

Public Document Pack

EXECUTIVE BOARD

21ST JULY 2021

SUPPLEMENTARY PACK - AGENDA ITEM 10 'UPDATE ON CORONAVIRUS (COVID-19) PANDEMIC – RESPONSE AND RECOVERY PLAN'

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Update on Coronavirus (Covid-19) pandemic – Response and Recovery Plan

Date: 21 July 2021

Report of: Chief Executive

Report to: Executive Board

Will the decision be open for call in?

Yes No

Does the report contain confidential or exempt information?

Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

- This pack details activity across the multi-agency partnership on the Covid-19 response and recovery since the last meeting. At **Annex A** is the findings of a review of the city's multi-agency response to the pandemic, involving stakeholders from across the partnership, incorporating the findings of a wider survey of partners about working with the council during the pandemic. Both documents present broadly positive feedback, with recommendations to improve future practice.
- The Response and Recovery Plan can be found at **Annex B**, which continues to be the main reporting tool for ongoing work across the seven themes, setting out the broad range of activities, including a summary plan on a page for the rest of 2021, our vital partnership arrangements, and details of our continued proactive work to try and control the **number of cases** across the city and **increase testing, tracing, isolating and crucially vaccination** uptake. The current position is described at [paragraphs 3 – 6](#).
- The front page of the Response and Recovery Plan (**Annex B**) lists our aims and objectives, including mitigating the increasing effects the virus is having on poverty and inequalities, so we can be a **compassionate city with a strong economy that works for all**. Our ambitions continue to be allowing **safe public spaces** in communities, district centres and the city centre, **safe travel, safe delivery** of services, **safe education**, and **safe working** as we **learn to safely live with the virus**. We continue to promote vital, proactive, key messages across all channels – details of these can be found [at paragraph 4](#). We hope that now more than ever, sharing these messages across a range of platforms will encourage everyone to **play their part**.

Recommendations

- a) Note and agree the findings and recommendations set out in the report at **Annex A**, the Learning Lessons Review.
- b) Note the latest version of the Response & Recovery Plan at **Annex B**, including the plan for the remainder of the year, and the updated Local Outbreak Management Plan at **Annex C**.
- c) Note **Annex D**, the latest Covid-19 Dashboard, and **Annex E**, a summary of national developments since the last meeting of Executive Board.

Why is the proposal being put forward?

- 1 This report provides the latest position, ongoing work and implications of Covid-19 and reports the findings and recommendations of a review of the city's multi-agency approach for responding to the pandemic.

What impact will this proposal have?

Wards affected:

Have ward members been consulted?

Yes

No

Local and national developments

- 2 Covid-19 continues to pose significant impacts to the public's health, the city's economic health, the organisations financial position, and the capacity and delivery of council and partner services.
- 3 Since the last report to Executive Board, infection rates in the city have continued to increase with the easing of some restrictions driven by the more transmissible Delta strain, which is now the dominant variant in Leeds and across England. Some wards saw a very rapid increase in Delta cases when this was a Variant of Concern, resulting in [enhanced testing activity](#) earlier this month. There is now a more consistently high infection rate across much of the city. Cases are highest in high school age and young adults, which reflects the national picture, but with more recent increases in numbers in older adults. Increased mixing is resulting in a lot of cases in settings such as workplaces and education, and high community transmission generally. Evidence suggests much of the spread is through informal gatherings. We continue to use all resources available to us to drive the [Local Outbreak Management Plan](#), and all possible avenues, to minimise the impact of the virus on everyone, but particularly the most vulnerable.
- 4 It is important that we continue to encourage people to follow the Public Health advice. Government have indicated a move away from the key messages pushed throughout the pandemic (hands, face, space, fresh air, test, trace, isolate, and vaccinate). The next phase will be focussed on 'keeping yourself and others safe' whilst 'returning to everyday lives, living with the virus'. Messages are being developed in Leeds to advise caution in the context of the rate increases and hospitalisations as restrictions are relaxed, and our Communications team are developing a respect-based campaign – appealing to people to respect each other's choices – whilst also continuing to promote public health safety messages within the #TogetherLeeds principles of working through Covid-19 together as a city. On a regional basis, a communications campaign is planned around hospital accident and emergency attendance pressures, and there will be a vaccination push over the weekend of 17 and 18 July, with drop-in clinics operating across the city.
- 5 Vaccine rollout remains a priority, including driving the Vaccine Inequalities Plan previously reported to Executive Board. In Leeds. Almost 528,000 people have received their first Covid-19 vaccination, and over 426,000 have received their second as of 15 July. This represents vaccinating 74% of the adult population with a first dose, 60% of the adult population with both doses, and around 87% of the Clinically Extremely Vulnerable cohort, and 83% of the 'at-risk' cohort. Around 90% (and above) of the over 70's has received two doses. The [national dashboard](#) updates all data daily, including national vaccination numbers. There is continued focus on increasing the number of people having their first vaccine to at least 80% to help keep everyone safer.
- 6 There are roughly around 40,000 unvaccinated people in Leeds that fall into high risk, priority cohorts one through to nine. We continue to monitor these number very closely and continue to undertake targeted proactive work with communication going out regularly encouraging vaccination uptake. Around 50% of 18-29 year olds are still to be vaccinated, which poses obvious risks as we move ahead into Step 4 of the national Roadmap. To mitigate this, we are planning several targeted programmes including mobile vaccination sites and a pop-up site in the Trinity Centre, recognising that uptake among younger groups of people will be higher if vaccines are as easy as possible to access.

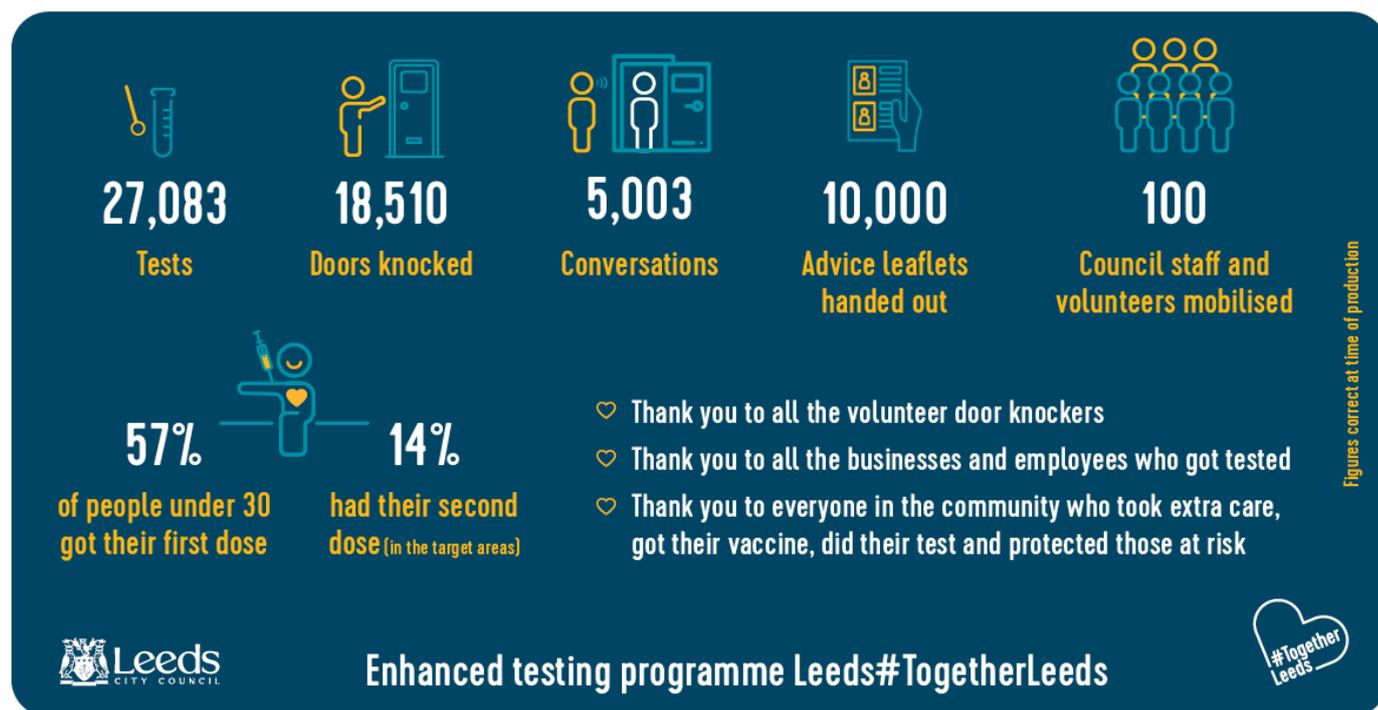
- 7 As at 15 July, the Leeds seven-day infection rate is 572.2 per 100,000 (20.8% increase in the last seven days) and the test positivity rate is 13.5%. The reported rate for the Yorkshire and Humber region is 463.4; the national rate for England is 350.3. Whilst the rise in infection rate in the city has been very significant, the rate of increase in the Y&H and England averages is now faster than the Leeds average, indicating that the Leeds seven-day infection rate is slowing down and not doubling every two weeks like other areas in Y&H. Younger age groups have continue to have the highest number of infections, and with the easing of all restrictions taking place at [Step 4 on 19 July](#), infection rates are anticipated to rise. Members, our partners and the public will continue to be updated with the latest position across the broad range of communication activity that has taken place since the start of the pandemic.
- 8 The position in wards across the city continues to be very dynamic and with change taking place often over the highest and lowest infection rates: these range from the lowest at 233.5 per 100,000 to the highest at 772.2 per 100,000. According to the latest data received by PHE, rates have risen across 22 wards, remained stable across seven wards, with only one ward seeing a decrease.
- 9 The infection rate in over the 60's is 127.3 per 100,000 (a 91% over the last seven days). Although vaccines have weakened the link between infection rates, hospitalisations and deaths, Covid patients in hospitals have increased recently and the number of patients is expected to rise further. Around a one in three patients have had both vaccines. The average age of patients is 60 years old, a younger average age than in previous peaks. The death rate is significantly lower than earlier this year. In addition to the need to open additional Covid wards, the hospital continues to see large numbers of attendances through A&E. There has already been cancellation of some planned surgeries. The expectation is that hospital cases will rise over the summer. At the time of writing this report, there are no positive cases in care home residents, with six staff reporting positive results. The latest numbers on hospital patients at Leeds Teaching Hospitals NHS trust [can be found here](#).
- 10 Covid death registrations continue to average one per week. Up to 15 July, the total number of Covid-related deaths in Leeds is 1,636 where 'COVID-19' or 'corona virus' was mentioned on the death certificate. Overall, 1,587 (97%) were Leeds residents; 1,079 (66%) [were in hospitals](#); 403 deaths (25%) [occurred in a care home](#); 100 (6%) at home; and 54 (3%) in a hospice. To date, 17% of all deaths registered have been Covid-related. Both data sets are routinely updated. No deaths have been reported in the last two weeks (at the time of writing this report), and deaths continue to be reportedly low compared to the first two waves in January 2021 and March 2020. It is reported that more people are staying in hospital for longer (due to a mixture of the protection given by vaccines, and also more awareness in response to serious illness). This is increasing pressure on the health system.
- 11 [Government confirmed](#) that the end of most legal restrictions in England will be eased, as planned, on July 19 ([Step 4 of the recovery roadmap](#)), as the [four tests to ease restrictions](#) were met, and that vaccines efficacy continues to weaken the link between infection rates, hospitalisations and deaths. The decision was described as a balancing act; balancing infection rates increases seen nationally, versus the health and wellbeing benefits of reopening society and the economy. Government also noted that this step will allow residents in England to learn to live with the virus safely.
- 12 However, it is important to note that whilst the national recovery roadmap and most restrictions are coming to an end, Covid-19 is not – especially when you consider the population of unvaccinated citizens. Government anticipate that infection rates are likely to continue to rise, and the virus will continue to cause mortalities. To mitigate these risks, the gap between first and second vaccine jabs for the under-40s will be shortened from 12 weeks to eight and will also retain mechanisms to introduce restrictions in the future if these are required. A full summary of the updated guidance can be found at **Annex E**. As we move forward and restrictions are lifted, being kind and respecting different opinions will be important.

- 13 Self-isolation will still be mandatory for all positive cases, but [changes will be introduced for fully vaccinated people](#) from 16 August. Double jabbed people contacted by NHS Test and Trace or the NHS Covid-19 app notifying them they must self-isolate are advised to take a confirmation PCR test as soon as possible. If the test comes back positive, they should self-isolate regardless of their vaccination status. If a negative result is received, they will no longer have to self-isolate. If someone receives their second dose just before or after this date, they will have to wait for two weeks to build up the maximum protection of immunity (getting their second dose at least ten days before 16 August).
- 14 Government confirmed that the National Test and Trace service, going forward, will be proportionate to the pandemic and circulation of the virus. The Leeds Local Contact Tracing will continue to support the national service, signpost contacts to support service, and is currently identifying around 44% of additional contacts. The service also saw increase demand over the past two weeks as over 1,500 cases being referred from the national service (from the period of 21 June - 4 July). Self-isolation payments have also continued to increase in demand, although the number of applications has started to come down. Since the week commencing 14 June, up until the week commencing 5 July, a total of 2,009 applications were received.
- 15 Government confirmed significant changes to school arrangements, including testing and tracing in education settings. From Step 4, NHS test and trace will carry out contact tracing in all education settings rather than being run by schools or colleges. The legal requirement to self-isolate for contacts of a positive case will end for everyone aged under 18; testing should be carried out and only those who test positive will need to self-isolate. Those identified as close contacts will be advised on testing, and must self-isolate if they have symptoms. Testing for close contacts under 18 will be split into two categories:
 - a) Primary, Secondary and College age children should take a single confirmation PCR test.
 - b) Early Years children should take a PCR test if a member of their household tests positive.
- 16 Other changes due to take place in education settings: bubble collapsing will no longer take place (although may still be retained until the end of term), social distancing will be scrapped and students can mix at break times, school start and finish times will no longer be staggered, face coverings will not be mandatory, and assemblies can resume.
- 17 We continue to prepare for the easing of restrictions and to implement the changes as set out under [Step 4 of the Roadmap](#). We will do this in a careful and balanced way that promotes service delivery and continuity, encourage everyone to stay safe and continue to play their part in reducing the spread of the virus. After 19 July, services will no longer have any limits on capacity, but with a set of safety principles such as plastic barriers, encouraging space, the use of hand sanitizer, wearing face coverings and ventilation where possible. The guidance is clear that employers are required to mitigate risks to staff and visitors in workspaces.
- 18 Returning to the office for council staff will be phased which the Government have encouraged, guided by a set of safety principles that cover: the workplace; personal responsibilities and preventative measures; service resumption and governance; and support to staff. Each workplace will have its own risk assessment that is regularly reviewed. We will also ensure clinically vulnerable staff will have their own individual risk assessments, and there will be proactive conversations with Trade Unions and staff around navigating this new phase. There will be regular communications about returning to the workplace, and envisage that longer-term, working patterns will be more balanced with more staff working from home than pre-pandemic.
- 19 Lifting restrictions does not mean that the risks from coronavirus have disappeared. Instead it marks a new phase in the Government's response to the pandemic during which people need to manage the risks to themselves and others as the country learns to live with the virus safely. One in three of us are still asymptomatic if we catch Covid, and whilst vaccines do offer the best protection, they do not stop the spread of the virus. Regular testing twice a week to identify

positive cases and break chains of transmission will be a very important part of our toolkit. Key messages will be vital going forward, as will messages using the #TogetherLeeds principles of #BeKind, #BeSensible & #BeConsiderate.

Leeds enhanced testing approach

- 20 As reported at the last meeting, enhanced activity took place in the Headingley & Hyde Park, Little London & Woodhouse wards, as well as some neighbouring areas, due to particularly high infection rates and the prevalence of the Delta strain when it was a Variant of Concern. This enhanced activity ran from 23 June – 5 July. Drawing on our excellent multi-agency relationships, this comprehensive targeted approach included enhanced testing offer at local sites and door knocking to encourage testing, vaccination uptake and safe behaviours. Working with the universities, support has also been put in place for students required to self-isolate during the tenancy changeover period.
- 21 It's clear that door-knocking helped drive progress towards testing and vaccination in addition to the targeted communication activities. According to recent data from PHE, infection rates in Headingley & Hyde Park have decreased because of this effort. Some logistical issues were reported (which is common with activity such as this), and we will need to warrant going forward more organisation and information around redeployment. The exercise was a great success and puts us in an excellent position if future enhanced activities takes place again. Guidance has now been updated to reflect the Delta strain as the dominant variant in the city, and therefore surge testing is no longer indicated. The below infographic has a comprehensive breakdown and the activity's key successes:



Leeds targeted approach

- 22 Our response to the virus continues to be targeted, driven by intelligence and the epidemiological picture so we can positively impact the outcomes of our most vulnerable citizens and communities. We have continued to respond with our partners to outbreaks and undertake ongoing proactive work to drive down infection rates and promote vaccine uptake. This includes messaging in wards when infection rates are higher, proactive work in areas with lower income households, mitigating health inequalities as much as possible, targeting areas with lower uptake of vaccinations, and effectively tracing cases of variants of concern.

- 23 All targeted work is built into our [Local Outbreak Management Plan \(Annex C\)](#), which has been updated and published this month in line with the new guidance and Step 4. The plan draws on context and guidance from the [Government's Contain Framework](#). Going forward, these measures will continue as we learn to live with the virus safely, with minimal restrictions in place.
- 24 Members, local leaders, and Community Champions, as well as other council services (such as housing, communications, asset management, and highways) have been key in this targeted approach and supporting this effort. Examples include:
- Community engagement plans developed for all inner-city wards, which focus on vaccination uptake, testing, and high-risk workplaces. Plans relating to recovery and resilience are being developed for the longer-term.
 - There have been several engagement sessions across the city with faith leaders and local groups, where considerable insight has been gained. Public Health officers have attended these to provide facts and answer concerns in relation to vaccines.
 - Discussions have taken place with local faith leaders alongside clinicians with targeted resources being produced that will provide key information about the vaccine. This will help people from BAME groups make informed choices.
 - Grants to support third sector work with BAME communities have also been distributed, as well as promoting vaccine uptake via a number of media platforms including on the 'Let's Talk' show on British Muslim TV, a South Asian arts and drama communication piece under development and [promotion of vaccine by faith leaders in the city](#).
 - Primary Care Network Clinical Directors and Public Health leads in the eight most deprived Networks have developed individual blueprints for increasing uptake of vaccinations, supporting proactive conversations with patients who are hesitant and working with the Local Care Partnerships.
 - Further targeted measures including that have good engagement and have been well received include: the roving vaccination bus, taking the vaccine into communities; and women only clinics, which delivered over 100 vaccinations in May alone and continues to be well attended.

Economic impact

- 25 From 19 July, all remaining businesses can operate, including large-scale events and venues not previously allowed to open (including nightclubs). This marks a positive step in our recovery and will help the recovery of sectors detrimentally impacted by the pandemic, particularly hospitality and retail, as footfall and expenditure in the city and town centres is anticipated to increase. Early indicators have shown the economy is in a stronger position than originally thought, with [the ONS reporting](#) mostly growth across most sectors in April 2021.
- 26 The Response and Recovery Plan at **Annex B** and the Covid-19 Dashboard at **Annex D** has the latest figures around footfall, traffic flows, public transport usage and a comprehensive update on the Leeds economy. Members will also continue to be updated through the regular economic briefings.

Social, societal, and disproportionate impacts

- 27 We know that Covid-19 has had significant and disproportionate impacts on several social and demographic groups. This has been reported to members in previous reports submitted to Executive Board and through weekly member updates. As we learn to live with the virus safely and council services operate as business as usual, our work will continue to address and mitigate any inequalities and disproportionate impacts. This will be driven by data and intelligence available. Analysis of the impacts of the pandemic on the city's population is being undertaken through the Joint Strategic Assessment, the findings of which will be presented to Health and Wellbeing Board in September and published on Leeds Observatory.

Review of multi-agency arrangements

- 28 Between April and June a review was undertaken of the city's multi-agency response to dealing with the pandemic, to inform future partnership working as well as future response to incidents. All partners involved in the multi-agency response, and elected members and MPs, were invited to participate in this review. The findings and recommendations of the review are presented at **Annex A**. Also included is an analysis of a survey undertaken of some of the council's partners to understand their perceptions of working with the council during the pandemic, including the effectiveness of communications.
- 29 Overall feedback was very positive, reflecting that the multi-agency arrangements have been very effective and relationships between people, organisations and with the public have been strengthened. There were inspiring stories that made a real difference to those suffering in the pandemic, including those shielding and at the end of life, as well as small, medium and large businesses being supported. Structure and approach was perceived to have worked well, with one response noting the arrangements in place contributed to the "most positive outcomes possible under the circumstances". These arrangements were crucial to deliver the response and recovery plan, share information, discuss issues arising, drive actions quickly and monitor the ongoing impact. We received positive feedback about understanding other parts of the system, although we recognise there is more to do around being explicit about communicating this. Partners also felt that the right people were on the right groups, with the third sector valuing being involved and their contribution being valued by others. Groups were well led, with membership adapted where required, and evolved in terms of frequency and focus to meet the changing demands. We also received positive feedback about communications from the council to the broad set of partners during the pandemic; 98% felt that pandemic-related information from the council was useful and most felt that cross-sector working is faster and more effective than before.
- 30 The Covid-19 dashboards were welcomed as part of the intelligence picture, although feedback included that these could have been more readily available online and could be more integrated in future. The latest version can be found at **Annex D**. Also noted was the very high frequency of meetings at the start, with some perceived duplication across groups. Whilst there was extensive communications and updates, there wasn't always clear feedback between groups to ensure shared understanding and to minimise duplication. Overall, a lot of people learned quickly about command and control multi-agency arrangements, and the pandemic will improve our response to future incidents, although more could have been done to increase awareness earlier. The full set of recommendations from the exercise can be found at **Annex A** for Board members to agree.

Plan for the year ahead

- 31 The plan for the year has been updated to reflect learning to live safely with coronavirus in our day-to-day lives will be key, alongside recovery of backlogs and preparation for winter. Ensuring everyone knows the updated [guidance from 19 July](#), ensuring the most at risk know to book their vaccinations (including booster jabs in the winter months), incorporating testing and self-isolation into our everyday life, and managing public behaviour and mitigating potential community tensions will be vital. Members will be key in leading the way, demonstrating how to live with Covid-19 safely, recognising risks, and being kind to one another. These will be reflected in our proactive communications and any outreach work going forward. Responding to the virus will of course remain a significant feature of the year ahead and into 2022. These actions can be found in the Leeds Response & Recovery Plan at **Annex B**, which details activity for this period. This is all in the effort to keep infection rates down, and work collaboratively with our partners using the #TeamLeeds and #TogetherLeeds approach.

32 Members will be provided with another update report at the September meeting, with the frequency of further update reports to be determined depending on the circumstances. Regular update emails to all elected members and Leeds MP's will continue to be a key source of up-to-date information about activity across the partnership.

What consultation and engagement has taken place?

33 Ward Members continue to play a key role as local leaders, encouraging everyone to play their part by following advice and guidance, through neighbourliness, offering support and volunteering. From the start of the pandemic, we have:

- a) issued regular updates and run dedicated seminars and phone calls with elected members;
- b) enhanced engagement with partners, which has strengthened the relationship;
- c) undertaken calls with key partners, including Leeds MPs, head teachers, universities, colleges, the voluntary, community and faith sector, and businesses.
- d) issued weekly messages to the public (via periodic press preleases and conferences); and
- e) shared regular thank you notes, social media updates, surveys, and continued to offer various support services to Leeds City Council staff and to partners.

34 Every effort continues to be made to keep the public informed of any changes to services, using our full scope of communication methods, including a regular direct email to 112,000 residents, and updates across all social media platforms run by the council.

What are the resource implications?

35 The financial implications of responding to Covid-19, including additional costs and lost income to Leeds City Council remain a significant concern and have been regularly provided to Executive Board Members. A separate report regarding the council's finances on the Executive Board agenda can be found at item 14, which outlines the latest financial position in much greater detail, including the Contain Management Fund.

36 The Response and Recovery Plan (**Annex B**) highlights the most significant resource implications under the Organisation Impact section.

What are the legal implications?

37 With the agreement of the Chair, given the significance of this issue, it is appropriate for the Board to receive an update at the meeting. However, this report is coming to Executive Board as a late paper due to the fast-paced nature of developments of this issue and to ensure Board Members receive the most up to date information, as possible. A further verbal update on developments since the publication of this report will be provided at the Board meeting.

What are the key risks and how are they being managed?

38 Unfortunately, Covid-19 is going to play a significant part of our lives going forward. The risk rating has been modified to be rated as 'Very High', with a Probability of 4 (probable) and an Impact of 5 (highly significant) – having previously been a 5x5 risk. This change recognises the rollout of the vaccine, which is leading to the easing of restrictions. Evidence suggests that the vaccination programme and [the vaccine's efficacies have significantly decreased the risk of serious illness and fatalities](#), and as more data presents, it appears the link continues to be broken between catching the virus, and becoming hospitalised and mortality. As a result, the government will be releasing restrictions with an expectation that we learn to live with the virus. Our outbreak management approaches continue to be very important for managing community transmission. Two main aspects of the Covid risk remain significant for the City and are outlined below.

- a) The virus will continue impact more vulnerable or disadvantaged citizens and communities. Despite an intense vaccine inequalities plan, vaccine take up is slower in some areas with

lower income, across all cohorts laid out by the JCVI, and different demographic groups (particularly ethnicity). These groupings are more vulnerable to the disease. To address this, we will continue to carry out our targeted work – including during the winter months where the risk of transmission, mortality and pressures on our health partners is heightened, noting that the health system is facing concurrent pressures including backlogs of elective procedures and the winter flu.

- b) More general risks include fatalities and serious illness, impact to the economy, and potential tensions arising from different views in relation to public health measures, for example mask wearing.
- i. New variants of concern (VoC) and virus mutations could potentially show resistance to vaccine's efficacies. Deploying enhanced testing, vaccinations, and outreach work in affected areas on a sustained basis in the city will be key to managing this risk. We will draw on previous successes and plan using relevant multi-agency arrangements and the recommendations from the learning lessons review.
 - ii. The broader health risks remain if there is increased transmission in those who are unvaccinated with little immunity protection. Proactive outreach and engagement remain in areas/groups who are vaccine hesitant, including in those who are classed as Clinically Vulnerable or Clinically Extremely Vulnerable (the JCVI cohorts 1-9).
 - iii. Potential confusion or tension as formal restrictions are lifted, and people have more choice over their behaviour. Public health messaging and advice will remain very important, such as proactive communications like #BeKind, #BeSensible & #BeConsiderate. We need to try and harness the civic spirit shown throughout the pandemic going forward and encourage residents to support each other and their choices.
 - iv. Negative economic impacts continue. We will continue to provide advice and support to business and individuals and enhance all work around the Leeds economy to recover and regenerate.
 - v. Broader impacts from significant backlogs, particularly across the health system.

39 Risks related to coronavirus continue to be monitored through Executive Board reports and the council's risk management arrangements. Corporate risks, such as those relating to the council's budget and the Leeds economy have also been updated to reflect the impact of the pandemic. The council and our multi-agency partners continue to monitor the threat of risks arising. Risks and mitigating actions relating to coronavirus are also included in the Response & Recovery Plan at **Annex B**.

Does this proposal support the council's three Key Pillars?

Inclusive Growth Health and Wellbeing Climate Emergency

40 Covid-19 has continued to significantly impact all three of Leeds City Council's strategic pillars. However, over the course of the pandemic we have continued to adapt to the changing situation and ensure work carried out across services focuses on mitigating these impacts. The [Best Council Plan](#) reflects the current Covid-19 context. The ongoing Joint Strategic Assessment will give a comprehensive overview of health and wellbeing outcomes, and will consider a range of determinants: socioeconomics, housing, jobs and careers, climate change, housing, and environments.

41 We know the pandemic has caused significant disruptions to the Leeds economy, but we remain committed to delivering an **inclusive economy for all**. We continue to undertake proactive work responding and mitigating economic disruption. Work is well underway to refresh our [Inclusive Growth Strategy](#) whilst working in-line with our [Economic Recovery Framework](#). Regular updates are circulated via the economic briefing note sent to members.

42 The continued risk the pandemic holds over the **health and wellbeing** of our residents is clear and well documented through regular communication and previous reports to the Executive Board. We will continue to work closely with our health partners going forward to support work to

deal with backlogs, mitigate and reverse the inequalities in health that the pandemic has exacerbated.

43 Although vehicle use is beginning to increase as restrictions have eased, we remain dedicated and continue to focus on improving air quality, working towards a **carbon neutral city by 2030**. Capital schemes in the city centre are progressing well, and will provide an improved experience for pedestrians, cyclists and public transport users as we work our way through the roadmap over the remainder of the summer and winter months.

Options, timescales and measuring success

What other options were considered?

44 During our response to coronavirus, the planning has been dynamic and driven by the national context and local data shared through the dashboard. The multi-agency learning lessons exercise (**Annex A**) will inform future actions in relation to partnership working and responding to the pandemic and other incidents.

How will success be measured?

45 The lifting of restrictions and the gradual return of ordinary life is a key measure of success in responding to the virus, albeit ensuring key components become 'normal', such as: regular testing, self-isolation (when notified), and vaccinations (including future winter booster jabs). Covid-19 is going to be with us for the foreseeable future, and everybody will need to learn to live safely with the virus, being fully aware of the risks coronavirus still poses even with the easing of restrictions as of Step 4. Work to minimise this risk and encourage safe behaviours will continue.

46 The vaccination programme is a key measure of success in breaking the link between infections rates, serious illness and mortality. Local and [national evidence](#) demonstrates that this is working. Getting the city vaccinated is a key achievement for Leeds involving a very wide range of partners and a true #TeamLeeds effort. **Annexes B** and **D** have full breakdowns of our ongoing recovery effort and highlights all the key success to date. We will continue to support all communities to take up the offer of vaccination, which remains the best and most effective protection.

47 Another key success measure is the effort of [previous enhanced activity](#). Leeds undertook this activity without Government support, which tried and tested our excellent partnerships across the system and effectively delivered outreach and support to citizens in areas that needed it most. This places us in a strong position if we need to stand up these arrangements in the future.

48 Success can also be measured against the Leeds Response and Recovery Plan (**Annex B**), which will continue to identify risks and assumptions, and detail all ongoing proactive work across the system. Our updated [Local Outbreak Management Plan](#) (**Annex C**) gives a comprehensive overview of our successes managing outbreaks and community clusters.

What is the timetable for implementation?

49 Work responding to, and recovering from, the pandemic is ongoing and our planning will continue through to 2022, as highlighted in the Response and Recovery Plan. The Board will be provided with an update on the multi-agency response to the pandemic in September, and further update reports will be determined closer to that time.

Appendices

50 The following appendices are attached with this report for Executive Board Members to consider:

- Annex A** – Multi-agency arrangements learning lessons report.
- Annex B** – Leeds Response and Recovery Plan, including summary plan for the year.
- Annex C** – Leeds Local Outbreak Management Plan.

- d) **Annex D** – the Leeds Covid-19 Dashboard.
- e) **Annex E** – national developments and announcements from Government since the previous Executive Board meeting.

Background papers

51 None.

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Foreword

Learning lessons from Covid-19 in Leeds

Learning lessons from the pandemic is crucial, for organisations and individuals to reflect on their experience. We owe it to those who've tragically lost their lives through the pandemic, as well as to everyone who has worked so hard on such a sustained basis.

We appreciate the time partners across the city have taken to reflect and provide feedback to help with this review, including the partner survey that was conducted at a similar time (Annex 3 of this document). The overwhelming feedback was positive with so many people taking pride in the Covid-19 response and recovery activity and feedback about the extensive communications activity. Inevitably, there were also things that we could do better in the future, so we have recommendations to progress.

The [response and recovery plan](#), first published in March 2020, has been regularly updated with published reports at every Council [Executive Board](#) meeting, and the communications activity for Covid-19 across all partners, councillors, MPs and the public has been extensive.

As a city, we have so much to be proud of with the way individuals, businesses, communities and the multi-agency arrangements worked to help achieve the ambitions of the response and recovery plan, with the Leeds values demonstrated through #TeamLeeds and #TogetherLeeds. The pace, intensity, unpredictability, and length of the pandemic has been unique, with many people facing the biggest challenge of their lives. Whilst the arrangements were of a "command and control" nature to ensure a systematic response, they were also very fluid (given the sustained nature of the pandemic) and empowering to ensure both a top down and a bottom up approach, one based on culture, behaviour and relationships rather than bureaucracy. Feedback suggests that the level of trust across the partnership has been strong, driven by a "collective will to do the right thing" and a willingness of organisations to work beyond organisational boundaries: "the people best placed to do a job just got on with it and did it".

The findings can be summarised as overall very positive with effective relationships being strengthened through Covid-19, with one respondent describing the arrangements as contributing to the "most positive outcomes possible under the circumstances". The information sharing, use of intelligence and delivery activity were very positive, especially to understand what other groups were doing and to make connections. There was inevitably some duplication across meetings and the response did require a lot of meetings. Generally, the sense was that the right people were on the right groups, and the third sector presence across the arrangements was very positive.

We have conducted this review on behalf of the multi-agency arrangements, to learn lessons for handling future incidents and challenges in the city and crucially to harness the strength of joint working to further improve how we all work together to achieve the city's ambitions. We are proud of the council's own response too, as are other individual partners rightly proud, be that statutory, community, faith, and business partners.

We've set out some clear recommendations from the review that we will pursue, monitor, and report progress through the council's Executive Board. These are particularly about capitalising on the deepening and broadening of relationships that Covid-19 has brought to deliver the city's ambitions, and about raising awareness of how multi-agency arrangements work.

Thank you for everything you have done to contribute to the city's Covid-19 response, as we continue to respond and recover from the pandemic.

Tom Riordan

Chair Leeds Strategic Coordinating Group (Gold SCG)

Chief Executive, Leeds City Council

Leeds Covid-19 multi-agency response: learning lessons – Executive Summary

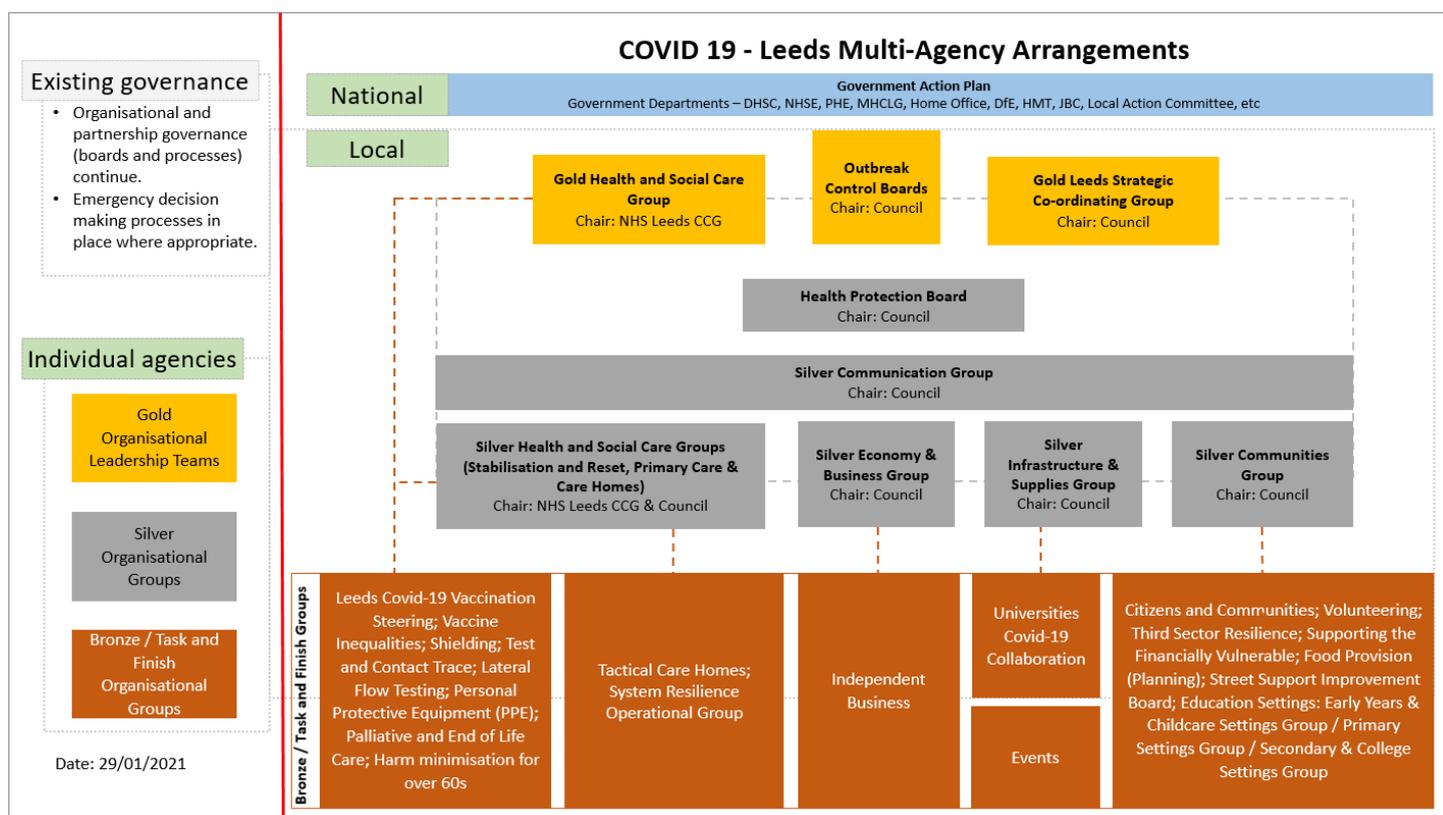
Background and purpose

The Covid-19 pandemic was a true test of our city’s emergency resilience response and recovery, a very different kind of incident to normal where we typically see a short response phase and a clearer path into recovery. We’ve never before faced such an all-encompassing, significant and protracted challenge. All partners in the city worked together, often in rapidly changing and unpredictable circumstances, coordinating and communicating with partners in West Yorkshire, Yorkshire and the Humber, Core Cities and national organisations.

More than a year has passed, with too many lives and livelihoods either lost or impacted, so we are determined to reflect and learn to understand how the city’s multiagency arrangements worked during the pandemic. The purpose of the learning lessons review was twofold:

- improve our handling of any future incidents or emergencies the city faces
- harness the incredible capability and capacity we have in the city to have the strongest recovery to help achieve the city’s ambitions, especially on inequalities.

The focus was understanding how those working in the multi-agency arrangements (Gold, Silver and Bronze groups) felt the arrangements served the purpose to deliver the [response and recovery plan](#) first published in March 2020. Regular monitoring reports have been [published](#) along with dashboards, with the overall plan regularly updated. The [local outbreak management plan](#) was at the heart of this plan, a national requirement, and crucially involving local councillors to support their communities. Here is a diagrammatic representation of the multi-agency arrangements that has been used throughout the pandemic.



Methodology

The approach to the learning lessons review was agreed through the Strategic Coordinating Group (Gold), as good practice in any incident. Some organisations have also undertaken their own exercises, which is welcomed and encouraged. At a high level, the approach was to ask two key questions:

- what worked well in the multi-agency arrangements
- what could have worked better.

Feedback was sought about these questions, with an optional more detailed proforma (available at Annex 1), with the team also offering interviews or visits to multi-agency meetings to capture feedback from discussions. There were more than 30 written email responses and discussions with about 10 of the multi-agency groups, combined with extensive informal feedback through conversations or emails, including from councillors and MPs. The responses came from right across the system, including health and social care, the third sector, HR, cleaning and catering services, along with other services such as legal, infrastructure and higher education.

This report is based on an analysis of these responses, with the findings developed from cross referencing the responses, followed by a discussion the Strategic Coordinating Group (Gold) and shared in draft across partners. This report deliberately describes the process about responding to the pandemic rather than detailed specific aspects of the response and recovery plan, which is all covered in the regular Executive Board reports.

Additionally, a partner survey was undertaken to seek views from a broader set of partners less directly involved in the multi-agency arrangements but making an important contribution to the city's response and recovery efforts. This survey asked questions about communications, how the council had responded during the pandemic and how easy it was to do business with the council. Responses were largely positive, albeit suggestions were made as to how the council could improve in its work with partners, which has been shared with senior officers for their consideration. The findings of the survey are presented at the end of this document at Annex 3.

Summary of findings

- Overall feedback was very positive, reflecting that the multi-agency arrangements have been very effective and relationships between people, organisations and with the public have been strengthened.
- There were inspiring stories that made a real difference to those suffering in the pandemic, including those shielding and at the end of life, as well as small, medium and large businesses being supported.
- Structure and approach perceived to have worked well, with one response saying the arrangements in place contributed to the "most positive outcomes possible under the circumstances".
- Arrangements were crucial to deliver the response and recovery plan, share information, discuss issues arising, drive actions quickly and monitor impact.
- Dashboards were welcomed as part of the intelligence picture, although these could have been more readily available online and could be more integrated in future.
- Positive feedback about understanding other parts of the system, although more to do to be explicit about communicating this.
- Very high frequency of meetings at the start, with some perceived duplication across groups, including having two Gold groups.
- Whilst there was extensive communications and updates, there wasn't always clear feedback between groups to ensure shared understanding and to minimise duplication.
- Feedback that generally the right people were on the right groups, with the third sector valuing being involved in groups and their contribution being valued by others. Groups were well led, with membership adapted where required, and evolved in terms of frequency and focus to meet the changing demands of the pandemic.
- A lot of people learned quickly about command and control multi-agency arrangements, and the pandemic will improve our response to future incidents, although more could have been done to increase awareness of that approach earlier.

- Positive feedback about communications from the council to the broad set of partners during the pandemic – 98% felt that pandemic-related information from the council was useful and most felt that cross-sector working is faster and more effective than before.

Recommendations

- Use a similar approach to publish a response and recovery plan in any future scenario, together with a clear diagrammatic representation of Gold/Silver/Bronze groups to provide clarity that the right people are involved in the right groups, and **so that everyone understands how the system is working and who to contact for information.**
- Use the opportunity to **refresh the city's major emergency plans** to exercise these plans and ensure a good understanding of how Gold/Silver/Bronze multi-agency arrangements can be used to best effect.
- Use the data and intelligence group who have produced the Gold Dashboard (and potentially the new Office of Data Analytics) to consider what improvements could be made to **streamline and simplify intelligence gathering and reporting** so that information is available to all group members at the right time.
- Ensure communications are explicit that they are covering developments across the multi-agency structure, and that these are **more systematically shared across the partnership and signpost to more detailed information**, with all colleagues taking responsibility for communication and sharing of information where there are opportunities to do so
- **All partners implement their own lessons learnt** to inform changes that would benefit the wider system.
- All groups consider on an ongoing basis whether meetings continue to have value in a business as usual context, or can be dissolved.
- Harness the broadening and deepening of relationships developed through Covid-19 to ensure the **strongest possible recovery from the pandemic**, maximising the opportunity offered by the **Integrated Care Partnership** and developing a **City Plan** to drive a set of shared outcomes.

Annex 1 - Leeds Covid-19 multi-agency response: learning lessons – Detailed Findings

Structure of multi-agency arrangements

- Some issues raised about potential duplication in the structure- city gold/HSC Gold, meaning that discussions repeated in different groups, although people also recognised the value in this to get the important situational awareness and key messages well understood.
- Sometimes many of the same people attended multiple different meetings, whereas others commented that it would have been beneficial to have greater overlap between groups. A more systematic and single support system to the multi-agency arrangements could have been beneficial, but probably wasn't practical.
- The Bronze Outbreak Control Group reported that some duplication across the themes became an issue as areas of work were progressed by other groups, however the group appreciated an overview of all the issues and worked with related groups to resolve the issues.
- The NHS System Resilience Operational Group reported that the relationship between multi-agency groups sometimes led to mixed responses with some very clear and some less clear.
- The link between groups was often strong and clear e.g. Silver care home and Health and Care Gold.
- The Council's Silver Organisational group worked well and members found it beneficial to have an overview across other areas, to be well informed and to resolve issues and ensure consistent communications.

Focus of the system

- Generally, respondents felt that the balance between response and recovery was right, with the Bronze Outbreak Plan group feeling that it worked well The group "continues to have a strong focus on outbreak plans across the system as the city enters into easing of restrictions."
- Other groups felt that the combined balance of response and recovery worked well, with one group stating that there was always "time available to discuss emerging issues such as visiting relatives and professionals".
- Some respondents felt that there should have been more focus on key themes, for example: sustaining mental health services, a clearer and more explicit focus on inequalities.
- Some respondents said it was sometimes a challenge to balance national and local requirements, but that these issues were generally worked through well.

Communication and information-sharing across the system

- Inevitably, there were mixed responses regarding how well communication worked across the system. Some felt that communication messages were shared quickly across multiple channels and appreciated this, whereas others struggled with the lines of engagement between silver and bronze groups.
- The majority of respondents felt that the process of feeding in and out between groups at different levels worked well and developed as the pandemic continued.
- Respondents were mainly positive about the regular written updates describing what was happening at Gold and across the system, with many using this for their own communication purposes. However, there was some evidence that these didn't reach everyone they needed to and some minor feedback that they weren't explicit enough about being from Gold.
- Although there were regular reports published and signposted including dashboards, monitoring risk and the summary of multi-agency groups, there was some feedback that this wasn't sufficiently visible.
- The dashboards were welcomed by many, but there was also a suggestion that situational awareness could have been more systematically gathered and shared in a single source and at the right level of detail.
- Some groups have found the information sharing and collaborative communications invaluable and will be continuing post-pandemic e.g. transport infrastructure.
- Feedback suggested that the process of feeding in between groups "strengthened over time and as the groups matured and relationships developed, we got better at communicating across all levels. Establishing setting based working groups enabled us to develop robust systems cross unis, schools, care homes, vulnerable settings and workplaces."
- Microsoft Teams has been a useful tool to support engagement from a wide variety of partner organisations.

- The groups provided a useful means to reach particular audiences e.g. shielding or care homes etc.

Relationships

- An overall strong message came across that relationships between colleagues, agencies, organisations, and communities has strengthened.
- Almost all written response felt that relationships between the multi-agency groups was clear.
- The universities/HE group felt that relationships between universities and with Public Health and Community Safety have strengthened and will be valuable post pandemic, with a suggestion that “this partnership approach has helped to smooth potential community tensions at a very difficult time”.
- The level of trust put in partners from the beginning was reported to have been good and delivered better outcomes. This trust has been implicit, from the very beginning, driven by a “collective will to do the right thing”. There has been a willingness of organisations to work beyond organisational boundaries. “The people best placed to do a job just got on with it and did it”.
- Some groups reported that where colleagues had worked together before the pandemic, it helped in getting groups off the ground quickly. Conversely, there was an occasional report that it was difficult for people outside of the multi-agency groups to become involved, with the sense that ‘cliques’ had formed.
- Bringing partners together to identify issues and concerns has led to shared purpose and personal accountability of members to develop and implement action plans to support health and care providers. These relationships will support reset and recovery as we move out of the pandemic.
- While relationships were strengthened between colleagues working in different services/agencies, a negative side of this, for one respondent, was that managers had less time to spend with their own teams, particularly early in the response when there was a proliferation of meetings.

Representation on groups

- Most people felt that groups were well represented with the right individuals round the table to bring together knowledge across areas. People felt empowered to make decisions, one respondent from the Bronze harm minimisation group said: “No gaps identified by the group – members comment that it felt like all the system was represented. Particularly useful to have representation from GP clinical lead and representation from third sector and culturally diverse groups.”
- Similarly, the Bronze Health and Social Care Providers Group felt that they have had representation from all system partners.
- Another Bronze group agreed and felt that the response and recovery “was correct as we all attend a number of meetings and this information could then be fed into other meetings”.
- In some cases, there were gaps or people that should have been represented earlier: e.g. feedback that there should have had someone who was shielding involved in the CEV group to feedback first-hand experience; the LCC Silver Organisational group felt that trade union representation should have been in place from the beginning; in some cases the third sector were brought into groups later and should have been represented from the beginning; whereas some Communication colleagues felt that they were expected to attend a huge number of meetings, particularly at the start of the pandemic.
- Silver Care Homes was very much a listen and act leadership group around supporting care homes through the most challenging period for care homes with clear and excellent leadership and both Healthwatch Leeds and Carers Leeds involved directly.

Responsiveness and decision-making

- The multi-agency groups and strong partnership working were seen as proactive in identifying issues and addressing them at the earliest possible stage, with swift decision-making, for example, planning permission for the hospital to change space for parking was agreed by both LCC and Hospital colleagues quickly.

- The fact that the city has strong and well-established community-based infrastructure (including the third sector) was an asset that meant we weren't starting from scratch and had capacity and resource available to us. It was highlighted as important that this infrastructure is sustained, and sustainable, moving forward.
- Speaking with one voice as a group gave clarity of message, was a theme from some groups.
- Mixed feedback about the style of meetings across the system, with some reporting that a round robin information sharing worked well whilst others felt there should be more strategy and decision making, but the general feedback was that all groups got the job done! This was perhaps summed up by: "The Chair regularly sensed checked to ensure emerging priorities were covered and addressed and the agenda was very much shared".
- The Silver Care group felt that there was a very good Covid-19 response, to ensure that care homes were supported fully throughout with sufficiently high profile for care homes. Previously care homes have been a part of the health and care system that is often unheard and overlooked. The excellent senior level leadership of this meant it was very much focused on listen and act, with a definite focus on listening to all stakeholders.
- The pandemic has caused reflection on how we prepare for emergency situations. Before Covid-19, lots of preparation had been undertaken for emergency scenarios but this was probably underscored by an assumption that it would be very unlikely to happen. This may have influenced how plans were formed and how well they were engaged with. The experience of the pandemic has taught us that the worst-case scenario can happen.
- It was suggested that statistic sharing should be put into a central place rather than through one person.

Third Sector Role

- Third Sector organisations felt they were well represented at every level of the structure –in marked difference to reports from other cities.
- Third sector did very well at providing practical services on the ground, through community hubs and informally.
- The experience has helped raise the profile of the third sector and understanding of how connected the sector is to communities.
- Third Sector representatives have welcomed the responsive approach to the emergency – with a collaborative, 'sector blind' approach to shaping services.
- The pandemic experience has highlighted where there is duplication/overlap between different areas of the third sector, where there could be a more coherent approach with all working together as best as possible. There was a sense that all council agencies need to fully understand the scope of the third sector, particularly beyond the specialist health organisations and understand how, for example, sports or environmental organisations can also contribute to better health outcomes.
- Some felt that VAL should have more explicitly led all volunteering, whereas there was a mixed approach given the national approach as well.
- Echoing comments made by others in the system, some in the third sector reported that it was not always clear whether some areas of focus were designated 'Bronze' and some 'Silver' and it was not always clear what the decision making process, or line of reporting was.
- Some third sector reps felt that that it was not always clear which parts of the third sector were active in different parts of the system and that a single guide for where to turn to for help would have strengthened the city's response.
- Some contributors felt that the influence of the third sector was most effective at the more operational 'Bronze' level and that the opportunity to influence overarching strategy was more limited.
- That third sector key workers were prioritised for vaccination in the same way as any other key worker was greatly appreciated and demonstrated that the importance of the sector is recognised.

Legacy

During the review process colleagues identified several work areas that are likely to continue out of the pandemic to support better practice into the future. For example: the universities will continue to meet termly in the future to

coordinate student movement, community safety and liaison, and well-being; infrastructure will continue to collaborate on communications and messaging; care homes collaboration and communication will continue and a review of volunteering in the city is planned.

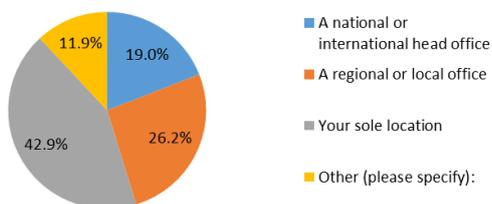
Annex 2 - Feedback proforma

Learning lessons from Covid response and recovery – Outline Review Questions

Name of Group- is this a bronze/silver/gold group?
How has the Covid response felt to you? Has your group met its objectives?
Have there been any gaps in representation in your group, or in the overall arrangements?
Were the themes of the response and recovery approach right? (<i>Outbreak Management, Health & Social Care (including Vaccination), Business & Economy, Citizens and Communities (including Education), Infrastructure & Supplies, Organisational Impacts, Communications & Media</i>)
Were we right to combine Response and Recovery? Have we given the right balance of attention to each?
Have the relationships between the multi-agency groups been clear? (see chart above)
Has the process of feeding in and out between groups at different levels worked?
Has the level of communication across the whole partnership been right?
Has the approach to reporting (monthly reports to the council's Executive Board, covering all elements of the response) been right?
Any other comments?

Annex 3- Partner Survey Findings

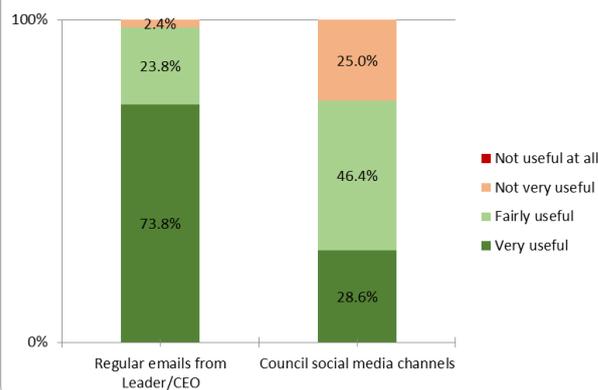
Is your Leeds base?



The partner survey went live on 19th May and closed on 18th June. We received 42 responses of which 69% have been located in Leeds for more than 10 years, 14% between 5 and 10 years, 14% between 2 and 5 years and 2% less than 2 years. 43% of these partners have a sole location of Leeds.

General consensus with 60% of these partners strongly agreeing that they have received the information they need from the council on pandemic related issues, 38% tended to agree and 2% tended to disagree with this point. 98% of these partners find the regular emails from the Leader/CEO very useful. With 75% of these companies finding the social media channels useful.

How useful have you found the following communications from the council throughout the pandemic?

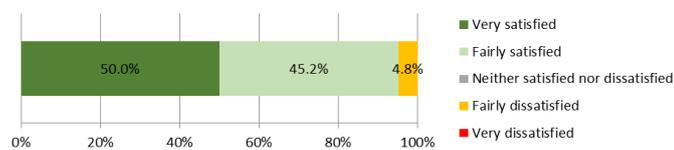


Comments received from partners are mostly positive with a focus on the good visibility of leadership in Leeds from the Leader and CEO. Partners have found the regular emails and updates useful and have stated that as the pandemic progressed the communication became much stronger and clearer. Partners have found the cross sector/collaborative working faster and more effective than before. There's positive feedback that the council worked particularly well with distributing finances quickly with great support from the Grants team. 100% Digital Leeds was recognised as a great project which helped charitable businesses hugely from their expertise, advice and training (and funding). It has been recognised that holding online meetings can be beneficial and less time consuming, this is something partners would like to carry on going forward.

A number of partners have found it difficult to get time with senior officers to present new ideas and ways of working. Also some partners felt that further guidance from ASC in the early months could have been more helpful. It was noted that normal services slowed down to accommodate the urgent needs of the pandemic causing certain problems with statutory requirements, but acknowledgement that this was understandable.

They also suggest that some partners felt recognition of other affected businesses could have been useful, not just those in retail and hospitality etc. A bigger focus on immediate activities around supporting businesses was seen, more information on the longer term economic agenda for the city would be welcomed. City Centre businesses would find more encouragement of bringing people back into the city useful.

Overall how satisfied or dissatisfied are you with the way the council has responded to the pandemic?

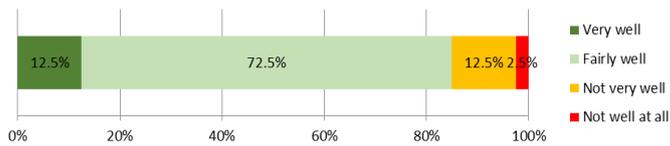


In your experience, how well or not has the council managed to keep its services running throughout the pandemic?



Overall out of the partners that responded with over 95% most thought the council managed to keep its services running very or fairly well throughout the pandemic, with most of these partners satisfied with the way LCC responded to the pandemic.

How well do you feel the council understands the needs of your organisation?

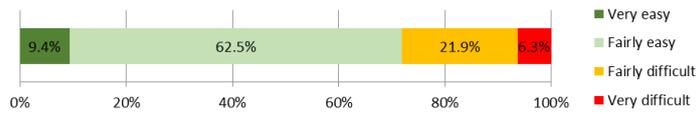


How much do you trust Leeds City Council?

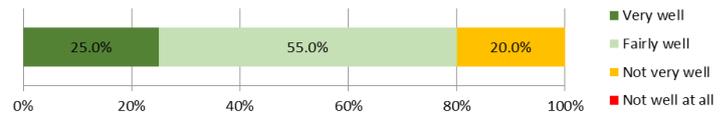


85% percent of the partners who responded feel the council understands the needs of their organisation, with about 15% feeling their needs aren't understood very well or not well at all. 95% of these organisations trust the council a great deal or a fair amount, with 5% not trusting LCC very much.

How easy or difficult do you find it is to do business with Leeds City Council? (if applicable)

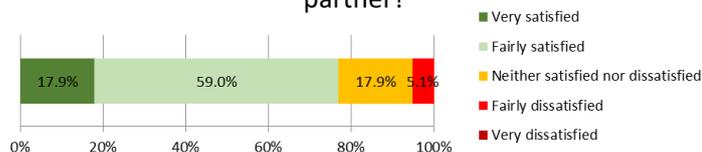


How well do you understand the council's overall vision and ambition for the city?



72% of partners who responded find it very easy of fairly easy to do business with the council. 28% of partners find it fairly difficult or very difficult. 80% of these partners understand the councils overall vision and ambition for the city but 20% don't understand these very well.

Overall how satisfied or dissatisfied are you with the service provided by the council as a partner?



77% of the partners who responded are very satisfied or are fairly satisfied with the service provided by the council as a partner. With 23% of partners being neither satisfied nor dissatisfied or are fairly dissatisfied.

Comments received from partners suggest that the collaborative ways of working are positive and would like to see this carry on moving forward into the post pandemic world.

Partners appreciated being able to feed into council policies and strategies, for example being an ambassador for the Womens friendly Leeds, being a member of the financial inclusion unit, or being on the social enterprise network. Invitations to take part in forums and conferences and feeling partners voices are heard is important to them.

The comments also suggest that partners feel there is still need and room for greater joining of dots across culture, economy, social care, research and inward investment - visitor economy (and Leeds 2023). But there is also positive feeling about the commitment, expertise and collaborative approach of many of the Council officers and leaders.

Further emphasis on supporting the local supply chain through incorporating social value etc. in the procurement process would be well received. Along with improvements to commissioner-provider partnership, with more focus on achieving agreed outcomes for citizens rather than what some businesses feel is the collection and reporting finance-led, detailed and burdensome output statistics.

Some partners feel that a stronger, deeper partnership with the private sector would be beneficial.

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Annex B - Leeds Covid-19 Response & Recovery Plan 2021-2022

Purpose: This plan sets out how Leeds will live with Covid whilst aiming to achieve its ambitions, by driving down infection rates, rolling out the vaccination, reopening services, the economy and society when it is safe to do so and in line with the national roadmap. It sets out three broad phases anticipated for the year ahead, based on reasonable assumptions and the national roadmap for lifting restrictions. It assumes the ‘most likely’ scenario, balancing the needs for optimism with the inevitable need to consider the worst case scenario.

The plan builds on the incredible effort from everyone in the city during the last year of dealing with the pandemic and learns lessons from our own experience and national good practice. More detailed plans are in place for many of these issues and actions, for example, vaccine inequalities.

Phase: we are currently in **Phase 2**.

Aims: Response and recovery driven by our ambitions of being a **compassionate city with a strong economy**, focused on reducing **poverty and inequalities**.

Objectives: Continuing to work across the full range of partners to ensure safe travel, safe public spaces in communities, district centres and the city centre, safe delivery of services, safe education and safe working. Maintaining morale and motivation amongst all our workforces and communities will be key to deliver our ambitions.

Principles: Taking the principles from our original local outbreak management plan and adding to those with learning from the year:

- Being **proactive, preventative and positive**, emphasising what people can do to keep themselves and others safe, and recognising that public trust and confidence is key
- Being guided by the **data, intelligence, surveillance, evidence, epidemiology and good practice** to preventing transmission and control outbreaks
- **Engaging communities from a strength and asset basis and targeting work that prioritises** the most vulnerable and socially disadvantaged
- **Communicating openly** with everybody so that more people do more of the right thing, more of the time, because they choose to with **key public health safety messages**
- **Coproducing solutions** with people, communities and partners to build the confidence and trust of the public
- **Leading collaboratively** to engage everyone, using all resources and tools available, including testing, tracing, supporting to isolate, managing outbreaks and transmission, dealing with new variants, using compliance and enforcement tools, and crucially vaccination
- Using agile and flexible approaches to partnership working to **manage risk and meet the changing circumstances** as the pandemic progresses
- Sharing good practice, **embedding evaluation and learning** to drive continual improvement

Themes: The themes of our broader response and recovery approach are: *Outbreak Management, Health & Social Care (including Vaccination), Business & Economy, Citizens and Communities (including Education), Infrastructure & Supplies, Organisational Impacts, Communications & Media* – with regular updates provided to councillors, MPs, partners and staff and regular monitoring reports to Executive Board. Multi-agency command and control arrangements continue to be used to support the activity.

Key messages: although these vary slightly periodically, here are the core messages:

- We know that it has been challenging for everyone, but we appreciate the sacrifices people have made
- We need everyone to follow public health advice: **hands, face, space, fresh air, test, trace, isolate, vaccinate**
- Be kind and neighbourly, ask for help if you need it

	Key Dates & Assumptions	Activities
Phase 1: Spring	<ul style="list-style-type: none"> Regain control of the virus, ready for re-opening 8/3 (Step 1a) 29/3 (Step 1b) Easter holidays 12/4 (Step 2) Over 50s vax target 	<ul style="list-style-type: none"> Refreshed the Local Outbreak Management Plan Safe reopening of hospitality, retail and services in line with Step 2. Safe provision and use of public open spaces Ongoing activity to support vaccine rollout (including tackling inequalities and building confidence), tackling variants and managing outbreaks; compliance and enforcement activity; testing and contact tracing; supporting businesses and communities Gradual delivery of more elective surgery Planning for service integration opportunities & surge capacity where needed Financial planning inc. bidding for recovery
Phase 2: Summer 2021	<ul style="list-style-type: none"> 6/5 Local & WY elections 17/5 (Step 3) Indoor mixing, indoor sport, hospitality and events; int. travel Infection rates expected to rise but impact on most vulnerable minimised Likely to see variants and need to respond HE students return 19/7 (Step 4) most restrictions relaxed – living safely with coronavirus Target: all adults 1st vaccine end July. School summer holidays 6 Sept: Education return 	<ul style="list-style-type: none"> Managing the significant pressure on the health system with an intensive focus on addressing restoration of services and dealing with significant backlogs and the implications from lockdowns (NHS, benefits, courts etc.) Driving vaccine rollout & tackling inequalities. Mitigating the impacts of community transmission on the most vulnerable Managing variants, outbreaks and more localised test & trace Ready for surge testing and enhanced outbreak management activity, including citywide workforce pool for variants and vaccination Final business support scheme in September with remaining funds, prioritising most impacted businesses Adapting to new governance arrangements with new WY Mayor in post Support communities with self-isolation and mental health support, and managing any tensions that may arise from restrictions being eased Education and other services adapt to roadmap steps, including return of HE students, changes to face masks etc. Produce learning lessons report and all organisations maintaining morale and motivation to recover backlogs Prepared for emergence of other types of infections as people mix more. Winter planning for flu and Covid and recovery Phased safe return to face-to-face formal council meetings and safe gradual return to office-based working across the city Production of Joint Strategic Assessment and Review of Health and Wellbeing Strategy Continue to engage on and plan for future use of city centre and local centres Supporting and encouraging safe use of public transport in line with national policy on social distancing as demand increases Financial planning, developing savings options, and understanding changing external funding landscape post-Brexit and proactive bidding Testing arrangements in schools & education settings to be announced and implemented Ensuring Park & Ride sites available with appropriate capacity Planning for events at full capacity from the summer
Phase 3: Autumn/Winter 2021	<ul style="list-style-type: none"> Socio-economic recovery, lower infection rates and dealing with sporadic outbreaks Ongoing monitoring of infection levels University return Half term Festive season 	<ul style="list-style-type: none"> Managing outbreaks, VoC's, and vaccinations, including vaccine inequalities plan & booster vaccinations in line with national guidance Putting public health at the heart of poverty and inequalities work. Reviewing inequalities and refreshing plans Delivering service integration Employment & Skills programme around future work trends and skills, particularly green economy, young people and potential growth areas Developing longer term social care plan Ensuring mental health and wellbeing being supported Implementing learning lessons review Ensuring third sector resilience and capacity, likewise care sector and dealing with potential additional safeguarding issues Continue to plan for future use of city centre and local centres Planning public transport funding recovery Challenging carbon usage post pandemic Develop City Plan with partners

COVID 19 - Leeds Multi-Agency Arrangements

Existing governance

- Organisational and partnership governance (boards and processes) continue.
- Emergency decision making processes in place where appropriate.

Individual agencies

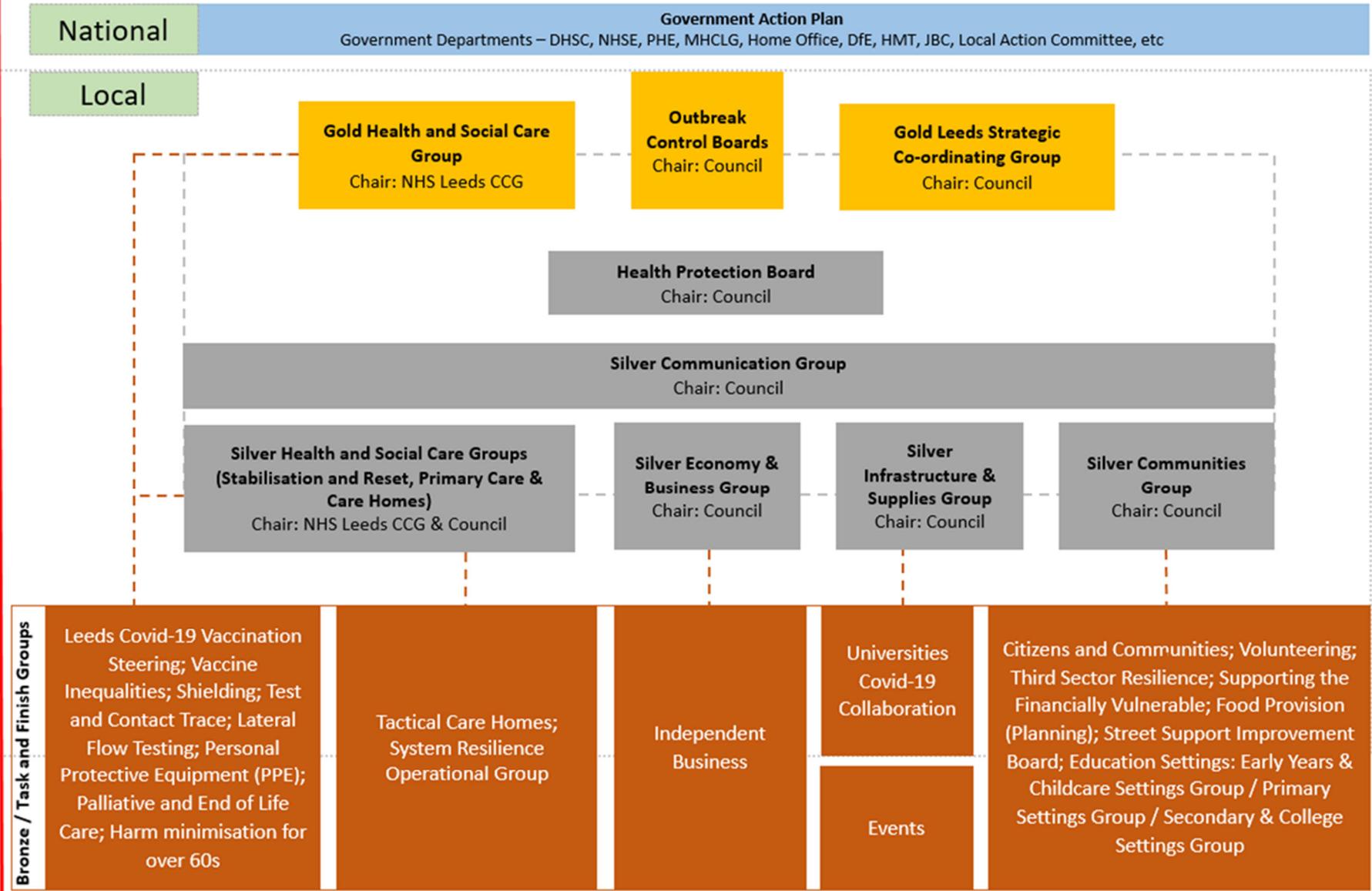
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Gold Organisational Leadership Teams

Silver Organisational Groups

Bronze / Task and Finish Organisational Groups

Date: 29/01/2021



3. Business & Economy- Eve Roodhouse, Chief Officer, Culture & Economy, LCC

	Assumptions & Risks	Actions (planned/underway)
<p>Phase 2</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 32</p>	<p>Assumptions</p> <ul style="list-style-type: none"> • Further reopening of Retail and Hospitality from the summer, and potential reopening of Tourism and Travel sectors too. • Major events taking place in stadiums/event planning. <p>Risks</p> <ul style="list-style-type: none"> • Businesses struggle to adopt new requirements. • Continued job losses and business closures. • Continued increased inequalities. 	<ul style="list-style-type: none"> • Business engagement through multiple channels (directly and representative bodies), including around business support, reopening of the city, safe return to workplaces and the UK leaving the EU. • Ongoing engagement with and lobbying of central government. • Targeted support this summer for businesses that are still struggling, utilising remaining funds from the Local Support Grant – scheme ending in Sept. • Administering business support grants, including: <ul style="list-style-type: none"> ○ Local Restrictions Support Grant (Closed) – 5643 grants - Value: £42,980,288.69 ○ Local Restrictions Support Grant (Open) – 1509 – value £3,714,997.03 ○ Additional grant for Retail, Hospitality and Leisure – 5711 grants, Value £28,559,000 ○ Restart Grants - 5245 grants, Value £40,660,360 • Sector-specific support (e.g. for Retail, Hospitality and independent businesses). • Ensuring safe spaces; enhanced cleaning regime; hand sanitiser stations; new and improved public spaces (eg. the Headrow, Park Row, Cookridge Street); more outdoor provision and space for pedestrians; on-street presence via City Centre Ambassadors, Covid Marshals and Night Marshals); and planning for events easy to arrange and cancel. • Completion of work on the future of our city and local centres with our partner, looking at how our centres can adapt to the long-term transformational changes and challenges over the next 10 years. Completion of further work on the future of our centres, including our public survey/city conversation and work with Metro Dynamics and the Ahead Partnership. The bringing together of all work in relation to the future of our centres. • Continued employment and skills support – supporting people into work, including apprenticeships, across all sectors; matching people to jobs in recruiting sectors; and supporting people to retrain via the Employment and Skills service, Adult Learning Programme, Jobcentre Plus and learning providers. • Future Talent project underway- review of Leeds Talent and Skills Plan, identifying gaps in the Leeds labour market, supporting residents to play a more productive role in the economy, helping businesses to thrive.
<p>Phase 3</p>	<p>Assumptions</p> <ul style="list-style-type: none"> • All sectors able to open, no restrictions. <p>Risks</p> <ul style="list-style-type: none"> • Continued job losses, business closures. • Continued increased inequalities. • Risk of winter outbreaks and consequent restrictions again. 	<ul style="list-style-type: none"> • Continued business engagement and administration of business support grants. • Sector-specific support (e.g. for Retail in the run-up to Christmas). • Continued employment and skills support – focus on skills agenda for continued economic recovery. • Potential actions and interventions based on our city and local centres work. • Potential completion of Future Talent project. • Commence work looking at the Green economy and the opportunities for Leeds/why it is essential to our economic recovery. • Inclusive Growth Extended Delivery Partnership planned for 16th November 2021. • Continue work to understand how the economy is recovering and link to future refresh of Leeds Inclusive Growth Strategy 2018-2023.

7. Communications & Media- Donna Cox/ Danni Clayton- Interim Heads of Communications & Marketing, LCC		
	Assumptions & Risks	Actions (planned/underway)
Phase 2	<p>Assumptions</p> <ul style="list-style-type: none"> Comms to reflect the vaccination programme aimed younger cohorts. Hands, face, space, ventilate messaging to continue as the city re-opens for business. <p>Risks</p> <ul style="list-style-type: none"> Pressure on comms team: pandemic management plus demand to promote city reopening and business as usual. 	<p><u>Roadmap step three 17 May:</u> Main Message: Indoor hospitality opens, mixing households, larger events, indoor attractions. Communicate: re-opening of council indoor hospitality, support comms activity around any programmed council events.</p> <p><u>Roadmap step four 19 July:</u> Main message: Restrictions lifted. Communicate: Safe behaviours. Proactive positive Summer campaign about continuing to do the right thing to help prevent a return to restrictions – ‘Let’s keep moving forwards’. We will ensure that city centre and district centres messaging reflects that the city remains safe, despite possible rise in rates.</p> <p><u>Campaigns underway:</u> Hands, Face, Space, Fresh Air – symptoms, isolate and test</p> <p>Eligibility criteria, deadline for and encouraging take-up of new and low take-up business grants (wedding businesses)</p> <p>Proactive preventative communications in areas with higher rates</p> <p>Support for delivery of vaccination messages through rollout to target audiences, proactive messaging at target groups with vaccine hesitancy ‘it’s not too late’ message for groups previously eligible who may have been hesitant/faced barriers to uptake</p> <p>Safe reopening of the city and easing of restrictions</p> <p>Parks anti-litter campaign; and</p> <p>Summer ‘Let’s keep moving forwards’ campaign around not returning to restrictions by continuing safe behaviours.</p> <p>Watching brief re: 19 July roadmap announcement</p>
Phase 3	<p>Assumptions</p> <ul style="list-style-type: none"> Life resets to a different normality under long-term managed pandemic conditions. <p>Risks</p> <ul style="list-style-type: none"> Longer-term behaviour compliance. 	<p><u>Campaigns</u> As above; and</p> <ul style="list-style-type: none"> Develop winter campaign – based on the insight we are gathering, possible return of restrictions, vaccinations Contingency plan around return to restrictions re-activate lockdown messaging.

Updated July 2021

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Leeds Outbreak Plan – March 2021 – March 2022 (updated July 2021)

This plan has been developed in the context of the detailed plan published in summer 2020, combined with all the learning from the multi-agency working and in the context of the broader [Covid response and recovery plan](#). It takes learning from good practice nationally, from Association of Directors of Public Health (ADPH), and in the context of the latest [national Contain Framework](#). The Leeds approach to prevent transmission of COVID-19 is through intensifying a combination of interventions and measures to **minimise harm, keep people safe, protect vulnerable people and minimise poverty and inequalities**.

Our approach continues to be comprehensive across the whole system and informed by the full range of public health measures from vaccination, infection prevention control, communications, managing outbreaks and preventative activity, including encouraging safe practices and choices. Our focus is to break the chains of transmission and ensure that **more people do more of the right thing, more of the time, because they choose to**. Living safely with COVID-19 requires a continued proactive harm minimisation approach to reduce the risk of transmission and protect those most at risk to prevent hospitalisations, illness (including Long COVID) and deaths, and reducing the chance of new variants of concern emerging.

The principles of the local outbreak management plan are:

- Being **proactive, preventative and positive**, emphasising what people can do to keep themselves and others safe, recognising that public trust and confidence is key
- Being guided by the **data, intelligence, surveillance, evidence, epidemiology and good practice** to prevent transmission and control outbreaks
- **Engaging communities from a strengths and assets basis** and targeting work that **prioritises the most vulnerable and socially disadvantaged**
- **Communicating openly** with everybody so that more people do more of the right thing, more of the time, because they choose to
- **Coproducing solutions** with people, communities, community leaders, and partners to build the confidence and trust of the public
- **Leading collaboratively** to engage everyone, using all resources and tools available, including testing, tracing, supporting to isolate, managing outbreaks and transmission, dealing with new variants, and crucially vaccination
- Using agile and flexible approaches to partnership working to make the most of the resources available, **manage risk and meet the changing circumstances** as the pandemic progresses
- Sharing good practice, **embedding evaluation and learning** to drive continual improvement, drawing on regional and national resources and capacity where required.

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Robust use of data & surveillance

- Continually reviewing latest local and national data and using this proactively to guide our approach, including waste water analysis to identify variants of concern and variants under investigation
- Using an early warning system through Public Health to respond to alerts of incidents and outbreaks.
- Being proactive about opportunities to evaluate, learn and understand more about the virus and continually reviewing the effectiveness of interventions
- Being open with data, including publishing the infection rates and vaccination data – and other roadmap indicators - on our website, social media and in stakeholder communications

Vigilant approach to prevent cases becoming outbreaks in care homes, hospitals, education, high risk workplaces and other settings e.g. prisons & hostels

- Preventative approach with all settings about good infection prevention & control to help control the spread of the virus, including the social aspects (e.g. canteens, car share etc.)
- Working with Public Health England, Environmental Health, Infection Prevention and Control, and other partners to put targeted control measures in place
- Using an incident management system to swiftly respond and prevent cases becoming outbreaks, working with the full range of partners to monitor the data and coordinate activity, encouraging use of resources like Action Cards
- Working with care homes to allow safe visits in line with national guidance
- Supporting our education settings to operate safely and key workers to be able to work, implement testing and manage any cases swiftly to minimise the impacts on young peoples' education
- Working with universities to implement testing, support the student population with issues both on and off campus including accessing vaccination, and plan ahead for travel around term times.

Working to minimise community transmission, including in areas with stubborn rates or new variants

- Using local and national data to monitor spread of the virus on a daily basis and any variants of concern, to target additional activity where needed, including door knocking, additional targeted local communications, additional work with settings, targeting of testing, or specific advice about particular types of households.
- Using the skills, knowledge and assets of local councillors, community organisations, local businesses, the third sector and council services to target effective support and to identify and remove barriers to testing, tracing, self-isolating and vaccination
- Enhancing joint working further in areas where infection rates rise, including additional testing for variants where needed

Deliver successful rollout of the vaccination across all communities

- Supporting the local rollout of Covid-19 vaccination through an integrated delivery plan for all related developments, including a proactive approach to the longer term delivery model
- Working across our partnerships to put the complex logistical arrangements in place, including different access methods to increase take up through local mobile and roving sites.
- Debunking myths and encouraging vaccination confidence and take up, using influential community organisations and leaders to have peer to peer conversations and get messages out
- Deliver the [vaccine health inequalities plan](#) to focus on getting higher-risk groups to access vaccination as a priority, use all available data and intelligence to monitor progress and adapt approach accordingly.

Delivering local testing capacity within the overall national framework

- Providing mobile, drive-through and walk-to testing sites to meet the needs of local communities (e.g. language, travel, opening times), responding to areas with need for more testing – including symptomatic and asymptomatic testing and where there is a variant of concern
- Additional local activity such as more communications or door knocking to increase testing where testing rates fall
- Influencing the national programme to ensure accessibility, reliability and effective turnaround times
- Ensure clarity of communications on testing, e.g. test to find rather than test to release
- Encourage everyone to access twice-weekly lateral flow device testing and support testing in education and workplaces

Increasingly deliver more local contact tracing as the national system changes focus

- Further develop a local contact tracing service to replace some or all of the national system which aims to reaches more people, using our local knowledge, building on the local system already in place, including harnessing all settings to help on contact tracing and encouraging people to use the NHS COVID-19 app
- Ensuring our local contact tracing offer is available in community languages and reflects the needs of our diverse communities.
- Making use of our public health and other local expertise in contact tracing, and acquiring additional resources where possible
- Ensuring that people who are asked to self-isolate are able to access the support they need, including self-isolation payment, welfare support, befriending, shopping and delivery of medicines, by joining up across council services and our partners.
- Drawing on local community leaders and using intensive actions like door-knocking in communities to reach and engage more people
- To work with PHE on the enhanced contact tracing toolkit

Supporting people to make safe decisions and businesses to operate in Covid-safe ways

- Encouraging and supporting people to make choices that will keep themselves and others safe, such as hand washing, testing, self-isolating when required, getting vaccinated and wearing a face covering in high-risk settings
- Providing on-the-ground Covid Marshals to support businesses to operate in a Covid-safe manner and provide reassurance for the public for day and night time economies
- Encouraging and supporting businesses to embed basic infection prevention and control measures into their operating procedures, including using resources such as the customer confidence toolkit where appropriate.

Providing support to vulnerable people and those who need to self-isolate and targeting poverty and inequalities

- Working with our partners to minimise the impact of the pandemic on older and vulnerable people through delivery of a detailed over 60s harm minimisation plan
- Issuing payments to people who need financial support to self-isolate
- Providing support through the Local Welfare Support service (0113 3760330), with our community hubs providing support for those who are self-isolating or vulnerable in every ward

- Providing support to people who are clinically vulnerable to Covid-19, with advice, reassurance, and signposting to support
- Delivering community engagement plans in key wards, identifying local needs and co-producing appropriate interventions with local elected members, community leaders, faith leader and other local actors.

Having effective governance and communications to support delivery and continued development of the plan

- Regularly adapting the multi-agency governance arrangements to lead our response to, and recovery from, the pandemic, including planning ahead, learning, anticipating issues & risks
- Outbreak Control Boards bringing together key stakeholders to influence the approach to managing the pandemic, along with regular governance arrangements
- Using all communications methods to reach people, adapting and targeting key messages in response to the latest evidence about where and how the virus is spreading
- Working with other local authorities, the health system, the West Yorkshire Local Resilience Forum and the Core Cities network to influence national policy direction

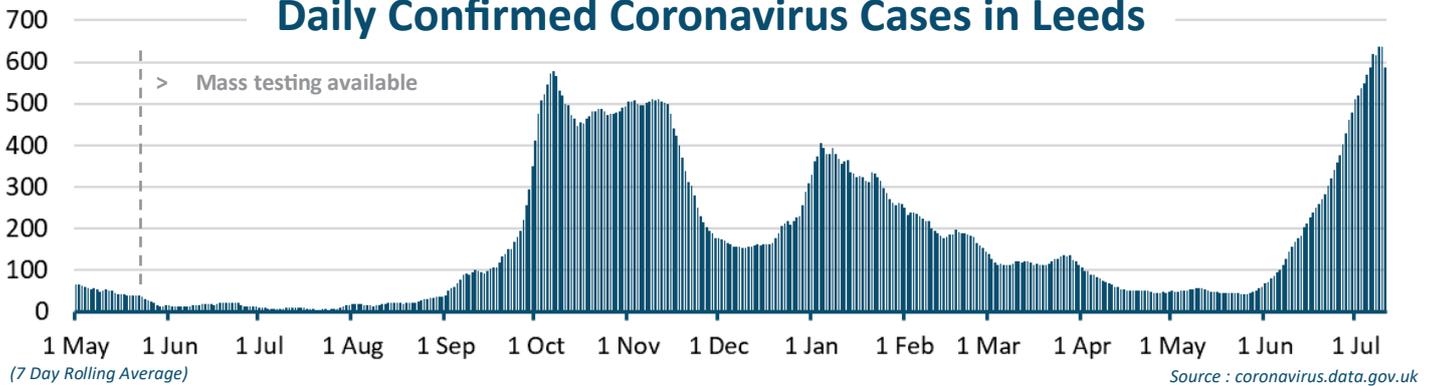
Implementation and Governance

The detailed implementation of this outbreak management plan is covered in a range of operational plans and service plans, including extensive liaison with a very large range of settings across the city, such as more than 150 care homes, more than 250 education settings and numerous workplaces, for preventative activity. This is all delivered and overseen by the Leeds multi-agency Covid-19 response and recovery arrangements (see below), with the Director of Public Health at the heart, along with the Health Protection Board, the Strategic Coordinating (Leeds Gold) Group and Outbreak Boards, all reporting to the Council's Executive Board. A comprehensive review of the city's multiagency response has been undertaken to inform our response to future crises as well as to take forward best practice into business as usual, with the outcomes reported to Executive Board.

Progress is monitored regularly through a range of measures from daily checking of infection rates and other measures, through to a weekly Incident Management Team (IMT) meeting for community transmission as well as regular IMTs for specific settings outbreaks. All meetings across the multi-agency arrangements discuss progress on implementation, issues and opportunities and this results in a report each month to the council's [Executive Board](#), which includes a comprehensive dashboard of the latest data and analysis across all areas of the Response and Recovery Plan. Additionally, members, MPs and partners receive regular written updates covering the current position, actions and key messages to share. Regular bulletins are sent to partners, staff and the public to report on progress and issues, as well as calls with specific sectors. More detailed plans are in place for many areas, for example increasing vaccine uptake and tackling health inequalities, which are also reported via Executive Board and other routes as described. We continue to closely monitor progress in delivering this plan using the following key metrics, but also broader issues covered in the dashboard:

- Infection rate and test positivity rate, and particularly the rate in the over 60s
- Number of vaccinations given
- Vaccine uptake in key groups
- Patients in hospital and critical care
- Mortality
- Cases and outbreaks in settings
- Testing rates
- Self-isolation payments
- New Covid-19 variants

Daily Confirmed Coronavirus Cases in Leeds



Headlines for Leeds

The Prime Minister has confirmed a lifting of Coronavirus restrictions on the 19th July, at the time of writing the precise nature of the revised government guidance is not fully known. The usual email update will be provided to partners.

The Covid-19 case rate has continued its recent upward trend as in many other parts of the country, driven by the Delta variant. The latest 7 day average per 100,000 reported for the overall Leeds case rate is at 545.7 per 100,000 (423.3 a week before), with rates of persons aged 60+ at 114.3.

The latest regional average is 420.0 (283.5 a week before).

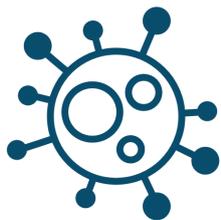
Vaccination rates in Leeds record that as of the 12 July 2021 a total of 527,909 GP registered patients have received their first vaccination, this is an increase of over 59,000 since the last Gold report on 14th June. Of the 527,909 patients mentioned above, 426,498 have now received their 2nd dose.

Re-opening has continued its momentum, the latest West Yorkshire Chambers of Commerce survey shows a rebound in

business confidence, recruitment and investment in Q2. The proportion of workers on furlough has also fallen, with 8% of eligible jobs furloughed at the end of May in West Yorkshire, the lowest level since the scheme started.

Footfall levels have stabilised, after very strong growth during May and June, interestingly according to the Chambers' survey, half of businesses envisage a mixed approach in returning to the workplace, with home working as a regularly option.

Leeds is currently recording the following figures



545.7 Cases rate
per 100,000 people
(7 day rolling average)



1 Current Case
Reported in a Care
Home in Leeds



1639 Registered Deaths
That mention Covid-19, with
none registered in last 2 weeks



527,909 vaccinated
Registered patients
within Leeds



49 Covid-19 related
Incidents reported to West
Yorkshire Police in last 7 days



27.9 µg/m³
Average NO₂ levels.
Below UK target of 40µg/m³

Health and Social Care Impact & Recovery



545.7

Cases rate
per 100,000 people
(7 day rolling average)¹



1

Current Cases
Reported active in
Leeds care homes²



41

Covid-19 Beds
Currently occupied at
LTHT hospitals²



0

Registered Deaths
mentioning Covid-19
occurring over the
last 14 days³

Health Summary

Infection Rates¹

The latest 7 day average per 100,000 reported for the overall Leeds case rate is at 545.7 per 100,000 (423.3 a week before), with rates of persons aged 60+ at 114.3.

The latest regional average is 420.0 (283.5 a week before).

Vaccinations²

As of the 12th July 2021 a total of 527,909 GP registered patients in Leeds have received their first vaccine dose, this equates to 73.7% of the registered population of Leeds.

More than half of all 16+ GP registered population have now received their second dose. (426,498 Overall (59.5%))

Covid-19 Cases²

As of the 12th July, the number of COVID positive patients in beds at LTHT is 41, LYPFT has no COVID positive patients recorded in a bed on the 12th.

This week has seen 22 positive COVID tests carried out within hospitals (comparable with 24 last week); no positive tests were from LYPFT hospitals.

There are currently 8 positive COVID patients in a HDU/ITU bed in LTHT

Care Homes²

There is currently only 1 active COVID-19 case declared in care homes across Leeds. Although there was a small surge near the end of June, cases only increased to a maximum concurrent total of 11 and reduced back to 1 case over the course of only 3 weeks.

Registered Deaths in Leeds³

As of 11th June 2021, a total of 1,639 COVID-19 related deaths had been registered by Leeds Registrars Office.

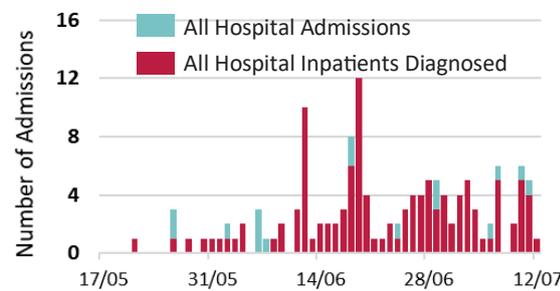
They last Covid-19 death in Leeds was recorded to have occurred on the 24th June*.

*At time of publication

Sources:

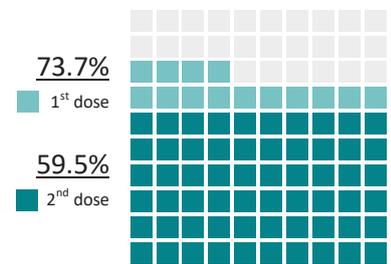
- Public Health Intelligence - 12/07/21
- NHS Clinical Commissioning Group - 12/07/21
- Leeds Registrars Office - 09/07/21

New Covid19 Admissions and Inpatients

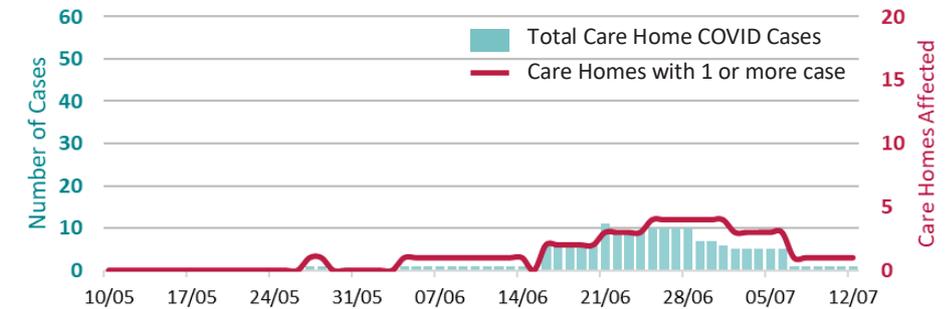


People Vaccinated

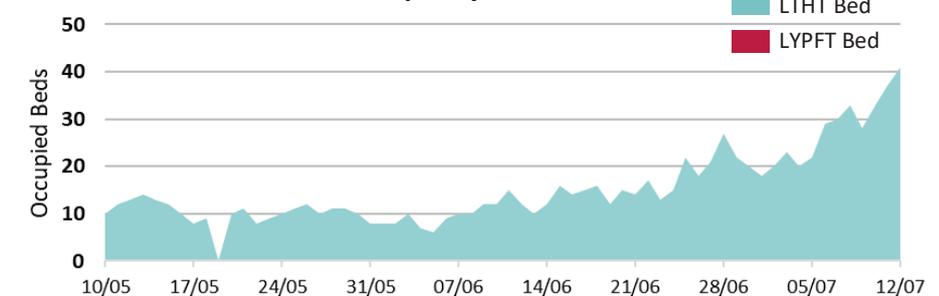
Percentage of GP registered population



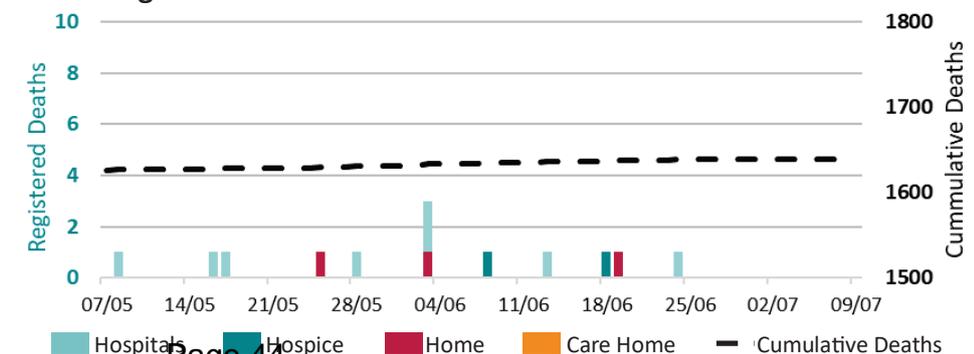
Covid19 Cases in Care Homes



Confirmed Covid19 Bed Occupancy



Deaths registered with LCC that mention Covid19



Citizens & Community



49

Covid-19
Related incidents
recorded over last
7 days¹



504

Domestic
Incidents recorded over
last 7 days¹



75%

Pupils in schools
Average attendance
during the last week



£2.08
Million

In Self-Isolation
Support payments paid
to successful applicants³

Citizens & Community Summary

Incidents and Crimes Overview¹

As lockdown measures continue to be eased across the country, total crime levels are remaining steady. Covid Incidents have declined to very low levels in recent weeks, most likely due to the relaxation of related legislations.

Domestic Incidents have unfortunately seen a slight increase, although there is no way of knowing for sure if this is related to changes to Covid19 legislations. Previous studies have shown increases in incidents during major football tournaments, and may have affected numbers during the UEFA European Football Championships which ran until 11th July

Children & Education²

Overall attendance during week of 5 July 2021 was 75%, the lowest since schools re-opened to all pupils in March 2021.

All COVID-19 related absence increased from an average of 9% in the week of 24 June to 17% in week of 5 July 2021.

79% of all COVID-19 related absence is due to potential contact in setting, with a further 13% due to potential contact in the community. Whilst increasing, a much smaller proportion are reported to be absent due to confirmed COVID-19 (4%) or suspected COVID-19 (3%)

Self Isolation Payments³

Last week LCC received 939 forms, a 5% increase on the previous week. This is lower than a recent spike in numbers caused by the increase in Covid-19 cases related to the Delta variant.

During the month of June, LCC received over four times as many claims as they did in May. Training of 10 additional officers is helping to deal with this increase in demand.

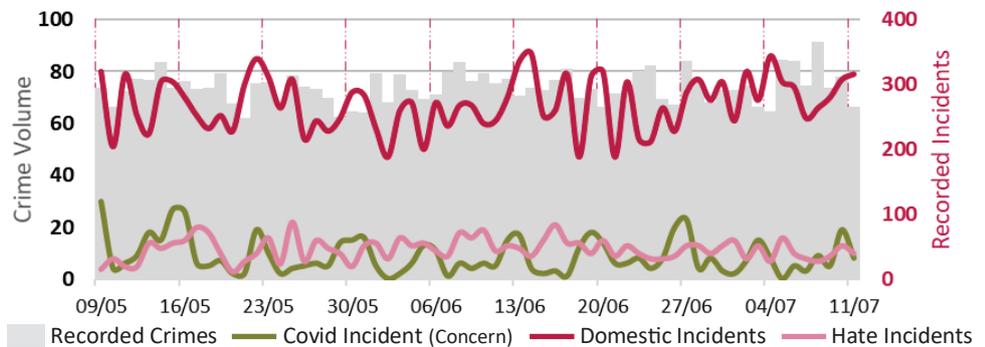
Waste Management & Recycling⁴

Tonnage of waste and recycling collected at the kerbside throughout this period continues to be higher than normal. For the last two months black bin waste in particular has now been holding around 12% to 16% higher than historic levels. Crews continue to be stood down where a staff member becomes symptomatic.

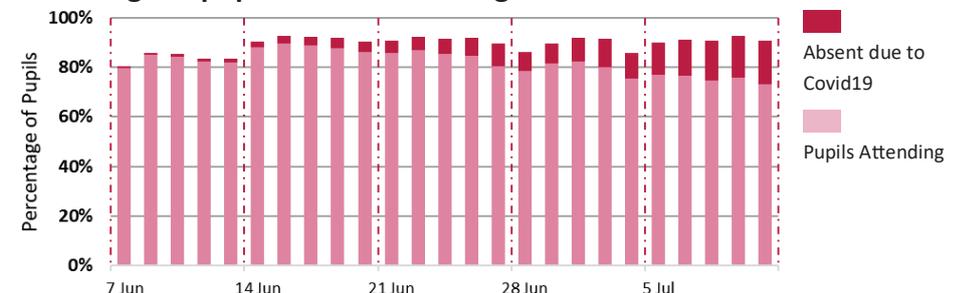
Sources:

1. Safer Leeds - 12/07/21
2. DfE education settings survey - 12/07/21
3. Leeds City Council Financial inclusion Team 12/07/21
4. Leeds City Council Environment Team - 12/07/21

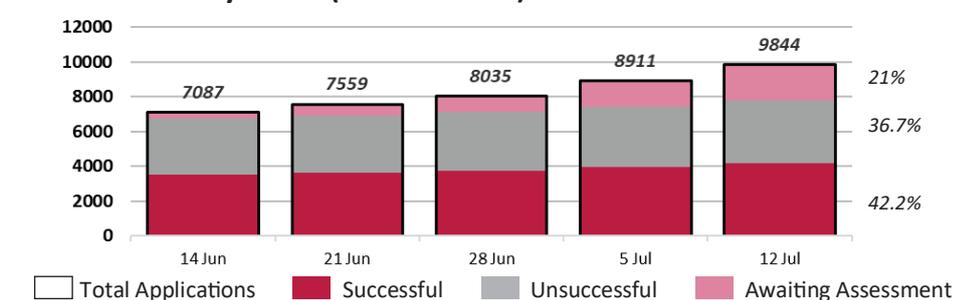
Crimes and Incidents



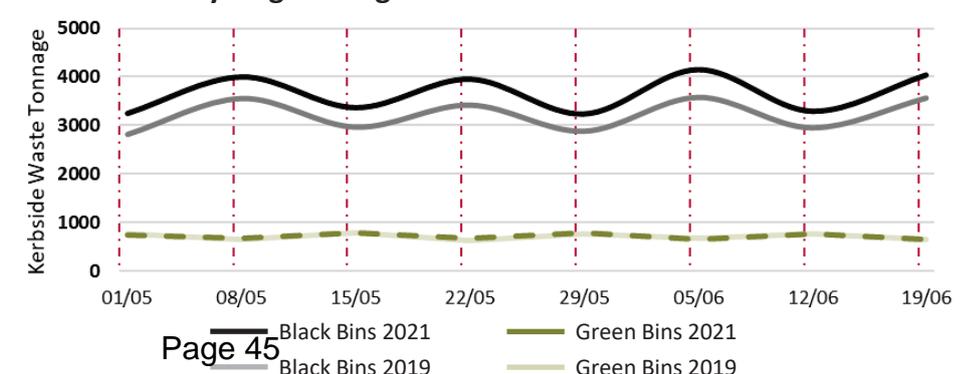
Percentage of pupils on roll attending lessons



Self Isolation Payments (accumulative)



Waste and Recycling Tonnage



Infrastructure & Supplies



Traffic Flow
Compared to recorded traffic flow in 2019/20¹



Average Footfall
In Leeds City centre in comparison to 2020¹



Thousand
MCard uses in the last week¹



12 Months NO²
Levels, compared to the previous 12 months

Infrastructure & Supplies Summary

Traffic & Pedestrian Flow ¹

Since the reopening of non-essential retail and outdoor hospitality there has been a significant increase in city-centre footfall, especially over the weekends. Levels have fluctuated around 70% of what would usually be expected at this time of year.

Traffic flows had shown a gradual increase during April, but over the last few weeks have plateaued around 85% of pre-Covid levels.

M-Card use has levelled out in recent weeks and may not see a further increase until social distancing and other protective measures are lifted on public transport.

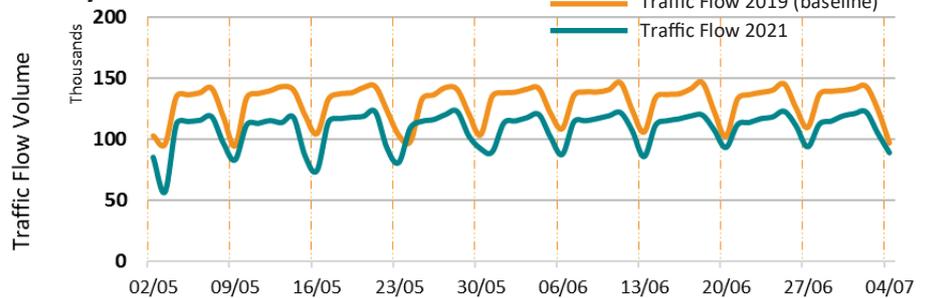
Leeds Air Quality (March 2020)²

The plot to the lower right shows the monthly mean Nitrogen Dioxide (NO₂) for all the Leeds air quality monitoring sites.

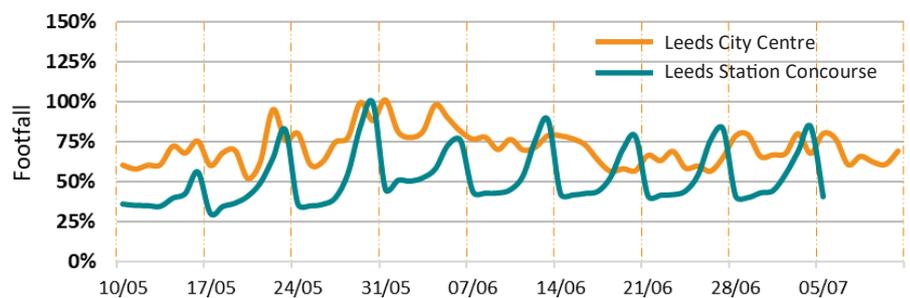
The effect of both national lockdowns shows a dramatic reduction across all sites in Leeds and the City Centre area.

Over the last 12 months NO₂ levels in Leeds were recorded, on average, at 21% lower than the same period in 2019, having not raised higher than the National Objective of 40 µg m⁻³ since December 2019.

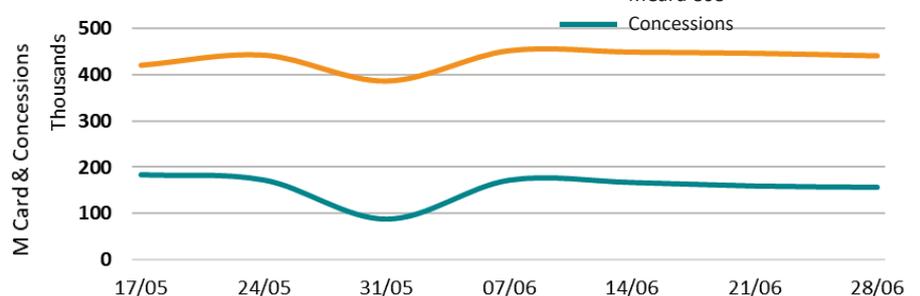
Two-way 24hr Traffic



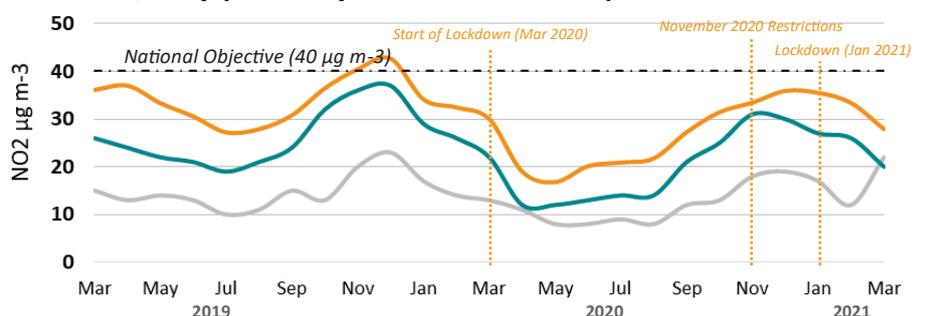
Percentage of Expected Footfall



MCard Use and Concessions



Leeds Air Quality (February 2019 - March 2020)



Sources:
1. West Yorkshire Combined Authority - 12/07/21
2. Leeds City Council - APRIL 2021

Economy and Business



**Out of Work
Benefits Claimant
Count²**



**Employees
Are back in their usual
workplace.**

Economy and Business¹

Re-opening has continued its momentum, the latest West Yorkshire Chambers of Commerce survey shows a rebound in business confidence, recruitment and investment in Q2. The proportion of workers on furlough has also fallen with 8% of eligible jobs furloughed at the end of May in West Yorkshire, the lowest level since the scheme started.

The survey also looked at the return to the workplace, half of businesses survey envisage a mixed approach, with home working as a regularly option. According to the ONS the proportion of people in their usual workplace at the end of June was 64%, the highest point since comparable data began in June 2020.

Public transport use has remained fairly stable in recent weeks, with bus use at around 50%, and train use at around 40% of baselines respectively.

Employment

There has been a fall in Out of Work Benefit claimants, with 34,695 people claiming Out of Work Benefits (6.7%) in May, down 1,500 from April, though still above regional (6.2%) and national rates (6.0 %).

LCC's financial position¹

As reported to the Executive Board on 23rd June, the final Outturn position for the financial year 2020/21 was an underspend of £1.1m, which allowed for a contribution to the Council's general reserve.

The position remains challenging. The 2021/22 Budget, received at February's Executive Board, requires the delivery of Directorate savings proposals of £56.1m and a range of other measures to deliver £31.4m of assumed increases in funding and reductions in costs. The first Financial Health report for the year will be received by July's Executive Board meeting.

The updated Medium Term Financial Strategy, covering the 5 years from 2022/23 to 2026/27, will be reported to Executive Board in September 2021. As reported in the 2021/22 Budget Report the Council continues to face a significant financial challenge, with budget gaps of £65.7m and £34.2m currently projected for 2022/23 and 2023/24 respectively.

The Government announced a four week delay in the lifting of most Coronavirus restrictions on 14th June. However, to date key funding support for local authorities, including support for the general impact of COVID on local authority expenditure and for losses of Sales, Fees and Charges income have not been extended beyond the planned end date of 30th June 2021.

On 22nd June Government announced the extension of the COVID-19 Local Support Grant to the end of September. An additional £160 million of funding will be made available nationally, with the Leeds allocation of £2.67m being used to provide free school meals during the 2021 school summer holidays.

An additional £251.3m of funding has been provided nationally to extend the Infection Control and Testing Fund to the end of September 2021. The funding is made up of £142.5 million for infection control and £108.8 million for testing to protect people in adult social care as restrictions are eased, and supporting rapid, regular testing of staff to prevent COVID-19 transmission. Leeds will receive £2.99m, £1.69m for infection control and £1.29m for rapid testing. 70% of the total allocation must be passported to residential and community care providers. Local authorities have the discretion to target the allocation of the remaining 30% on other for the care sector, including supporting other care settings and providing additional support to care providers who are currently experiencing an outbreak.

On 8th July Government announced a new £24m Children's Social Care COVID-19 Regional Recovery and Building Back Better Fund to support projects tackling issues facing vulnerable children and accelerate the roll-out of more family hubs. Funding will be distributed among the English regions, with each region allocated between £2 and £3 million, including a flat rate of £50,000 for each region to help councils in accommodating unaccompanied asylum-seeking children.

Local Authorities have been given an extra month to distribute business support grants, with a new deadline at the end of July.

Sources:

1. Leeds City Council - 14/06/21

2. Department for Work and Pensions - MAY 2021

Policy Announcements

14 June 2021

New analysis by PHE shows that two doses of Covid-19 vaccines are highly effective against hospitalisation from the Delta variant.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

An easing of visiting restrictions to care homes announced, with care home residents permitted to spend more time with family and friends, including overnight stays, and residents allowed to leave the home for more social reasons without having to isolate. From 21 June, people admitted to a care home from the community do not have to self-isolate for 14 days on arrival, with this measure supported by PCR testing.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

16 June 2021

Measures to protect commercial tenants from eviction if they are unable to pay their rent due to being closed during the pandemic are extended to 25 March 2022.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

Following public consultation, new legislation means that, from October, anyone working in a CQC-registered care home in England for residents requiring nursing or personal care must have two doses of a Covid-19 vaccine unless they have a medical exemption.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

21 June 2021

Enhanced testing deployed in Leeds following a rise in confirmed cases of the Delta variant in Headingley & Hyde Park and Little London & Woodhouse wards.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

24 June 2021

Findings from the REACT-2 studies of over half a million adults shows that over a third of people who had Covid-19 experienced symptoms lasting at least 12 weeks. It is estimated that over 2 million people in England have experienced long Covid and that its prevalence increases with age. The study found that long Covid is more prevalent among women, people who are overweight or obese, who smoke, who live in deprived areas, or had been admitted to hospital.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

25 June 2021

The report of the Events Research Programme is published, concluding that, with mitigating factors, such as social distancing at pinch points, face coverings and staggered entry and exit times, events can be conducted more safely at increased capacities while maintaining a low risk of transmission.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

27 June 2021

£250 million of funding announced for adult social care to continue to fund infection prevention and control measures and regular testing of staff, extending the Infection Control Fund until the end of September.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

30 June 2021

The Joint Committee on Vaccination and Immunisation (JCVI) issued its interim advice that Covid-19 booster vaccines may be required from September for the people most vulnerable to Covid-19 in order to maintain protection over the winter. The final JCVI advice will be published before September. In response to the interim advice, the government is working with the NHS to ensure that if a booster campaign happens, it can be deployed rapidly from September.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

The Oxford University-led Com-COV study found alternating doses of the Oxford -AZ and Pfizer vaccines generate a robust immune response.

[Source: www.ssrn.com \(webpage\)](http://www.ssrn.com)

2 July 2021

The Treasury shared that 2.4 million workers came off furlough between the end of February to the end of May. The scheme is due to end in September and employers will begin to pay more over the summer months.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

5 July 2021

The Prime Minister set out plans to end Covid restrictions in England from Step 4 of the roadmap, to take place no sooner than 19 July, subject to a review of the data. This includes an end to social distancing and limits on gatherings; all venues can open without capacity limits, and face coverings will no longer be mandatory. The government reviews into social distancing and Covid-status certification concluded that the 1m plus rule will be lifted other than in specific places such as at the border, and there will be no legal requirement on the use of Covid-status certification as a condition of entry for visitors to any domestic setting.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

6 July 2021

From 16 August, people who have received both vaccinations, and under 18s, will no longer need to self-isolate if they are identified as a close contact of someone with Covid-19, but will be advised to take a PCR test. Anyone who tests positive following the PCR test will still be legally required to self-isolate, irrespective of their vaccination status.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

Health and Care Bill introduced to Parliament with proposals for an Integrated Care Board and an Integrated Care Partnership for each part of England, responsible for bringing together local NHS and local government to deliver joined up care for local populations.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

As part of Step 4 of the roadmap, expected to take place on 19 July, school 'bubbles' will end and schools will not be required to implement social distancing or staggered start and finish times, although they can continue existing arrangements until the end of term if they wish. Protective measures will remain in place for the autumn term in all education settings including practicing good hygiene, ventilation, and regular testing.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

7 July 2021

Findings from three studies on the real-world use of lateral flow device tests have confirmed their effectiveness under a variety of conditions, including variants of concern; patients with high/low viral loads; part of mass testing campaigns; when used by inexperienced users; and with different swab types.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

8 July 2021

Interim findings from REACT-1, one of the largest studies into Covid-19 infections in England, found that, in the under-65s, Covid-19 infection rates are three times lower for people who have received both vaccinations.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

From 19 July, people returning to England from an amber list country will no longer need to quarantine if they have been fully vaccinated with an NHS administered vaccine at least 14 days ago, or if they are on a formally approved UK vaccine clinical trial. Children under 18 will be exempt from quarantine on return from amber list countries, and the recommendation that people do not travel to amber list countries will be removed from 19 July.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

DHSC continues to work with manufacturers on the development of transparent face masks that meet the required standards to be used in health and care settings.

[Source: www.gov.uk \(webpage\)](http://www.gov.uk)

Communications Update

Website Visits:

Around 9,300 visited the COVID information web pages last week, of which 7,600 were unique users, consistent with the previous report.

The GovDelivery Covid email bulletin, which was sent out to 112K residents on 11th June, had an open rate of 24% (consistent with previous report). Most popular features included: information about walk-in vaccination clinics in Leeds, the #LeedsSaysThanks initiative, and the NHS vaccination booking page.

Communications Update:

This update was being produced ahead of Monday's planned Government press conference that was widely expected to announce the release of all restrictions as part of the Roadmap progress from July 19.

However, there were indications in the run-up to the announcement that the Government was planning to re-emphasise on some of the safety aspects and ministers were beginning to suggest that elements of mask-wearing and social distancing may be retained.

This approach to messaging can present challenges in directing resources and planning our own messages in preparation for July 19. What is clear though is that we will need to continue to advise caution in the face of rising rates combined with easing rules.

We are also concerned that less clear national guidance could result in people becoming polarised in their perspectives of how they and others should behave. We are therefore re-focusing our main campaign messaging on a respect for others-based theme. This is to address potential divisions where mask-wearing and social distancing become optional.

By gently nudging people to keep doing the right thing with subtle suggestions on making space or keeping things fresh while respecting others' decisions we can keep the Together Leeds campaign themes consistent. This also allows us to adopt stronger messaging where needed to target specific cohorts or areas where rates continue to rise.

Alongside this we have also been reviewing the signage around the major city centre and local retail and footfall areas. Rules-based information will be replaced with updated guidance in line with the above principles.

Other work includes:

Enhanced testing wrapped up last week – infographic produced which highlights results of the programme. CCG testing page also updated to reflect programme end.

Now planning for flu and booster vaccine (for autumn).

As of the end of last week there were still around 40k people in cohorts 1-9 who were unvaccinated, hence comms continues to focus on the vaccine.

Meanwhile, communications colleagues across sectors continue to focus on specific pressures and proactive work, such as NHS managing expectations about the easing of restrictions and being 'back to normal' as rules will still be in place in health and care settings.

Universities are preparing for possible return to in-person teaching and student return and voluntary sector colleagues have been busy supporting shoring up volunteer networks and actively promoting June's "month of community" and thank-you day events.

They are also anticipating the review of the community champions role, continuing to promote the *Be Collective* volunteer platform and remain involved in city-wide conversations.

Social media listening:

Local discussions outside the general national conversation?

- A few queries from people who have applied for self-isolation grant and not heard anything back.
- Questions about whether the waste recycling centre booking system will be removed after 19th July.
- Leeds hospitals at capacity again due to COVID cases and having to cancel scheduled non-COVID related routine procedures. Many mentions about cancelling cancer treatments too.

Popular topics and questions being shared and discussed regularly?

- Sharing for latest Covid rates in the city, with some expressing concern over how the rates continue to rise.
- Sharing for walk-in vaccination services in the city.
- People complaining about lack of social distancing on public transport.

What conversations, topics & questions are we starting to see an increase in?

- Concerns around masks not being mandatory in coming weeks.
- General chat about end of restrictions.
- People urged to bring their second dose forward to 8 weeks (instead of 12).
- Reports on a high number of inaccurate positive lateral flow test results due to the sensitivity of the tests.

What are the feelings, behaviours and beliefs from people on the key and emerging themes?

- Lots of interest in walk-in vaccine services in the city, with people increasingly interested in using them for getting their second dose.
- Concern around how rates in Leeds are continuing to rise.
- Concern over restrictions ending next week.
- Concern about surgeries (particularly cancer related surgeries) being cancelled due to high numbers of Covid cases.

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Annex E – Updates and National Headlines from Government

- This document details main the announcements and key headlines from Government, Public Health England and the NHS.
- It covers the period from 18 June, up until the publishing date of July’s report.
- Each announcement includes links with further details.

Recommendation: Members of Executive Board note this record.

Snapshot of key headlines:

- [Confirmed Step 4 will go ahead.](#)
- Vaccines [highly effective in clinical risks groups](#). Over 35 million have had [both doses of a vaccine](#).
- [Infection rates for double jabbed](#) under-65s are three times lower than in unvaccinated under-65s.
- [Changes to testing in schools announced](#) from 19 July (Step 4).
- [New self-isolation rules](#) come into effect from 16 August.
- The [George Cross awarded to the NHS](#) by Her Majesty the Queen.
- Plans to offer over 50’s [booster vaccinations from September](#) as per [JCVI interim advice](#).
- [Surge testing deployed in Leeds](#).
- All adults [aged 18 years and over](#) can now get a vaccine.

Snapshot of changes to restrictions and guidance ([Step 4](#)):

- No restrictions on the number of people allowed to gather (scrapping the rule of six). The one-meter-plus rule / social distancing will also cease.
- [Double vaccinated people](#) and the under-18’s will no longer have to self-isolate, providing a negative result from a confirmation PCR test. Changes to [school testing and tracing](#) is also to be implemented.
- Venues and businesses will not be impacted by capacity issues, and those not previously permitted to open will now be able to (mainly nightclubs).
- There will be no legal requirement to wear face coverings indoors or on public transport, although people are encouraged to continue while cases continue to rise.
- The work from home guidance will be removed.
- An end to limits on attendance at weddings, funerals, and commemorative life ceremonies.
- Table service rules in hospitality venues will be removed, and venue check-ins via QR codes using the NHS Covid-19 app will be encouraged but not legally enforced.
- Limits on named care home visitors will be lifted.
- Council powers to enforce restrictions will expire.
- Large-scale events will not legally require any sort of certification – testing or vaccinations – but have discretion to implement these and utilise the NHS Covid-19 app to show status’.
- Double vaccinated people will not have to quarantine or self-isolate [when travelling back from a country on the amber list](#), although pre-travel testing remains.

June's headlines & links
(from the meeting of Executive Board onwards)

18 June	All adults aged 18 years and over can now get a vaccine.
19 June	Over 6 million patients have downloaded the NHS App . The App displays individual vaccination status'. The takeaway service Deliveroo will now notify customers if surge testing is deployed in their area.
20 June	Civil weddings and partnership ceremonies can now take place outdoors in England and Wales for the first time, in an effort to give greater choice to couples and boost the sector.
21 June	Leading social media platforms including Snapchat, Reddit, TikTok and Youtube will now be encouraging users to get a vaccine . Surge testing deployed in Leeds .
22 June	More than 60,000 fans are now permitted to attend the Euro 2020 semi-finals. The government announced the extension of the Local Support Grant through to the end of September with a further £160 million funding.
23 June	Surge testing to be deployed in Wakefield . 3 in 5 adults have received both doses of a vaccine. This followed a statement made by the Vaccine Deployment Minister , who gave an overview of vaccine uptake, the links between vaccines, hospitalisations and deaths, and targeting areas with lower uptake.
24 June	Research shows 2 million people may have had long Covid .
25 June	Government publishes Events Research Programme report .
26 June	Rt Hon Sajid Javid MP appointed Secretary of State for Health and Social Care , following the resignation of Matt Hancock MP.
28 June	New analysis suggests vaccines have prevented 7.2 million infections and 27,000 deaths. 19 July remains target date for ending restrictions , announced to the House of Commons by the Secretary of State for Health and Social Care.
30 June	The Government circulated results of the Oxford University-led Com-COV study, which found alternating doses of the Oxford-AZ and Pfizer vaccines generate a robust immune response. Plans to offer over 50's booster vaccinations from September as per JCVI interim advice .

1 July	PHE published national vaccine surveillance reports including estimated number of infections, hospitalisations and deaths prevented. The update includes vaccine effectiveness against symptomatic disease in adults under 40, including for Moderna (one dose estimated at 72% effective) and Pfizer (one dose estimated at 61% effective).
2 July	<p>2.4 million workers came off furlough between the end of February to the end of May. This comes as the scheme is due to end in September and as employers begin to pay more over the summer months.</p> <p>More than 600,000 positive case samples have now been genomically sequenced.</p>
3 July	Celebrities, including David Walliams, Jim Broadbent, Russel Tovey, Nicola Roberts and Asa Butterfield, come together to encourage people to get a vaccine .
4 July	<p>Local areas all across the nation celebrate Thank You Day. It was also marked by the UK Government, and MHCLG Secretary.</p> <p>Piece published by the Health Secretary, which notes that Covid cannot be fully eliminated from our lives. Also noted are the health arguments for easing restriction, and that infection rates are likely to rise but the links to hospitalisations and deaths have weakened due to vaccines.</p>
5 July	<p>The George Cross awarded to the NHS by Her Majesty the Queen, which comes in recognition of 73 years of dedicated service, including the courageous efforts of healthcare workers battling Covid.</p> <p>The PM hosted a press conference laying out plans for the final Step 4 of the Roadmap in England. Full implications can be found in the main cover report. Key documents include:</p> <ul style="list-style-type: none"> - COVID-19 Response: Summer 2021 (Roadmap) - HM Government Social Distancing Review: Report (publishing.service.gov.uk) - HM Government Covid-Status Certification Review: Report (publishing.service.gov.uk) - Coronavirus: how to stay safe and help prevent the spread - GOV.UK (www.gov.uk)
6 July	<p>New Health and Care Bill introduced, with proposals to build a modern health and care system that delivers better care for communities, helping the NHS to build back better from the pandemic.</p> <p>Final data reveals £80 billion of Government support to businesses.</p> <p>New self-isolation rules come into effect from 16 August. Full details can be found in the main cover report.</p> <p>Changes to testing in schools announced; bubble collapsing will no longer take place, and tracing will be led by NHS test and trace (previously the education setting led this work).</p> <p>£226 million funding announced for bus operators.</p> <p>MHCLG Secretary gave a speech at the Local Government Association annual conference praising council's response to pandemic, and focused on future regeneration and building back better. The Heath Secretary also spoke.</p>
7 July	Research supports the use of asymptomatic testing .

- 8 July** [Latest REACT-1 study published](#): findings include infections rates quadrupling since the last study, but vaccines continue to offer significant protection.
- Double vaccinated people will not have to quarantine or self-isolate [when travelling back from a country on the amber list](#), although pre-travel testing remains.
- Department of Health and Social Care are researching the use of [new transparent face masks](#).
- 9 July** [Confirmed variants identified in the UK](#); Delta variant is attributing for approximately 99% of cases that are sequenced.
- £10 million set aside for programmes [targeted at disadvantaged pupils](#) starting primary and secondary school, who will take part in focused English and maths catch-up sessions.
- Vaccines [highly effective in clinical risks groups](#).
- 12 July** The Secretary of State for Health and Social Care [confirmed Step 4 will go ahead](#) (statement to the House of Commons. This was followed by a [national statement made by the Prime Minister](#).
- 13 July** [PHE priorities in 2021 identified](#), mainly providing support to the UK Health Security Agency which will lead in protecting public health.
- [UK's first 'megalab' opens in Royal Leamington Spa](#) – one of the centrepieces of UK's future test and trace infrastructure.
- 14 July** More than 35 million have now [received both doses of a vaccine](#).
- [Travel traffic light](#) list updated.
- 15 July** Almost 100% of people have antibodies [after a second dose](#).