerable children and the children of key workers.
41. On 19 March, the Government stated its ambition to deal with the virus within 12 weeks and plans to ramp up testing to 250,000 per day. The Bank of England reduced interest rates to 0.1%.

42. On 20 March, the Government announced the closure of cafes, pubs, bars, restaurants, as well as nightclubs, theatres, cinemas, gyms and leisure centres, with the situation to be reviewed each month. Alongside this, the Government announced The Coronavirus Job Retention Scheme for any employer, under which businesses could furlough employees to the end of June, with the Government paying 80% of their salaries. This was an unprecedented state intervention in the UK economy (with the Government currently part-paying the wages of 7.5m workers), and was subsequently extended to the end of July, tapered off thereafter until 31 October. The scheme was subsequently amended to allow employers to bring back staff from 1 July.
43. In addition a number of other economic interventions were announced, including confirmation that the Coronavirus Business Interruption Loan Scheme would be interest free for 12 months from 23 March, the deferral of next quarter VAT payments, further changes to improve access to and to increase welfare payments, the deferral of the next self-assessment payments for the self-employed until January 2021 and £1bn of support for renters by increasing housing benefit and universal credit so that the Local Housing Allowance will cover at least 30% of market rents.
44. On 21 March, the Government announced steps to guarantee food supply in response to growing panic buying.
45. On 22 March, the Government announced steps to shield around 1.5m people at risk of hospitalisation from COVID-19 due to serious conditions, with these individuals advised to stay at home for at least 12 weeks and a national support system established including food parcel delivery.
46. On 23 March, the Prime Minister announced the national lockdown in a televised address to the nation. The British people were instructed to 'Stay at Home, Protect the NHS and Save Lives', and only allowed to leave home to shop, take one form of exercise per day, a medical need, provide care for a vulnerable person and to travel to and from work where essential. In addition, all non-essential retail shops were closed, and all public gatherings of more than two people (excluding people from the same household) and all social events were prohibited. The Government advised that parks could stay open for exercise. The public was advised that police would be enforcing these rules and that the Government would revisit them in three weeks.
47. On 24 March, the Government announced plans to boost NHS staffing capacity through a volunteer drive and the use of final-year medical students and retired medical professionals. 400, 000 people volunteered within 24 hours. The first Nightingale hospital, at Excel London, was announced, opening on 3 April. Ultimately seven such temporary hospitals were created across the country to boost NHS bed capacity.
48. On 25 March, the Coronavirus Act 2020 became law, providing a range of temporary powers for the Government during the COVID-19 outbreak and response. The legislation will be in place for two years, and reviewed every six months. Parliament was adjourned on the same day.
49. On 26 March, the Government announced the Self-Employed Income Support Scheme, which would run from June for an initial three months, and under which those self-employed adversely affected by the outbreak would be paid a taxable

grant worth 80% of their average monthly profits over the previous three years, capped at £2,500 a month. It was estimated that 95% of those self-employed would benefit from the scheme. A second and final phase of the scheme was subsequently announced for August. The welfare system was again adapted, so that self-employed people could access Universal Credit in full.

50. On 27 March, it was announced that the Prime Minister and the Secretary of State for HSC has tested positive for COVID-19, and the Chief Medical Officer for England was self-isolating. The First Secretary of State led the government's response in the Prime Minister's absence. On 5 April the Prime Minister was hospitalised following a deterioration in his condition, and remained in hospital to 12 April, returning to work on 27 April.
51. On 29 March, the Government announced that strategic coordination centres were being established across the country, involving military planners alongside local authorities and the health sector to oversee local response. The NHS had written to around 1m critically vulnerable people to advise them on steps needed and signpost to further information. Community pharmacists would deliver medicines, and the first food and supplies deliveries would be made that weekend.
52. On 2 April, the Government announced a new 'five pillar plan' to increase COVID-19 testing, with 100,000 tests a day promised by the end of April.
53. On 10 April, a new personal protective equipment (PPE) plan was published to ensure supply to the frontline, in response to ongoing concerns about the availability of PPE across health and care settings.
54. On 12 April, a new NHS contact tracing app was announced, with the aim of advising users to self-isolate if someone they had been in contact with had self-isolated after experiencing symptoms of COVID-19. Subsequently trialled on the Isle of Wight, the app has experienced a number of developmental difficulties and has not been rolled out nationally at the time of writing.
55. On 16 April, the Government confirmed that lockdown would be extended for three weeks, and set out 'five tests' that must be met to allow the easing of restrictions:
 - 1) Evidence that the NHS can cope across the UK
 - 2) A sustained fall in daily death rates
 - 3) Evidence that the rate of infection (R number) is decreasing
 - 4) Confidence that supplies of testing and PPE are able to meet demand
 - 5) No risk of a second peak.
56. On 17 April, the Government updated PPE guidance with options for frontline staff if the supply of previously recommended gowns ran out.
57. On 23 April, the Government announced testing for essential workers and the recruitment of 18,000 people to work on manual contact tracing.
58. On 27 April, in a statement from Downing Street, the Prime Minister confirmed that lockdown would remain in place for the time being, but advised the public that recovery planning had begun. A new life assurance scheme was announced for NHS

and social care front-line workers who die from coronavirus, with their families receiving £60,000 in addition to existing entitlements.

59. On 28 April, the Government confirmed an additional £1.6bn additional funding for councils in England to deal with the immediate impacts of COVID-19.

National recovery

60. On 10 May, in another televised address to the nation, the Prime Minister announced the Government's Recovery Plan. The document, 'OUR PLAN TO REBUILD: The UK Government's COVID-19 recovery strategy', was published the following day (11 May).
61. The aim of the plan is 'return life to as close to normal as possible, for as many people as possible, as fast and fairly as possible... in a way that avoids a new epidemic, minimises lives lost and maximises health, economic and social outcomes'.
62. The plan outlines Phases Two and Three of the Government's response (with the action plan of 3 March as Phase One), with Phase Two comprising Smarter Controls and Phase Three Reliable Treatment. It sets out a 'cautious roadmap' for the easing of lockdown measures in a safe manner and is conditional on the five tests set out above and will be kept under constant review. The Government's key message changed from 'Stay at Home' to 'Stay Alert' in England.
63. A new pandemic alert system was introduced, categorising threat level on a scale of one to five in different parts of the country, based on assessments by the new Joint Biosecurity Centre. Alert levels are determined by the number of cases and the R number, or transmission rate, of the virus. The UK was currently assessed as being at Level 4, will all tests not currently met.

Stage of outbreak	Level	Measures in place
Risk of healthcare services being overwhelmed	5	Lockdown begins
Transmission is high or rising exponentially	4	Social distancing continues
Virus is in general circulation	3	Gradual relaxation of restrictions
Number of cases and transmission is low	2	Minimal social distancing, enhanced tracing
COVID-19 no longer present in the UK	1	Routine international monitoring

64. Three steps were announced to modify the lockdown measures, with a gap of several weeks between each to allow the monitoring of impact to ensure that the R number remains below 1.

Step 1 (From 13 May)

65. All sectors (except non-essential retail, personal care, hospitality and leisure facilities which are to remain closed) will continue to work from home where possible. Where this is not possible workers can return to their places of work provided these are open and meeting COVID-Secure guidelines (published on 12 May).
66. Schools would not open yet, but children that were currently eligible to attend (particularly vulnerable children) should be encouraged to do so. Nannies and childminders could operate if able to meet COVID-Secure guidelines. The

Government stated that parents without childcare should not be expected to go to work.

67. The public were advised to avoid public transport where possible, instead travelling on foot, or by bike or car. Capacity on public transport was expected to be 10% of former level for the foreseeable future.
68. The public were advised to wear a face covering (not PPE, a scarf would be sufficient) in enclosed spaces where social distancing was not possible.
69. The public were allowed to take as much exercise outside as they wished and could travel as far as they liked to take that exercise. They were allowed to meet on person from another household, maintaining social distancing. Public places must meet COVID-19-Secure guidelines, and playgrounds and outdoor gyms still could not be used.
70. Fines for the contravention of these rules were to be increased, with new guidance being drawn up for Police Forces on what should and shouldn't be policed.
71. Border restrictions were to be introduced as soon as possible, with all international arrivals providing accommodation and contact details. There will be some limited exceptions (e.g. lorry drivers to maintain the flow of goods).

Step 2 (From 1 June at the earliest)

72. At this point (if the five tests were being met), all non-essential retail (except personal care, hospitality, and leisure facilities) would open, and must meet COVID-19 Secure guidelines.
73. A phased return to education would begin, focusing initially on early years, reception, Year 1 and Year 6, with class sizes capped at 15 and infection control measures, such as staggered openings and breaks. The Government has stated an ambition for all primary-aged children to return to school for one month before the summer break if possible. Secondary and Further Education were asked to plan for some face-to-face contact with Year 10 and 12 students in support of their home learning.
74. Cultural and sporting events would be permitted to take place behind closed-doors for broadcast, while avoiding the risk of large-scale social contact.
75. More local public transport would be reopened in urban areas, subject to strict measures to limit as far as possible the risk of infection in these normally crowded spaces.
76. Restrictions on allowing people from different households to socialise will be examined and may be relaxed. Small weddings may be permitted.
77. Clinically Extremely Vulnerable people would continue to be shielded beyond June, with more support to be introduced for this group. Over 70s are not considered to be in the shielded group unless they are very vulnerable but they should remain cautious.

Step 3 (From 4 July at the earliest)

78. At this point (if the five tests were being met), all personal care, hospitality, public places (e.g. places of worship) and leisure facilities would open, subject to them meeting COVID-Secure guidelines.

79. The recovery strategy is supported by 14 ongoing programmes:

1. NHS and care capacity and operating model (improving PPE supply but also wider changes to health and care operating models)	8. COVID-19 Secure guidelines
2. Protecting care homes	9. Better distancing measures
3. Smarter shielding of the most vulnerable	10. Economic and social support to maintain livelihoods and restore the economy
4. More effective, risk-based targeting of protection measures	11. Treatments and vaccines
5. Accurate disease monitoring and reactive measures	12. International action and awareness
6. Testing and tracing	13. Public communication, understanding and enforcement
7. Increased scientific understanding	14. Sustainable government structures (a rapid reengineering of Government structures and institutions, learning the lessons from the pandemic).

80. Since then, the Government has sought to progress its recovery strategy on the basis that the national R number remains steady and below 1 (at the time of writing, the UK alert level remains at 4).

81. On 28 May, the Government stated that its five tests were being met and confirmed that that reopening of education and childcare settings and non-essential retail, including outdoor markets, would commence from 1 June. Elite support was also permitted to resume, with no spectators.

82. Guidance on socialising with others were also relaxed from this date, with people allowed to spend time outdoors, including in their own gardens, in groups of six people from different households, following social distancing guidelines.

83. People who are shielding were allowed to leave their home, with members of their own household (or one person from another household if they live alone), maintaining strict social distancing. The package of support for those shielding from COVID-19 is also set to continue.

84. This has been supported by a number of key announcements designed to reduce transmission and minimise risks of a second wave, including:

- New border control measures, with anyone entering the UK to self-isolate for 14 days, bar a small number of exemptions.
- New contracts to maintain and enhance PPE supply to the health and social care sector and investment for infection control within care homes.
- Significant enhancements in testing capacity and eligibility and the national Test and Trace programme to advise anyone who has been in recent close contact with another person tested positive for COVID-19 to self-isolate for 14 days.

85. Linked to the latter point, new ring-fenced funding of £300m for local authorities was made available in England to develop 'tailored' outbreak control plans working with the local NHS and other stakeholders. Work will focus on identifying and containing

potential outbreaks in workplaces, housing complexes, care homes, schools, and other settings. Local authorities will also need to ensure testing capacity is 'deployed effectively' to high-risk locations, working with the test and trace service, local NHS and other partners. Data on spread will be shared with local authorities through the Joint Biosecurity Centre.

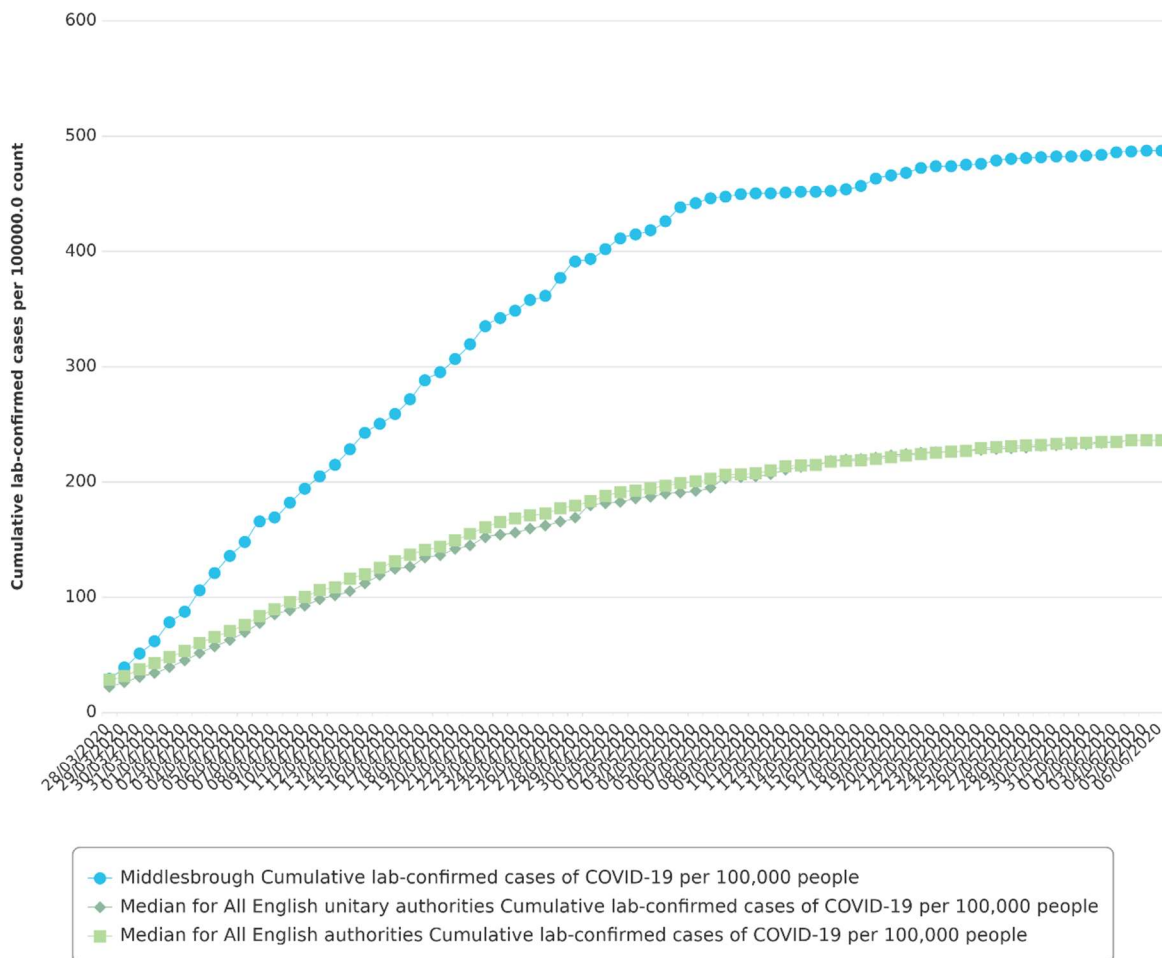
- 86. A new National Local Government Advisory Board was established to work with the test and trace service and share best practice led by a group of 11 local authorities, which includes this Council on the basis of the experience and impact of COVID-19 in Middlesbrough.

Transmission in Middlesbrough, the Council’s response and recovery

Transmission

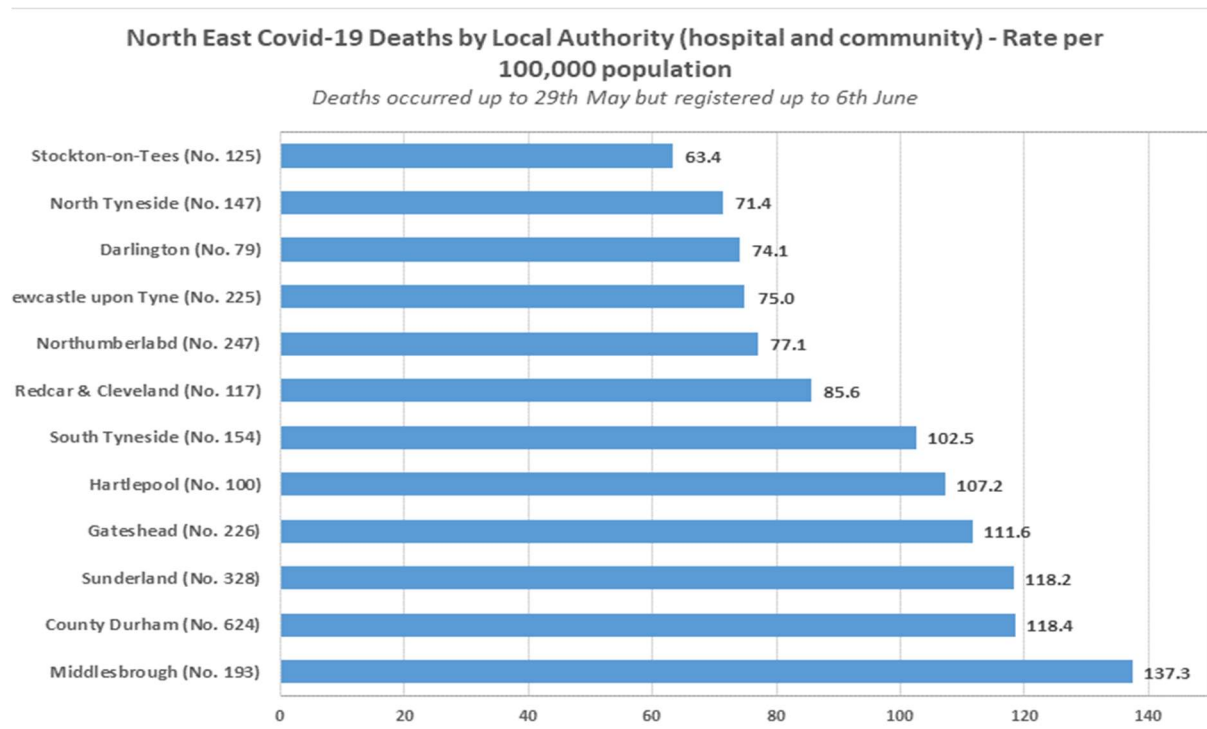
- 87. The first confirmed death *in* Middlesbrough (at James Cook University Hospital) was on 19 March. It is now well-known that since then Middlesbrough has experienced one of the highest rates of confirmed COVID-19 cases per 100,000 people in the UK, significantly higher than the other Tees Valley authorities and at an estimated 487 on 6 June, the fourth highest rate in England. The rate has now stabilised due to the significant reduction in new daily COVID-19 cases.

Cumulative COVID-19 Cases per 100,000 people, Middlesbrough compared with All English unitary authorities and all English councils



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88. The incidence of COVID-19 relates to prevalence in the Middlesbrough population and to the local testing regime (i.e. more testing is likely to identify more confirmed cases). As James Cook University Hospital tests all in-patients this is likely to have had some effect on Middlesbrough's data.
89. However, mortality data from the Office for National Statistics shows that Middlesbrough also has the highest mortality rate per 100,000 population in the North East (as set out below). At 5 June, there had been a total of 214 registered deaths from COVID-19 in Middlesbrough.



90. Middlesbrough appears to be broadly consistent with the national picture in the sense that the great majority of those suffering severe symptoms and dying from the disease are from the over 65 age group and / or have an underlying health condition and many have been residents of local care homes. Many are from lower income groups but there has been no apparent disproportionate impact on BAME communities.
91. The reasons for the apparent disproportionate impact on Middlesbrough require detailed investigation in due course, and this data will inform the Council's Recovery Plan. However, the following factors are likely to be significant:
- the extent of overall poor health within Middlesbrough's communities;
 - the extent of income and health inequalities within Middlesbrough's communities;
 - the population density and housing tenure types within Middlesbrough; and
 - the proportion of workers in jobs where social distancing is difficult.

Council response

92. Under the Civil Contingencies Act 2004 the Council is identified as a Category 1 responder, and as such has a legal duty to plan for and respond to emergencies in its area alongside other local responders, including the health sector and emergency

services. It has legal duty to maintain the continuity of its business critical functions where it is possible to do so. It also has a duty to plan for recovery following an emergency incident.

93. The Cleveland Local Resilience Forum (CLRF) provides a structure to help local agencies including the Council plan and prepare for major incidents and meet their statutory duties under law (the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005 and accompanying statutory guidance entitled "Preparing for Emergencies).
94. Throughout the incident, the Council has been proactive in its communications with local communities, businesses and employees, updating them on Government guidance, how the Council is responding and where to find additional guidance and support.

Response chronology

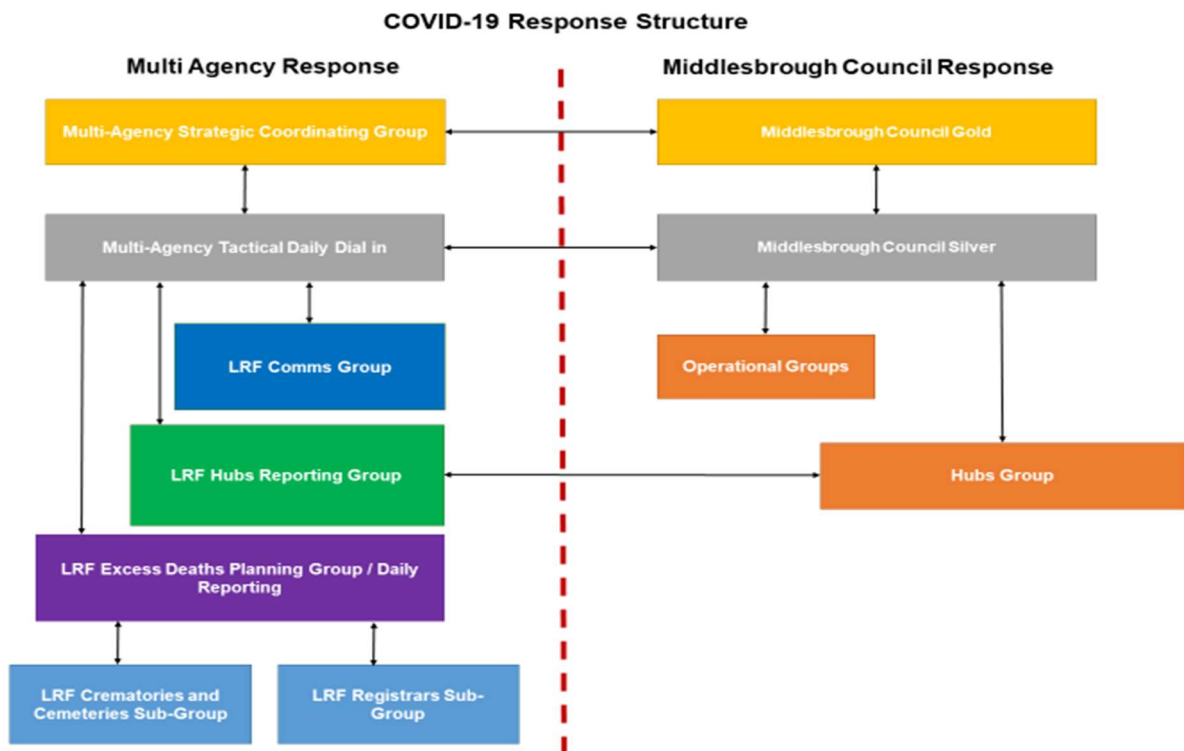
95. The key events of the Council's response are outlined in paragraphs 96 to 145.
96. The Council began to escalate its preparations for COVID-19 response in early February. On 13 February a desktop review of the Council's Flu Pandemic Plan was undertaken, with findings reported to Emergency Management Response Team on 20 February.
97. Throughout February, the Council's business continuity group monitored events at the national level and communicated advice from PHE to employees, schools and local communities and businesses.
98. On 5 March, a presentation on the Council's assumptions and preparedness was received by Corporate Affairs and Audit Committee.
99. On 9 March, services were required to plan business continuity arrangements in the event of escalating staff absence and escalate issues to the Council's business continuity coordinator.
100. On 16 March, the Council invoked its Major Incident Plan with the response structure of the Gold, Silver and Bronze Command. Due to the nature of the event, the Council's business continuity decision structure was aligned with this structure.

Gold Command: Sets strategy for the response and controls resources. The Chief Executive is Gold Commander and the group comprised Leadership Team and the Head of Marketing and Communications, alongside the Mayor and Deputy Mayor of Middlesbrough.

Silver Command: Manages the tactical implementation of strategy set by Gold and oversees business continuity. The Director of Environment and Commercial Services is Silver Commander and the group comprised senior representatives from all key services, engaging with partners and providers (e.g. care homes) as appropriate.

Bronze Command: Delivers action set by Silver and directly manages resources to respond to the incident. Typically this role was fulfilled by Departmental Management Teams.

101. In order to ensure continued timely responses during the pandemic, the Mayor of Middlesbrough delegated authority to the Chief Executive to make Executive decisions of a policy, financial and operational nature in response to the COVID-19 emergency. This authority was used by the Chief Executive when chairing Gold Command on those occasions where the Mayor and / or Deputy Mayor were unable to attend. All decisions made by Gold, Silver and Bronze Commands during the incident were in line with delegated authorities set out within the Council's Constitution and have been appropriately recorded to inform the future post-incident review.
102. The Council's engagement with multi-agency partners via the CLRF was in line with agreed multi-agency emergency plans and procedures, and the Council has played a key role in the multi-agency response in the Cleveland area. Initially, daily calls were held for the LRF and its Strategic and Tactical Coordinating Groups (including weekends), and on death management, community hubs and PPE / adult social care, moving to a reduced frequency over time as the incident evolved.
103. In addition, the Chief Executive has participated in daily calls with other North East Chief Executives and national calls with the Government.
104. The local response structure is outlined below.



105. Gold and Silver Command were stood up from the 16 March with the Council's Change Programme Manager coordinating activity of both groups. Situation reports from Council services were considered by Silver and escalated to Gold where required from day one. Information is key in incident response and key metrics relating to both the incident and the impact on local communities and Council services were developed, communicated and used as the basis of decisions throughout the outbreak by CLRF partners, including:

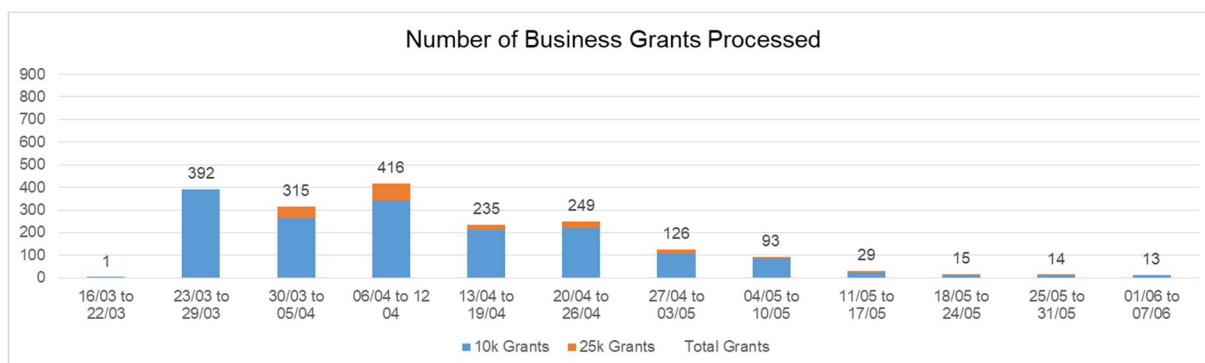
- Case and mortality rate within Middlesbrough;
- Hospital cases and bed capacity;
- Registered deaths and death management capacity;
- Activity in community and shielding hubs;
- Crime and anti-social behaviour;
- Infections within care homes;
- Volunteer availability;
- Community tensions;
- Communications;
- Impact on the labour market;
- School attendance;
- Employee sickness absence;
- Grants issued;
- Child safety plans completed.

106. The Council did not suffer significant staff absence during this incident and while pressured, no service operational within the pandemic was overwhelmed. From 1 February to 4 June, 171 staff were absent with COVID-19 symptoms / sickness (18% of staff absence in that period). The highest level of absence during the incident (in some social care teams) was in the 20-30% range. Many employees have now returned to work and at 4 June, 10 staff were absent with COVID-19 symptoms / sickness. There have been no employee fatalities from COVID-19, though the Council is aware that many employees have lost family and friends and so have been adversely affected by the disease.

107. At the highest point (30 March), the Council had 378 employees self-isolating or shielding due in line with Government guidance. Many of these employees have been able to work from home. At 4 June, self-isolation numbers were at 149 (102 shielding, 47 self-isolating).

108. The Council commenced the payment of grants to local businesses week commencing 16 March, paying its first grant of £10,000 on 20 March, the first payment made in the Tees Valley. While many local authorities issued grants in bulk at set times, the Council adopted a daily payment model in order to be more responsive to the needs of local businesses.

109. The Council was one of the first local authorities to make 50% of grant payments. At 8 June, the Council had issued 1,898 grants to local businesses at a total value of £22,220,000 (1,682 grants of £10,000 and 216 grants of £25,000), 99% of the total.

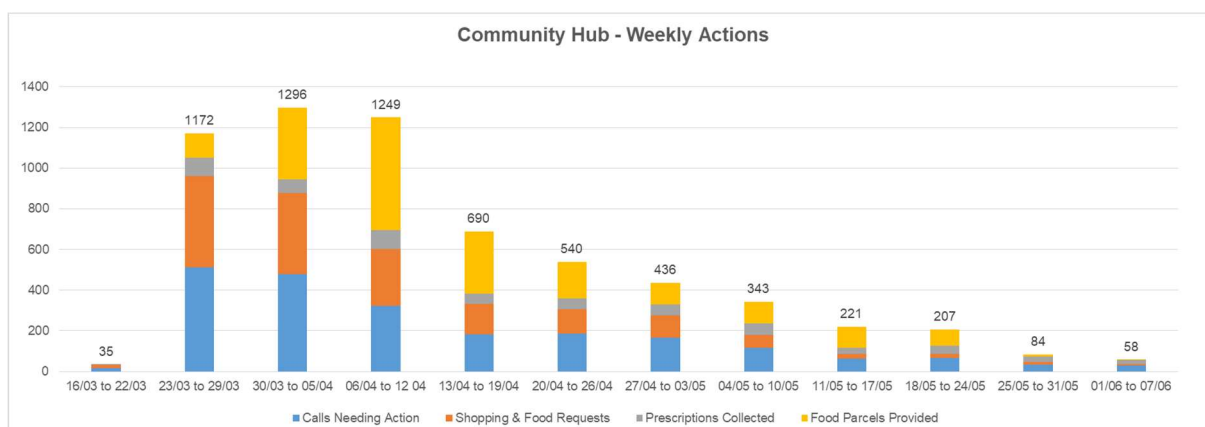


110. Feedback from local businesses on the Council's approach has been very positive and the Council's efforts were recognised by the Secretary of State for Business, Energy and Industrial Strategy in his local authority briefing on 1 April 2020.

111. On 17 March, Gold Command approved the suspension of employee inductions, training and appraisals until further notice. It also agreed which Council services were

to be suspended and buildings closed, and that employees who were able to work from home should do so from the following day (18 March).

112. On 18 March, Silver Command agreed a revised approach to the management of bulk printing and in / outbound mail.
113. From 19 March, a process for prioritising the deployment of laptops, mobile phones and software solutions to allow more employees to work on an agile basis during the outbreak was agreed by Silver Command. During this period the Council has enabled a further 200 employees to work on an agile basis (1,700 in total), with off-network connections increasing over threefold to up to 1,300 per day. A number of other digital solutions were rapidly deployed to facilitate contact between employees, partners and clients, including the Gov.notify SMS solution, WhatsApp, video calls and conferencing.
114. On 19 March, the Government published its definition of key workers. Gold Command subsequently approved 2,000 employees as key workers and these employees were furnished with papers stating such on 26 March.
115. Also on 19 March, the Help Boro Community Hub went live, in advance of anticipated Government go live of 20 March. The hub contacted all local people on the Government's shielding list putting them in touch with support within their own communities, and assisting them where required, joining-up the national and local response.
116. The number of local people on the Government's shielding list increased significantly over time from the first data, at the time of writing amounting to 6,289. Of that number, 2,177 registered with the Hub as requiring support / identified as 'shielding'. And of that, 1,049 (individuals) received food parcels from the Government.
117. To 8 June, the hub had taken 2,175 calls from vulnerable people, involving 1,644 shopping and food requests, the collection of 586 prescriptions and the delivery of 1,926 food parcels, with demand broadly in line with the curve of the local infection rate. Sixty five crisis payments have also been made to local individuals and families amounting to £4,509. The response from those local residents using the hub has been uniformly positive.



118. The impact of COVID-19 lockdown on local children and families has been significant, and Gold Command received regular updates on school attendance

throughout the incident and progress on implementing plans for safeguarding children at risk during the outbreak.

119. At 4 June, the average weekly attendance at school of 1,776 identified vulnerable children was 9.5%. Of total children on school roll (24,636, which includes nursery and post-16), an average of 414 attended school from 11-15 May, equating to 1.68%. The Council made a range of resources available on its website to support local parents with the difficult task of home schooling during the lockdown period. At 4 June, 2,606 of 2,840 safety plans had been completed and implemented.
120. The Council's Children's Services Commissioner made positive comment on the Council's response to COVID-19 in his report to DfE of 4 June 2020.
121. On 20 March, Gold Command approved the cessation of receipt of cash payments at the Middlesbrough House Customer Centre. Customers were advised of alternative ways to pay. The Customer Centre has remained open throughout the outbreak to make essential cash payments to vulnerable people.
122. On the same day, the Council offered flexibility in the scheduling of Council Tax payments (10-month direct debit commencing in either April or June) and revised bills were issued to householders on 1 April.
123. On the same day, a volunteer register was established with over 150 volunteers subsequently deployed to drop leaflets to all households about the Help Boro Hub and to targeted areas to reinforce social distancing messaging.
124. On 22 March, the Mayor of Middlesbrough made the decision to temporarily close all parks and play areas due to evidence of the public's contravention of social distancing guidance. These spaces were subsequently reopened on 8 May.
125. On 23 March, Gold Command signed off COVID-19 guidance for managers and employees. It was noted that the Council had begun to issue notices to a number of local restaurants and bars to comply with Government instruction and to close. A decision was made to provide enhanced payments to social care providers (an additional 5% for residential and 8% for domiciliary care). It was agreed that eight mourners per funeral would be permitted, with social distancing observed.
126. On 23 March, additional business continuity plans were required by the Council's business continuity coordinator and subsequently developed for a number of functions deemed critical for the COVID-19 pandemic, specifically cleaning, street cleaning (litter bins), the Help Boro Hub, business support and mail and print.
127. On the same day, Silver Command approved the suspension of all parking charges from the following day (24 March) in support of Middlesbrough's key workers.
128. Also on this day, central registers were created to allow the redeployment of staff between services and to procure and distribute PPE to ensure business continuity, both coordinated by the programme manager.
129. On 24 March, Gold Command approved the closure of Middlesbrough Bus Station and the Council's car parks from the following day (25 March).

130. On 25 March, Gold Command approved the postponement of green waste collections until May, in line with the majority of other local authorities. A media statement and public communications were issued on the same day, outlining changes to services and building closures during the lockdown period. All services operational from workplace settings within the pandemic have been conducted in line with agreed health and safety risks assessments, reflecting current public health guidance at that time. On this day, Gold Command also agreed to increase the supplier subsidy payment from 80% to 100%.
131. A major incident was formally declared on 27 March 2020 for CLRF and all partner agencies.
132. On 27 March, Gold Command agreed that inflationary increases to fees and charges would proceed as planned. Following analysis of the national announcement on the hardship fund for Council Tax, it was agreed to apply a local reduction of £155 would be applied (greater than the national standard) to benefit almost 6,000 local households.
133. On 30 March, Gold Command agreed additional signatories for expenditure of £100,000+ for business continuity purposes.
134. On 1 April, Gold Command agreed that cemeteries would remain open but that the crematorium building would be closed to the public, following consideration of Local Government Association guidance.
135. On 2 April, national guidance on PPE was issued. Updated guidance was issued to managers on 6 April and all risk assessments were updated by 15 April, with all key workers on site during this period required to sign to acknowledge their understanding of the requirements of the risk assessment and to agree to comply with them.
136. On 3 April, the frequency of Gold and Silver Command were reduced. Gold would meet on Monday, Wednesday and Friday, with Silver meeting on Tuesday and Thursday.
137. On 6 April, Gold Command approved the return of 28 FTEs to Area Care to bring some services back on line, including removal of fly tips. A range of support options for small businesses were agreed, including:
 - Adding those businesses with an 'all-in' deal with the Council to the ratings list, where this should have been done previously and confirmed by the Valuation Office as such, to ensure they could benefit from Government schemes provided they meet the eligibility criteria.
 - Permission for all tenants in Council-owned properties where required, to defer rental payments for 3 months.
 - Communication to private sector tenants with 'all-in' deals as to how the Council proposes to react.
138. Also on 6 April, a consistent corporate approach to the collection of debt was agreed, pausing reminders and court action for a temporary period while encouraging debtors to meet their payment obligations.

139. On 8 April, Gold Command agreed that the Council would not furlough its employees, instead maintaining a record of the cost of paying casual staff and charging this to COVID-19 funding, where appropriate.
140. On 15 April, Gold Command approved the reinstatement of green waste collection rounds from 5 May on a monthly basis.
141. On 17 April, Gold Command agreed to meet weekly, on a Friday.
142. On 27 April, Silver Command agreed an approach to staff testing for COVID-19, with staff advised to continue to follow Government guidance and self-isolate if they were COVID-19 symptomatic.
143. On 1 May, Gold Command agreed to reopen household waste sites from the following day (2 May) and to commence the resumption of Environmental Services.
144. On 15 May, it was agreed that Gold Command and Recovery Group (as set out below) would merge henceforth, to better manage the handover between incident response and recovery. This since has resulted in 'by exception' circulation of incident data and the reduction in the frequency of Silver Command meetings to monthly.
145. Internal debriefs will be held at the Gold and Silver groups to capture lessons for implementation into future incident response. Multi-agency debriefs will also be held for multi-agency learning and these will be facilitated via the CLRF. Consideration will be given to the learning that is relevant to a potential second peak of infections, so that it can be implemented in advance of the pressures on services.

Local recovery

146. The Council established a Recovery Group on 9 April and so was planning the local recovery at a high level well in advance of the Government's published strategy of 11 May. Gold Command and Recovery Group later merged, meeting on Thursday from 21 May.
147. Led by the Mayor of Middlesbrough and the Chief Executive, the Council's Recovery Group comprises a number of sub-groups linked to its strategic aims of People, Place and Business, each led by member of Leadership Team. Legal, Finance and Communications advisory groups will support the work of the sub-groups.
148. Through this structure the Council has developed a proposed recovery plan for Middlesbrough that aims to rebuild, restore and rehabilitate local communities and business over the next three years, within the context of the UK's national recovery strategy.
149. Key to recovery will be effectively addressing local inequalities that have arisen or broadened due to COVID-19 and the lockdown, the impact on local businesses (particularly retail) and the impact on the Council's financial position and strategic objectives. The approach to recovery will seek to identify and realise opportunities to achieve longer-term regeneration and economic development in Middlesbrough.

150. All recovery activity will be evidence-based, and fully engage elected members, local communities and businesses, partners and employees in design, delivery and evaluation. A community impact assessment will be developed and maintained, to assess the impact of activity as communities move to an agreed 'new normal' post-COVID-19.
151. The full proposed Recovery Plan is set out at Appendix 1 and an impact assessment of this at Appendix 2. Detailed supporting plans are now being developed and implemented for each workstream outlined in the plan. Work will be underpinned by the local outbreak plan and the Council's beacon activity.
152. On 27 April, the Chief Executive delivered an all member briefing on the recovery process via video conference, and presented an outline of recovery plans to Overview and Scrutiny Board on 21 May. The ongoing involvement of the board has since been agreed and is set out in 'Actions to be taken to implement the decision' of this report.
153. Decisions made via the combined Gold Command / Recovery Group to date relating to recovery are outlined in paragraphs 154 to 160.
154. On 21 May, Gold Command / Recovery Group agreed that the Council's nurseries could re-open from 15 June 2020, subject to COVID-19 Secure guidelines and the local infection rate remaining low.
155. It was agreed to stand down the Help Boro Hub, based on reducing local demand and in line with the Government's phased recovery strategy, with the helpline to remain operational and hub able to relaunch at short notice.
156. Also at this meeting, the group agreed in principle the application process for discretionary grants for local businesses presented to today's meeting of the Executive, and to increase residential care fees to 10% to allow a longer term offer for care homes in the South Tees to be developed.
157. The group agreed to increase parks opening times from 1 June, with play areas to remain closed, and this was subsequently announced by the Mayor of Middlesbrough on 27 May.
158. On 28 May, Gold Command / Recovery Group agreed to extend free parking in Middlesbrough and current pay arrangements for casual staff until the end of June 2020. The group also agreed at this meeting to resume debt collection in light of rising debt levels.
159. The group also discussed the Council's contribution to the national Beacon scheme for Test and Trace and agreed next steps. The group agreed that employees were to be encouraged to continue to work for home wherever possible, and approved a mechanism to all employees to request office equipment for home use and for this to be delivered to them.
160. It was also agreed to reopen Middlesbrough bus station from 15 June, with buses operating normal timetable but at 20% capacity, with usage to be kept under regular review. It was agreed that a free app would be developed for town centre visitors to

communicate COVID-19 Secure approaches being used in shopping centres and other venues.

What decisions are being asked for?

161. That the Executive notes the loss of life to COVID-19 in Middlesbrough and formally records its condolences to the families and friends of all those that have died.
162. That the Executive notes the Council's effective response to the COVID-19 pandemic and records its thanks to all staff, volunteers, partners and other stakeholders for their efforts in reducing transmission and supporting local communities and businesses.
163. That the Executive approves the Council's proposed COVID-19 Recovery Plan (at Appendix 1) and associated arrangements for reporting progress and engaging with the Overview and Scrutiny Board.

Why is this being recommended?

164. To allow the Council to meet its legal obligations under the Civil Contingencies Act 2004 and to enable the effective management of finances, performance and risk in line with the Council's Local Code of Corporate Governance.

Other potential decisions and why these have not been recommended

165. Not applicable – the Council has a legal duty to plan for recovery following an emergency incident.

Impact(s) of recommended decision(s)

Legal

166. Implementation of the Recovery Plan will enable the Council to meet its legal duty under the Civil Contingencies Act 2004 to rebuild, restore and rehabilitate communities and businesses following an emergency incident, and to and continue to meet its other statutory duties, including the overarching Duty of Best Value.

Financial

167. There are significant financial implications from the COVID-19 pandemic, in the short to long-term.
168. In the short-term, there will be a significant impact on the Council's expenditure in 2020/21. In line with announcements in the Spring Budget on 27 March and a subsequent announcement on 28 April, the Council received a total payment from the Government's public sector emergency response fund of £9.045m.
169. While significant, this in no way cover the Council's projected expenditure from COVID-19, which is currently estimated as follows:

	2019/20	2020/21	Total
	(£m)	(£m)	(£m)
Extraordinary costs incurred	0.385	4.297	4.683
Estimated loss of income	0.492	6.469	6.96
Risk to achieving Change Programme savings	0	2.319	2.319
Business Rates and Council Tax – estimated income reductions	0	3.916	3.916
Total	0.877	17.001	17.878

170. This leaves a current gap of £8.833m, which is likely to grow in light of the Council's ongoing response and recovery activity, and which, if no further funding is made available from Government, will require mitigation across the life of the Council's Medium Term Financial Plan. Ongoing updates on COVID-19 expenditure will be provided in future quarterly results reports to the Executive.
171. On 4 May, the Mayor of Middlesbrough and the Council's Chief Executive wrote an open letter to Simon Clarke MP, Minister of State for Regional Growth and Local Government, pointing out the funding shortfall and requesting additional funding in order to avoid service reductions.
172. COVID-19 will undoubtedly result in economic contraction. Claims for unemployment benefit in the UK grew by over 850,000 in April (claimant count increased by 47% in Middlesbrough) and on 14 April, the Office for Budget Responsibility (OBR) suggested that national GDP could fall by 35% in second quarter.
173. The Government is spending heavily to fund (at current count) 25 different financial interventions to support the economy. It is currently projected to borrow a record £298bn in 2020/21, against a pre-lockdown projection of £55bn, with public debt rising to 95.8% of GDP. This would outstrip borrowing to respond to the 2008/09 financial crisis, and is likely to rise further as the costs of furloughed staff are accounted for.
174. Prevailing fiscal policy suggests that such debt levels would be stabilised by major tax rises and / or public spending cuts, by the Government has signalled a different approach to debt tolerance and the intention to stick to its plan of 'levelling up' the UK's regions. Nonetheless, until the long-term funding solution for local government is determined, uncertainty over the Council's financial position in the longer-term will persist.
175. In the light of both the above, ongoing spending pressures within Children's Services and a potential 'No Deal' Brexit in December 2020, the 'Strategic Plan 2020-23 – Progress at Year-End 2019/20' report presented to this meeting of the Executive proposes that the Interim Section 151 Officer conducts a fundamental review of the Medium-Term Financial Plan, to be considered by the Executive in September 2020.

Policy framework

176. This report does not seek to amend the Council's Policy Framework. However, COVID-19, the response to it, and the recovery from it, will have a significant impact on the local people and communities, the local economy and fundamentally change the way the Council does business in the future. As such, the 'Strategic Plan 2020-23 – Progress at Year-End 2019/20' report presented to this meeting of the Executive

proposes that the Executive receives a revised draft of the Strategic Plan for 2021-24 in November 2020, which will reflect findings and recommendations from COVID-19 recovery planning.

Equality and diversity

177. The Council's COVID-19 Recovery Plan has been subject to a Level 1 (screening) equality impact assessment (at Appendix 2).
178. This identified that no negative differential impacts on diverse groups and communities within Middlesbrough are anticipated from the delivery of activity set out within the Recovery Plan, which in part aims to address the assumed increase in local inequalities in income, health, educational attainment and other areas arising from COVID-19.
179. As supporting plans are developed, further equality and community impact assessments will be undertaken as appropriate to assess proposed plans and be given due consideration by appropriate decision makers. In order to ensure consideration of the issues covered by these assessments is given due regard during the development of plans, officers will be given supporting guidance and signposted to the corporate impact assessment policy.

Risk

180. COVID-19 has brought and will in future pose a number of increased and new risks to the Council, outlined in the body of this report and formally set out in the Strategic Risk Register appended to the 'Strategic Plan 2020-23 – Progress at Year-End 2019/20' report presented to this meeting of the Executive. The Council's Recovery Plan sets out a broad range of activity to address these risks.

Actions to be taken to implement the decision

181. Subject to approval, the implementation of the Recovery Plan will commence immediately. A SMART action plan will be developed, and with updates provided on a weekly basis to Recovery Group and Executive Members regularly briefed on progress.
182. Any issue or proposal emerging from the delivery of the Recovery Plan that requires a member decision will be brought forward individually in line with the Council's constitution.
183. Overview and Scrutiny Board will be updated on progress on a quarterly basis (with COVID-19 also a standing item on its agenda), with progress reported formally to the Executive every quarter as part of the Council's Quarterly Results report.

Appendices

- 1 MBC COVID-19 Recovery Plan
- 2 MBC COVID-19 Recovery Plan – Impact Assessment

Background papers

None.

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Appendix 1: COVID-19 Recovery Plan

Introduction

1. This Recovery Plan has been produced and developed by Middlesbrough Council in line with the National Recovery Plan Guidance Template (Emergency Response and Recovery Guidance, HM Government) and within the context and pace of the UK Government's national recovery strategy for COVID-19.
2. Disasters and emergencies can strike suddenly anytime, anywhere – they disrupt whole communities and people's lives. They may be caused by failure of essential services or technological failures, the extremes of nature, or a terrorist attack. The emergency may occur overseas but impact on our residents or nationals, our ability to deliver services, or the environment of the UK.
3. It is within this context that physical, psychological and economic recovery is conducted. Recovery can be defined as the process of rebuilding, restoring and rehabilitating communities and business following an emergency or disaster.
4. The 2020 COVID-19 pandemic has impacted upon every aspect of community life in the UK, with a significant impact on the national economy. The Council is best placed to lead and coordinate local recovery and is responsible for ensuring that communities and businesses are progressed to a 'new normal', identifying any opportunities that go beyond recovery to achieve longer-term regeneration and economic development.
5. While the severity of many recovery challenges are currently not determined, it is possible to assess what many of the challenges themselves will be. Key to recovery will be effectively addressing local inequalities that have arisen or broadened due to COVID-19 and the national lockdown, the impact on local businesses (particularly retail) and the impact on the Council's financial position and strategic objectives.
6. It is critically important that all sectors are engaged in recovery, including the private and voluntary and community sectors.
7. The recovery process is expected to last up to three years, but will continue until the disruption has been rectified, demands on services achieve a 'new normal', and the needs of those affected have been met.

Purpose

8. The purpose of this Recovery Plan is to provide a strategic overarching framework for all Council staff, partners and other agencies tasked with implementing the recovery process within Middlesbrough.

Principles

9. Recovery will:
 - be an enabling and supportive process, which allows individuals, families, communities and business to attain a proper level of functioning;
 - recognise the complex, dynamic and protracted nature of recovery processes and the changing needs of those affected;
 - include the active participation of those affected, and the community and business sectors, with a strong reliance on local capacities and expertise; and

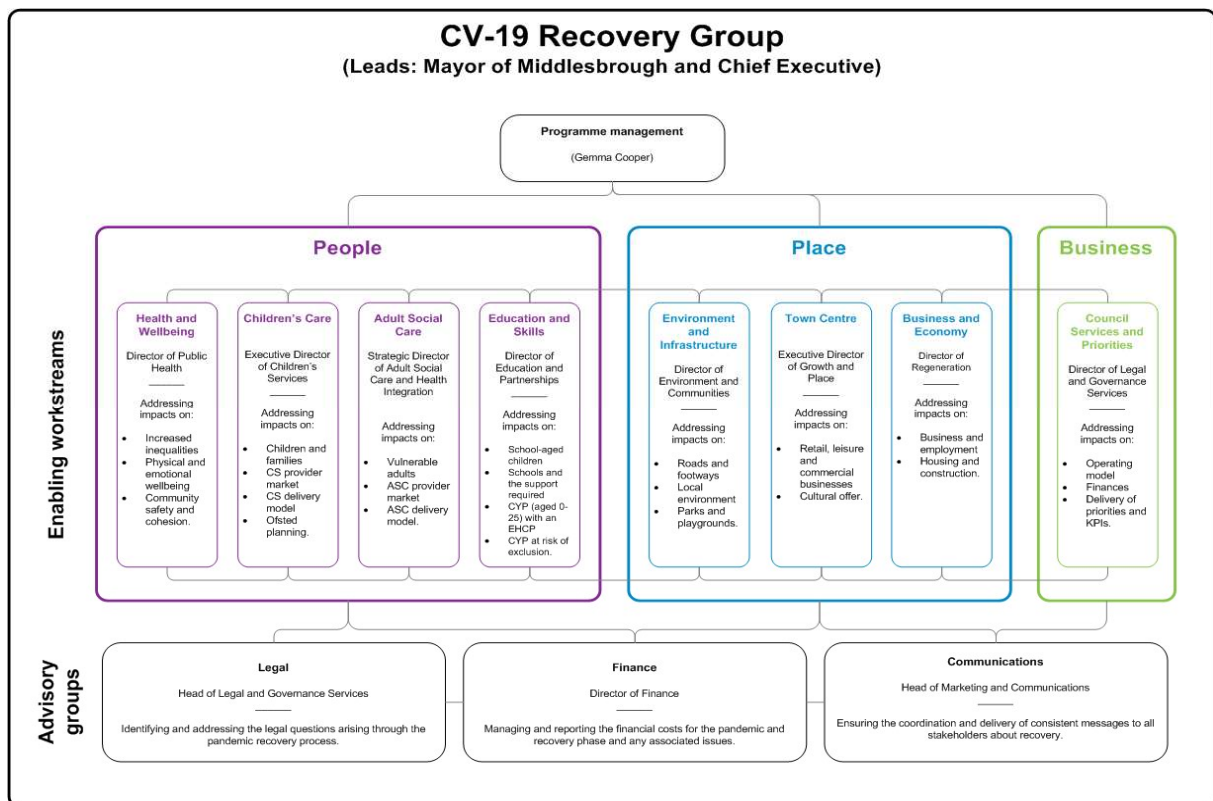
- include the establishment of planning and management arrangements which are accepted and understood by all those involved in the process and which integrate with existing corporate performance, programme and project management and risk management arrangements.

Strategic approach

- The Council will develop and implement a clear strategy for recovery, linked to the Council's strategic aims of People, Place and Business, and ensuring that:
 - community impacts are identified through a consistent impact assessment process taking into account humanitarian assistance and economic, environmental and infrastructure recovery needs;
 - SMART recovery action plans are developed to address impacts;
 - opportunities to 'build back better' are identified and realised;
 - local communities and businesses are involved and kept informed throughout;
 - temporary arrangements are implemented to allow, as far as practicable, normal life to be maintained; and
 - all affected communities and sectors are ultimately restored where possible, to an agreed 'new normal'.

Governance

- The Council's strategy will be developed and implemented via Recovery Group, led by the Mayor of Middlesbrough and the Chief Executive. The group will oversee a number of sub-groups, each led by member of the Leadership Team. Legal, Finance and Communications advisory groups will support the work of these sub-groups.



- Terms of reference and regular meeting schedules will be developed and implemented for Recovery Group and all sub-groups, with appropriate decision logs maintained.

Executive members and a range of local partners and stakeholders will be invited to sit on relevant sub-groups.

Key activity

13. Key recovery activity identified by sub-groups is set out below. A core element of the first phase of work will be populating the community impact assessment, which will provide a clear steer for future activity.

Sub-Group	From	To
Health and Wellbeing		
Working with voluntary and community sector partners and communities, produce, deliver and implement a health and wellbeing recovery plan to support communities to regain / enhance physical and emotional wellbeing.	May-20	Mar-22
Ensure recovery plans are informed by intelligence and insights on the scale and distribution of COVID-19-related harm in Middlesbrough with a view to ensuring recovery efforts reduce inequalities.	Jun-20	Oct-20
Undertake community based research to develop measures of success which are meaningful to local communities.	Jul-20	Dec-20
Children's Care		
Develop and implement effective systems and resources to ensure responsiveness to any spikes in demand.	Jun-20	Dec-20
Maintain a clear focus on delivery of the Children's Services Improvement Plan in line with the Commissioner's expectations of reporting progress / achievement to the Department for Education.	Jun-20	May-21
Ensure that Children's social care practice throughout the COVID-19 recovery period is both sustainable and compliant with duties outlined in the Children's Act 1989 and Working Together 2018.	Jun-20	Jun-21
Review partnership working to ensure a collaborative approach to improving practice with Middlesbrough's vulnerable children.	Jun-20	Oct-21
Adult Social Care		
Assess the impact of COVID-19 on informal carers, developing a package of support to address any detrimental impact on informal care arrangements, and developing services to improve the sustainability of caring roles.	Jun-20	Oct-20
Review and address the impact of COVID-19 on social work processes and practices, to ensure that most effective use is made of current staff resources to meet rising demand, and that standard operating procedures are both efficient and safe.	Jun-20	Dec-20
Review and address the impact of COVID-19 on the financial sustainability and safe working practices of in-house provider services, and the residential and independent care provider market.	Jun-20	Mar-21
Address the impact of and learning from COVID-19, on the Complex Needs Commissioning project, to ensure work is realigned to deliver as per original expectations and to achieve in full all identified benefits	Jun-20	Apr-21
Education and Skills		
Assess and react to the impact of COVID-19 on the statutory Education Health and Care Plan process for children and young people aged 0-25 through close monitoring with schools, settings and families.	Apr-20	Apr-21

Sub-Group	From	To
Education and Skills		
Develop a plan of support to ensure schools are equipped to reopen, in line with COVID-19 Secure guidelines.	May-20	Sep-20
Assess and react to the impact of COVID-19 on children in Middlesbrough, building resilience and supporting them to achieve intended outcomes.	Jun-20	Jul-23
Develop a programme of training and support to ensure that Middlesbrough residents who have been made economically inactive, less active or unemployed as a result of COVID-19 are work-ready.	Sep-20	Apr-22
Environment and Infrastructure		
Review the prioritisation of returning services in line with COVID-19 Secure guidelines, engaging with both members of the public and partners to inform service improvements.	May-20	Sep-20
Review effects of COVID-19 on street warden operating model, ensuring the service is fit-for-purpose following the relaxation of lockdown restrictions.	May-20	Sep-20
Ensure provision of catering and transport services is appropriately resourced and has the capacity to effectively contribute to the reopening of Middlesbrough schools.	May-20	Dec-20
Town Centre		
Implement a phased reopening of town centre, leisure and hospitality businesses with a view to returning to pre-COVID-19 levels of activity, supporting business survival rates and ensuring safe spaces and environments.	May-20	Aug-20
Implement a long-term plan of support for businesses and town centre users within the 'new normal', including the provision of financial support measures and maximising the impact national schemes locally.	May-20	Apr-21
Understand if / how COVID-19 has impacted on Middlesbrough's ability to attract investment, developing plans / approaches to address the future needs of the town.	Jun-20	Mar-21
Business and Economy		
Ensure Government support is promoted and delivered to qualifying local businesses to support their survival.	Jun-20	Dec-20
Identify and support vulnerable sectors, clusters and individual businesses facing additional survival challenges.	Jun-20	Mar-21
Work with the housebuilding industry to ensure the impact of COVID-19 on housing completion targets for 2020/21 and 2021/22 is minimised.	Jun-20	Mar-22
Council Services and Priorities		
Establish a central repository to capture lessons learned from COVID-19 that can be used to inform future planning or support reactions to a second wave of the pandemic.	May-20	Jun-20
Develop a corporate approach to the return of services, ensuring compliance with COVID-19 Secure guidelines, reviewing the existing organisational approach to health and wellbeing to ensure adequate support for the workforce is in place.	May-20	Oct-20
Assess the impact of COVID-19 on the Council's financial position in the short to medium-term (MTFP and budget savings targets) and identify approach to address.	Jun-20	Nov-20
Review strategic priorities; those impacted and addition of priorities required as a result of COVID-19 (integrating recovery arrangements / opportunities).	Jun-20	Nov-20

Sub-Group	From	To
Council Services and Priorities		
Review delivery models, service standards and working practices to develop the 'new normal', revising related strategies, policies and procedures accordingly, and engaging / consulting with members, employees and other stakeholders.	Jun-20	Nov-20
Review any changes to existing legislation and the Government's proposed legislative programme as a result of COVID-19 to identify implications for Council priorities and services.	Jun-20	Mar-21

14. Activity will be set out in a series of interrelated and SMART action plans for each sub-group, setting out appropriate milestones and performance targets, and governed in line with existing corporate performance management arrangements.
15. All recovery target setting and activity planning will be evidence-based, and fully engage elected members, local communities and businesses, partners and employees in design, delivery and evaluation.
16. All recovery action plans will be impact assessed to ensure due regard is given to the Council's duties under the Equality Act 2010 and that its decisions and the way it delivers services are fair.
17. The Recovery Group will monitor progress against the recovery action plans on a weekly basis, taking appropriate action in light of performance.
18. Executive Members will be regularly briefed on progress. Any issue or proposal emerging from the delivery of the Recovery Plan that requires a member decision will be brought forward individually in line with the Council's constitution.

Scrutiny and reporting of progress

19. Overview and Scrutiny Board will be updated on progress on a quarterly basis (with COVID-19 also a standing item on its agenda), with progress reported formally to the Executive every quarter as part of the Council's Quarterly Results report.

Communications

20. An overarching communications strategy for recovery will be developed and managed by Recovery Group to ensure clear and consistent messaging to the public and media.

Stand-down of Recovery Group

21. The recovery process is anticipated to last for up to three years. The Recovery Group will stand down when its action plan(s) are completed and targets achieved, and / or it is agreed that there is no longer the need for regular multi-agency coordination and remaining issues can be dealt with by individual agencies as a part of business-as-usual. It may be however be possible for some Sub-Groups to move activity to business-as-usual prior to the main Recovery Group standing down.

Appendix 2: COVID-19 Recovery Plan – Impact Assessment

Subject of assessment:	COVID-19 Recovery Plan			
Coverage:	Overarching / crosscutting			
This is a decision relating to:	<input checked="" type="checkbox"/> Strategy	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Service	<input checked="" type="checkbox"/> Function
	<input checked="" type="checkbox"/> Process/procedure	<input checked="" type="checkbox"/> Programme	<input type="checkbox"/> Project	<input checked="" type="checkbox"/> Review
	<input checked="" type="checkbox"/> Organisational change	<input type="checkbox"/> Other (please state)		
It is a:	New approach:	<input checked="" type="checkbox"/>	Revision of an existing approach:	<input type="checkbox"/>
It is driven by:	Legislation:	<input checked="" type="checkbox"/>	Local or corporate requirements:	<input checked="" type="checkbox"/>
Description:	<p>Key aims, objectives and activities This document aims to promote the recovery of Middlesbrough’s communities and businesses from the impacts of the 2020 COVID-19 pandemic, within the context of the evolving national recovery strategy.</p> <p>Statutory drivers The Council has a legal duty under the Civil Contingencies Act 2004 to rebuild, restore and rehabilitate communities and businesses following an emergency incident. The Council has a general power of competence under the Localism Act 2011 to act in the interest of its communities, and a wide range of statutory duties requiring it to support vulnerable people and groups and to reduce local inequalities, in particular under the Equality Act 2010. The Local Government Act 1999 requires the Council to achieve Best Value from all of its activities.</p> <p>Differences from any previous approach Recovery planning will deliver a ‘new normal’ under which new operating models will be adopted for some services, with other returning to former ways of working, within the context of COVID-19 Secure guidelines. Any changes to previous approaches will be separately impact-assessed as they are brought forward.</p> <p>Key stakeholders and intended beneficiaries Elected members, employees of the Council and trade unions, local communities and businesses, other customers, visitors to Middlesbrough, partners and regulators.</p> <p>Intended outcomes To ensure Middlesbrough has a coherent, long-term plan in place in order to respond effectively to the challenges arising from COVID-19.</p>			

Live date:	June 2020.			
Lifespan:	This is the first iteration of the plan, though it is anticipated that recovery will take up to 3 years (June 2020 – 2023).			
Date of next review:	June 2021.			
Screening questions	Response			Evidence
	No	Yes	Uncertain	
Human Rights Could the decision impact negatively on individual Human Rights as enshrined in UK legislation?	☒	☐	☐	No. The proposed Recovery Plan is designed to ensure that any changes the Council makes to service operating models will have a neutral or positive impact on individual human rights. Positive impacts will arise from improved engagement with communities and adopting an increasingly person-centred approach to service delivery.
Equality Could the decision result in adverse differential impacts on groups or individuals with characteristics protected in UK equality law? Could the decision impact differently on other commonly disadvantaged groups?	☒	☐	☐	No. The proposed Recovery Plan focusses on ensuring all societal impacts arising from the pandemic are understood and addressed, including increased inequalities. This will include impacts on groups or individuals with characteristics protected under the Equality Act 2010. As such the approach fully complies with the Public Sector Equality Duty.
Community cohesion Could the decision impact negatively on relationships between different groups, communities of interest or neighbourhoods within the town?	☒	☐	☐	No. The proposed Recovery Plan includes a focus on ensuring community engagement is embedded within recovery activity where appropriate, allowing potential community cohesion issues to be identified and addressed.
Assessment completed by:	Paul Stephens, Head of Strategy, Information and Governance			
Date:	5 June 2020			
LMT approver:	Tony Parkinson, Chief Executive			
Date:	5 June 2020			