

Appendix 1c:

The Impact of COVID-19 on Cardiff and Summary of the Council's Response

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1. Background & Summary

1.1 Background

The World Health Organisation declared a global health emergency in relation to the novel coronavirus on 31 January 2020.

On 11 February 2020, the Director of Public Health for Cardiff and the Vale of Glamorgan briefed the Council's senior management team on the nature, likely development and potential impact of COVID-19 on Cardiff.

Following this meeting the Cabinet was briefed on the potential implications for the Council and the city and, in accordance with the Cabinet's direction, the Chief Executive instructed that preparations be made to stand-up the Council's Emergency Management arrangements under the Civil Contingencies Act 2005. This approach has provided robust governance and supported clarity of decision making over the course of the crisis, and has drawn upon the capacity and capability that the Council has built up over many years of managing international events and responding to extreme weather events. On 25 February 2020 COVID-19 became a standing item on the Council's weekly Senior Management Team agenda and on 19 March 2020 a Strategic Coordinating Group, chaired by Chief Executive and reporting through to the Leader and Cabinet, was established to lead on a cross-Council approach to preparing the organisation for the impact of COVID-19.

This approach built on the Council has well established emergency management infrastructure, which underpinned the Council's COVID-19 Incident Management Structure. During the Covid-19 pandemic a Strategic Coordination Group (SCG) was established and chaired by the Chief Executive. It included attendance by the Leader of the Council, the senior management team, the Operational Manager for Health and Safety and the Manager of the Resilience Unit with full minutes, action logs and decision records available. Cabinet retained oversight of the Council's Incident Management Structure, with the Leader and Chief Executive reporting and updating on a weekly basis.

From the outset, it was clear that the crisis was likely to have significant financial implications for the Council, both in terms of additional costs and loss of income. The Section 151 officer, therefore, also established systems to monitor the financial impact of the crisis. The Council's approach to financial management in response to the COVID-19 crisis is set out in detail in an accompanying Cabinet report.

Recognising the importance of civic leadership and partnership working across public services in responding effectively to the crisis, on 13 March 2020 the Council convened the Joint Public Services Board (PSB) with the Vale of Glamorgan to discuss the development of a cross-public sector approach to COVID-19.

On 23 March 2020, the UK Government announced a UK-wide ‘lockdown’ in order to limit the spread of the COVID-19 virus. In response, the Council transitioned rapidly to an ‘essential services’ model. Three core principles were immediately established to guide the Council’s response:

- Preventing the spread of infection
- Ensuring the health and safety of staff, service users and citizens
- Prioritising key frontline services and support for vulnerable people

The lockdown has had a major impact on all aspects of city life and public services and in the weeks following the announcement on 23 March 2020 the Council went through a period of unprecedented change and innovation, which has been summarised in the Joint Cabinet Statement that was considered at a meeting of the Council held remotely on 21 May 2020.

This was given additional impetus by partnership working between public services partners. At a strategic level, the Cardiff PSB has continued to meet, chaired by the Leader of the Council, to provide cross-public service leadership and direction, supported by weekly operational multiagency meetings chaired by the Council’s Chief Executive. A partnership approach has been taken in addressing a series of issues, including the establishment of the Dragon’s Heart hospital, the interface between Health and Social Services and across a wide range of community safety related matters.

At all times, the Council has sought to communicate the rapid service changes clearly and concisely to the public, to councillors and to local and national partners. It is equally important that the Council ensure an appropriate level of oversight over Council activity during this period for the purposes of performance monitoring and accountability. This report therefore:

- Summarises the impact of COVID-19 on Cardiff by drawing on the available data sets
- Outlines the Council’s response to the pandemic during Quarter 1 of 2020/21

Given that many aspects of Council business and core processes was disrupted during Quarter 1 of the 2020/21 Financial Year, this report is an important addition to the Council’s performance monitoring framework. In providing an account of the impact of COVID-19 on Cardiff and summarising the Council’s report, this document serves as the performance report for Q1 2020/21.

2. COVID-19: Impact on Cardiff

This section addresses the direct impact of COVID-19 on the population of Cardiff. The data presented includes testing, confirmed cases and deaths. While the focus of much of this report is on Quarter 1 2020/21, most of the data examined in this section will extend beyond that period, looking at the full range of COVID-19 data available at the time of writing.

Where available, the data in this section is taken directly from source, and presented in chart format. Any assumptions, exclusions or comments on the data are included as footnotes. Where the source data isn't accessible, or has already been examined and presented by another reliable source, such as Public Health Wales and Data Cymru, existing charts have been added to the report (either in situ or as an appendix), with links to the live charts in the footnotes.

2.1 Testing & Cases

Testing for COVID-19 began on 4 February 2020, ramping up significantly from mid-March. During Quarter 1, there were on average 180 tests administered per day in Cardiff. Data for testing and cases across Wales is from Public Health Wales. Public Health Wales host a COVID-19 dashboard¹ which is updated regularly, with the dataset behind it being publicly accessible, some of which is taken from other sources, including the Office of National Statistics.

Cases and Tests over Time

Figures 2.1.1 and 2.1.2 show confirmed COVID-19 cases, divided into new cases, showing a clear peak in late March and early April, and cumulative cases, showing the tapering off of cases from June onwards. Appendix C shows equivalent information for England from the UK Government Coronavirus Data Dashboard². Appendix G shows this information for Local Health Boards (Wales)³.

Figures 2.1.3 and 2.1.4 show testing episodes. As above, this data is presented in two ways: per day, and cumulative. Appendix F shows equivalent information for England from the UK government Coronavirus Data Dashboard.

For COVID-19 testing, comparisons are made against other Welsh authorities, as the testing regime used across Wales is directly comparable to Cardiff.

¹ The Public Health Wales COVID-19 Surveillance Dashboard can be accessed [here](#).

² The UK government Coronavirus Data Dashboard can be accessed [here](#).

³ Source: [Public Health Wales](#), 20/08/20.

New COVID-19 Cases per Day

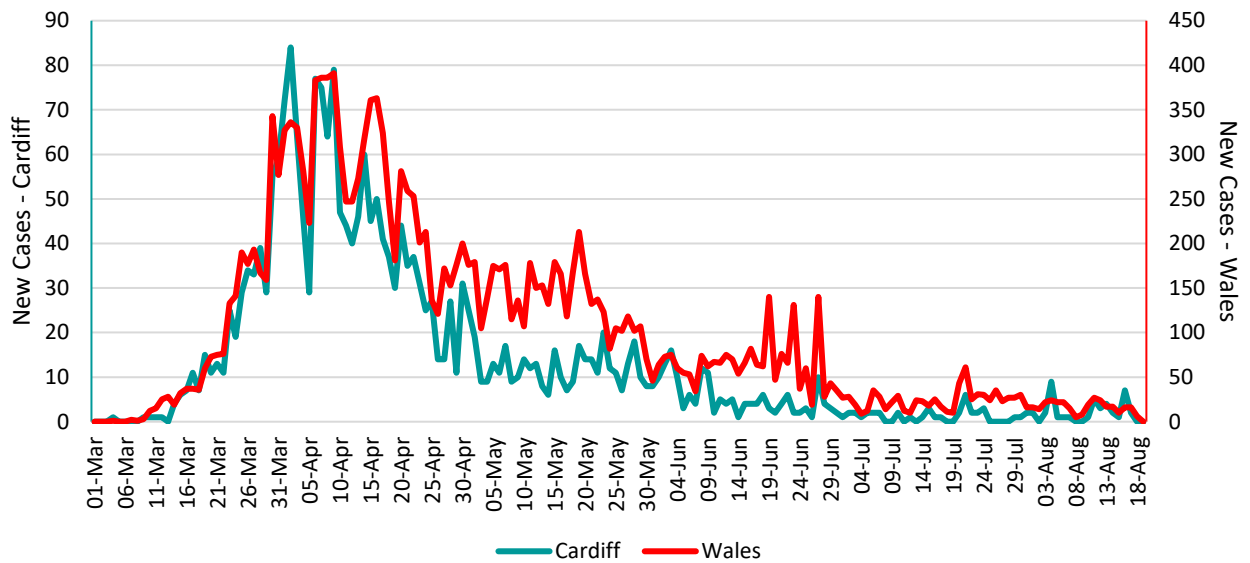


Figure 2.1.1 - New COVID-19 Cases per Day: Cardiff and all-Wales Total¹

Cumulative COVID-19 Cases

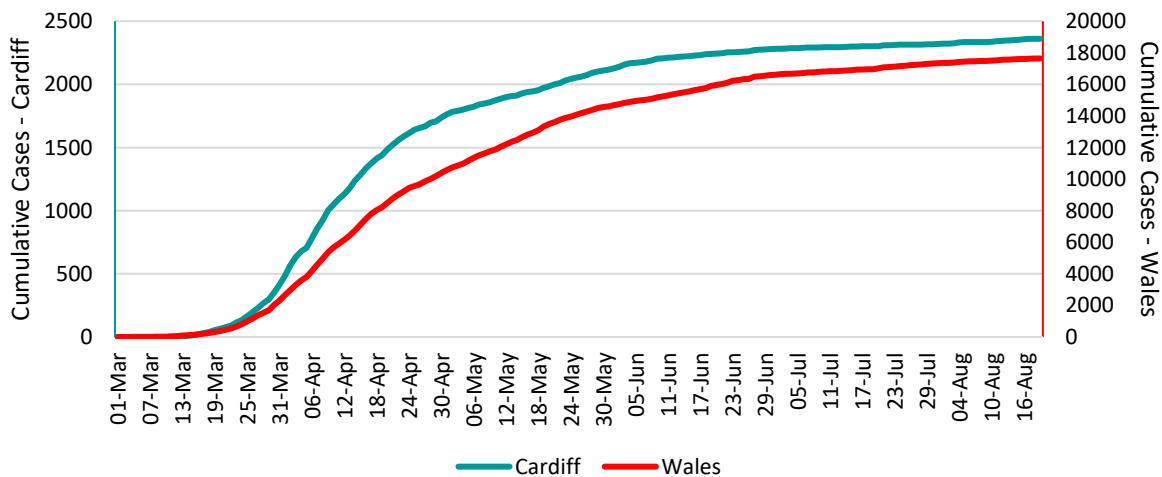


Figure 2.1.2 - Cumulative COVID-19 Cases: Cardiff and all-Wales Total²

¹ Source: [Public Health Wales](https://publichealth.wales), 20/08/20. Data broken down by each Welsh Local Authority by Month is included in Appendix A.

² Source: [Public Health Wales](https://publichealth.wales), 20/08/20. Data broken down by each Welsh Local Authority by Month is included in Appendix B.

New COVID-19 Tests per Day

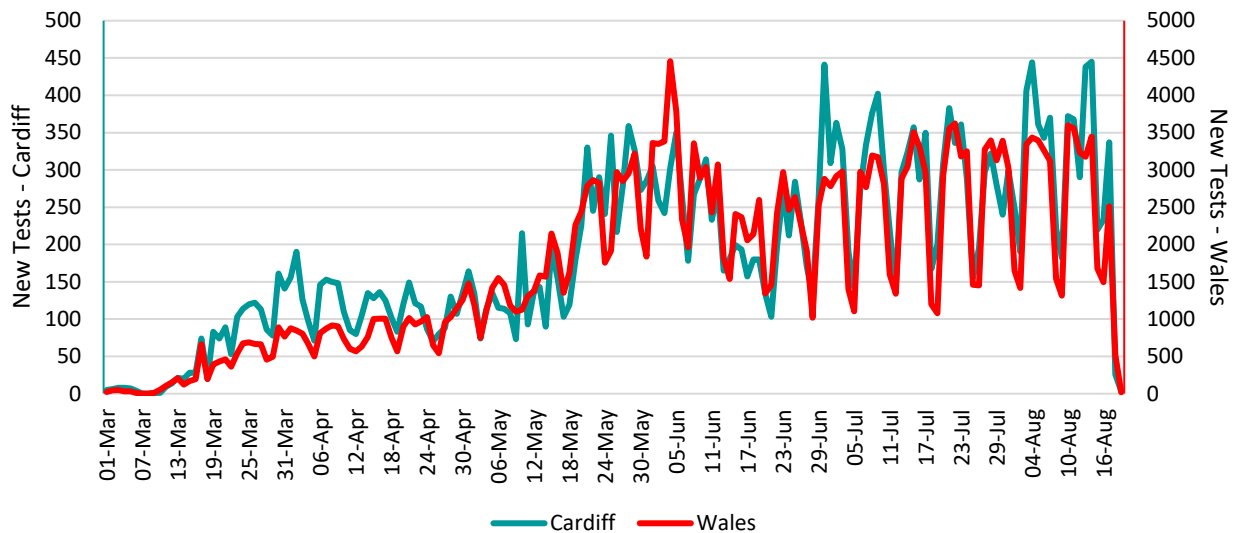


Figure 2.1.3 - COVID-19 Tests per Day: Cardiff and all-Wales Total¹

Cumulative COVID-19 Tests

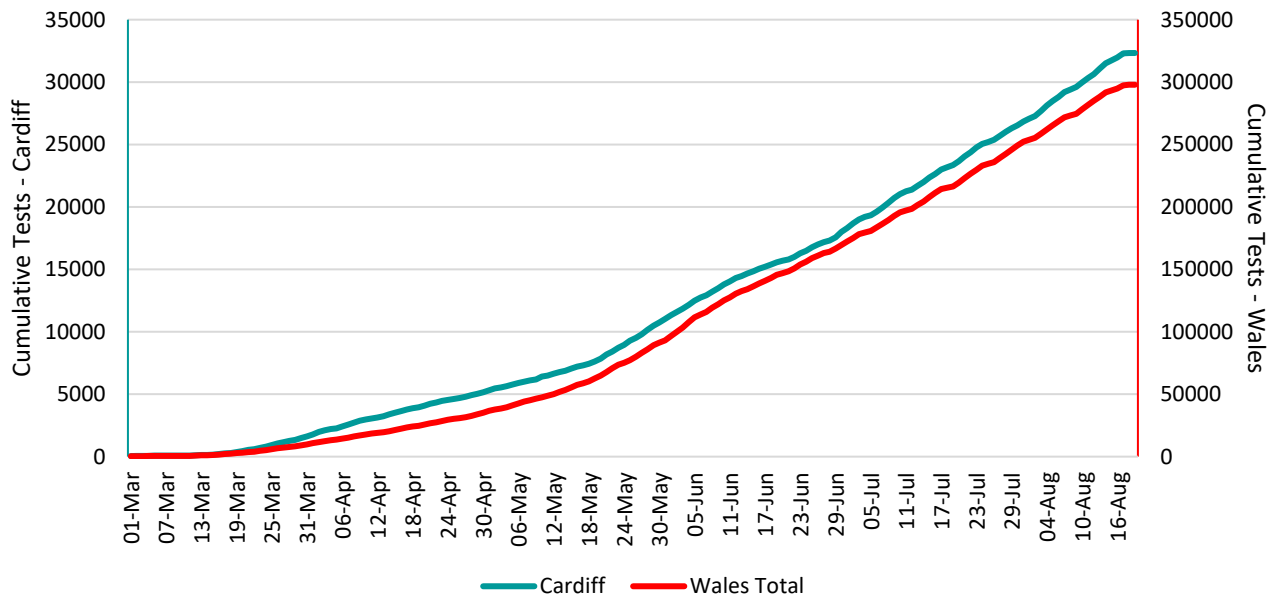


Figure 2.1.4 – COVID-19 Cumulative Tests: Cardiff and all-Wales Total²

¹ Source: [Public Health Wales](https://publichealth.wales), 20/08/20. Data broken down by each Welsh Local Authority by Month is included in Appendix D.

² Source: [Public Health Wales](https://publichealth.wales), 20/08/20. Data broken down by each Welsh Local Authority by Month is included in Appendix D.

Cases and Tests by Local Authority

Figure 2.1.5 shows the confirmed cases and testing episodes undertaken for Cardiff (red) compared against other Welsh Local Authorities.

Cardiff undertook significantly more testing, and had more cases, than other authorities. This can be attributed, at least in part, to Cardiff's higher total population and population density. The trend of larger authorities undertaking more tests, and having more cases, is consistent across Wales. A notable exception is Merthyr which, whilst having the smallest population, has a relatively large number of confirmed cases.

The percentages in figure 2.1.5 show the proportion of tests which return positive, as an average over the duration examined (approximately five months). Across all of Wales 7.5% of tests returned positive, with Cardiff's proportion being slightly higher at 9.4%, and Rhondda having the highest at 10.4%. This percentage doesn't necessarily indicate a population's susceptibility to COVID-19, but could also be indicative of the effectiveness and targeting of testing.

Cumulative Tests and Cases by Local Authority

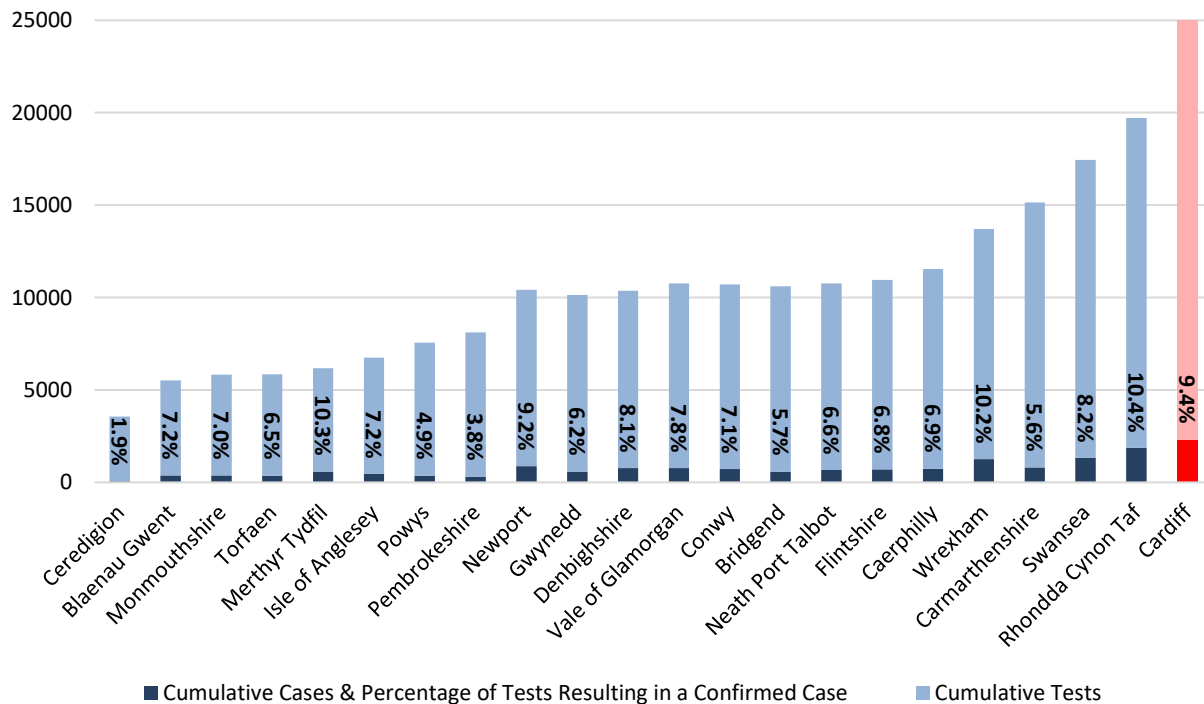


Figure 2.1.5 - Cumulative COVID-19 Tests and Cases: Welsh Local Authority Comparison¹

¹ Source: [Public Health Wales](https://publichealth.wales). Data runs from the start of the pandemic to July 25, 2020. Chart excludes 6517 tests and 274 cases marked as 'unknown' and 'outside Wales'.

Cases by Age Group and Gender (Wales)

Figures 2.1.6 and 2.1.7 show the split of confirmed cases and testing episodes by both age group and gender. This information is currently only available at a national level (all-Wales), rather than a local (Cardiff) level.

Of all testing subjects in Wales, 36% were male and 64% were female. This divide could be due to the public sector and healthcare having a proportionately larger female workforce (66% in public sector as a whole¹ and 77% in the NHS²). It is these public sector workers who are most likely to be dealing face-to-face with members of the public, including those who are most vulnerable, and would therefore have the most pressing requirement for testing.

Across all of data available on confirmed cases and testing episodes, there is a clear trend, as shown in the charts above and appendices A-G. This trend shows that despite a significant rise in the number of tests conducted, the number of positive cases has continued to fall, with cumulative cases plateauing from around mid-June.

Other protected characteristics are not yet mapped against COVID-19 case and test data, although ethnicity information is available in regards to COVID-19 deaths, though only at an England and Wales level – see below in section 2.2.

COVID-19 Cases in Wales: Gender Split by Age Group

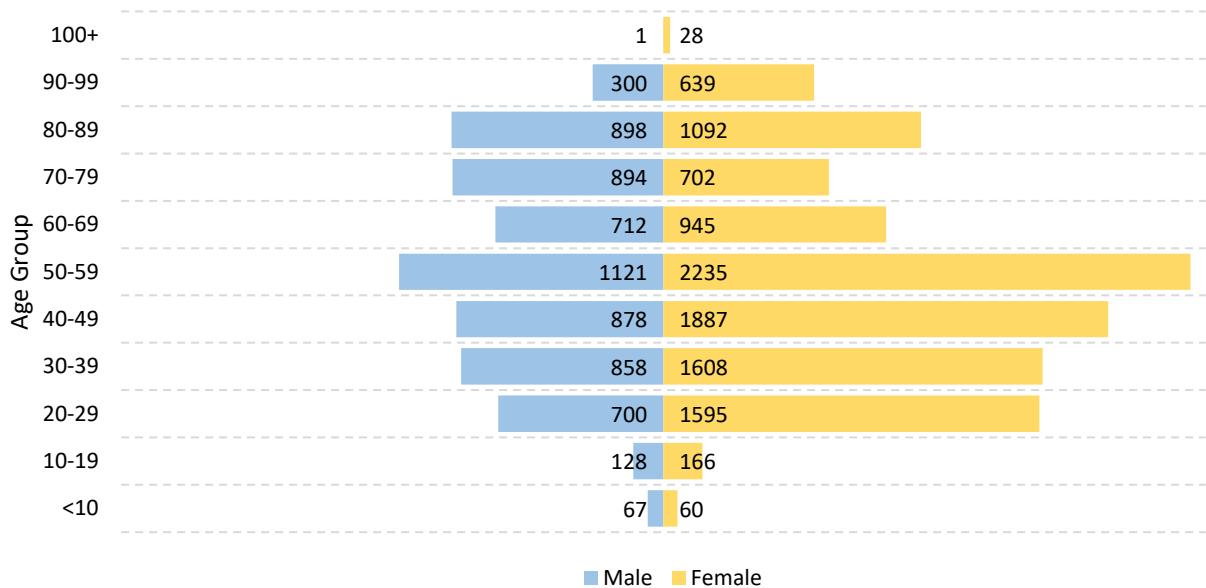


Figure 2.1.6 - COVID-19 Cases Split by Gender and Age group, Wales³

¹ Public sector gender split information from: [Gender Diversity in the Healthcare Sector](#).

² NHS gender split information from: [NHS Digital](#).

³ Source: [Public Health Wales](#), 20/08/20. Excludes 4 cases marked as 'unknown'.

COVID-19 Tests in Wales: Gender Split by Age Group

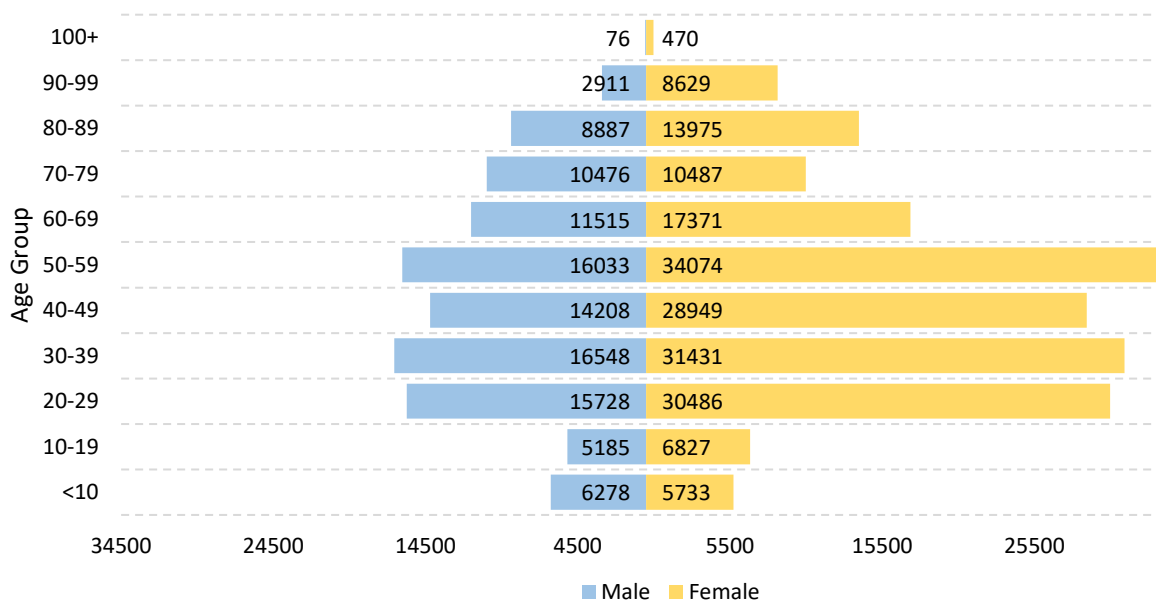


Figure 2.1.7 COVID-19 Tests Split by Gender and Age Group, Wales¹

Cases and Tests, Cardiff Council Staff

In addition to the publicly accessible data via Public Health Wales, Cardiff Council has also been reporting internally, and with partners, on information relating to staff testing and cases. Between 1 April and 30 June, 161 Council staff were tested for COVID-19. In total during this period, the Council received 1,294 requests for testing, with 1,280 of these being referred. Of those tests undertaken, 187 have returned positive and 595 have returned negative². By the end of the quarter, a total of 18,008 tests had been administered, with 2,280 total (cumulative) confirmed cases.

2.2 Fatalities

This section presents the data on COVID-19 deaths in Cardiff, other Welsh Local Authorities, and English Core Cities.

¹ Source: [Public Health Wales](#), 20/08/20. Excludes 157 tests marked as 'unknown'.

² 499 of these results are marked as 'no result' and are unavailable. This total equals 1281 – one more than the number of referrals, suggesting that there is a minor error in this data.

Data on deaths is compiled and made public by the Officer of National Statistics (ONS). During the COVID-19 pandemic, ONS have released a number of COVID-19-specific datasets, including registered deaths attributed to the virus¹.

In addition to the deaths attributed directly to COVID-19, the excess deaths have also been calculated. The excess deaths² figures can offer insights into the wider impact of COVID-19 outside of deaths directly attributed to the virus. Excess deaths and excess mortality rates can offer a more balanced view of the real impact of COVID-19, as this takes into account any deaths which may have been indirectly caused by COVID-19, where COVID-19 was not recorded as a contributor to death, and also accounts for those who may have died anyway from other causes, but ended up having COVID-19 recorded as their cause of death.

The charts below show the total number of fatalities and the fatality rate per 100,000 population for Cardiff over time, compared to other Welsh local authorities and UK Core Cities.

Deaths over Time

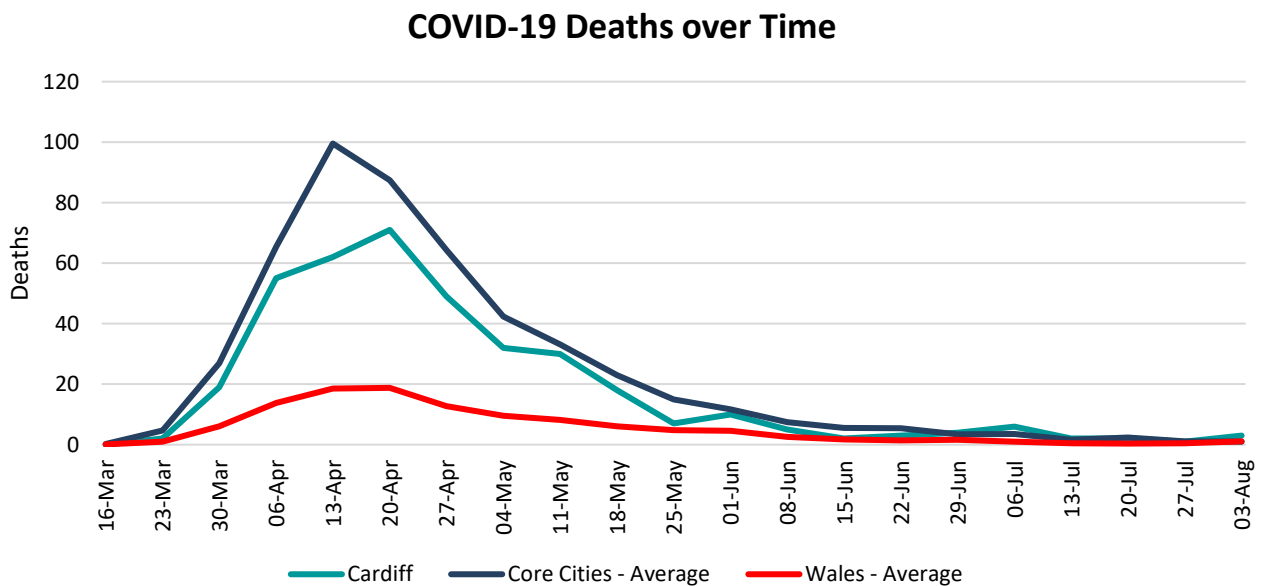


Figure 2.2.1 - Registered Deaths due to COVID-19: Cardiff, Wales Average, and Core Cities Average (excluding Scotland)³

¹ It should be noted that there are some differences in recording methodologies for COVID-19 deaths in England compared to Wales.

² Excess mortality is an epidemiological and public health term which refers to the number of deaths over and above what would be considered to occur during ‘normal’ conditions. Data used to calculate excess deaths is from The Office of National Statistics – [Deaths Registered in England in Wales](#). The comparison point for ‘normal’ conditions used is Q1 2019/20 (compared against Q1 2020/21).

³ Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020.

Total COVID-19 Deaths

Total COVID-19 Deaths by Local Authority

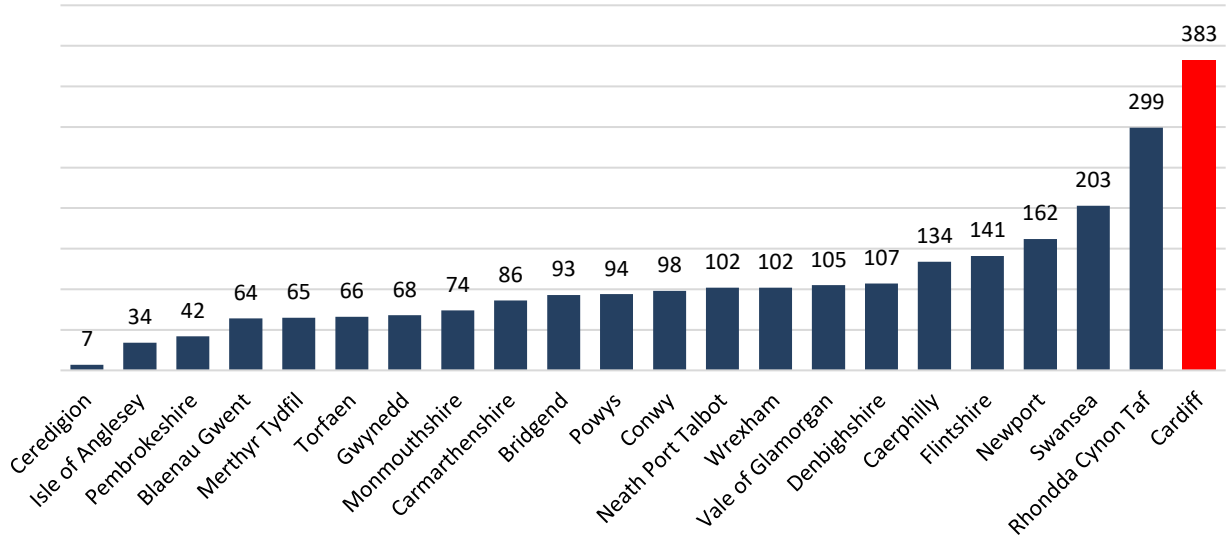


Figure 2.2.2 - Total COVID-19 Deaths by Welsh Local Authority, 2020 Calendar Year (to date)¹

Total COVID-19 Deaths by Core City

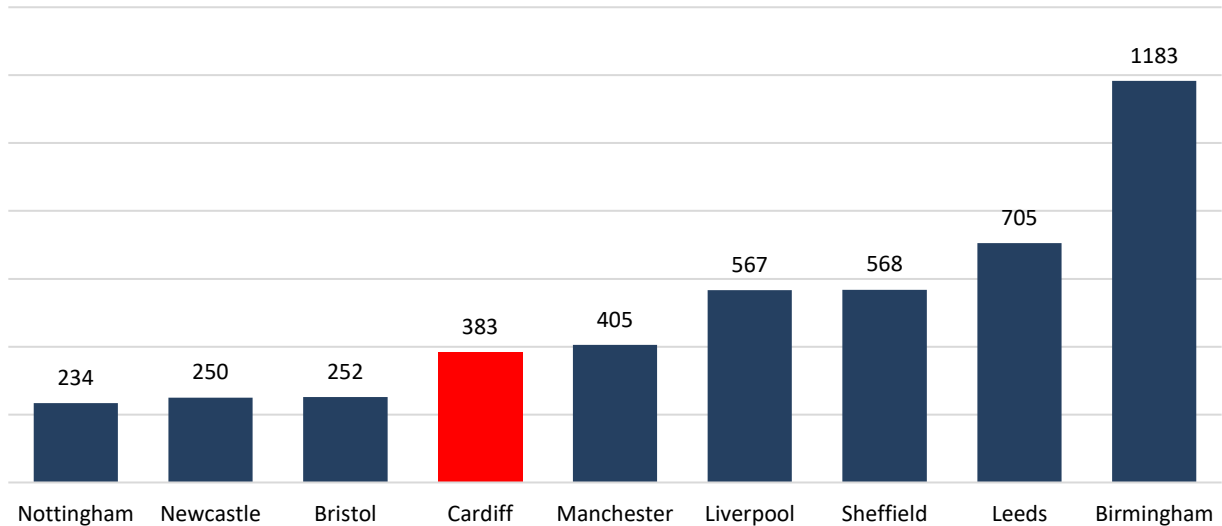


Figure 2.2.3 - Total COVID-19 Deaths by Core City (England and Wales), 2020 Calendar Year (to date)²

¹ Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020.

² Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020.

Fatality Rates per 100,000 Population

COVID-19 Deaths per 100,000 Population: Wales

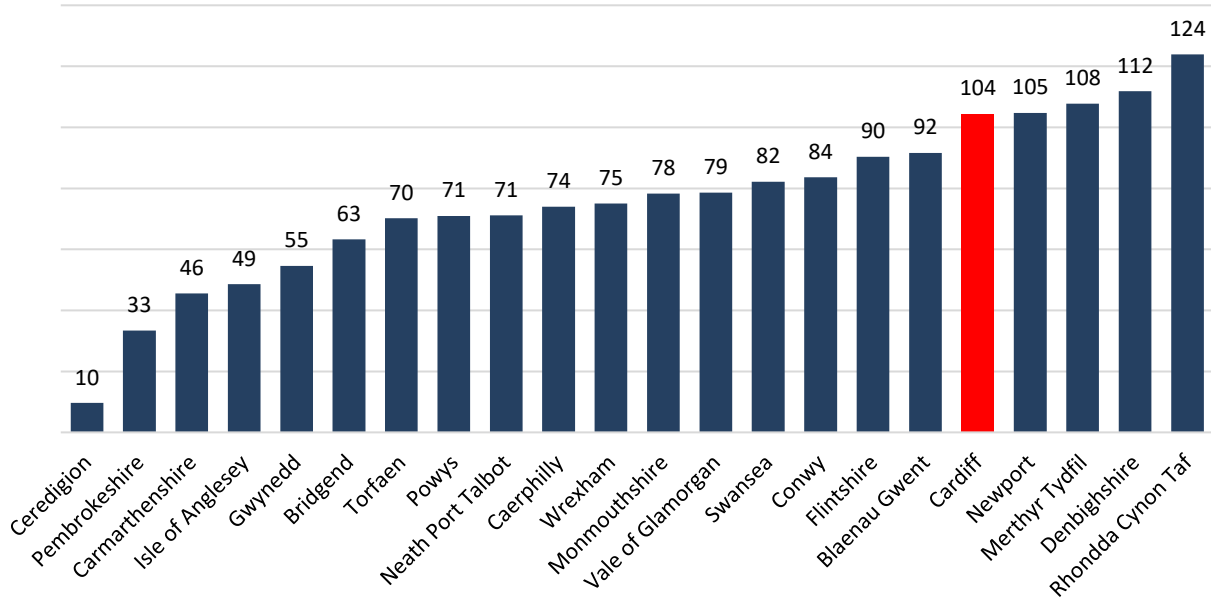


Figure 2.2.4 - COVID-19 Mortality Rate per Capita by Welsh Local Authority, 2020 Calendar Year (to date)¹

COVID-19 Deaths per 100,000 Population: Core Cities

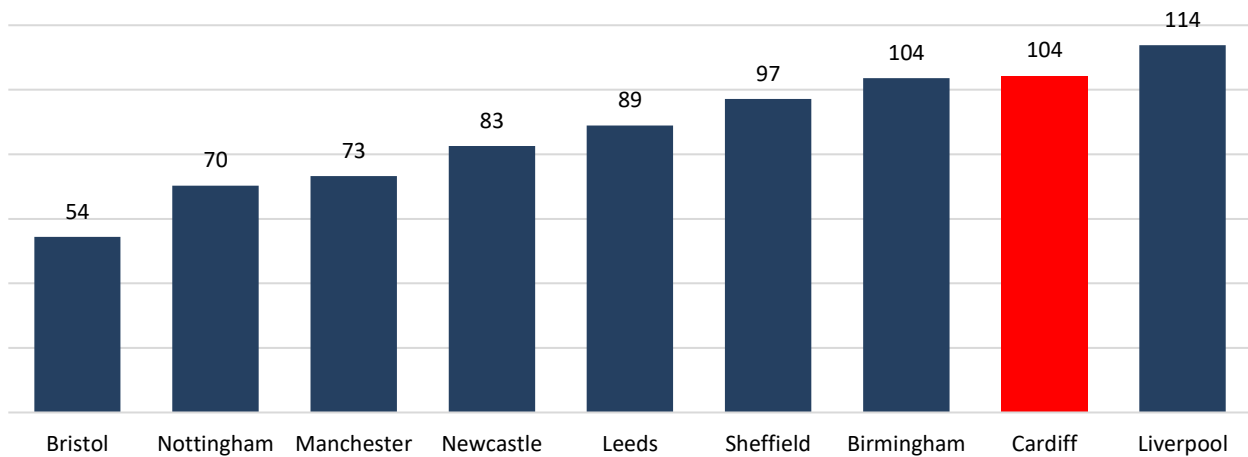


Figure 2.2.5 - COVID-19 Mortality rate per Capita by Core City (England & Wales), 2020 Calendar Year (to date)²

¹ Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020. Population data used to calculate the rate per capita is from the Office for National Statistics, [Population Estimates, April 2020](#).

² Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020. Population data used to calculate the rate per capita is from the Office for National Statistics, [Population Estimates, April 2020](#).

Excess Deaths and Mortality Rates

COVID-19 Excess Deaths & Mortality Rates: Wales

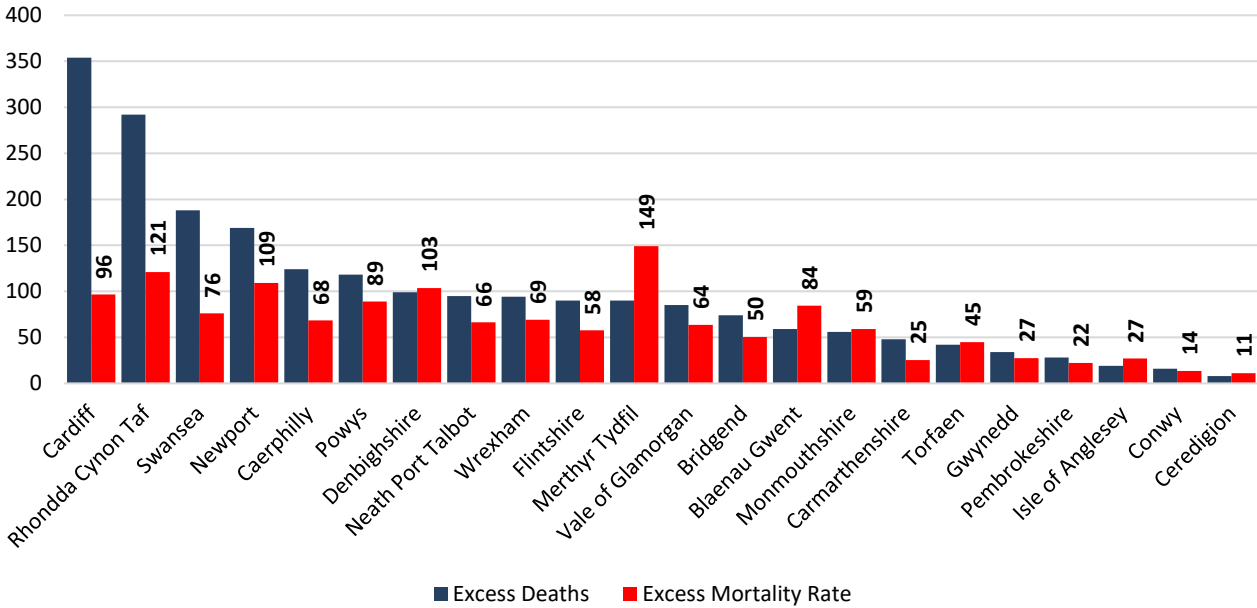


Figure 2.2.6 – COVID-19 Excess Deaths and Mortality Rates per Capita by Welsh Local Authority, Quarter 1 2020-21

COVID-19 Excess Deaths & Mortality Rates: Core Cities

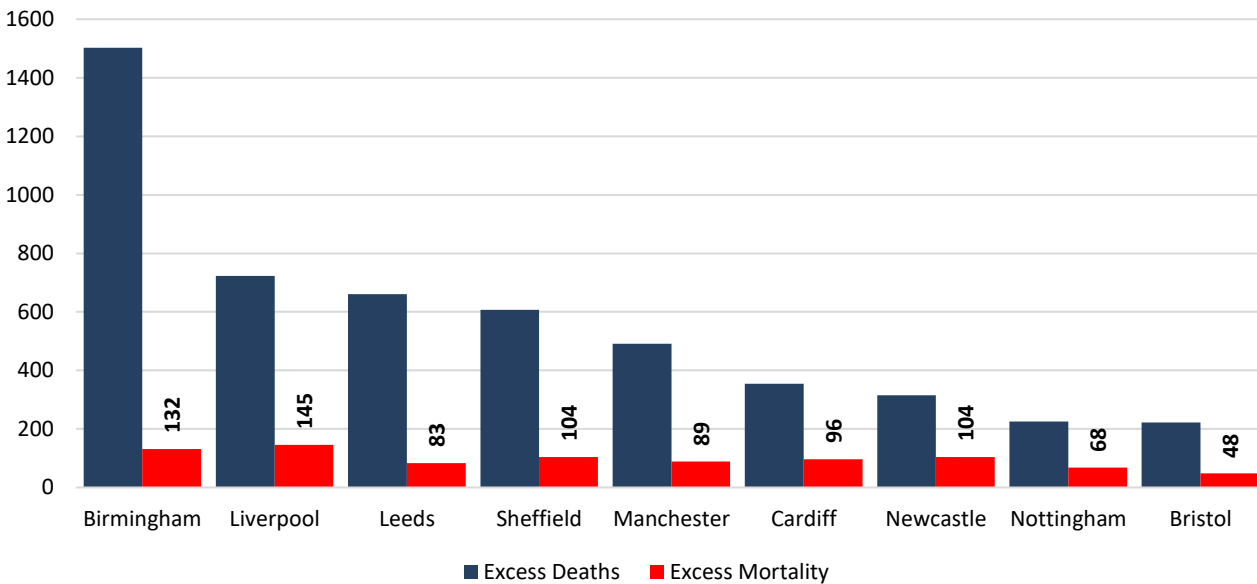


Figure 2.2.7 – COVID-19 Excess Deaths and Mortality Rates per Capita by Core City (England & Wales), Quarter 1 2020-21

In Cardiff there were a total of 367 deaths attributed to COVID-19 in Q1¹.

A clear peak can be seen from data on deaths in mid to late April, with levels lowering significantly by the end of the quarter. This pattern is consistent with the data from other local authorities across England and Wales, with the national peak occurring between weeks 16 and 17 of the calendar year (April 13 – 26).

At the pandemic's worst point in Cardiff, deaths reached a peak at 71 deaths in one week. Across English and Welsh authorities, COVID-19 deaths in Q1 represented approximately 0.08% of the total population (or around 83 deaths per 100,000 people). The rate for Wales alone (excluding English authorities) was lower, at 0.07%.

Cardiff's rate sat higher than the average, at 0.10%, though was still far from the highest authority rate, which reached up to 0.17%. Some authorities had rates which are also much lower, notably Bristol, which had a rate of only 0.05%, the lowest rate of the core cities.

Among the Welsh authorities, Cardiff has experienced the most deaths due to COVID-19, and has one of the highest COVID-19 base mortality rates in Wales at 104.39 deaths per 100,000 population².

While having the most excess deaths, Cardiff's excess mortality rate is the fifth highest in Wales, lower than Merthyr, Rhondda, Newport and Denbighshire. Cardiff still has a higher rate than the all-Wales total, which is 69.21, but lower than the Core Cities total, at 101.28.

When compared on excess deaths and the excess mortality rates, it is clear than Cardiff fared far better than most core cities, with Birmingham and Liverpool having notably high excess mortality rates, far above Cardiff's rate. Again, Bristol's rate is very low when compared to similar authorities.

Deaths by Location

The section below presents ONS data on registered COVID-19 deaths by the location of death.

¹ Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), data on quoted Q1 figures is from Quarter 1 2020/21 which includes the initial peak of COVID-19 deaths.

² The mortality rates calculated here are crude rates per 100,000 population per quarter. Some COVID-19 reporting has used ASMR (age-standardised mortality rates) in contrast to these crude rates. However, at the time of writing, ASMRs are only calculated by ONS at a national level, and are not yet available locally. ASMRs use the mortality rate of various age groups to take into account differences in the age make-up of a population, giving a more standardised rate which can be more accurately be compared to other areas (i.e. countries, regions, cities etc.).

COVID-19 Deaths by Place of Death: Cardiff

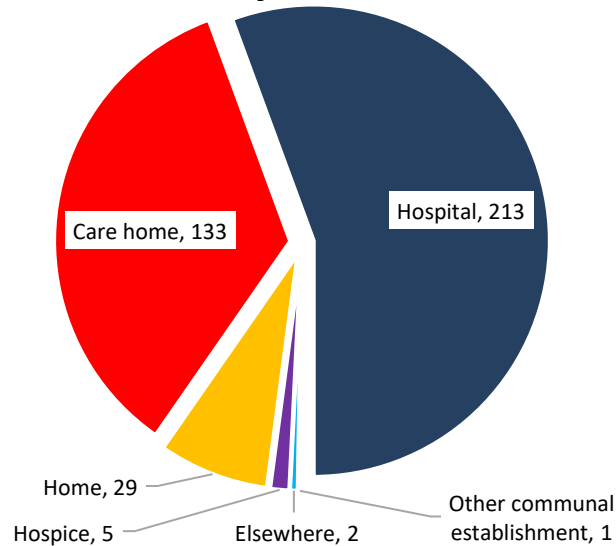


Figure 2.2.8 – COVID-19 Death by Place of Death: Cardiff, Calendar Year 2020 (to date)¹

COVID-19 Deaths by Place of Death: England & Wales

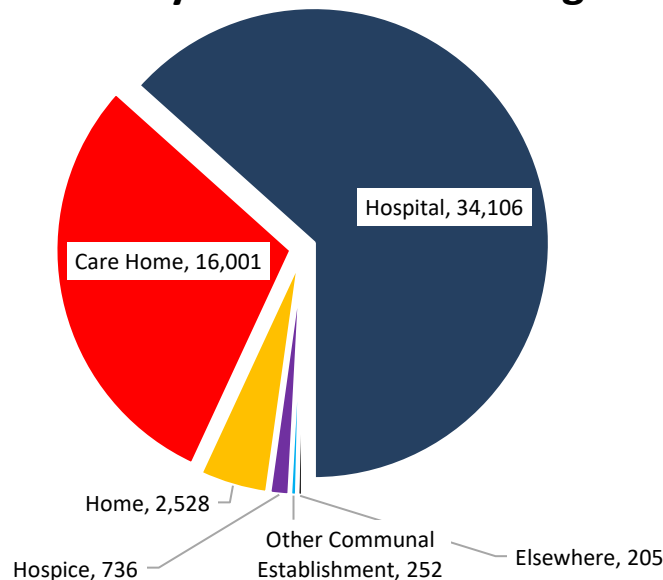


Figure 2.2.9 - COVID-19 Deaths by Place of Death: England & Wales, Calendar Year 2020 (to date)²

¹ Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020. Appendix H shows the COVID-19 deaths by location as a rate per 100,000 population for Welsh Local Authorities – source: [Data Cymru](#).

² Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020. Appendix H shows the COVID-19 deaths by location as a rate per 100,000 population for Welsh Local Authorities – source: [Data Cymru](#).

COVID-19 Deaths in Hospitals: Welsh LAs

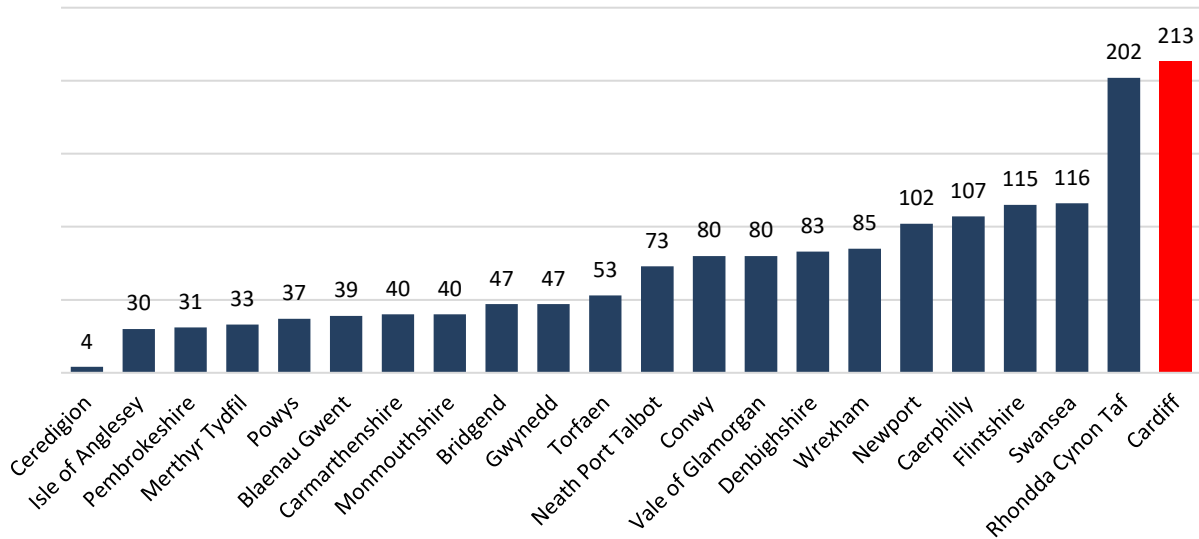


Figure 2.2.10 – COVID-19 Deaths in Hospitals: Welsh Local Authorities, Calendar Year 2020 (to date)¹

COVID-19 Deaths in Care Homes: Welsh LAs

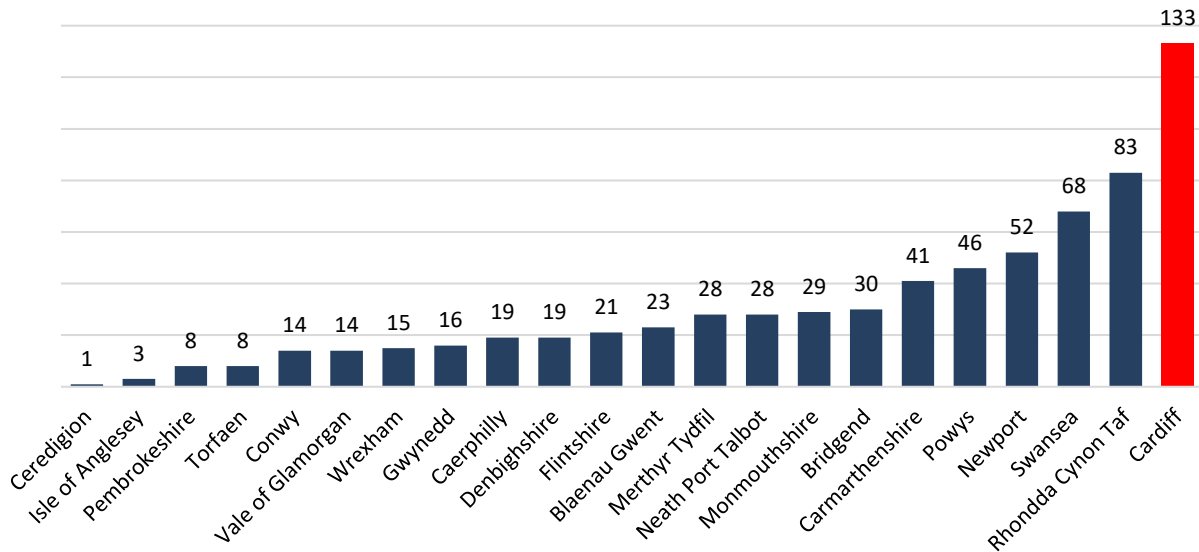


Figure 2.2.11 – COVID-19 Deaths in Care Homes: Welsh Local Authorities, Calendar Year 2020 (to date)²

¹ Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020.

² Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020.

COVID-19 Deaths in Hospitals: Core Cities

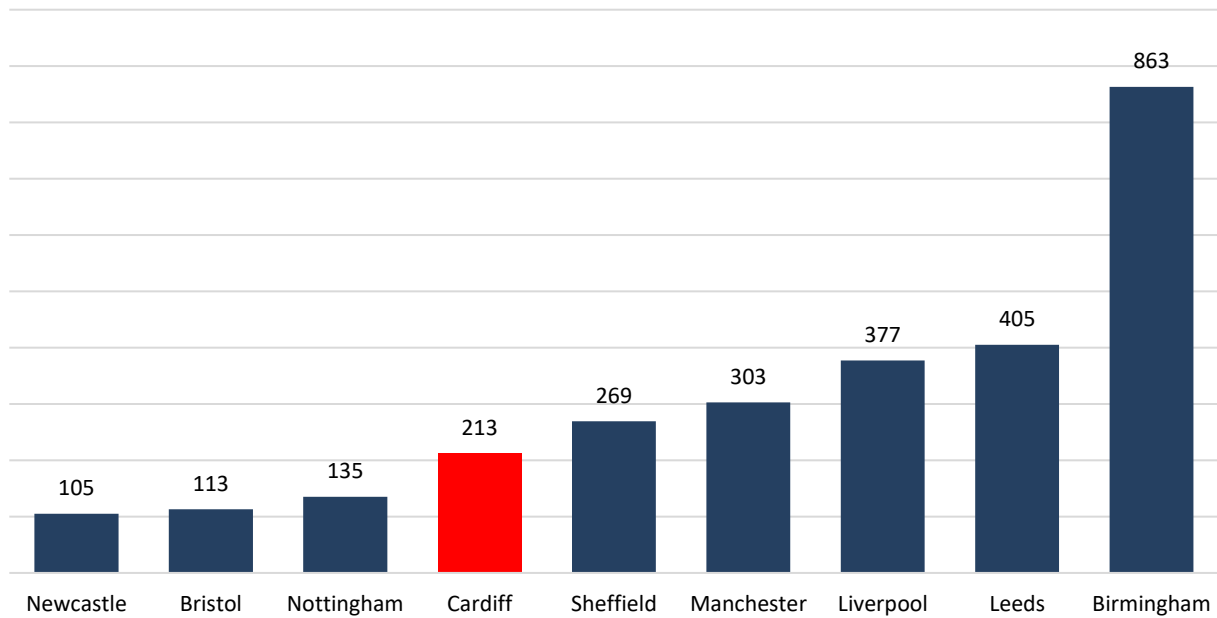


Figure 2.2.12 - COVID-19 Deaths in Hospitals: Core Cities, Calendar Year 2020 (to date)¹

COVID-19 Deaths in Care Homes: Core Cities

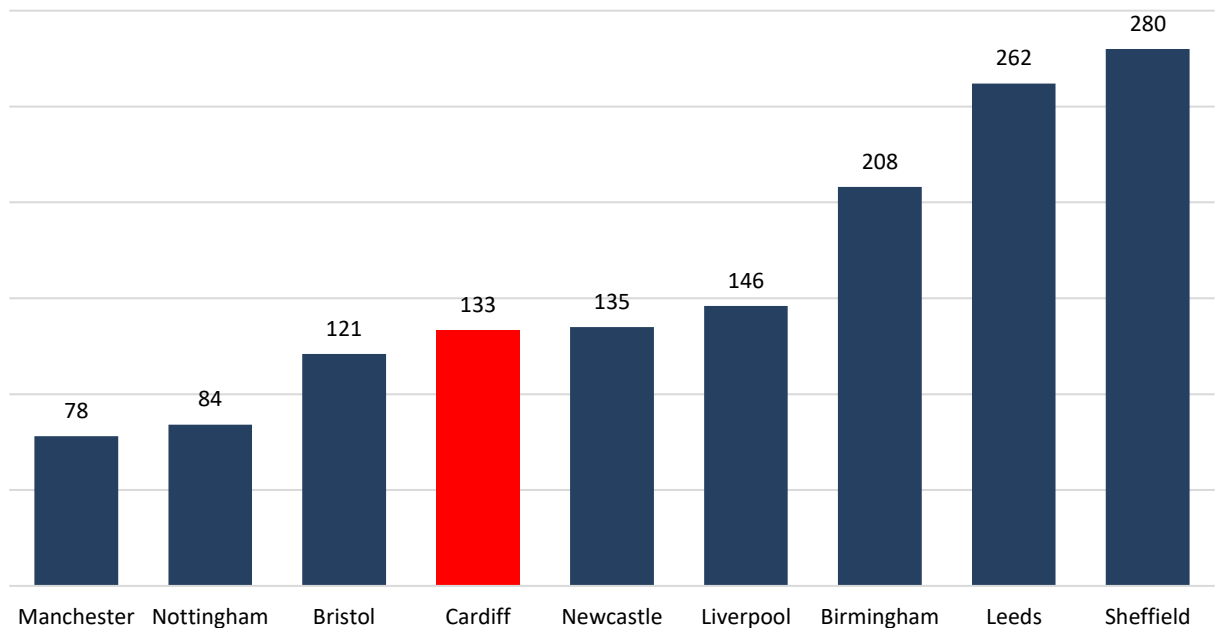


Figure 2.2.13 – COVID-19 Deaths in Care Homes: Core Cities, Calendar Year 2020 (to date)²

¹ Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020.

² Source: Office of National Statistics – [Deaths by Local Authority and Health Board](#), updated on August 7, 2020.

In Cardiff, as across the UK, the majority of COVID-19 deaths occurred in hospital.

Cardiff experienced proportionally more deaths in care homes (35% of COVID-19 deaths) than the Welsh average (28%) and the English Core Cities average (32%).

Cardiff care home deaths also peaked slightly earlier (mid-April) than deaths at hospital (late April).

Deaths by Age Group and Gender (England and Wales)

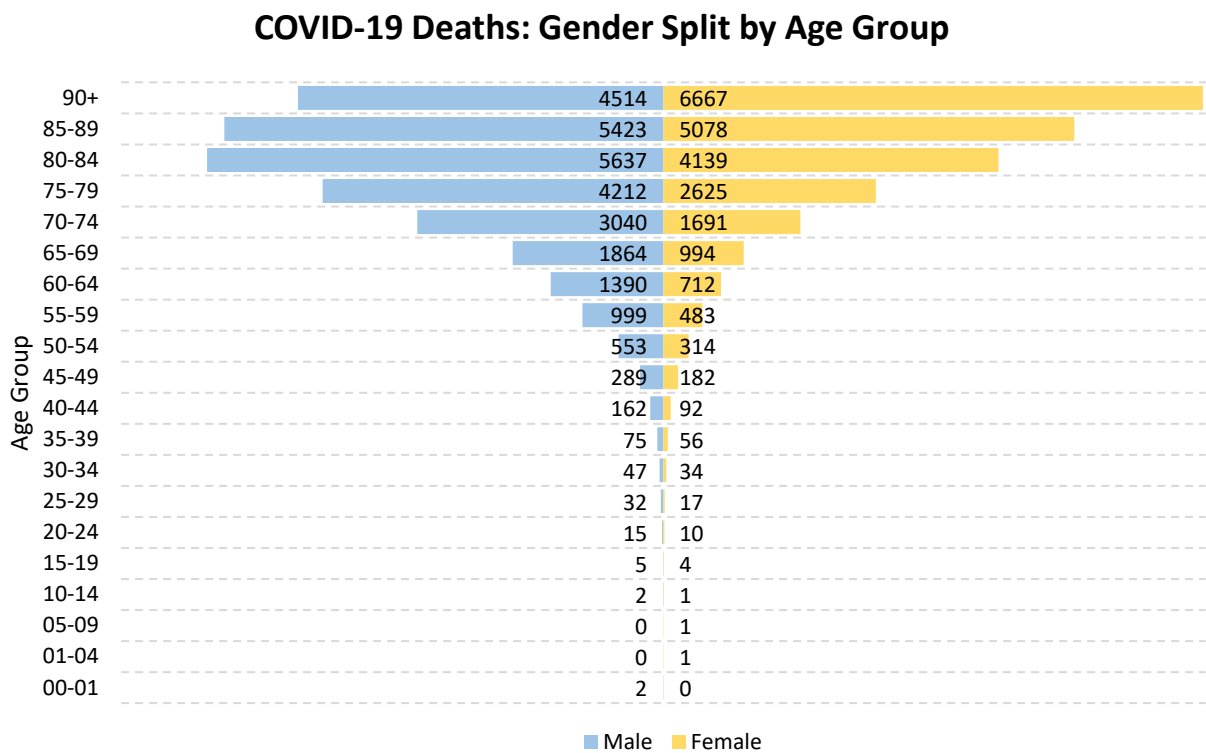


Figure 2.2.14 – COVID-19 Deaths Split by Sex and Age Group, England & Wales Total, Calendar Year 2020 (to date)¹

Even though there were substantially more COVID-19 cases in women in Wales than men, men were more likely to die from the virus. The virus was also more likely to be fatal for those of older age groups.

¹ Source: Office of National Statistics [Registered Deaths by Sex and Age](#), England & Wales, August 18, 2020. Includes all deaths registered as “involving COVID-19”.

Impact of COVID-19 on BAME Groups

Demographics data from deaths across England and Wales shows that mortality rates are higher for men, and for those from Black, Asian and minority ethnic groups (BAME). Men have a consistently higher death rate than women across all ethnic groups, although ethnicity seems to play a much larger role than gender.

For example, the death rate for Black men, 255.7 per 100,000, is almost three times that of White men, 87.0 per 100,000. The next highest rate is for Bangladeshi/Pakistani men, at 191.0 per 100,000¹. The reason for these differences is not yet clear, as data is still being compiled, and there is no general consensus, however it is likely that socioeconomic, health, and other factors, such as deprivation, poverty and population density, play a role in these rates. A study by The Runnymede Trust² in August 2020 suggests that ethnic minority communities have been 'overexposed' to the virus resulting from them being more likely to use public transport, more likely to be in key worker roles, and more likely to be living in multi-generational and overcrowded homes.

This information is of key significance in Cardiff, due to the city's ethnic diversity. Cardiff's population makeup is 20.7% BAME (a rate similar to English core cities). This is the highest percentage of any local authority in Wales, with Newport being the second highest at 13.1%³. However, the Council currently lacks both local and Wales-specific data on the ethnicity of COVID-19 cases and deaths, as the ONS has only released combined data for England and Wales, limiting our understanding of the local situation.

An analysis of fatalities from COVID-19 in Cardiff by postcode does not show a greater level of risk in communities that have a higher percentage of BAME residents; however, it is not believed that the numbers of fatalities are sufficiently large for any conclusions to be drawn from this. Further information on COVID-19 deaths in relation to its impact on other protected characteristics is not yet available.

As further data at the local authority level is published, a report which brings together data on COVID-19 in deprived and BAME communities in Cardiff will be developed. This will also seek to draw on work undertaken by the BAME COVID-19 Advisory Group convened by the First Minister and co-chaired by Judge Ray Singh and Dr Heather Payne. The Council has written to the co-chairs requesting any new data at local authority level be made available at the local level. As part of the work undertaken by the Advisory Group, a Socio-Economic Sub Group was set up specifically to identify the range of socio-economic factors influencing adverse COVID-19 health and social care outcomes for individuals from BAME backgrounds. The Sub Group's report was published on 22 June 2020 and recommended immediate action to improve the

¹ Assessment undertaken by the [Technical Advisory Group](#), Welsh Government, July 15, 2020.

² [COVID-19's Impact on BME Communities](#), Runnymede – an independent UK race equality think-tank.

³ Data from [StatsWales](#), 2019/20.

quality of recording of ethnicity data in the NHS and across health and social care services in Wales to ensure parity of BAME data collection, monitoring and reporting.

The Council has established a Race Equality Taskforce that will focus on addressing racial inequality in the city. The Taskforce will be responsible for identifying opportunities to implement meaningful and practical changes, which will make a difference for BAME communities and address the well-documented inequalities that still exist in the city today. The Taskforce will also work to address the impact of COVID-19 on BAME communities and with public service partners to develop a collective response to the recommendations of the report by the BAME COVID-19 Advisory Group Socio-Economic Sub Group on the disproportionate impact of COVID-19 on BAME people in Wales. With the report touching upon multiple aspects of public service and organisational development, it is recognised that a coordinated response will be required.

Impact of Deprivation

Although not yet available at a local level, the data on COVID-19 mortality rates by deprivation quintile for the whole of Wales shows a distinction between each group. This is most prominent during the peak month of April 2020, where it can be seen that those from more deprived communities were more significantly impacted by the pandemic, with the mortality rate for the most deprived being twice that of the least deprived.

COVID-19 Deaths by Deprivation Quintile

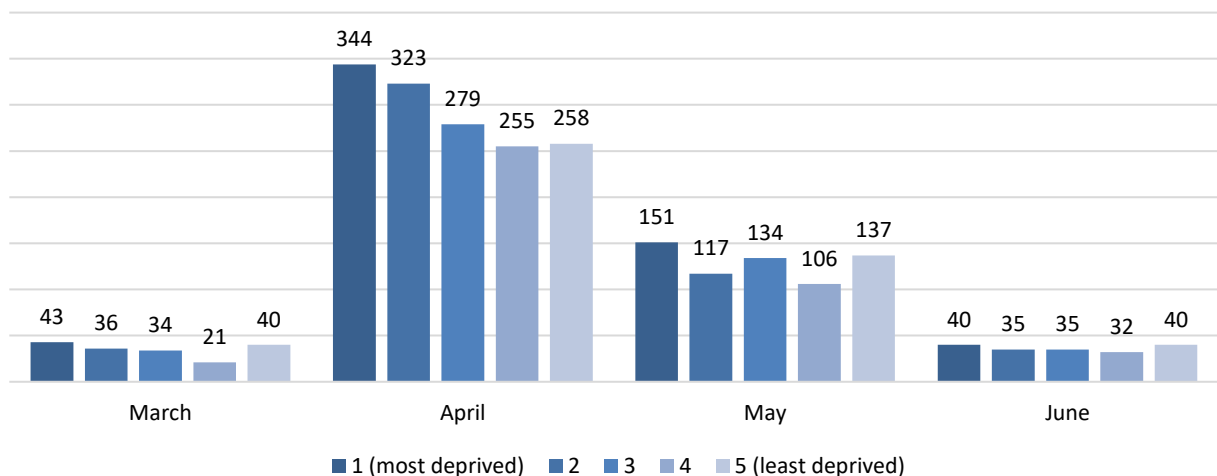


Figure 2.2.15 – COVID-19 Deaths by Deprivation Quintile (Wales), March 2020 – June 2020¹

¹ Source: Office of National Statistics [Deaths Involving COVID-19 by Deprivation](#), England & Wales, Mar – June 2020.

COVID-19 ASMR by Deprivation Quintile

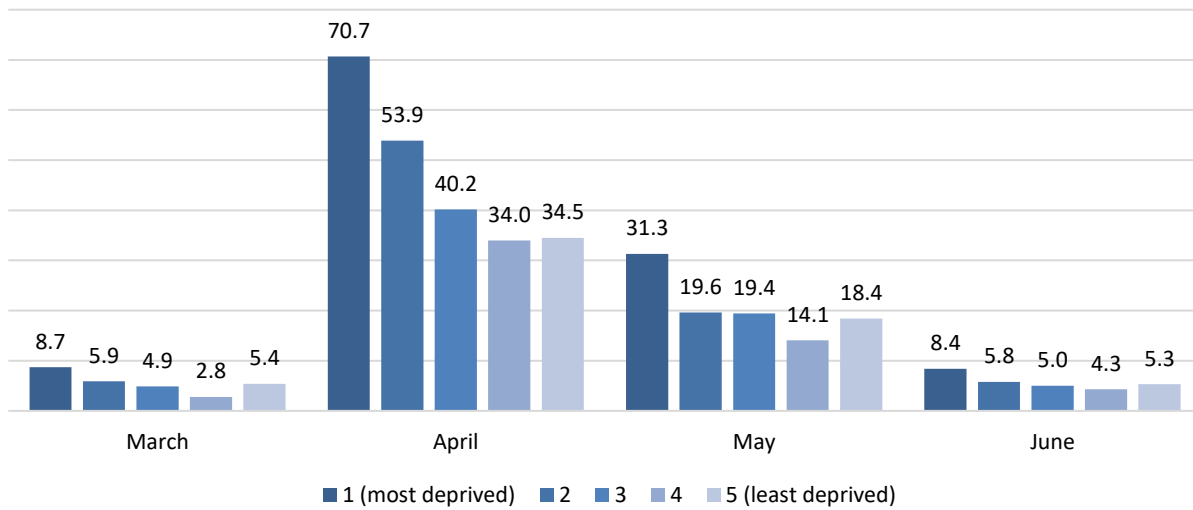


Figure 2.2.16 – COVID-19 Age-Standardised Mortality Rates by Deprivation Quintile (Wales), March 2020 – June 2020¹

¹ Source: Office of National Statistics [Deaths Involving COVID-19 by Deprivation](#), England & Wales, March – June 2020.

3. Council Response: Citizen-Facing Services

Council services transformed at a rapid pace in response to the COVID-19 pandemic, forming a model focussed on essential services, with a priority of protecting staff, citizens and service users. Vulnerable people were at the centre of this model, namely those granted a shielded status, as well as those known to social services.

The following sections detail how specific groups and services have been affected by COVID-19, and how they responded to the threat¹.

3.1 Shielding & Supporting Vulnerable People

In March 2020, the NHS produced an initial list of 8,303 Cardiff residents who were instructed to shield from COVID-19, due to their high level of vulnerability. This list was added to periodically. Shielded people were instructed to avoid contact with those from outside their household, and not to leave their homes, even to buy food and other essentials. Welsh Government arranged for a contractor (*Bidfood*) to provide weekly food parcels to any shielded person who was unable to access essentials via another route, e.g. online shopping, or support from family or the community.

A Council team was brought together to arrange delivery of these food parcels. Shielded people received a letter advising them of the food parcel scheme, resulting in a high volume of incoming calls from people requesting support. As well as food parcels, this support could include coordination of volunteers to collect prescribed medication, and advice on accessing priority online shopping delivery slots.

Calls were handled by staff primarily from the Advice & Benefits service, and from the First Point of Contact, with some contacts being made by Adult Services. Members of staff from other areas were also brought in to support and administer this new process. Management information on the process was reported back to Welsh Government on a daily basis.

Some of the headline figures demonstrating the scale of the scheme in Cardiff are summarised below, accurate as of the end of July 2020:

¹ Unless otherwise stated, data used in the *Council Response* sections of this report is sourced internally, primarily from the Council's COVID-19 Response Dashboard.

- 15,787 contacts made by either phone or letter
- 27,000 food parcels delivered to 2,300 individuals in 1,700 households
- 650 urgent food parcels supplied
- 235 requests for assistance with delivery of prescribed medication
- 497 people offered advice on online shopping services
- 94 people provided with assistance in carrying deliveries into their homes

Despite the success of the scheme, there were some difficulties to overcome, including: meeting the needs of those with special dietary requirements and, as many parcels were left on doorsteps, making additional contacts to ensure parcels had actually been received.

Welsh Government announced that shielding is no longer required from 16 August. There are currently no plans to resume the food parcel scheme if shielding should prove necessary again in the future, therefore the Council will have to make provision for all shielded people's needs in this event. Many vulnerable people will require ongoing support from Council services after the end of the shielding period.

3.2 Hubs and Libraries

To continue to support residents, four core Community Hubs remained open throughout the lockdown period – Central Library, Ely & Caerau, The Powerhouse and St Mellons. Access was by appointment only: for money advice, scanning documents to assist benefit claims and into work mentoring. Exceptions were made for emergency matters such as the collection of key fobs, alley gate keys and foodbank parcels. Green recycling bags could also be collected on a drop-in basis.

All enquiries and requests for appointments were triaged through the Adviceline, which increased its incoming line capacity from four to 33 to accommodate demand. Staff were redeployed from many other service areas across Housing & Communities. During May an average of 250 calls were received each day, an increase of over 1,000%.

Calls to the Advice Line Q1

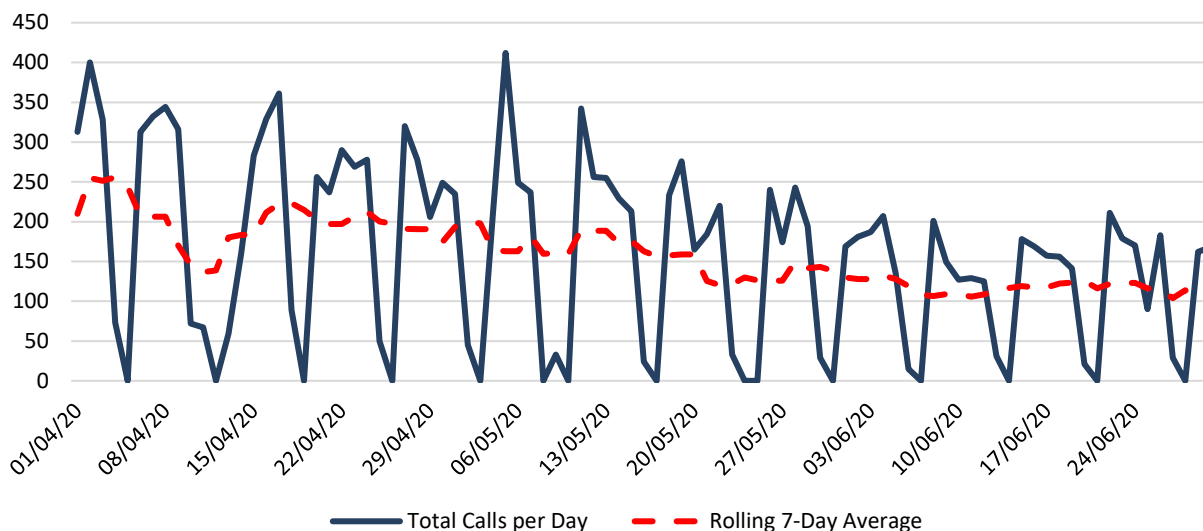


Figure 3.2.1 – Calls to the Advice Line, Total and Rolling Average, Quarter 1

Library services including all community events and activities initially ceased except for digital access. E-book lending increased by 93% between March, when lockdown began, to the end of May. A new ‘click & collect’ service for library books was launched in early June, enabling customers to order, via a new library phone line or online, either a selection bag of five books based on their preferences or books of their choice to be collected from one of the core Hubs. A delivery service was also put in place for those who are housebound, self-isolating or shielding. During its first two weeks the library line received 87 click & collect selection bag requests and 275 direct reservation requests.

The Welsh Government identified libraries as one of the first public services to re-open in the First Minister’s announcement on May 8. Re-opening Hubs and libraries across the city began from early July on a gradual basis in each district to ensure all communities are served equally.

3.3 Health & Safety: PPE and Hygiene

In March 2020, the need for personal protective equipment (PPE) and hygiene supplies was recognised as a key priority for the Council in responding to COVID-19, ensuring that both Cardiff Council staff and its social care providers had ready access to the equipment they needed to keep themselves and their service users as safe as possible.

Initially two processes were established: one allowing staff and care providers to collect equipment from the library stores, being used as a temporary warehouse for emergency supplies, one allowing staff and care providers to collect core PPE items (gloves, masks, aprons and eye protection) from Willcox House, when required in an emergency, outside of normal office hours. Processes were adapted and improved as time went on as the official guidance on PPE usage developed. By May 2020, supplies were sufficient enough to allow for weekly deliveries to be made to social care providers. By the end of Q1 there were 160 care providers on the delivery route, each receiving supplies at intervals they have selected (for example, weekly, 2-weekly, monthly etc.).

Throughout Q1 there were a number of national and international shortages of items, including masks, gloves, aprons and hand sanitiser. Welsh Government coordinated the distribution of PPE to Welsh local authorities, although these quantities have never matched Cardiff's actual demand and usage. Since March 2020, the Welsh Government-provided supplies have been substantially supplemented by supplies sourced through the Council's procurement channels.

To date, over 10 million items of PPE and hygiene supplies have been distributed, with the vast majority of this volume being used to support social care providers and vulnerable people.

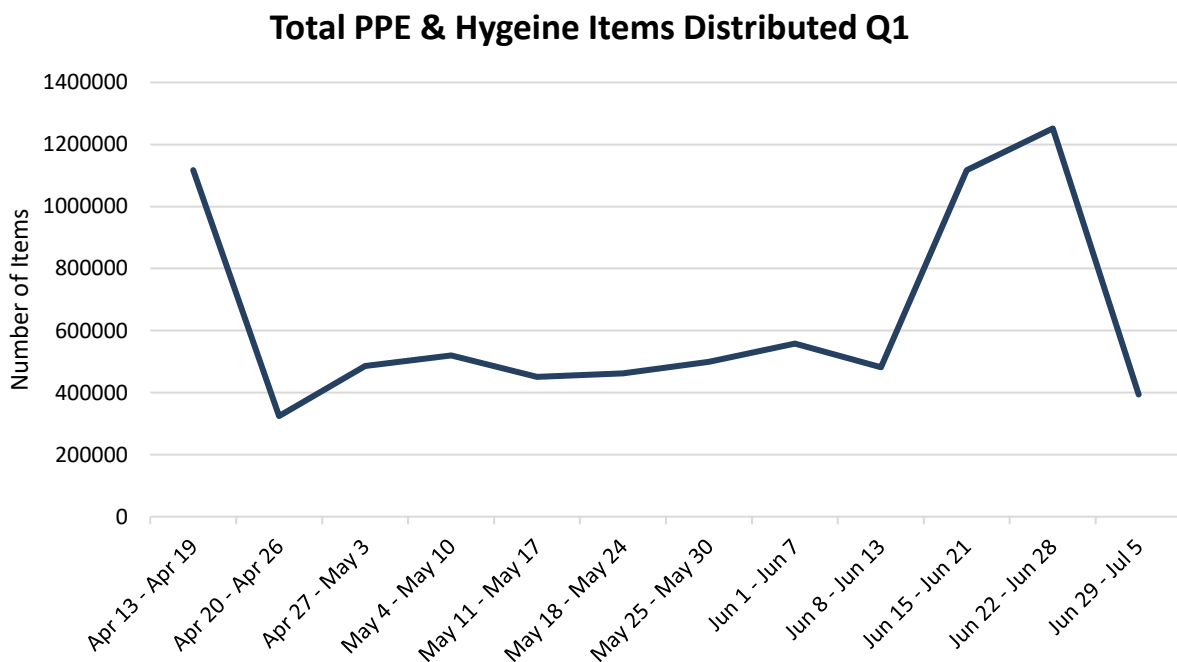


Figure 3.3.1 – PPE and Hygiene Item Distribution, Quarter 1

Figure 3.3.1 shows the items distributed during Q1. Formal recording began on 15/04/20 for PPE distribution, with the initial high value attributed to the backlog of PPE distribution figures entered into the recording sheet. This backlog includes distribution going back as far as March 19. The second spike in distribution, in the last two weeks of June, is due to the significant push of PPE and hygiene supplies out to schools, to ready them for pupils returning. A four-weekly push of PPE to schools is planned for the 2020/21 academic year.

Moving forward, there are three risk areas in regards to PPE supply. These are: further COVID-19 outbreaks, Brexit impacting supply lines and the coming annual winter flu spike. The NHS Wales Shared Services Partnership (NHSWSSP) have been preparing supplies to safeguard against this, securing two further warehouses, with a third on the horizon, to be used to stock a sufficient PPE supply for Wales. As Cardiff is also securing its own PPE supplies in parallel to the work done by the NHS, the Council is in a strong position to ensure an ongoing supply of PPE. However, some item types could see delivery delays, such as masks and gloves, which typically come from the Middle East and could take longer to go through customs due to EU checks. Relations with the UK and China over Hong Kong could also impact upon this supply, as China is the largest exporter of face masks in the world. Other items, including aprons and face visors, are being manufactured in the UK, as well as Europe and the Far East, so the impact on these supply lines should be limited.

3.4 Schools & Free School Meals

After initially closing on March 23, as a result of lockdown measures, education was delivered through online distance learning. Over 6,000 computers were provided to pupils across the city who were not equipped with appropriate devices at home; 1,700 of these were also provided with 4G internet access. Throughout the entire period, some schools remained open for the duration in order to provide childcare for essential workers and to continue provision for vulnerable children. As shown in figure 3.4.1, during lockdown 25 schools remained open, operating as Keyworker Childcare Hubs, providing childcare to an average of 450 children each day.

Welsh Government issued guidance in early June 2020, allowing for schools to re-open for the four weeks prior to the summer break. Schools opened on June 29, remaining open for three of the four planned weeks.

Open Schools, Staff and Children Attending Q1

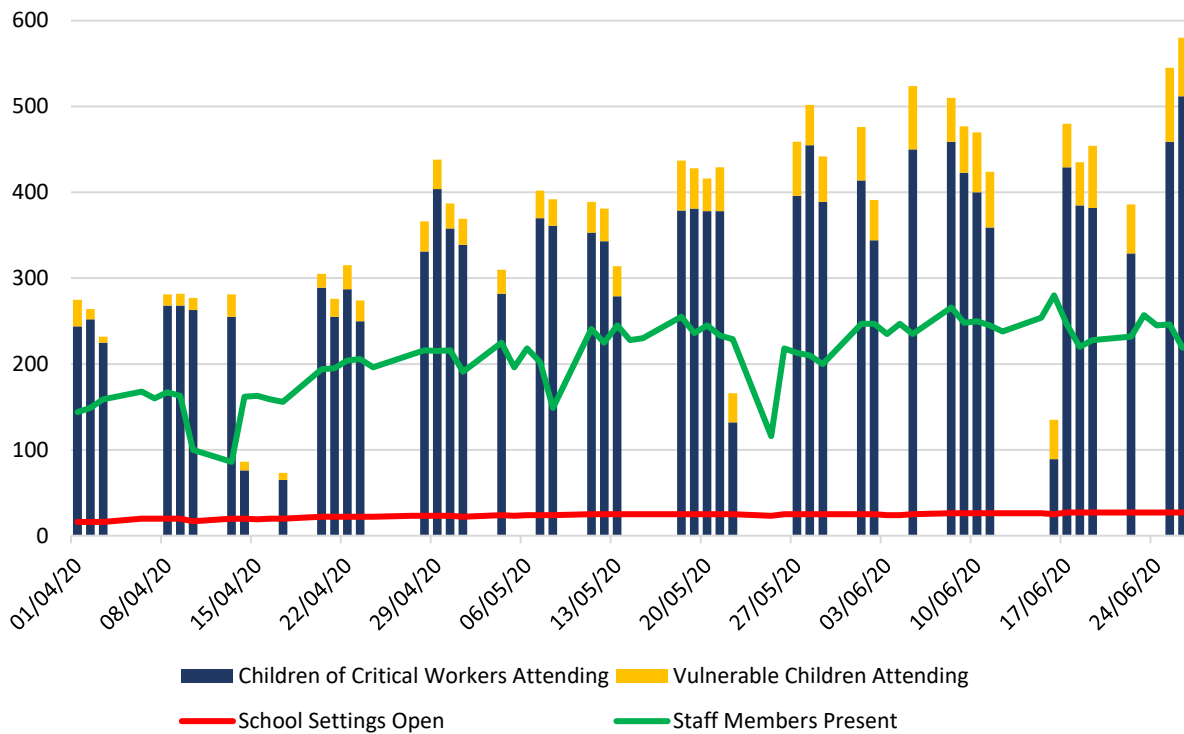


Figure 3.4.1 – Open School Settings, Staff Present and Children in Attendance, Quarter 1

During lockdown, those pupils previously eligible for free school meals were able to continue to receive them. Initially collection points were established, although it was recognised that these points could increase the risk of spreading the virus. Collection points were decommissioned, and parents of eligible pupils were instead able to claim for food costs via an online voucher scheme. This later transitioned into providing parents with funds directly (via *ParentPay*), in order to buy their own food.

3.5 Bereavement

On average, around 12 deaths occur per day in Cardiff. NHS projections predicted an additional 8 to 25 deaths per day during the peak of the COVID-19 pandemic. In reality, Cardiff experienced a peak of around 18 additional deaths per day (April 13 – 26), with approximately

10 per day which can be attributed directly to COVID-19. The average deaths per day in Cardiff for the whole of Q1 was 15¹.

This increase in deaths, from both COVID-19 and other causes, was expected to put increased strain on the city’s bereavement services. The capacity of the Thornhill Crematorium, as well as storage space, was considered in regards to how services would cope. Local funeral directors were calculated to have a total cold refrigerated storage capacity of 112.

An extensive exercise was undertaken by Bereavement, supported by Performance & Partnerships, which determined that bereavement services within the city would be able to cope with the potential increase in demand, providing that the upper ranges of the NHS Reasonable Worst Case Scenario were not reached. Cremation capacity in particular was in danger of being stretched, so three scenarios were designed to help Bereavement plan for this. These scenarios were designed to increase funerary capacity, for example by reducing service time, and increasing operational hours. To cope with the pressures of COVID-19, Bereavement increased their operations from their ‘business as usual’ standpoint to Scenario 1 (Phase A), scaling up to Scenario 1 (Phase B) as needed. This has allowed bereavement services to cope with increased demand.

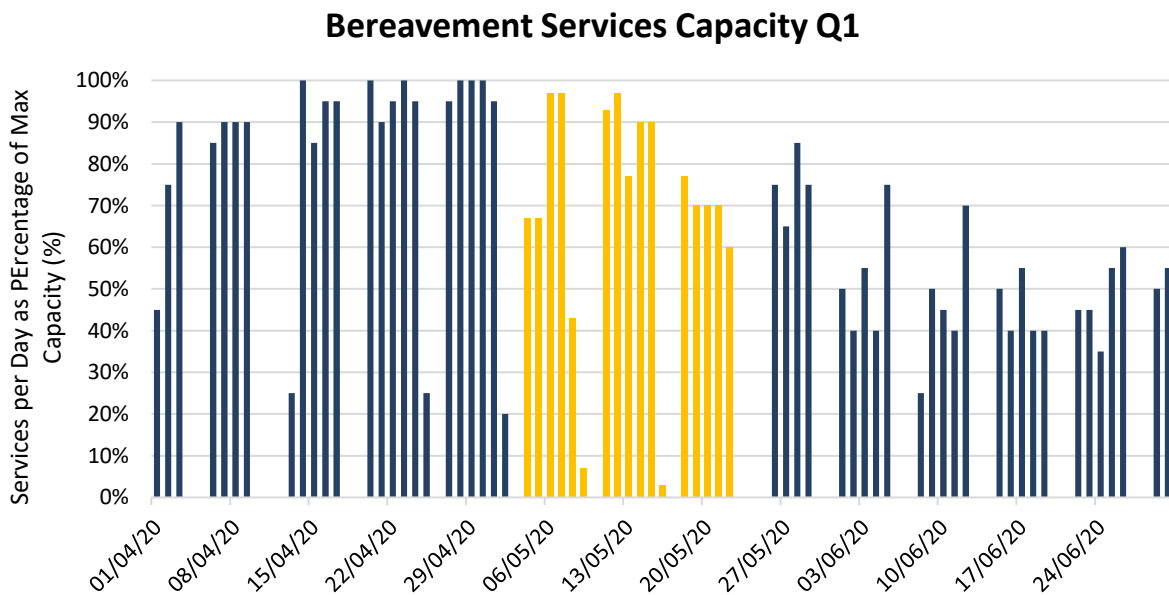


Figure 3.5.1 – Bereavement Services Capacity, Quarter 1

¹ Based on data from the Office for National Statistics (ONS), Weekly COVID-19 Deaths.

Figure 3.5.1 shows the peak of the pandemic in April 2020, slightly delayed in these figures, given the 2-3 weeks required to schedule a funeral service. The period in yellow, ranging from May 4 – 22, demonstrates the temporary implementation of Phase B of the pandemic plan, in response to high demand on services.

Access to and availability of body bags was also identified as a potential issue as the pandemic spread. Enquiries were made with both Welsh Government and Council suppliers to source an emergency supply of body bags. 490 were provided by Welsh Government, and an additional 50 were sourced via a Council supplier. To date, only 30 body bags have needed to be issued from this emergency supply, the remainder being managed via the PPE and hygiene supplies process.

3.6 Homelessness

Like many major British cities, Cardiff has shared in the increase in rough sleepers and homelessness in recent years. Cardiff has made significant progress in reducing this, with rough sleeping individuals reaching a six-year low in March 2020 (around 30 individuals, compared to 84 in 2019). A report to Cabinet on 16 July 2020 outlined the impact of COVID-19 on the homeless population of Cardiff¹. The key points from this report have been summarised below, accompanied by Q1 data showing the scale and success of Cardiff's response to these issues.

As COVID-19 began to spread throughout the community, it became crucial to secure a significant number of additional self-contained accommodation units to both ensure that nobody remained on the street, and that individuals were capable of self-isolating if they started showing COVID-19 symptoms. From the start of the pandemic the number of presentations of single homeless people increased significantly, with an average of 45 per weeks (compared to 25 per week pre-COVID).

The number of individuals residing in existing emergency accommodation had to be drastically reduced in order to limit the spread of the virus within this vulnerable group of people. As testament to the scale and speed of this operation, 140 individuals were rehoused into self-isolation accommodation within the first three weeks of the pandemic. In total 182 units of supported accommodation were established, made up of shipping container developments, hotels, move on accommodation, and re-purposed buildings.

¹ Cabinet Paper – [Homelessness and the COVID-19 Response](#).

With rough sleepers in the city reaching an all-time low during the pandemic (as seen in figure 3.5.4), and a high number in accommodation, the Council saw an unprecedented opportunity to work with individuals on the underlying causes of their situation, particularly providing support with substance misuse. In partnership with Health and the third sector, support services have been provided directly into the accommodation units.

The approach the Council has taken to homeless individuals during the pandemic is similar to the *Housing First Model*, which has been trialled in the US, Scandinavia, and some UK cities, including Manchester where 80% of the tenancies under this scheme proved to be stable¹. This model seeks to ensure individuals have safe accommodation first, before looking at underlying causes for their homelessness. Advocates of this approach claim that it can pay for itself, as providing accommodation directly can often be more cost effective than years of remedial treatment, which may not take root and alter individuals' behaviour.

The successes seen by homelessness services during the pandemic culminated in the launch of the Real Change Campaign towards the end of June 2020, which aims to embed the achievements made by homelessness services during the pandemic into a long-term approach, to lock in the benefits realised and lessons learned from the crisis.

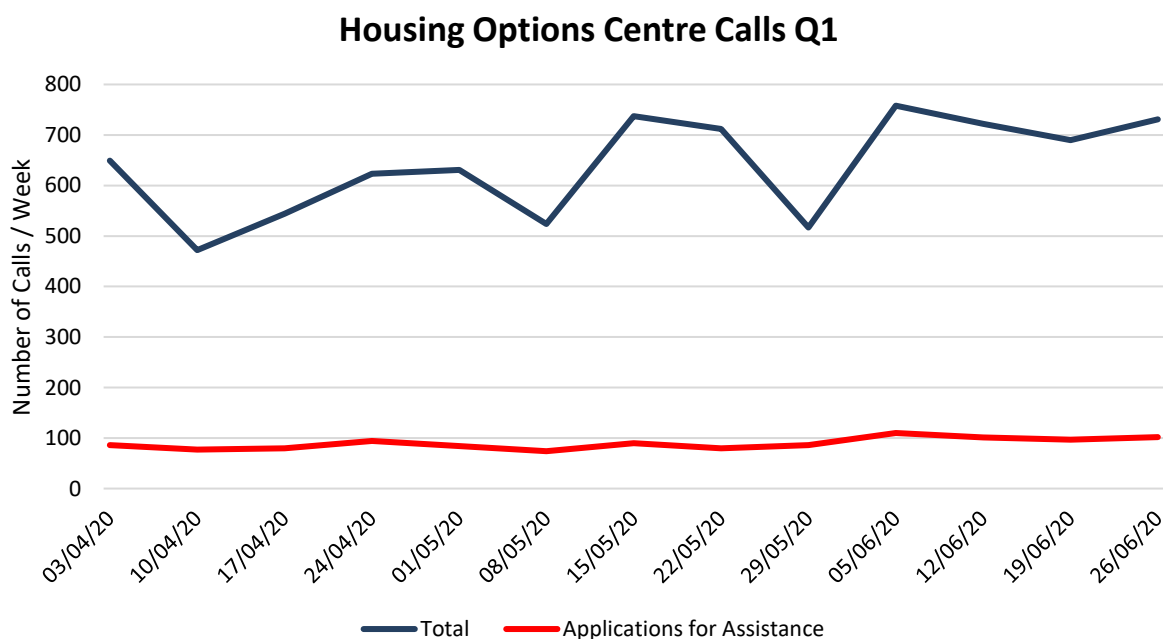


Figure 3.6.1 – Calls to the Housing Options Centre, Quarter 1

¹ Article by the Guardian on the [Housing First Approach](#).

Accommodation Placements Q1

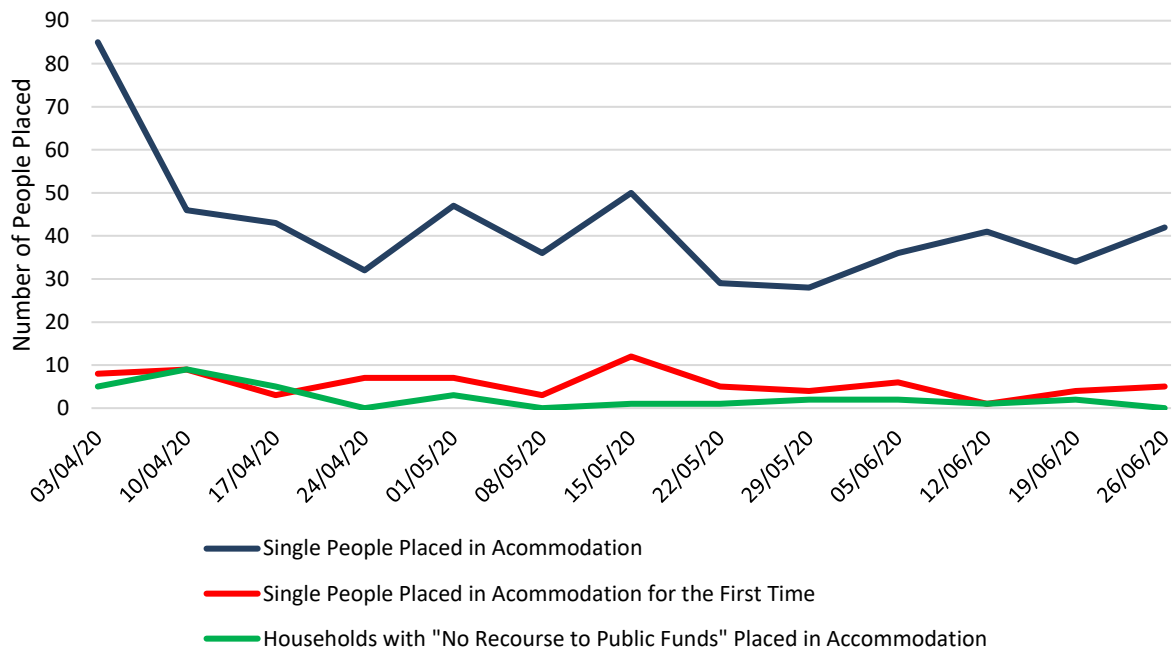


Figure 3.6.2 – Homeless Accommodation Placements, Quarter 1

Additional Units in Use Q1

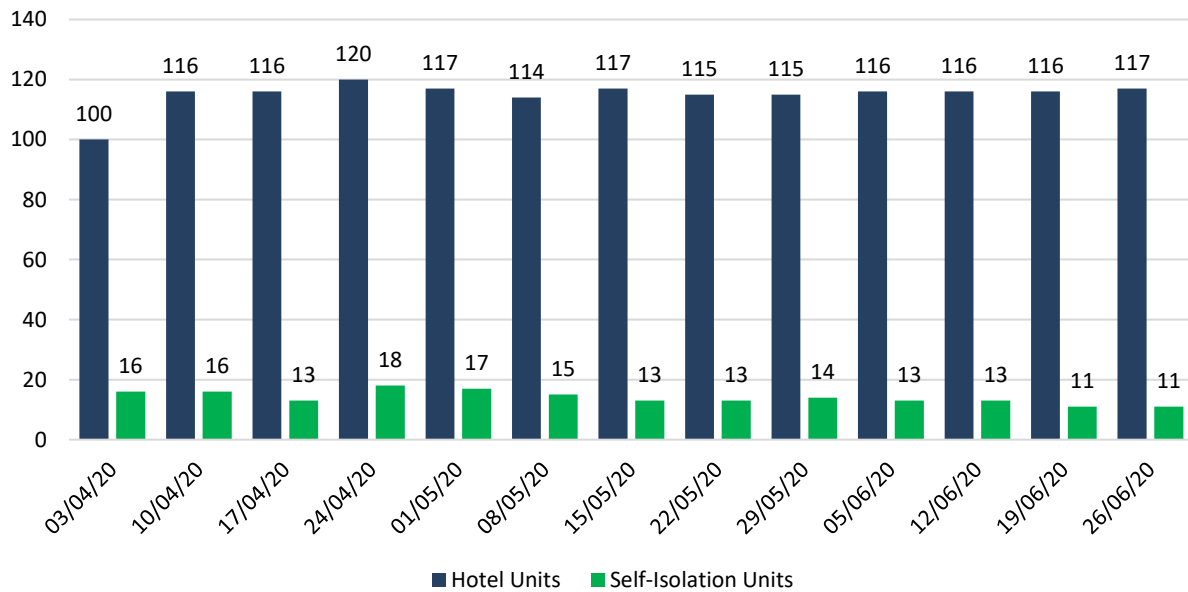


Figure 3.6.3 – Additional Accommodation Unites in Use, Quarter 1

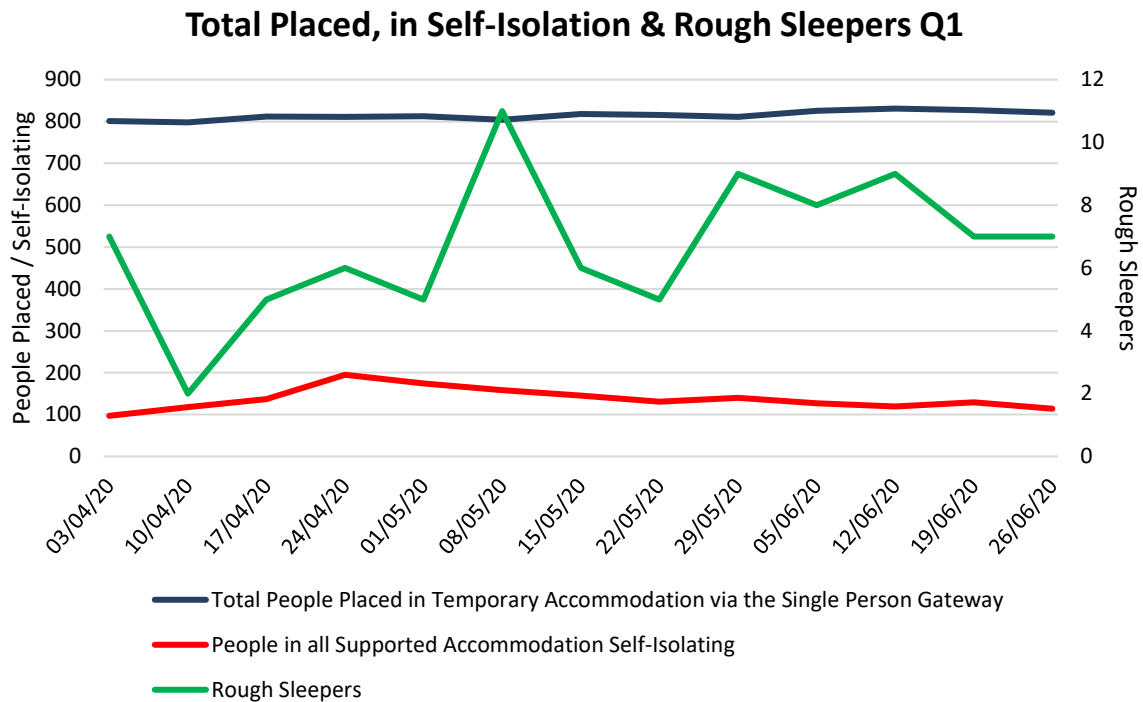


Figure 3.6.4 – Homeless Individuals Places, in Self-Isolation & Remaining Rough Sleepers, Quarter 1

3.7 Social Care – Adults’ & Children’s

Across social services, as COVID-19 began to spread, a risk assessment exercise was carried out across all open cases, determining the priority of individuals for maintaining regular contact during lockdown. Cases were given a BRAG (Black / Red / Amber / Green) rating, with black representing the most urgent cases where regular contact would be essential, and green cases requiring little, if any, face-to-face contact. In children’s services specifically, in anticipation that staff sickness levels may increase due to the spread of the virus, short case synopses were written for every case, enabling a smooth case handover if and when required.

Adults’ Services

Throughout the lockdown period, social workers have continued to undertake home visits when there has been a critical situation or a safeguarding concern. Appropriate PPE has been provided across social care to ensure that this contact is as safe as possible. Assessments have been undertaken via alternative means where possible, for example over the internet, via telephone, or through a window, in order to maintain social distancing. Contact has also been

maintained with carers, many of whom have faced significant challenges over this period as there has been little opportunity for respite.

While examining deaths from COVID-19, and excess deaths when compared to the normal expected death rate, those receiving domiciliary care were identified in Cardiff as having a high excess mortality rate, along with care homes. Increased testing of these individuals, and their contacts, was undertaken in an attempt to limit the impact of this.

Hospital social workers have linked in with community teams and care providers to work through complex cases in order to discharge individuals from hospital. This work has continued in line with the 'home first' principle. To support the discharge process during the pandemic, isolation beds were secured by adults' services for those who have left hospital, the primary purpose of these being to keep individuals who may be infectious from spreading COVID-19 to their care home as they return to it. In total, 26 of these beds were secured.

Learning Disability teams have been working closely with third sector partners and Health in order to focus on the provision of reduced, yet critical, support services. Contact is maintained with all service users and their families in order to assess and prioritise their needs. Positive feedback has been received from both service users and partners on how services have been maintained through the pandemic.

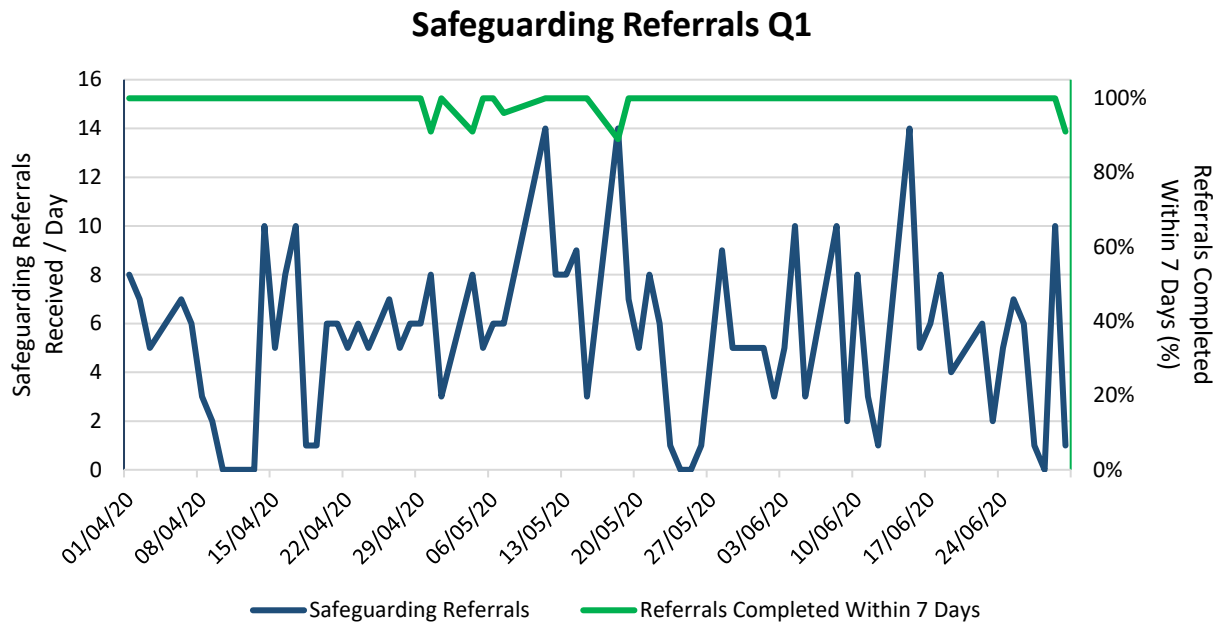


Figure 3.7.1 – Adults’ Services Safeguarding Referrals, Quarter 1¹

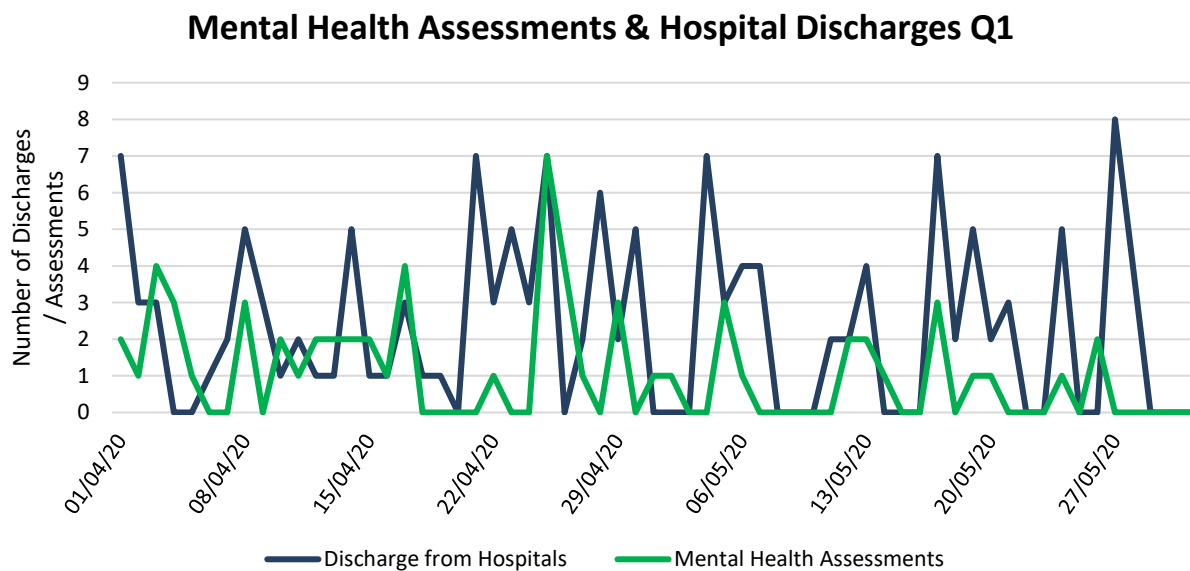


Figure 3.7.2 – Adults’ Services Mental Health Assessments & Hospital Discharges, Quarter 1²

¹ Safeguarding processes have continued to operate throughout the pandemic, maintaining the pre-COVID performance standards.

² Data recorded only up until the end of May 2020.

Children’s Services

In general, face-to-face contact in regards to children’s services ceased during lockdown, although individual requirements were assessed on a case-by-case basis, as with some young people the risk of having no contact outweighs the risk of contact.

Children’s Services, alongside Education and the Family Gateway, established a Vulnerable Learners Panel during lockdown, to discuss children/ young people where there are significant concerns about safety and welfare.

Contact has been maintained with children in out-of-area placements, and this has been supplemented through the use of virtual technology, increasing many young people’s access to social workers and friends outside of their immediate network.

A dip in MASH (Multi-Agency Safeguarding Hub) referrals was observed in early April 2020. However, this is not likely to reflect an actual drop in incidents, but is more likely to be due to a number of referral sources being offline, or being less active. For example, many referrals normally come from teachers, and schools were closed, and many referrals come from health visitors, who would have been undertaking fewer visits during this period. Referral levels returned to normal by the end of quarter 1.

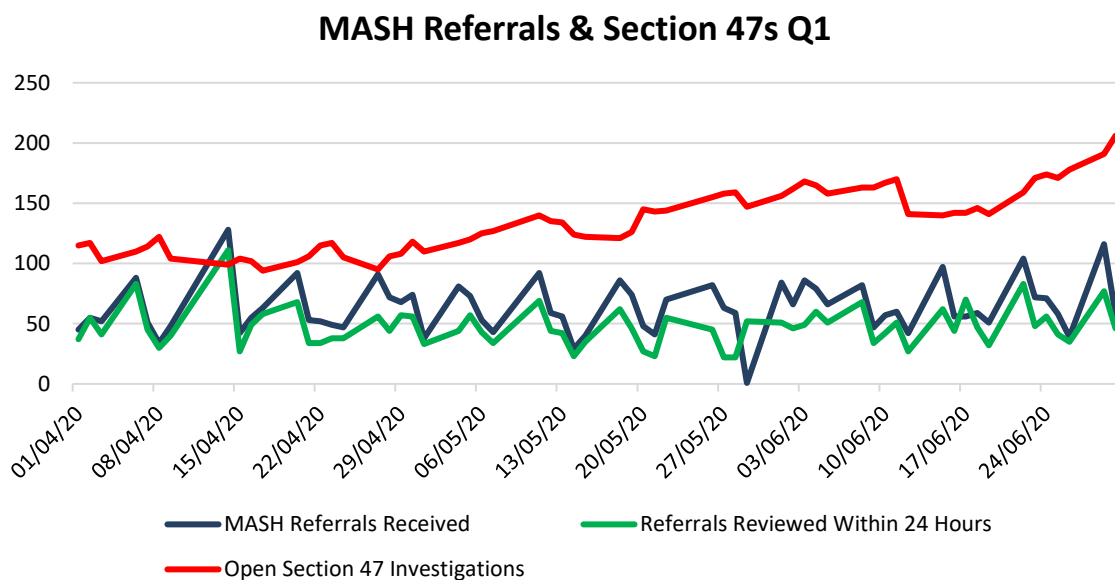


Figure 3.7.3 – Multi-Agency Safeguarding Hub (MASH) Referrals & Section 47s, Quarter 1

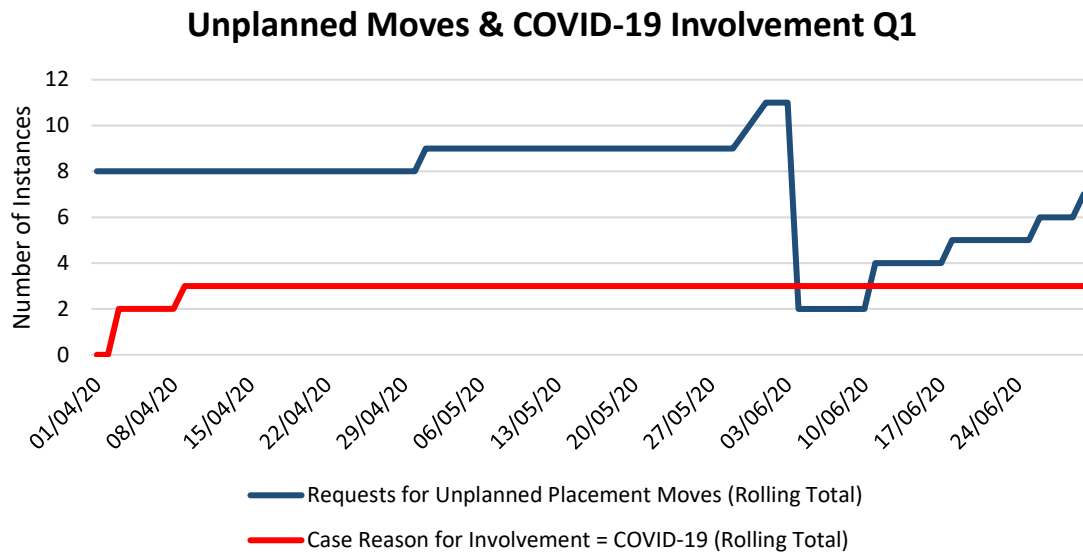


Figure 3.7.4 – Unplanned Moved & COVID-19 Case Involvement, Quarter 1

3.8 Childcare

At the end of March 2020, Welsh Government decreed that, wherever possible, children should be cared for at home and that childcare provision should prioritise care for children of critical workers and vulnerable children. Thus, the Childcare Offer for Wales was suspended, closing to new entrants from April 1. Payments were maintained to childcare settings (whether open or closed), but only for children who were already eligible for and enrolled on the Childcare Offer before March 18. Welsh Government committed to continue to pay for the hours of childcare booked under the Childcare Offer until the end of the suspension period (June 19).

The Coronavirus-Childcare Assistance Scheme (C-CAS)

The suspension of the Offer allowed the grant to be repurposed to provide funding for childcare costs for eligible parents and carers, including those:

- Whose child/children were of pre-school age (provision for school aged children was offered via school hubs),
- Who were critical workers, unable to effectively work from home,
- Who were kinship or foster parents and a critical worker, or
- Whose child/children were pre-school age and have been assessed by a local authority as being vulnerable.

Based on Welsh Government guidance, an Officer Decision Report was drafted and approved, allowing the C-CAS (Coronavirus-Childcare Access Scheme) to be implemented in Cardiff. A data collection tool was provided to childcare settings in order to assess and record children who met the eligibility criteria. To support this, the following were developed in collaboration with other Council teams:

- An online application form for requests for pre-school childcare
- A payment system to allow payments to childcare providers
- Terms and conditions for all childcare settings providing C-CAS
- Webpage content to inform parents of the scheme and highlight eligibility
- Recording and reporting systems to ensure data collection and Welsh Government requirements could be met.
- Access to advice and guidance via phone, email and social media

Following the announcement by Welsh Government, of funds to provide childcare over the summer holidays for vulnerable children, £80k from Childcare and Play was pooled with the Welsh Government funding to support this provision, which was organised by Education.

Flying Start Childcare

Flying Start childcare provision closed temporarily during the pandemic, with two settings remaining open, offering care for children of critical workers. Flying Start teams maintained contact via telephone with families where children had been identified as vulnerable and if appropriate, referrals were made to the Vulnerable Learners Panel for consideration.

To support families whilst at home, Flying Start teams used social media to share “at home activity ideas”, including those suggested by childcare providers. These posts have been received well by families and have had high levels of engagement.

Flying Start and Childcare teams worked together to produce the “Unlocking Childcare in Cardiff” guidance for childcare providers, providing advice on how to operate their services safely under the COVID-19 restrictions. Flying Start also worked with Health & Safety to ensure provision across the city would be safe to re-open in line with the restarting of education.

Lessons Learned

The success of C-CAS in Cardiff has been due the commitment of the childcare teams and collaboration with other internal teams and Welsh Government. Whilst full lockdown measures

had a huge effect on many other aspects of people’s lives, the clear parameters of the scheme made the childcare response relatively simple. However, a future local lockdown may raise questions around the significant proportion of parents that work in Cardiff, and have children attending childcare in the city, who reside outside the local authority area.

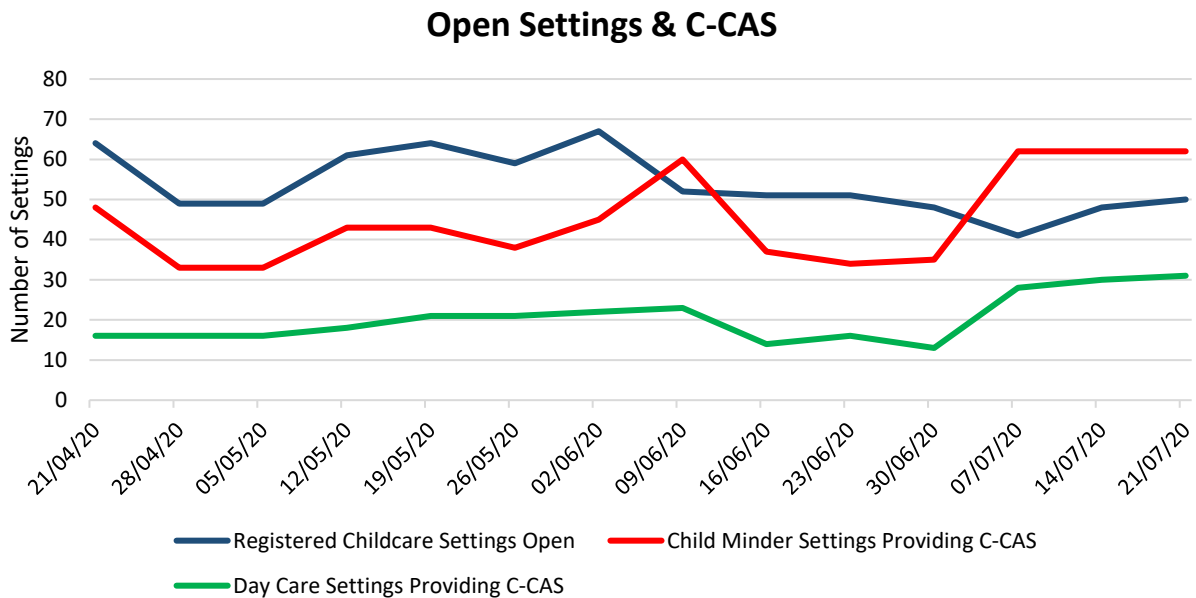


Figure 3.8.1 – Open Childcare Settings and the Coronavirus-Childcare Access Scheme (C-CAS) ¹

¹ The data used in charts in this sections begins at the end of April 2020, and runs until the end of July 2020, to give a comparable 3-month period to the Q1 data presented elsewhere in this report. The total number of childcare settings open includes all child minders and day care settings which have had at least one child in attendance during the week.

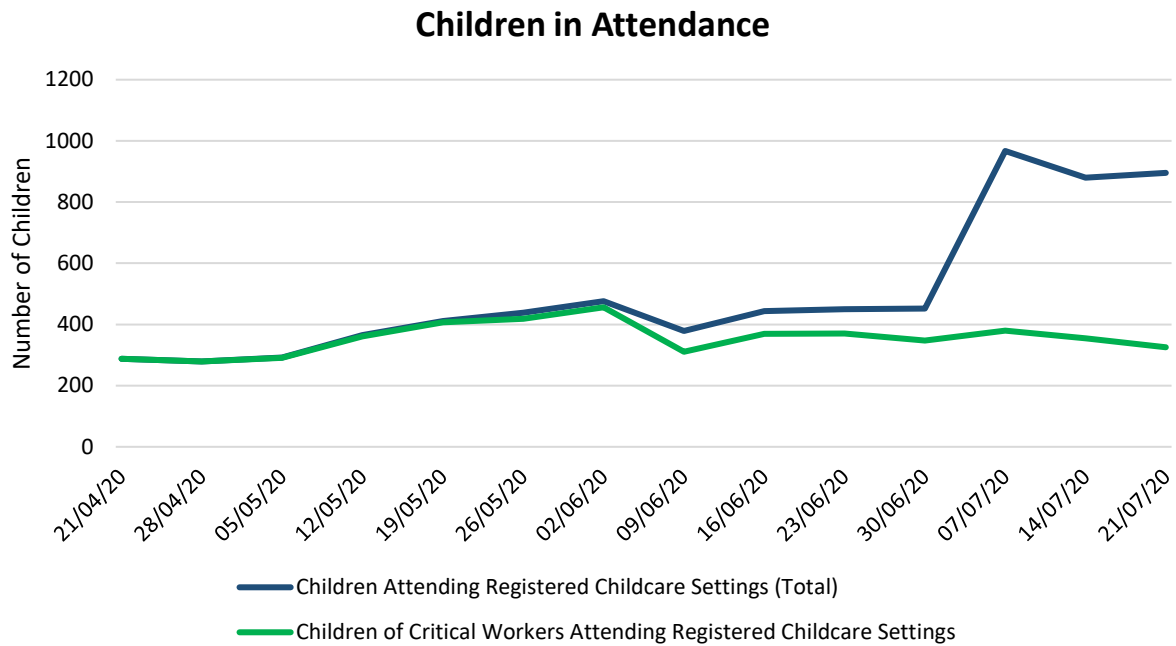


Figure 3.8.2 – Children in Attendance at Childcare Settings ¹

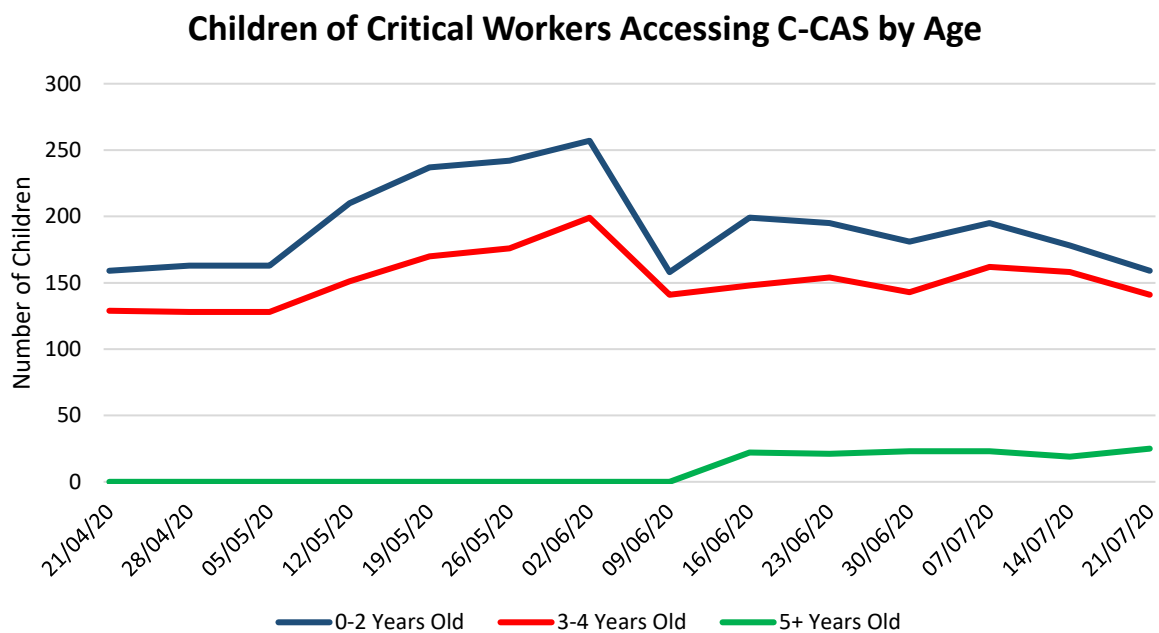


Figure 3.8.3 – Access to C-CAS by Age for Critical Workers

¹ The number of children in attendance includes all those who have attended at least one session during the week.

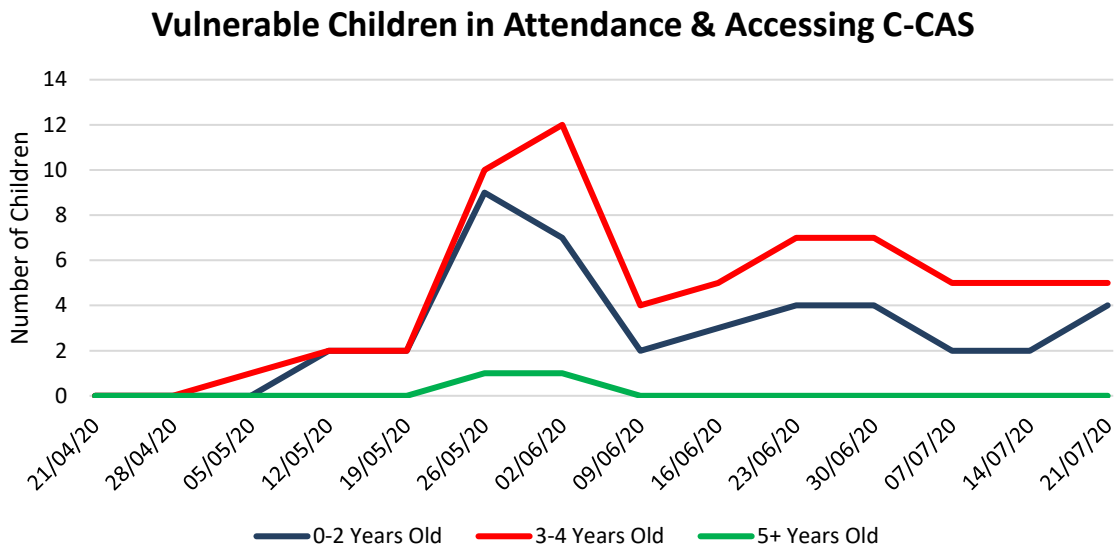


Figure 3.8.4 – Access to C-CAS by Age for Vulnerable Children

3.9 Volunteering

The Volunteering Team have been busy during the pandemic, co-ordinating volunteers and regularly updating the Volunteer Cardiff website, ensuring that the needs of the community could continue to be met. Specifically, volunteers have been utilised to support the collection and delivery of food parcels, as well as assisting with the second round of wellbeing calls to the shielded community.

The website has seen significant activity during this period. In Q1, there were 62,823 hits on the Volunteer Cardiff Portal, averaging around 718 hits per day. April saw the highest levels by far, with a significant spike near the beginning of the month. Overall, hits in April represented 66% of total hits in Q1. Of those viewing the portal, 233 volunteers successfully submitted applications, resulting in around 7 volunteers working per day throughout the quarter. As a point of comparison, in Q1 of 2019/20 only 7 volunteers were recruited, compared to 81 in the same period in 2020/21.

This spike in interest during the peak of the pandemic, similar to the huge response to the internal skills survey, which received 2,000 responses within the first hour of going live, further highlights the willingness of both Council staff and the community at large to contribute where they can during difficult times. The dip in interest after April 2020, shown in both figure 3.8.1 and figure 3.8.2, could be due to people returning to their substantive roles.

Volunteer Cardiff Website Activity Q1

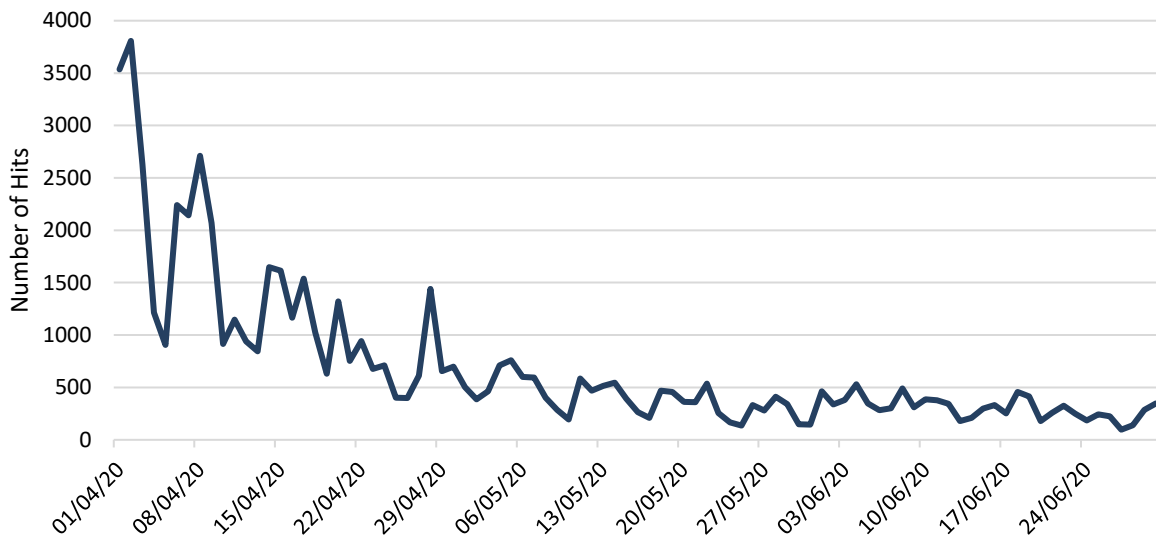


Figure 3.9.1 – Volunteer Cardiff Website Activity, Quarter 1

Applications, Checks and Days of Work

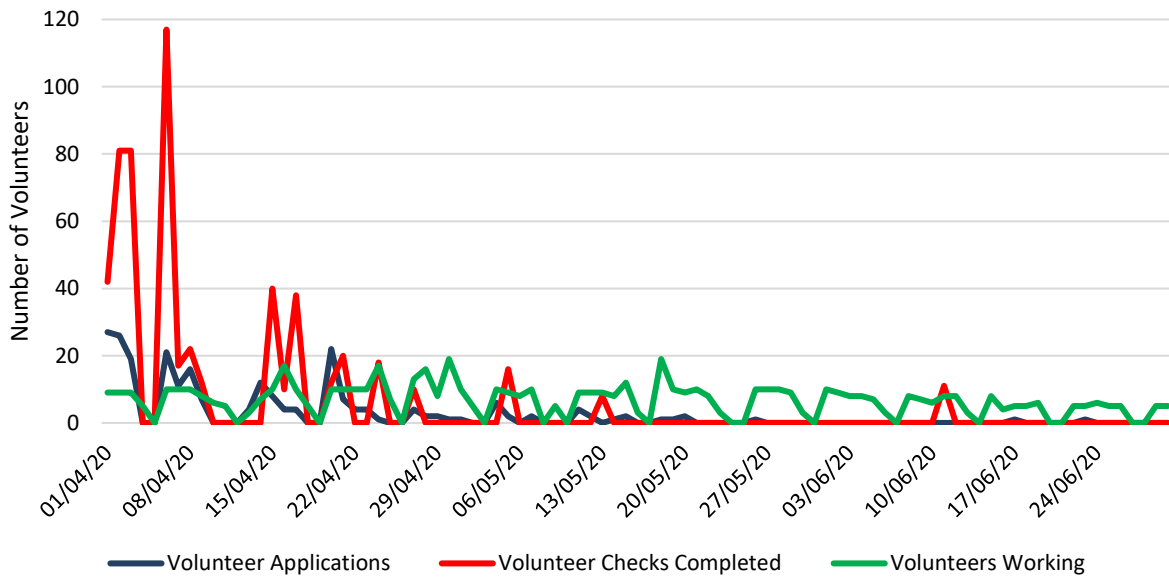


Figure 3.9.2 – Volunteer Applications, Required Checks and Days of Work, Quarter 1

3.10 Community Safety & Cohesion

Throughout Q1 2020/21, Cardiff has experienced reduced crime rates overall (28%), and reduced rates for most crime types, although there has been a small increase in drug offences (27%) and a larger increase in anti-social behaviour (146%), although this can be entirely attributed to COVID-19 related issues, particularly in relation to breaches of regulations.

The following rates have decreased during Q1: violence against the person (28%), violence with injury (33%), violence without injury (19%), stalking and harassment (8%), possession of a weapon (10%), criminal damage (28%), robbery (36%), residential burglaries (38%), business and community burglaries (39%), auto-crime (44%), hate crimes (3%) and public order offences (4%). It seems likely that these changes are due to the lockdown measures in place in Q1, and more recently as measured are eased, levels seem to be increasing again.

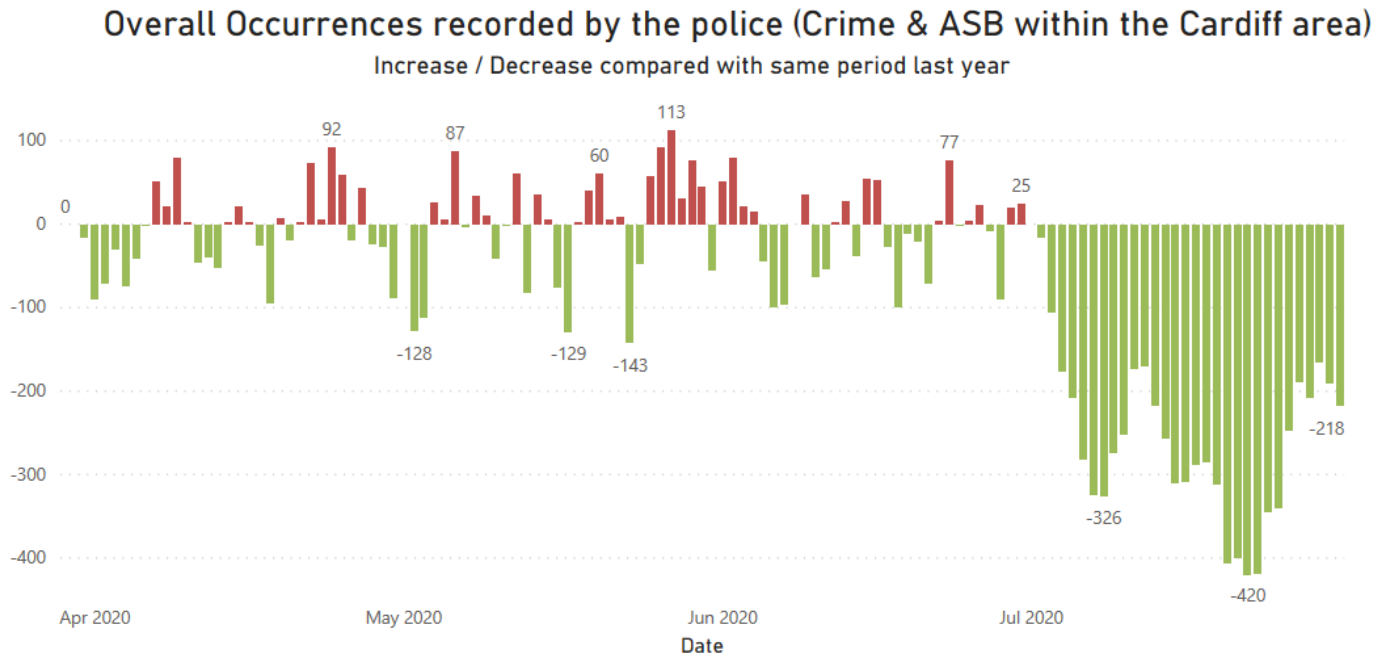


Figure 3.10.1 – All Crime Occurrences as Increases or Decreases vs. the same period last year: comparison April 1 – July 31 2019|2020, Cardiff

ASB Occurrences

Increase / Decrease compared with same period last year

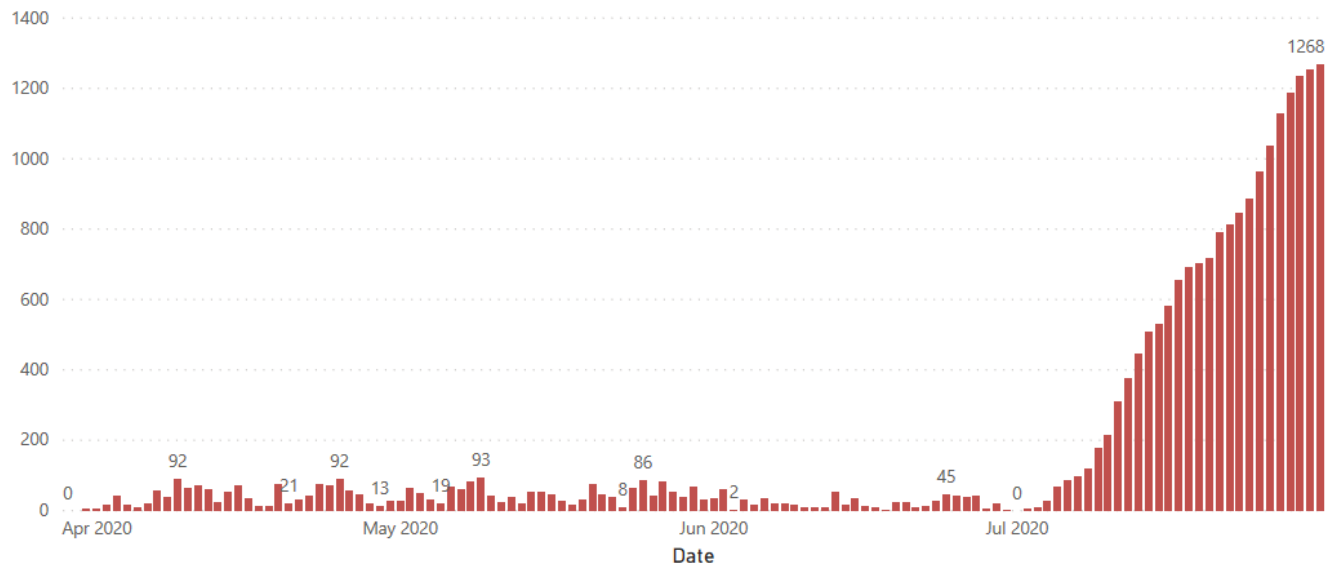


Figure 3.10.2 – Anti-Social Behaviour (ASB) Occurrences as Increases or Decreases vs. the same period last year: comparison April 1 – July 31 2019|2020, Cardiff

Domestic Abuse Occurrences

Increase / Decrease compared with same period last year

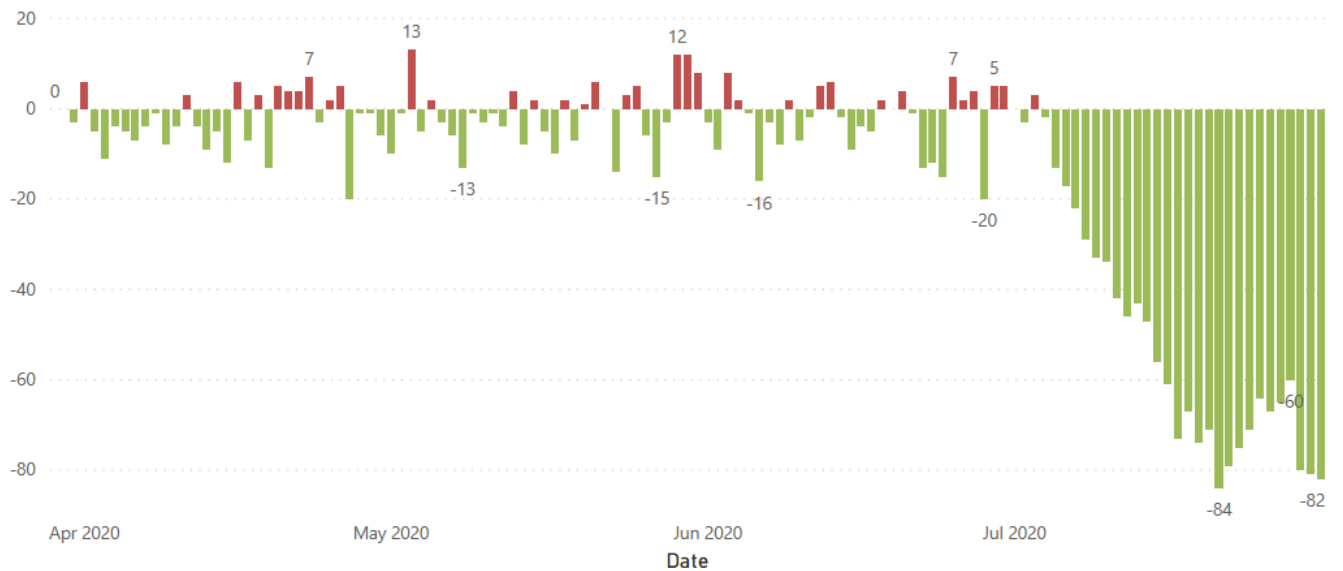


Figure 3.10.3 – Domestic Abuse Occurrences as Increases or Decreases vs. the same period last year: comparison April 1 – July 31 2019|2020, Cardiff

Throughout lockdown Cardiff RISE¹ has continued to contact victims related to Public Protection Notice (PPN) referrals from the Police. The volume of domestic abuse referrals received during Quarter 1 2020/21 (1,628) was slightly lower than the same period the previous year (1,652). There are concerns however, that the lockdown period will have resulted in under reporting of domestic violence, which will be monitored through the work of the Community Safety and Safeguarding Partnership Group.

During Q1 an additional 8 women's refuge units were provided (bring the total number of units to 59), during which time 64 residents left refuge provision. Most of these individuals moved either to temporary accommodation (23), with friends and family (14), or returned home (10).

During lockdown regular communication was maintained with residents, utilising virtual communication technology, informing them of the latest COVID-19 guidelines. Those who required it were also supported with their shopping. PPE has been provided and used where physical visits have been required.

3.11 Culture, Leisure and Parks

Parks

During the lockdown period, it was decided to keep the Council's parks and green spaces open for use. The Parks team worked extensively with partners to ensure that these spaces were safe to use; for example, at Roath Park, a one-way system was introduced around the lake aware to improve social distancing and reduce the risk of spreading COVID-19.

Venues and Events

As a result of government advice, the Council took the decision to close all of its venues and attractions. This included Cardiff Castle, the Museum of Cardiff, the Norwegian Church, City Hall, Mansion House, St David's Hall and the New Theatre. The Capital's extensive event programme was also impacted, with events either postponed until later in the year or, as in the case of the Guinness Pro14 Finals and Nitro World Games, cancelled altogether.

Sport and Leisure

¹ [RISE](#) is a Cardiff-based specialist advocacy service for women experiencing violence, domestic abuse, and sexual violence.

All facilities, such as GLL-managed leisure centres, Channel View Leisure Centre, Canton Community Centre, Cardiff International White Water and Cardiff Riding School, were also closed.

Considerable effort was made by council officers to continue to engage with patrons, clients and partners throughout the lockdown period, to ensure the continuity of services once restrictions eased.

3.12 City Centre & District Shopping Centres

Cardiff city centre has had to change drastically in order to become a safe space where social distancing measures can be complied with. The Council has progressed work to make certain spaces safe in both the city centre and neighbourhood district centres, with a City Recovery Strategy approved by Cabinet in June 2020.

The strategy outlines what is required during the COVID-19 recovery period to ensure that the city centre, and wider local and district centres, fully support local businesses, retailing, and the wider range of positive social and leisure activity associated with Cardiff city centre. Central to this is a drive to create an environment that is safe, socially distanced, well-managed and welcoming.

Interventions include a package of safety and greening in local and district centres, such as pavement widening, cycle routes, speed restrictions and more significant measures where appropriate. As part of the adaptations to the city, pavements have been widened, cafes and bars have been allowed to create 'spill out' areas to trade outside, and new trees installed to improve the public realm.

Changes in the city centre include one-way pedestrian systems; welcome/explanation points; street ambassadors and spill-out space, with Cardiff Castle's grounds opened to create a public space for local businesses to use, enabling the ordering of food and drink via an app.

Supporting local businesses has formed a key part of this strategy in limiting the economic impact of COVID-19. Around £80,000 was generated for the local economy in the first weekend following the implementation of these changes, and the re-opening of city centre venues. Engagement/ consultation with key stakeholders has also been crucial to its implementation and management.

Throughout this period, Cardiff has experienced significant improvements in air quality, particularly in the city centre, as a result of lower levels of traffic. The recovery period is an

opportunity for securing increased environmental and city resilience, and it is hoped that these improvements are maintained through the implementation of Cardiff’s Clean Air Plan.

3.13 Business Support

Welsh Government’s Business Grants Scheme closed on June 30, although around 73% – 86% of qualifying businesses in Cardiff have accessed support during the operation of the scheme. The grants were for rate paying premises only; those in receipt of small business relief; retail, leisure and hospitality businesses with a rateable value of £12,001-£15,000; along with charities and not-for-profit organisations operating in the same sectors. In total, throughout Q1, £42.8m was provided to support businesses via this scheme.

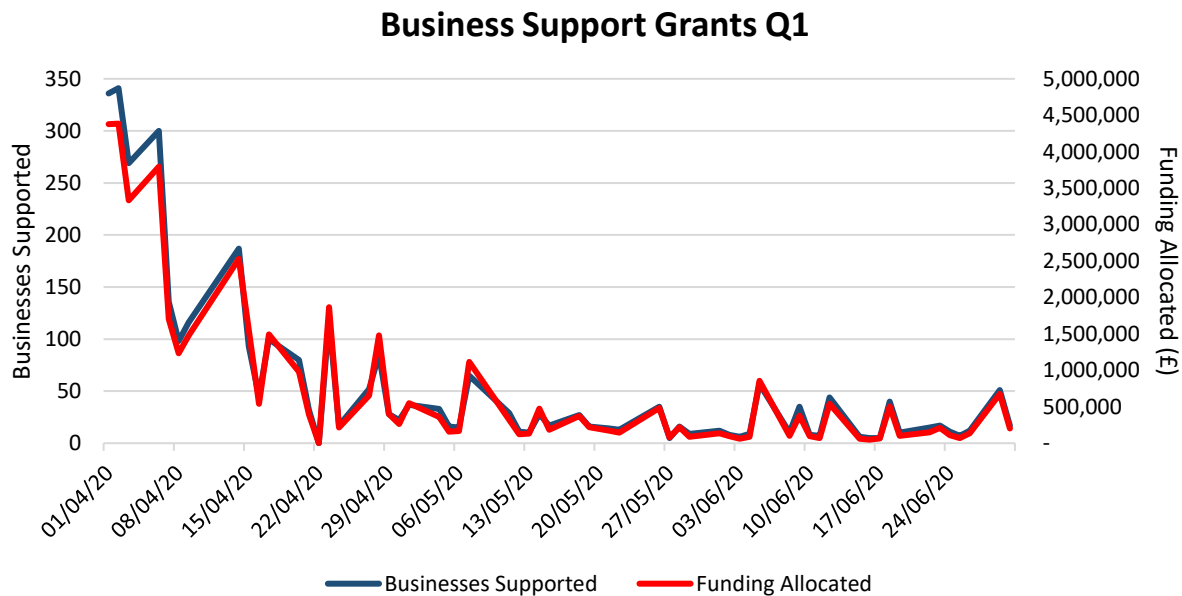


Figure 3.13.1 – Business Support Grants Administered in Cardiff in Quarter 1

3.14 Waste Management

During lockdown, most waste collection streams continued to operate normally, with the exception of garden waste collections, which returned to their normal routine in July 2020. Additionally, the pilot of separated glass collection has been suspended. Although collected as would normally be scheduled, recycling and general waste collections were combined as a temporary measure. While access was temporarily limited to the Household Waste Recycling Centres (HWRCs), they operated on a booking system, phasing back in more item types over time.

4. Governance and Decision Making

This section describes how internal Council processes have changed and improved in response to the pandemic.

4.1 Decision-making & Governance Arrangements

On 25 February 2020, COVID-19 became a standing item on the Council's weekly Senior Management Team agenda and, on 3 March 2020, a Strategic Coordinating Group (SCG), chaired by the Chief Executive and reporting through to the Leader and Cabinet, was established to lead on a cross-Council approach to preparing the organisation for the impact of COVID-19. Membership is made up of the Council's Senior Management Team plus the Operational Manager for Corporate Health & Safety and the Manager of the Resilience Unit.

The Council's SCG agreed a series of COVID-19 planning assumptions and set out key actions in preparation for the pandemic. This included establishing an effective Directorate-level Incident Management Team, refreshing Red Critical Business Continuity Plans and testing each plan with a scenario-based exercise.

On 19 March 2020, the Council's SCG began to meet on a daily basis, including on weekends as required. SCG enabled the Council to make rapid decisions based on the most up-to-date information following the key principles which informed its approach:

- Preventing the spread of infection;
- Ensuring the health and safety of staff, service users and citizens, and;
- Prioritising key frontline services and support for vulnerable people.

Recognising the need to record the Council's response to the business disruption generated by COVID-19, a daily log recording the actions taken within each service area in relation to the outbreak was established as of 23 March 2020. A summary of key actions taken was collated and circulated at the end of each day, alongside the minutes from each internal SCG meeting.

A process has also been established to enable directorates and service areas to examine all key decisions taken since the outbreak began and ensure that they are accurately reflected in the decision log. The log ensures that there is a consolidated account of all decisions undertaken during this period, cataloguing them and providing the location of supporting evidence in the event of any future auditing purposes.

The following information is recorded:

- Date: *When was the decision taken?*
- Decision: *Summary of the decision*

- Action Owner: *Who is/ are the lead officer(s) responsible for acting upon the decision?*
- Reason/ Rationale: *Why was the decision taken?*
- Decision Maker: *Who took the decision? E.g. Strategic Co-ordination Group/ Silver Command.*
- Type of Decision: *On what authority was the decision taken? E.g. Operational Decision/ Delegated Powers to Officer/ Officer Decision Report.*
- Evidence Base: *Any evidence available to support the decision?*
- Consultees: *Who was consulted? E.g. Cabinet/ Public Services Board/ Police*
- Comments: *Further detail of the issue/ activity*
- Record Keeping: *Has all relevant material relating to the decision been filed and is accessible at a future date?*
- Finance: *Has any financial impact been recorded in line with the Section 151 Officer Guidance?*

4.2 Political Governance

New regulations were issued by Welsh Ministers under the Coronavirus Act 2020 which made temporary changes to the rules governing local authority meetings during the COVID-19 response period (applying to meetings taking place before 1 May 2021)¹.

The first virtual meeting of full Council was held on 21 May 2020. Cardiff was one of the first local authorities in Wales to hold a remote meeting of full Council. Ahead of the meeting an Equalities Impact Assessment (EIA) was carried out in respect of remote meetings arrangements to identify any inadvertent discriminatory effects and potential mitigation measures².

At the meeting on 21 May 2020, it was agreed to make changes to the Council's governance arrangements during the period when normal business operations are disrupted due to government restrictions and additional service pressures arising from the COVID-19 pandemic. These changes included the establishment of a COVID-19 Scrutiny Panel, comprised of the five current Scrutiny Committee Chairs.

The COVID-19 Scrutiny Panel is responsible for scrutinising the Council's functions, as well as the work undertaken by the Cardiff Public Services Board and its impact on the local community. The Scrutiny Panel was established until 30 September 2020, with its duration and remit being kept under review. The Chair of the temporary Scrutiny Panel must have been an opposition group member appointed by Council with cross-party support under Part 6, Section 74 of the Local Government (Wales) Measure 2011).

¹ <https://www.legislation.gov.uk/wsi/2020/442/contents/made>

² <https://cardiff.moderngov.co.uk/documents/s38571/Ag%20Item%205%20Appendix%20A%20-%20EIA.pdf>

5. Corporate Adaptations & Issues

5.1 Temporary Homeworking

Responding to Covid-19 demanded a radical transformation to the way in which many council services were delivered. This transition to an “Essential Services Model” was initially enacted to prevent the spread of the infection, protect the health and well-being of staff and safeguard the delivery of vital frontline services and provision of support for the most vulnerable.

Enabling Service: Digital Infrastructure, ICT equipment and Virtual Processes

The Council had already established a comprehensive digital agenda, with the digital strategy setting out a clear direction of travel, prior to lockdown. It is clear that without the progress made in delivering this strategy the Council would not have been able to support the scale of homeworking which it currently does. The extensive demands which Covid-19 placed on the Council’s digital infrastructure demonstrated the extent to which the Council has established modern and resilient digital capacity. Simply put, the Council would not have been able to support home working at this scale only two years ago.

The ICT service performance data demonstrated the enhanced capability of the service:

- Provision of equipment, software upgrades and migration to the latest operating platforms
 - Over 5200 staff were migrated to Office 365 in just 3 weeks to enable wider access to council systems from remote and mobile devices;
 - Microsoft Teams has been rolled out to over 5200 users within 2 weeks, to provide additional video, audio conferencing and collaboration tools;
 - Over 850 new laptops and tablets distributed in the last 4 months and over 500 existing devices rebuilt or reconfigured for home use;
 - The ratio of fixed devices to mobile enabled devices has shifted considerably between quarter 3 2019/20 (57%/43%) and Q1 2020/21 (46%/54%). This demonstrates that over half the workforces is now equipped for mobile working.
- Enhanced Support Arrangements

- All ICT Service Desk staff are working from home with no change in the level or quality of service
- 96% of the wider ICT service have worked from home with the equipment they need to operate as normal.
- Supporting Service Provision
 - The Network team supported the NHS establish temporary network connections between the new field hospital in the Millennium Stadium and Global Link;
 - The ICT and the Web Team supported Waste Services to ensure that all collection changes were correctly synchronised between back office systems and the various customer facing digital channels;
 - ICT staff have resolved twice as many service request tickets as usual, working extended hours and at weekends, to accelerate mobility options for the council partner organisations such as the WLGA;
 - Key telephony systems were extended for use at home, this in conjunction with the 4400 corporate mobile contracts has allowed service areas to continue to function with telephony from home;
 - C2C have been enabled to operate with staff split between a home and office based operation.

Supporting Safe and Effective Homeworking

Whilst the Council's digital strategy enabled a number of staff to work from home, a recent staff survey revealed high levels of staff satisfaction with little or no drop in productivity:

- 90% of surveyed staff are temporarily working from home on a full-time basis, mainly doing same job
- 82% reported being satisfied with home working
- 95% felt safe working from home
- 83% could work productively from home

With the highest level of government, and leading scientific advisors, advocating the continuation of homeworking¹ where possible, the Council will continue its temporary homeworking arrangements. Whilst this remains the default position, strict exceptions apply to enable the delivery of Business Critical Services or to support those with physical or mental health requirement.

Each directorate has therefore undertaken a Home Working Assessment of who needs to return to core office accommodation identifying staff who:

- are a priority for return (red)
- need for some office space to deliver aspects of service (amber)
- can work effectively from home (green)

For those categorised as red or amber, procedures are in place to ensure a safe return to work. For those categorised as green, support is being provided to ensure safe homeworking. This has included a Health and Safety Temporary Homeworking Guidance and Checklist, which was issued to all members of staff, supported by Occupational Health. A review of equipment is also being undertaken (physical and ICT) using current equipment in offices with delivery of office equipment being arranged to meet any identified homeworking support need.

5.2 Workforce Management

At the same time as responding to the immediate implications of the Covid-19 pandemic, the Council has continued to review the service delivery impacts of a revised approach to workforce management. Perhaps one of the most immediate impacts on productivity is the marked reduction in sickness absence achieved during a period of extensive homeworking. When considered alongside the results of a recent staff survey on homeworking, which demonstrated that staff felt there was little or no fall in their productivity as they continued to deliver largely the same tasks, there are clear efficiency gains being recorded.

The Council's workforce development approach will consider in detail the impact of the workforce management changes enacted during the lockdown period. Moving forward, the

¹ Mark Drakeford MS, First Minister: *"Our advice is that you should stay at home and work from home if you are able to do so"* | Dr Frank Atherton, Wales Chief Medical Officer- *"Our position is that if you can work at home, then it's better to work at home and many of us are able to do so"* | Sir Patrick Vallance, Government Chief Scientific Adviser- *"Home working is a "perfectly good option... I think a number of companies think it's actually not detrimental to productivity and in that situations, there's absolutely no reason... to change it."*

focus will continue to be on improving the quality of service delivery. What has become clear is that home and agile working is not only possible, but potentially desirable across a greater range of council services. The workforce management approach will therefore review the efficacy of greater home and agile working in the delivery of services and in the Council's approach to constituting its workforce.

5.3 Temporary Staff Redeployment

During the initial workplace restrictions due to COVID-19, while many members of staff were able to work from home, many also found themselves unable to undertake their primary roles. In March 2020, the Emergency Temporary Staff Redeployment (ETSR) process was established to allow for staff to be redeployed outside of their operational areas to provide support in another area where extra resource would be needed. A Staff Skills Survey was issued, which received a substantial response from staff, with 5,000 people completing the survey within the first day of its issue. The results from the survey were compiled in a database, along with additional submissions from managers who had identified staff suitable for redeployment. By the end of Q1 the database held almost 6,000 records. Some of the key figures demonstrating the success of the process are shown below¹:

- Redeployment requests made = 42²
- Staff confirmed by manager as being *suitable* for redeployment = 692
- Staff confirmed by manager as being *unsuitable* for redeployment = 1865³
- Volunteers recommended = 672
- Successful placements made = 31

The ETSR process has allowed essential services to access support via a formal corporate channel. Though the volume of requests was lower than initially anticipated, the process has been proven to work, and positive feedback has been received from managers, with a number of the placements featured in internal news bulletins and good news stories.

The actual number of staff members who have stepped outside of their 'business as usual' roles during the pandemic in order to support the organisation, and the people of Cardiff, is far higher than shown here, and is difficult to estimate, as almost every function the Council undertakes has been impacted by the crisis. Many areas of the organisation have adapted,

¹ The recording of these measures began on 23/03/20, however demand via this process reduced by the end of Q1.

² Each request can include multiple posts / members of staff. Figure may also include repeat requests.

³ Unsuitability could be due to a number of factors, such as an individual being required in their substantive posts, that they are already part of an essential service, or that they are shielding.

transferred and shared resources organically, outside of this process. This has happened largely within directorates, or within operational areas, while the ETSR process provides a route for this to happen ‘horizontally’ across the whole Council.

5.4 Communications

The pandemic demanded an enhanced communications function and saw a significant increase in engagement from the public with the Council’s social media. The Council therefore launched a COVID-19 communications campaign, aimed at sharing key information relating to the pandemic. Figure 4.3.1 demonstrates the scale of this increase via Facebook and Twitter. The chart shows the number of engagements with the Council’s posts. These engagements could include reactions (e.g. ‘likes’), comments, clicks and shares.

During this same time period, the number of followers on the Council’s Facebook and Instagram accounts has increased at a greater rate than would be expected under normal circumstances. For example, in 2019, Facebook followers were increasing by approximately 5% per quarter, however in quarter 1 of 2020/21, this increased to 28%.

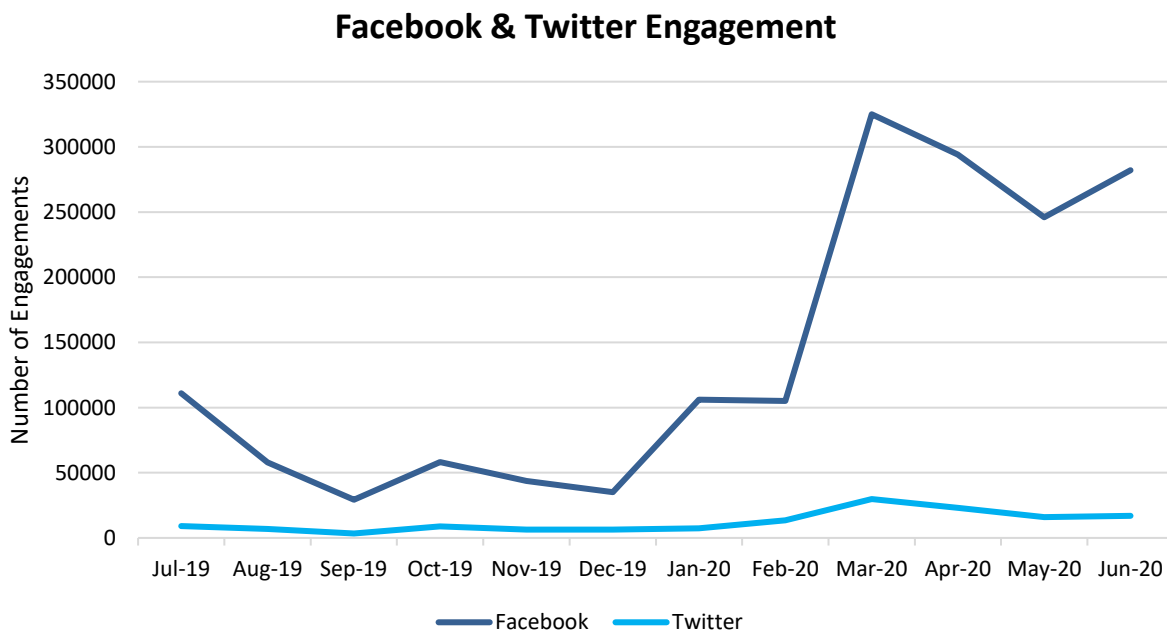


Figure 5.4.1 – Social Media: Facebook & Twitter Engagement over the Last 12 Months

Figure 4.4.2 shows the levels of sentiment, i.e. whether the person engaging with the posts gives a positive or negative response, in relation to the Council’s COVID-19 communications

campaign. In regards to social media engagement as a whole, overall positive sentiment has increased from 34.2% (pre-COVID) to 36.4% (during COVID).

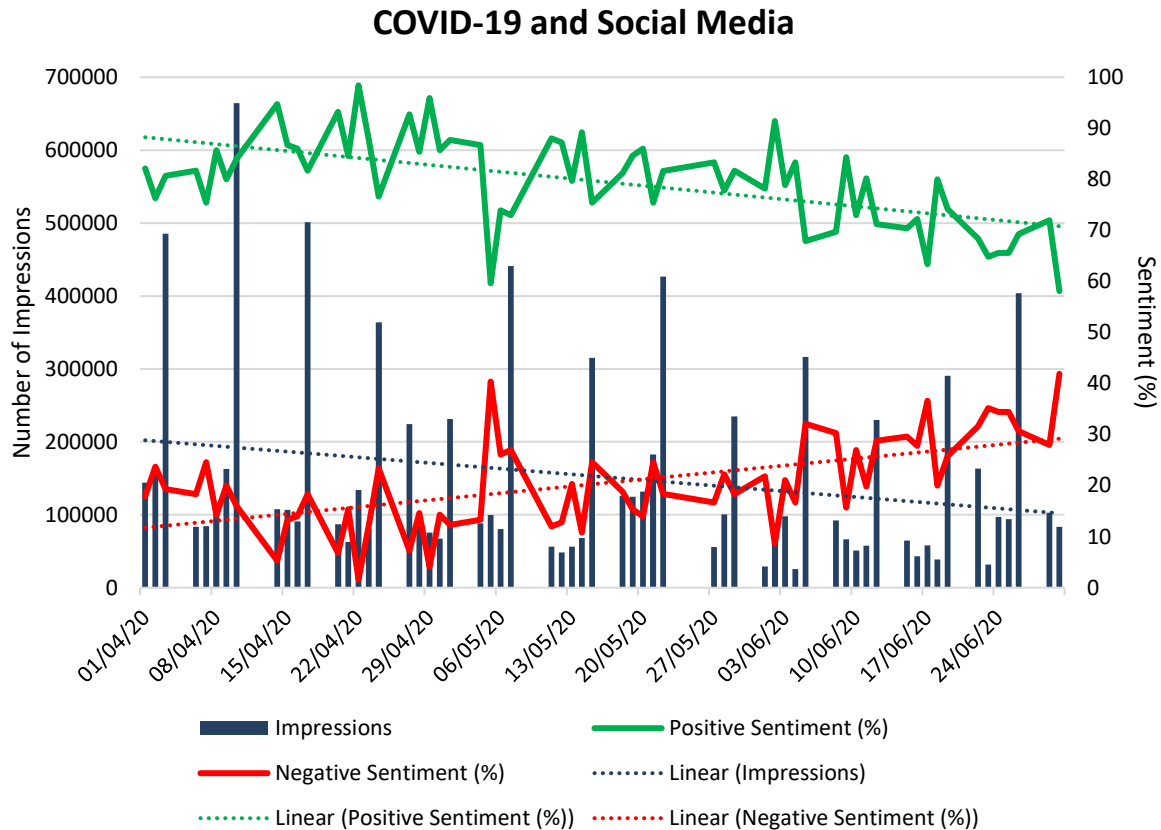


Figure 5.4.2 – Cardiff Council Social Media Sentiment during COVID-19

5.5 Finance

The COVID-19 crisis will have significant financial implications for the Council over the course of 2020-21 and beyond. Within certain directorates, additional expenditure will have been incurred and losses of income experienced. A key consideration will be the focus and duration of concerns as directorates grapple with the service delivery challenges associated with COVID-19. Certain assumptions have been made regarding the extent to which these costs and income losses can be recovered via the Welsh Government Hardship Fund for local authorities. Work is ongoing to establish the full financial impact of the crisis, both short and medium term, and this has, and will be, reported to Cabinet and Council. Whilst the Council is working closely with Welsh Government to ensure the financial impact of responding to COVID-19 is minimised, there remains a risk that not all lost income will be recovered.

6. Council Response: Restart, Recover, Renew

On May 15 the Welsh Government published *'Unlocking our society and economy: continuing the conversation'*¹, the national framework for moving Wales out of lockdown. This document sets out a traffic light approach to gradually relaxing the lockdown, with the expectation that the re-opening process will be asymmetric, based on advice from Public Health Wales, with restrictions being eased more quickly in some areas than others if the evidence suggests that this would be safe. Similarly, there may be a need to reverse course in some areas should conditions worsen.

The Welsh Government's framework makes clear that the environment within which the Council will be delivering services, and within which the city economy must operate, will for the foreseeable future involve: mandatory social distancing alongside a clear direction to work from home where possible; the phased 'restart' of a wide range of public services and of the economy; and continued proactive work to prevent the further spread of the virus whilst also planning for potential future 'peaks'.

The Cabinet are clear that the Administration's Capital Ambition of building a fairer, greener more prosperous city is more important now than ever. With city partners, the Council will:

- Lead a capital city that will be at the forefront of a green and inclusive economic recovery in Wales.
- Tackle the inequalities that will have seen poorer communities hit harder by both the public health and economic crises.
- Meet the climate emergency through accelerating the decarbonisation of city infrastructures and public services.
- Maintain the momentum in public service innovation, through the use of digital technologies, cross-Council integration and cross-city partnership working.

¹ <https://gov.wales/sites/default/files/publications/2020-05/unlocking-our-society-and-economy-continuing-the-conversation.pdf>

On June 11 2020, the Cabinet approved the Restart, Recover, Renew strategy which sets out the Council’s strategic response to the pandemic and the planned approach to restarting council services as national lockdown measures are eased.¹

The strategy details a three-stage approach to leading Cardiff’s response to the easing of lockdown and to the ongoing COVID-19 crisis:

- **Restart:** Restarting and adapting a wide range of council services in the context of extended stringent social distancing requirements, in tandem with the evolution of national advice.
- **Recover:** Implementing a strategic response to help the city recover from the immediate crisis while adapting to an extended period of social distancing.
- **Renew:** Working closely with city partners, staff and citizens to set out the future we want for Cardiff post-crisis and how, together, we will make it happen.

5.1 Restart

As the lockdown has been gradually eased in Wales, council services have needed to adapt to a new phase of the crisis. The Council has therefore undertaken detailed service planning to prepare for operating post-lockdown. The Cabinet has set out the following principles that have been used to guide this detailed service planning:

- Re-starting services in a way that ensures the safety of staff and citizens.
- Prioritising supporting those most vulnerable to the impact of the virus.
- Working with partners to restart the city economy and city life safely.
- Working at all times working to stop the spread of the virus.
- Being open and engaged, and ready to change approach as new evidence emerges.

As part of the Council’s approach to lowering the rate of transmission, the process of reopening services will be managed in a phased manner within a disciplined and coordinated corporate process, with every service subject to a risk-based assessment to ensure that they can operate effectively and safely.

5.2 Recover

To support the Council’s response to the crisis, and the impact of significant business failures and unemployment, work is underway to mobilise a range of council departments in a joined up ‘Recovery Task Force’ under the leadership of the Cabinet. This will include:

¹ <https://cardiff.moderngov.co.uk/mgAi.aspx?ID=19866#mgDocuments&LLL=0>

- A co-ordinated response between the Council’s Into Work services and the Economic Development team to provide a tailored package of interventions for impacted businesses and employees that seeks to: keep workers in jobs; link displaced workers with new opportunities; help businesses in responding to potential new ways of working; and provide support to reskill staff to respond to changes in working practices and the changing needs of the job market.
- Creating opportunities for young people to access volunteering and accredited training opportunities over the summer period, to help to prepare them for a transition to employment, where prior learning pathways and transition choices may no longer be viable due to the pandemic.
- Partnerships with employers, schools, the further and higher education sector to create and promote the uptake of options available to young people due to leave the education system, including support to apply for college places, guidance on access to university places and information on labour market demand and available jobs.
- Delivering a range of support packages for individuals, including: digital job clubs; online and telephone-based into work training, advice and mentoring; and financial support to overcome barriers to entering the job market.

5.3 Renew

The public health crisis has been compounded by an economic crisis. The Cabinet are focused on Cardiff’s recovery, promoting city safety and helping people and businesses at a time of pandemic, and working to secure the city’s success in the new post-COVID world. This will include the development of a renewal agenda that helps to rebuild the local economy but also recognises that Cardiff needs to develop as a resilient, clean city, in the vanguard of tackling the climate emergency.

The COVID-19 crisis will have equally profound implications for Cardiff as the deindustrialisation of the 1980s and the financial crisis of the 2010s. As before, the Council will play a leading role in defining and delivering a long-term renewal programme for the city spanning economic development, housing, transport, digital and energy infrastructures and initiatives. Delivery will depend on a partnership approach with city partners in the public, private and higher education sectors, with the Capital Region and with Welsh and UK Governments. It will also depend on the Council acting as the anchor institution for city development in a way not seen since the response to the economic shocks of deindustrialisation.

Cabinet will shortly consider a report that will set out a strategic response to the economic crisis. This will outline a comprehensive agenda, informed by the work of leading economists on the future role of cities in a post-COVID world, to accelerate the city’s emergence from the

crisis as a dynamic capital city with a focus on sustainable growth. It will recognise that the current crisis requires a radical response that highlights the emerging opportunity for small and medium-sized cities to deliver agglomeration effects with reduced environmental and social impacts. It will also confirm the overriding importance of Cardiff to the Welsh economy.

The report will also consider the opportunity for the Council to stimulate local development, particularly in the area of housing, and the need to encourage further development of the new economy. In a post-COVID city, economic success will go hand in hand with environmental and social improvements. Talented people will continue to be attracted to vibrant city lifestyles, but there will be a new emphasis on clean and attractive environments, health and wellbeing. The positive decarbonisation effects of the recent crisis have demonstrated that environmental change can be delivered; the challenge for Cardiff is to make it stick, so the city can enjoy the long-term economic rewards.

7. Managing the Pandemic

Following the initial peak of the COVID-19 pandemic the possibility of a second wave in the UK cannot be ruled out. If this occurs during the winter months, it could prove more intense than the first wave. However, some opinions are still divided on when another wave may occur, and how it will manifest itself. In an open letter to ministers, published in the British Medical Journal on June 23, UK health sector leaders wrote that: *“available evidence indicates that local flare-ups are increasingly likely and a second wave a real risk”*¹. All parties can agree that rapid reaction from all levels of government will be required to limit the impact of future outbreaks, if and when they should occur.

Cardiff has established its response infrastructure and further work will be undertaken, within the Council and across partner organisations, to plan and prepare for the months ahead. This section outlines the measures established to manage the spread of the infection and responded to cases, clusters and outbreaks.

6.1 Test, Trace & Protect

Welsh Government introduced the Test, Trace and Protect Service (TTP) as a national programme of work to limit the spread of COVID-19 in the population, to protect communities. The objectives of the service are to:

- **Test those who have symptoms**, while they self-isolate
- **Trace people who have been in close contact with the symptomatic person**, asking them to self-isolate until it is safe to return to work or their usual routine
- **Protect the community**, especially the most vulnerable

The service runs across Cardiff and the Vale seven days a week, 8am to 8pm and operates bilingually. The TTP is being delivered in partnership with the Cardiff and Vale University Health Board, the Vale of Glamorgan Council and Shared Regulatory Services.

The TTP is governed by the Senior Leadership Board, consisting of the Council’s Chief Executive, Directors and partners, and has four core components: the Contact Tracing & Advice Service,

¹ The open letter in the MBJ can be found [here](#).

the Public Health Response Team, the monitoring of Surveillance & Performance, and the Testing Service. Each component is briefly described below:

Contact Tracing & Advice Service – Hosted by Cardiff, and covering Cardiff and the Vale, this service undertakes contact tracing of cases, escalating complex cases and clusters to the Public Health Response Team.

Public Health Response Team – This multi-agency team provides advice, guidance and oversight for a range of settings and complex cases.

Surveillance & Performance – This component collects and presents intelligence reports on 24 key indicators across five themes:

1. Population behaviour and community early warning signals
2. Community: demand and capacity
3. Pre-hospital: demand and capacity
4. Hospital: demand and capacity
5. Hospital: admission avoidance / discharge support

Each indicator beneath these headings is given a RAG status (Red / Amber / Green), showing its current priority level (green being stable, red representing a potentially urgent issue).

In addition to the surveillance dashboard, the Council also maintains an internal COVID-19 Management Dashboard. The focus of this is on the effectiveness of the organisation's response to the pandemic, and the monitoring of key internal indicators which demonstrate the impact on services.

Testing Service – This service co-ordinates and delivers COVID-19 testing across the region.

During the TTP's previous month of operation (July 2020), it processed over 70 newly positive cases, resulting in contact tracing success rate of 98%, across 112 contacts. The number of new cases requiring to be traced is currently decreasing, as the overall number of people infected with COVID-19 in the community decreases.

Coronavirus Control Plan for Wales

The Coronavirus Control Plan for Wales, which can be accessed [here](#), sets out the Welsh Government's overall approach to preventing and containing the spread of coronavirus in Wales. This approach is based on the following principles:

1. Caution, recognising that it is better to act early and that prevention is better than cure;

2. Proportionality, that any interventions should not be more restrictive than is needed to contain the virus; and, importantly
3. Subsidiarity, ensuring that decisions are taken at the most effective level, using local knowledge and expertise to inform local decision making.

The national plan recognises that containing outbreaks at source through effective testing, tracing and self-isolation is the best way of avoiding a return to the strict and intrusive all Wales 'lockdown'. It places much of the responsibility for managing the approach at a local level, identifying the local Test, Trace, Protect (TTP) service as the cornerstone of the local response. In short, when more new coronavirus cases, clusters and wider outbreaks emerge, as they inevitably will, a swift, targeted and locally-led response will be the most effective.

If localised outbreak control measures are not deemed sufficient on their own, then further measures to protect public health can be introduced by Welsh Ministers, potentially on a regional basis. This scenario would only transpire if rates of community transmission are increasing and cannot otherwise be controlled because, for example, an outbreak associated with a particular setting has led to wider community transmission or there are a series of outbreaks that require a more substantive response. In the majority of cases, this is not expected to lead to a 'local lockdown' in which a mass shutdown of society and the economy in the area is imposed. Local or regional measures will be implemented in response to the specific local circumstances of that place and the progressive transmission of the virus within it. This could take the form of advice on travelling and seeing others, or regulations requiring, for example, businesses, venues, public buildings or educational establishments to close.

The Cardiff and Vale Prevention and Response Plan

As outlined above, the Cardiff and Vale of Glamorgan Test, Trace, Protect Service, delivered in partnership by Cardiff and Vale UHB, Cardiff Council, Vale of Glamorgan Council, Public Health Wales and Shared Regulatory Services and hosted by Cardiff Council, has been operating successfully now since early June.

The Cardiff and Vale Prevention and Response Plan, an operational plan that sets out the local response in the context of the Coronavirus Control Plan for Wales, is in the process of being finalised. Led by Cardiff and Vale University Health Board, it has been prepared on a collaborative basis with Cardiff and Vale of Glamorgan Councils. It describes how Cardiff will

work together to prevent the spread of the virus, including how any rise in local cases and clusters will be identified, the nature of the local response, how decisions will be taken and how our local response will be implemented. This Plan is a live document that will need to be adapted and refined as circumstances change over the coming months.

The responsibility for the management of the service and for the operational response to the pandemic will sit at a local level, as it has throughout the crisis, with a Senior Executive Board chaired by the Chief Executive of Cardiff and Vale UHB having responsibility for overseeing the implementation of the local TTP service. If, however, a situation arises where an outbreak cannot be managed locally, leading to additional local or regional measures being introduced by Welsh Ministers, then a Joint Cardiff and the Vale of Glamorgan Public Services Board (PSB) Leadership Group will be convened. The Joint PSB Leadership Group will be chaired by the Chair of the Cardiff and Vale University Health Board and include the Leaders of Cardiff Council and the Vale of Glamorgan Council as well as senior executive leadership from the Cardiff and Vale University of Wales Health Board, Cardiff Council, Vale of Glamorgan Council, South Wales Police and the South Wales Fire and Rescue Service.

8. Appendices

Appendix A – New COVID-19 Cases by Welsh Local Authority by Month

Local Authority	Mar	Apr	May	Jun	Jul	Aug ¹
Blaenau Gwent	83	195	65	16	16	1
Bridgend	64	352	111	31	15	6
Caerphilly	204	403	101	24	12	9
Cardiff	412	1326	380	162	40	41
Carmarthenshire	105	395	246	50	18	15
Ceredigion	16	21	5	17	7	8
Conwy	15	233	323	118	31	10
Denbighshire	22	261	363	113	41	18
Flintshire	39	214	288	103	98	20
Gwynedd	18	228	201	123	23	15
Isle of Anglesey	11	82	146	205	16	5
Merthyr Tydfil	42	228	146	149	14	2
Monmouthshire	93	158	107	14	12	3
Neath Port Talbot	97	415	106	30	25	6
Newport	336	373	142	21	11	10
<i>Outside Wales</i>	<i>25</i>	<i>69</i>	<i>26</i>	<i>15</i>	<i>2</i>	<i>1</i>
Pembrokeshire	30	194	55	11	10	6
Powys	39	147	110	25	34	11
Rhondda Cynon Taf	193	958	529	152	40	21
Swansea	157	943	179	18	30	17
Torfaen	118	188	42	7	7	0
<i>Unknown</i>	<i>29</i>	<i>37</i>	<i>16</i>	<i>52</i>	<i>7</i>	<i>1</i>
Vale of Glamorgan	131	405	138	82	32	11
Wrexham	33	252	401	440	204	63
Wales Total	2312	8077	4226	1978	745	300

¹ August data goes up to August 20 (not full-month).

Appendix B – Cumulative COVID-19 Cases by Welsh Local Authority by Month

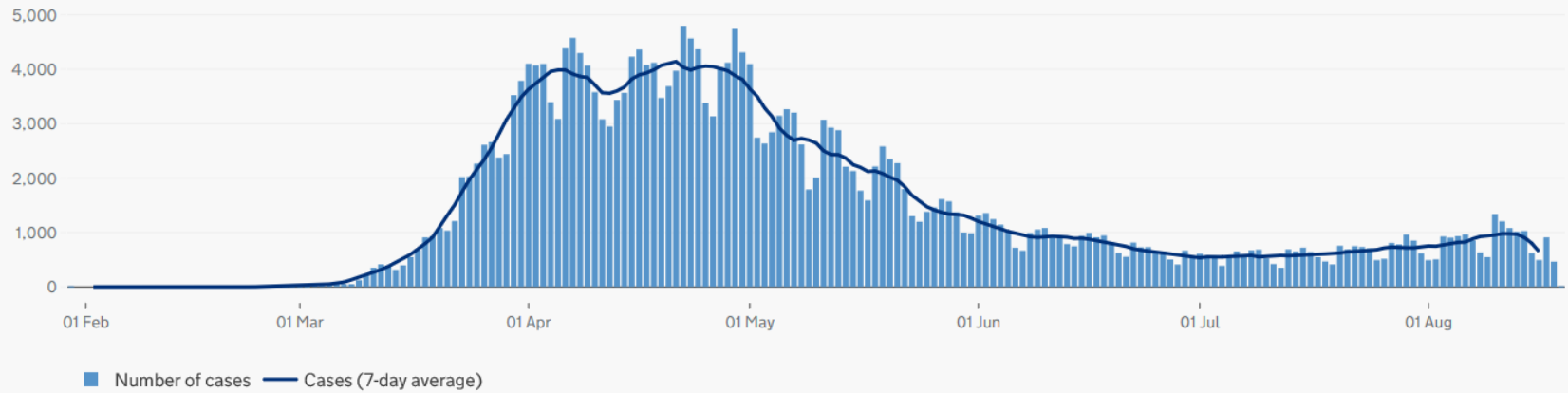
Local Authority	Mar	Apr	May	Jun	Jul	Aug ¹
Blaenau Gwent	616	6102	9890	10497	11409	7132
Bridgend	408	8190	15017	16465	17571	10966
Caerphilly	1551	13559	20473	21602	22928	14204
Cardiff	2604	37051	60226	66625	71336	44496
Carmarthenshire	648	10032	20004	23006	24941	15635
Ceredigion	118	915	1227	1541	1978	1378
Conwy	81	3561	12893	19208	21862	13783
Denbighshire	110	4709	14168	21739	24008	15407
Flintshire	181	4621	13466	18021	21151	14344
Gwynedd	123	3873	10908	15417	18108	11418
Isle of Anglesey	54	1401	5251	10326	14047	8780
Merthyr Tydfil	222	4980	10915	13597	17759	11018
Monmouthshire	822	5727	9816	10993	11684	7333
Neath Port Talbot	677	10081	17795	19092	20445	12850
Newport	2593	17231	24992	25915	27190	16869
<i>Outside Wales</i>	<i>138</i>	<i>1874</i>	<i>3506</i>	<i>3801</i>	<i>4229</i>	<i>2617</i>
Pembrokeshire	175	4208	8161	8537	9133	5765
Powys	315	3528	7769	9418	10382	6826
Rhondda Cynon Taf	909	22176	44702	53441	57557	35823
Swansea	1090	21006	37857	38777	40758	25422
Torfaen	816	7372	10169	10542	11068	6878
<i>Unknown</i>	<i>209</i>	<i>1554</i>	<i>2300</i>	<i>2989</i>	<i>4255</i>	<i>2683</i>
Vale of Glamorgan	702	11288	18821	21652	23943	15087
Wrexham	219	4597	15380	26069	37847	26042
Wales Total	15381	209636	395706	469270	525589	332756

¹ August data goes up to August 20 (not full-month).

Appendix C – COVID-19 Cases in England: Daily and Cumulative

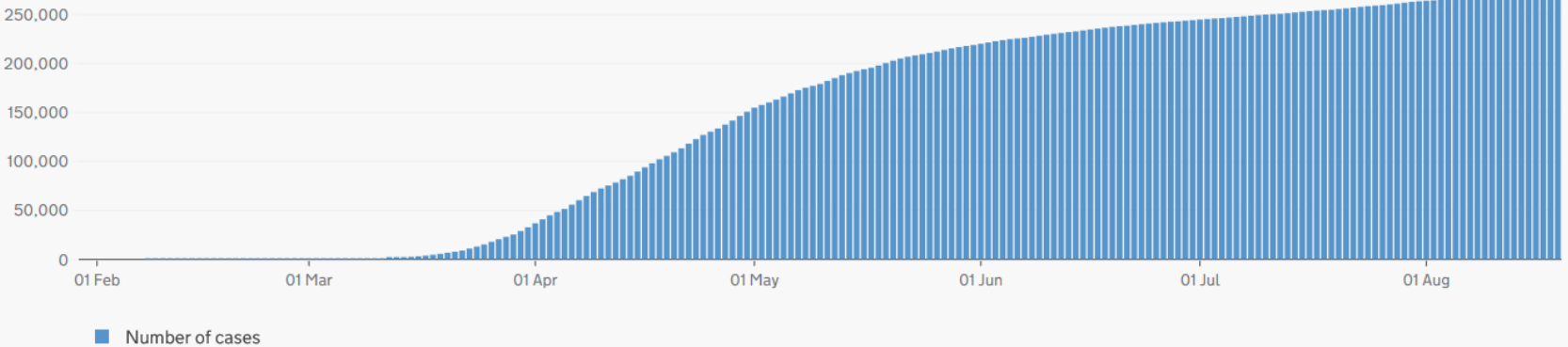
Number of people with at least one lab-confirmed positive COVID-19 test result, by specimen date. Individuals tested positive more than once are only counted once, on the date of their first positive test.

[Daily](#) [Cumulative](#) [Data](#) [About](#)



Number of people with at least one lab-confirmed positive COVID-19 test result, by specimen date. Individuals tested positive more than once are only counted once, on the date of their first positive test.

[Daily](#) [Cumulative](#) [Data](#) [About](#)



Appendix D – New COVID-19 Tests by Welsh Local Authority by Month

Local Authority	Mar	Apr	May	Jun	Jul	Aug ¹
Blaenau Gwent	208	561	1089	1764	2023	993
Bridgend	405	1357	2551	3042	3672	2044
Caerphilly	540	1331	2574	3438	3890	1894
Cardiff	1591	3529	5875	6971	8825	5498
Carmarthenshire	503	1616	3329	5159	4955	2268
Ceredigion	140	304	646	1494	1142	852
Conwy	197	699	2967	3749	3573	2148
Denbighshire	207	730	3212	3007	3330	1988
Flintshire	227	668	2856	3594	4365	2746
Gwynedd	135	678	2837	3314	3562	1897
Isle of Anglesey	78	321	1703	2653	2068	956
Merthyr Tydfil	171	590	1232	2306	1867	710
Monmouthshire	303	553	1366	1639	2138	1168
Neath Port Talbot	377	1203	2692	3158	3506	1729
Newport	733	1191	2312	2822	3470	2144
<i>Outside Wales</i>	<i>119</i>	<i>225</i>	<i>242</i>	<i>380</i>	<i>516</i>	<i>395</i>
Pembrokeshire	252	790	1859	2804	3119	1520
Powys	213	512	1555	3020	2844	1409
Rhondda Cynon Taf	712	2512	4563	5605	6032	3214
Swansea	686	2573	4559	4616	5128	3315
Torfaen	297	620	1300	1981	1919	1150
<i>Unknown</i>	<i>685</i>	<i>491</i>	<i>1013</i>	<i>2056</i>	<i>1497</i>	<i>497</i>
Vale of Glamorgan	539	1354	2606	2636	3689	2163
Wrexham	230	837	3166	5051	5542	3016
Wales Total	9548	25245	58104	76259	82672	45714

¹ August data goes up to August 20 (not full-month).

Appendix E – Cumulative COVID-19 Tests by Welsh Local Authority by Month

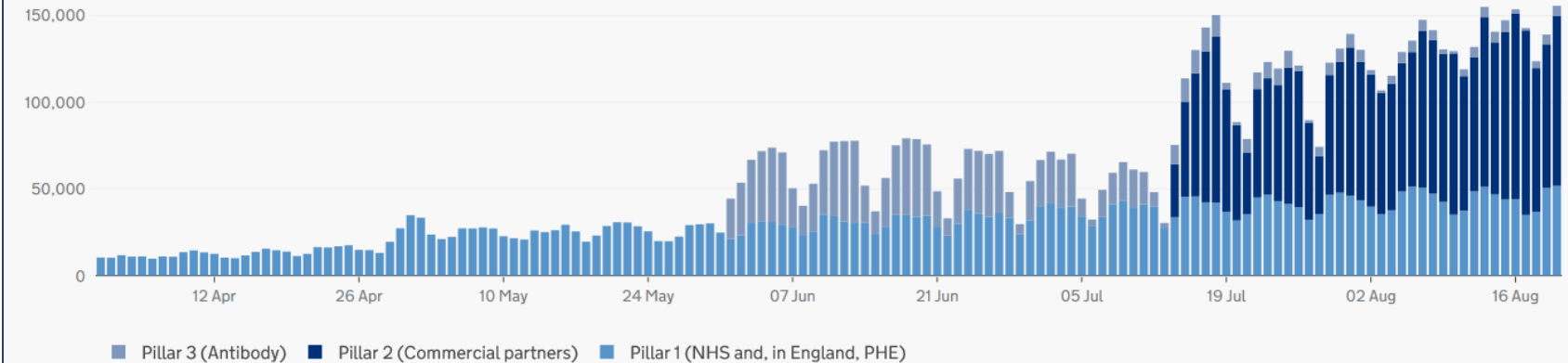
Local Authority	Mar	Apr	May	Jun	Jul	Aug ¹
Blaenau Gwent	1769	14862	39302	81864	143672	118783
Bridgend	4005	32261	90975	181329	289958	231689
Caerphilly	5190	35756	92074	189695	308101	244421
Cardiff	14435	106400	234929	443227	700916	569832
Carmarthenshire	4414	38873	112664	264297	404167	320186
Ceredigion	1410	9015	21909	57472	99174	80690
Conwy	2447	15091	65654	185806	289561	235285
Denbighshire	2315	16394	69130	180824	275930	220135
Flintshire	2510	15546	70070	176119	291876	253023
Gwynedd	1740	13131	61807	167839	273807	220111
Isle of Anglesey	1197	6371	33202	104522	181461	140459
Merthyr Tydfil	1475	13846	41810	89374	163004	124736
Monmouthshire	3481	17984	45563	93582	152573	126828
Neath Port Talbot	4135	29824	85795	182797	285152	227511
Newport	6811	40573	95113	172911	273873	222621
<i>Outside Wales</i>	<i>920</i>	<i>7344</i>	<i>14440</i>	<i>23383</i>	<i>36951</i>	<i>32530</i>
Pembrokeshire	2950	19313	55761	140430	221766	184886
Powys	2161	13649	44812	125101	204124	170539
Rhondda Cynon Taf	5955	58200	161809	328881	513878	403788
Swansea	7122	59441	164586	310351	465249	371661
Torfaen	2727	18863	47530	97620	159235	127680
<i>Unknown</i>	<i>8403</i>	<i>29617</i>	<i>51110</i>	<i>98870</i>	<i>153311</i>	<i>115343</i>
Vale of Glamorgan	4729	37386	94393	177223	283573	228903
Wrexham	2161	17970	76018	210485	360674	317872
Wales Total	94462	667710	1870456	4084002	6531986	5289512

¹ August data goes up to August 20 (not full-month).

Appendix F – COVID-19 Testing in England: Daily and Cumulative

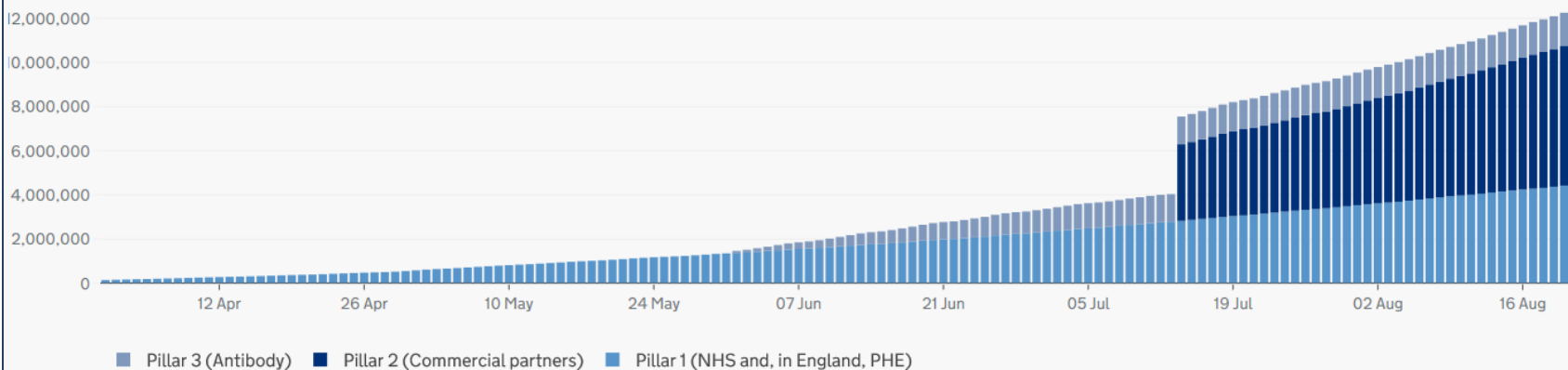
Number of lab-confirmed positive or negative COVID-19 test results, by pillar (type of testing), by date reported. This is a count of test results and may include multiple tests for an individual person. Data for antibody and surveillance testing (pillars 3 and 4) are only available for the UK as a whole.

[Daily](#)
[Cumulative](#)
[Daily data](#)
[Cumulative data](#)
[About](#)



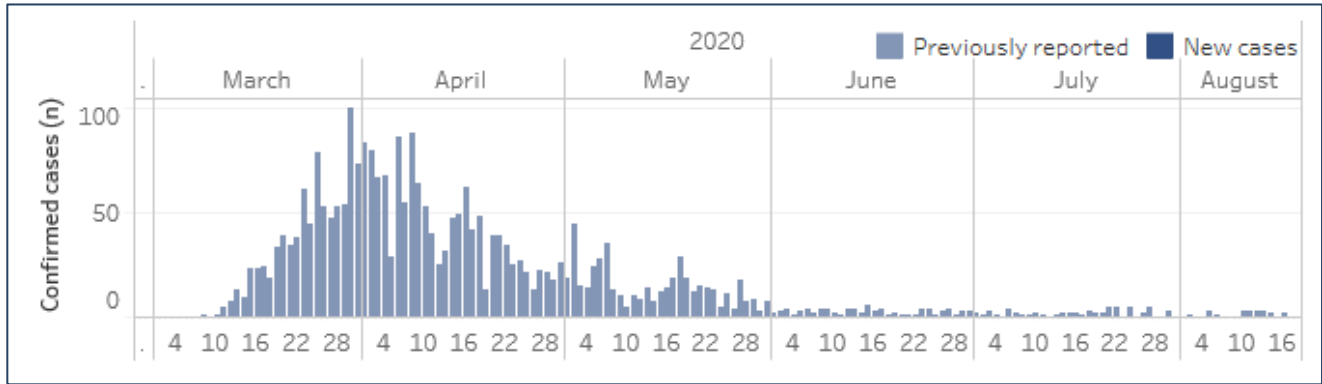
Number of lab-confirmed positive or negative COVID-19 test results, by pillar (type of testing), by date reported. This is a count of test results and may include multiple tests for an individual person. Data for antibody and surveillance testing (pillars 3 and 4) are only available for the UK as a whole.

[Daily](#)
[Cumulative](#)
[Daily data](#)
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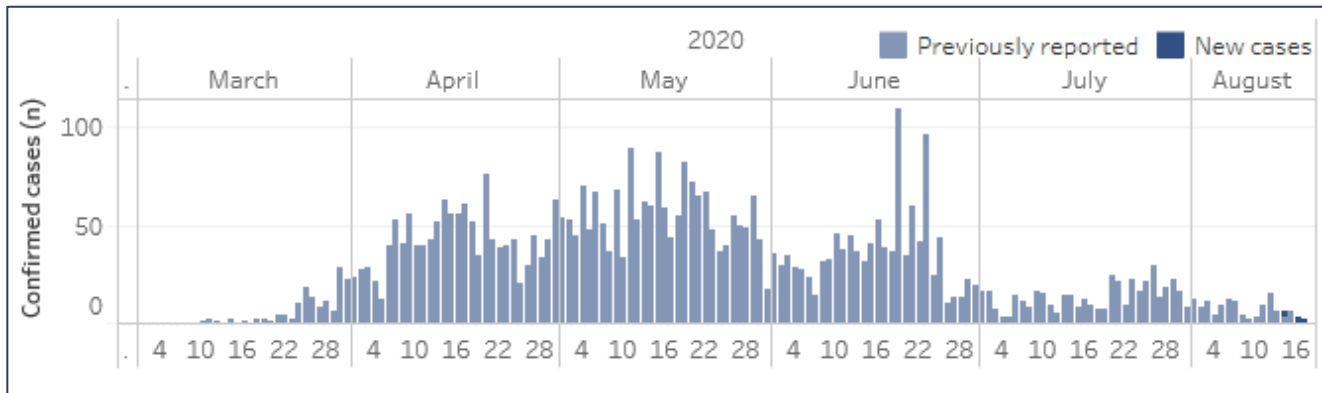


Appendix G – COVID-19 Cases by Local Health Board (Wales)

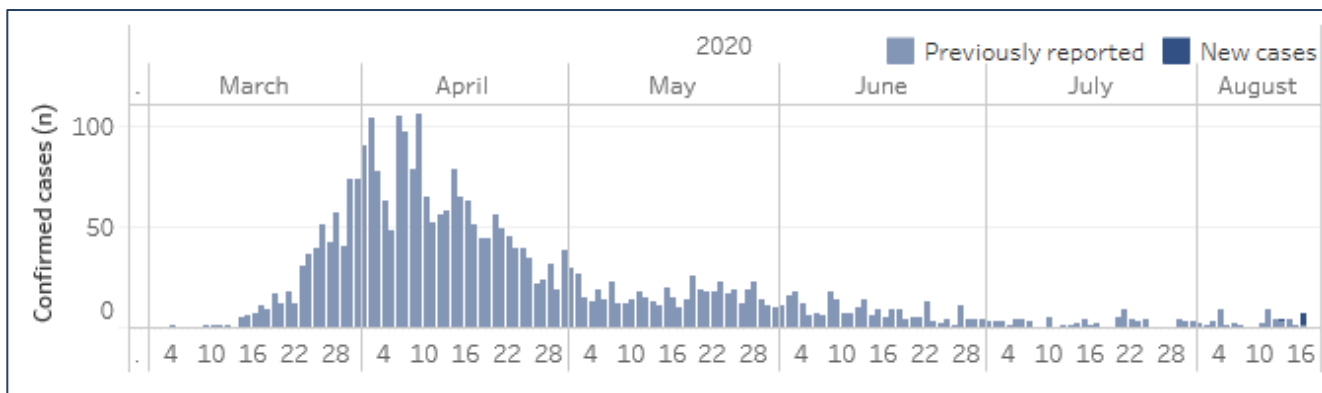
Aneurin Bevan University Health Board



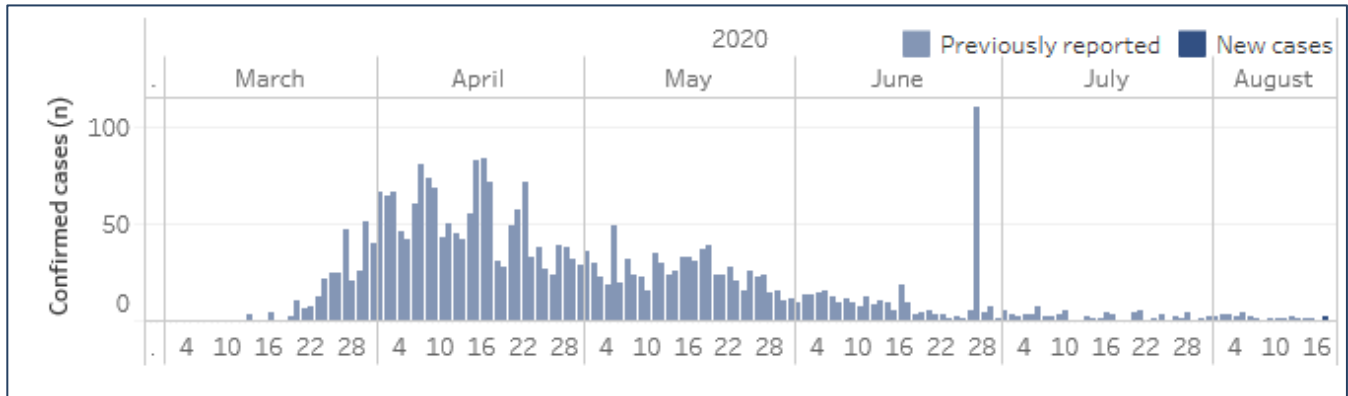
Betsi Cadwaldr University Health Board



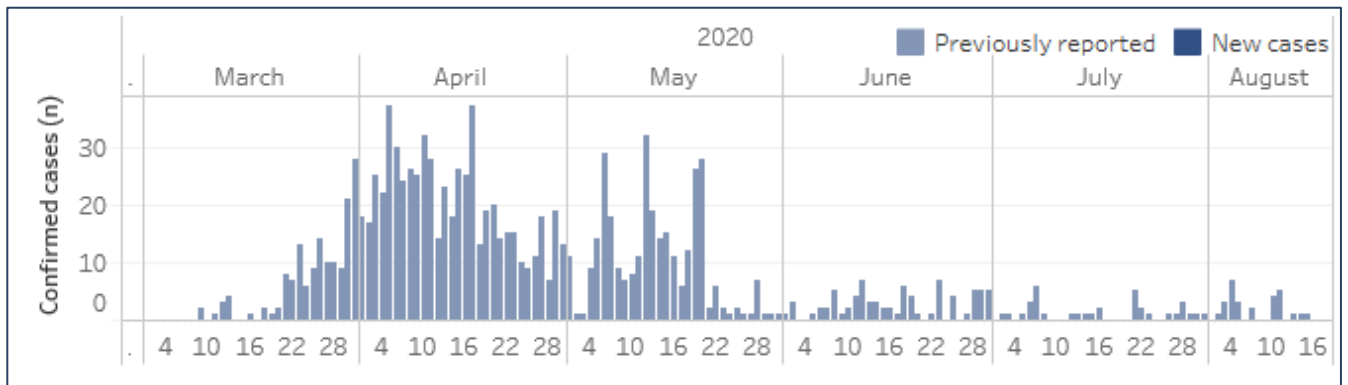
Cardiff and Vale University Health Board



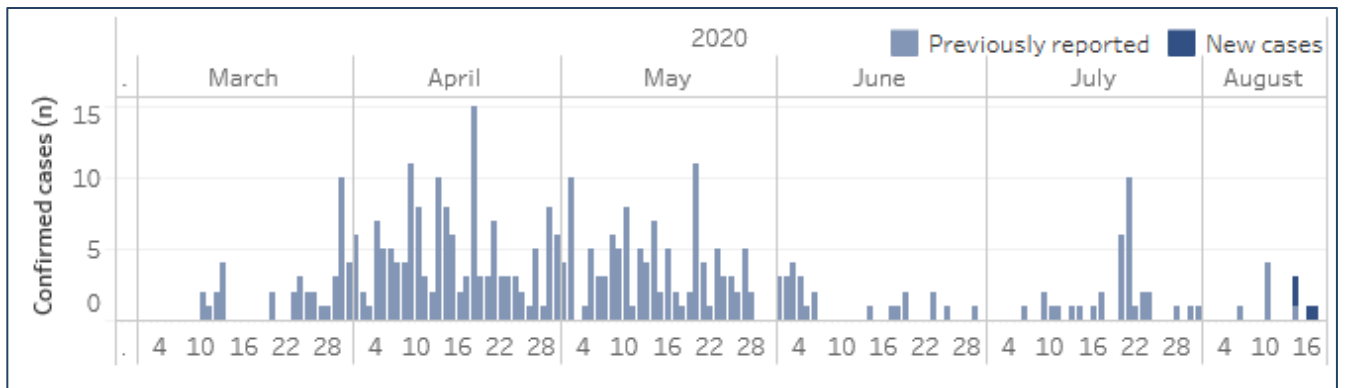
Cwm Taf Morgannwg University Health Board



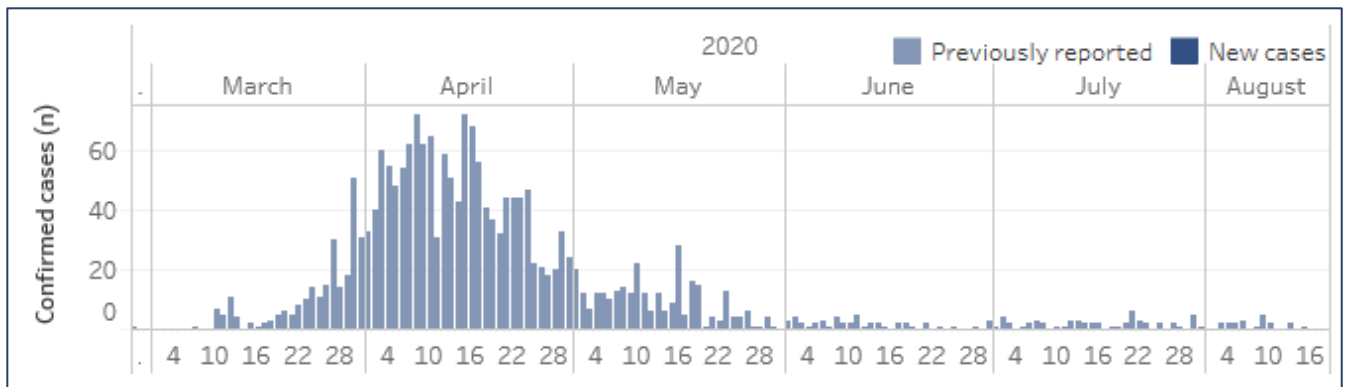
Hywel Dda University Health Board



Powys Teaching Health Board

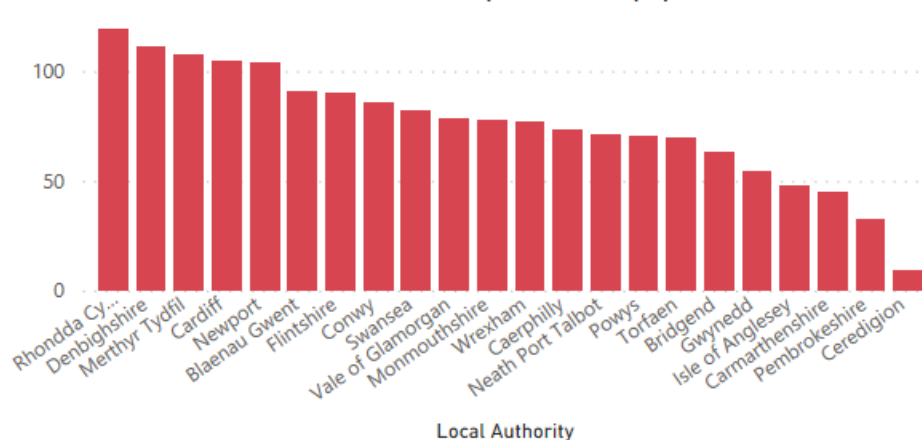


Swansea Bay University Health Board

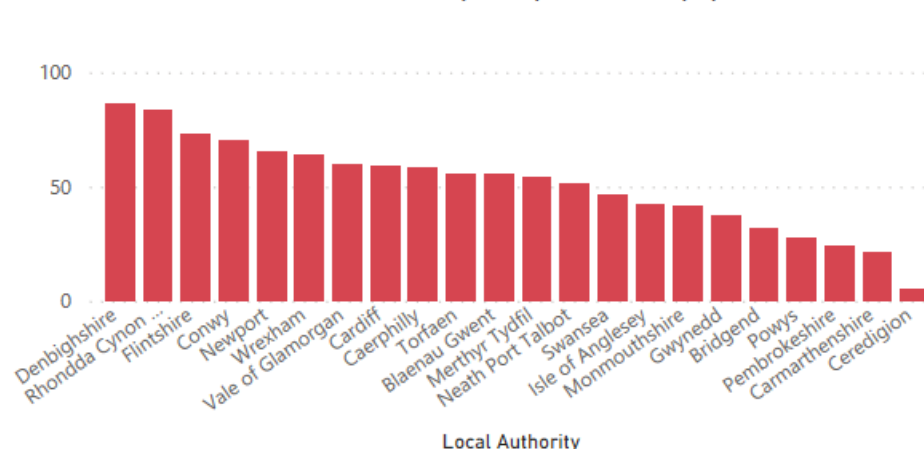


Appendix H – COVID-19 Deaths per 100,000 Population by Place of Death: Wales

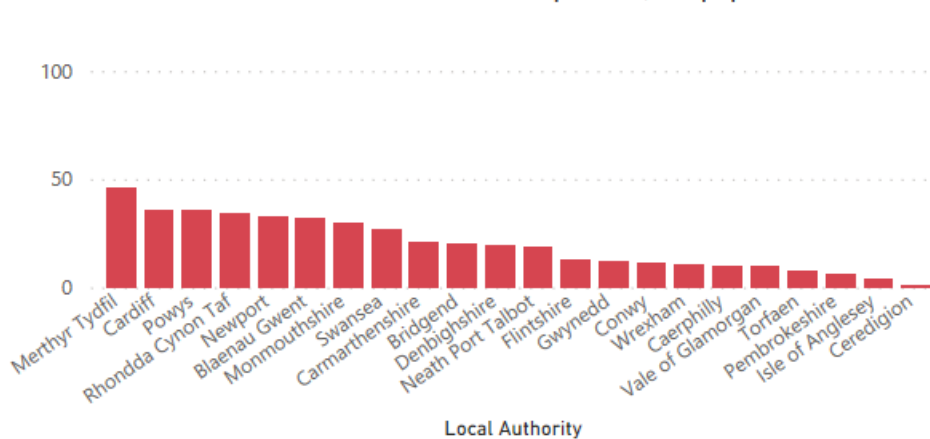
Total number of COVID-19 deaths per 100,000 population (Wales)



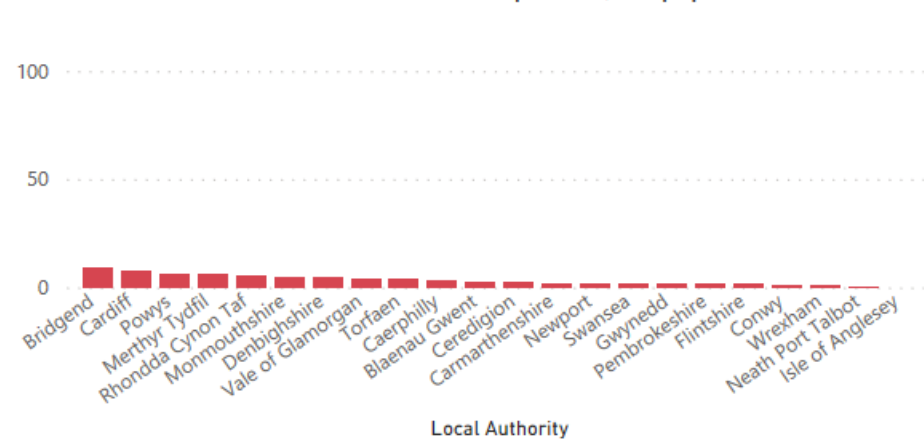
Number of COVID-19 deaths in Hospitals per 100,000 population (Wales)



Number of COVID-19 deaths in Care Homes per 100,000 population (Wales)



Number of COVID-19 deaths at Home per 100,000 population (Wales)



Source: Office for National Statistics licensed under the Open Government Licence.
Last updated on 18 August using data up to 7 August. All data is provisional.

