

# Public Document Pack

## **EXECUTIVE BOARD**

**15 DECEMBER 2021**

Late Items of Business:

Update on Leeds Vaccination Programme

West Yorkshire Devolution: Consent to Non-Transport Borrowing Powers

Supplementary Information:

Item 10 - Coronavirus (COVID-19) Pandemic Response and Recovery Plan

This page is intentionally left blank

## Update on Leeds Vaccination Programme

Date: 15 December 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 report provides an update on the Leeds Covid-19 Vaccination Programme and asks Executive Board to note the many initiatives that are part of the programme. It also asks Executive Board to endorse the approach taken by city partners under the leadership of the NHS and includes a wide range of Council services, third sector and community partners.
- Executive Board received a paper in June 2021 with the Health and Wellbeing Board and Adults, Health and Active Lifestyles Scrutiny Board receiving subsequent papers and presentations. There have also been numerous online briefings as well as regular updates and email briefing updates for MPs and Elected Members.
- This paper provides an update of the current position in Leeds particularly noting the plan to scale up the Covid-booster programme whilst continuing to focus on areas with lower vaccine uptake and those people most vulnerable to Covid-19 related morbidity and mortality. Originally the timetable for the booster programme was for all adults over 18 years of age to be vaccinated or at least offered a vaccine by the end of January. However, this deadline has now been brought forward to 31 December. This places considerable pressure on the City to mobilise staff, resources and vaccination sites at short-notice and at a time when health and care system is already under significant strain.
- The vaccination programme has delivered over one million jabs in Leeds, saving lives and protecting people from the worst impacts of Covid-19. It has had to operate with a high-level of flexibility, responding to changing needs, fluctuating government guidance and differing approaches from ministers as well as adapting to the emergent evidence base about Covid-19 and the vaccines themselves. In total 75% of the eligible population have been vaccinated with 50% of these subsequently receiving a booster dose (see 4 below).
- Since the first jab was delivered in December 2020, the programme has been rooted in an understanding that vaccinating the most vulnerable and those that experience the greatest health inequalities should be front and centre of the vaccine programme. This includes people with particular long-term conditions who are clinically extremely vulnerable (CEV) or clinically vulnerable (CV), older people and people with greater exposure to the virus or who work with or care for these groups.

## Recommendations

- a) Consider the paper, note the current position and endorse the approach taken by NHS vaccine programme leaders and partners in Leeds working together as 'Team Leeds'.
- b) Continue to support a balanced programme that scales up booster delivery whilst working to reduce health inequalities and overcome the barriers including access and increasing confidence in the vaccination, promotion of first and second doses and work with people and communities through the 'no-one left behind' inequalities programme.
- c) Consider how best to ensure continued support from elected members to act as the conduit of information to and from their communities including help to manage expectations and sign-post people to online and community resources.

## Why is the proposal being put forward?

- 1 The vaccine programme has been operational since November 2020, with 9 December 2021 being the anniversary of the first jab in the first arm. Over a million jabs have been delivered since then, and with NHS leadership this has been a huge system-wide undertaking involving hundreds of staff and volunteers many of whom were recruited specifically for the vaccine programme. The programme prioritised working as #teamLeeds and understanding the impact of structural disadvantage on vaccine uptake from the start.
- 2 Health Inequalities and addressing inequity of access has remained core to the NHS vaccine programme through the 'Leaving no one behind' workstream in Leeds. The programme is framed around three priority workstreams: **Primary Care Network** health inequalities booster plans; the **Evergreen offer** focusing in deprived areas with low uptake, culturally diverse groups and high occupational risk groups; the third approach focuses on those who are **immunosuppressed** offering the third dose. This partnership approach has been data driven and evidence based making best use of limited resources and evaluating impact of these approaches locally. We need to continue to be data driven to ensure we are targeting those most at risk, particularly those who are yet to receive a first dose (evidence recommends this is the best form of defence against Omicron).
- 3 All of the health inequalities programme interventions are informed by what local people are telling us through the many channels and we have built in evaluation of each of the programmes. We are working with both Leeds University and York St Johns on research programmes evaluating barriers to accessing and most effective interventions to overcome.
- 4 Through the Primary Care Network Health Inequalities plans and Evergreen plans we need to continue to prioritise those most at risk of severe illness/hospitalisation who are yet to receive a vaccine. Priority work is focusing on increasing access and removing barriers for those communities living in areas of deprivation with lowest uptake including culturally diverse groups (up to 40% lower uptake than the Leeds average in Black African and Caribbean, people where English is not their first language) and high-risk occupation groups such as taxi drivers, retail and factory workers).
- 5 The role of general practice staff, working through PCNs, has been central. GPs and practice nurses have been particularly important in delivering vaccines in outer city areas and care homes. The booster programme includes all primary care networks, and the majority of boosters will be delivered by practice staff.

- 6 Early decisions to prioritise all people with learning disability (evidence shows far higher mortality for people with learning disability), homeless people and sex workers and to work intensively with carers is reflected in the data that shows these groups having high levels of vaccination.
- 7 Current data shows:
  - a) Over 591,000 people have had a 1<sup>st</sup> vaccination (75.3% of eligible GP registered, leaving almost 25% unvaccinated)
  - b) 89.6% of CEV and 85.6% of 'at-risk' have been vaccinated leaving c.3,000 CEV unvaccinated.
  - c) Half of 16-17s have now been vaccinated (50.2%)
  - d) Over 543k people have had a 2<sup>nd</sup> vaccination (69.2%)
  - e) Over 254k people have had a 3<sup>rd</sup> / Booster vaccination, half (50.1% of the eligible population).
- 8 The most significant recent change has been the scaling up of the booster programme. This has meant the programme has had to balance on-going inequalities work (No-one Left Behind Programme) with continuing to deliver first and second jabs (Evergreen Programme) with increased focus on the booster.
- 9 The latest national announcement issued on Sunday 13 December expands eligibility for the booster programme to all over 18s by the end of December. The NHS National Booking System will shortly be made available to all over 30s and then to 18-30 year olds for their boosters with the intention being that all adults will have received or been offered a booster by 31 December 2021. The six month wait between second jab and booster is being reduced to three months.
- 10 Expansion of the booster programme will be a significant challenge for city partners. A Quarter of a million booster jabs will need to be given/planned for by 31 December. Current capacity at Elland Road is 17,000 jabs per week with a further capacity across city Primary Care Networks (PCNs) with limited additional capacity in the Bilal Centre, Kirkgate Market and pop-ups in communities.
- 11 It will be challenging to mobilise the number of qualified and trained vaccinators and support staff required to increase vaccination capacity by the factor required to meet the national targets. There is also a national shortage of staff in the health and care sector and it is important that other parts of the system are not destabilised through shifting resources.
- 12 Additional work is planned to improve uptake. The 'Leaving No-one Behind' vaccine inequalities programme has a number of new initiatives, framed around the three priority areas, that supplement existing work. These include:
  - a) A recently recruited NHS clinical lead to work with culturally diverse communities to build links, understand different needs and help co-design interventions which ensure people can make an informed decision and take up the opportunity to have a vaccine
  - b) Focused work in wards with low vaccine uptake such as Harehills North and South including winter wellbeing events in primary schools with a vaccine offer built into the event, Kirkgate market pop-up and additional pop up clinics with community engagement supported by third sector partners such as Armley Helping Hands and Barca.
  - c) Work with socially excluded groups and communities of interest and increasing joint work with the Clinically Extremely Vulnerable programme.
  - d) Work to target high risk occupations with higher exposure to Covid-19 and where measures to reduce the risk of Covid-19 transmission are limited such as taxi drivers and factory workers.

## What impact will this proposal have?

### Wards affected:

Have ward members been consulted?

Yes

No

- 13 The ongoing delivery of the vaccine programme (first and second doses), the expansion of the booster programme to all adults 18+ as well as targeted work with at risk occupations and specific communities will strengthen the resilience of the city and protect more people, particularly those people who are older or clinically extremely vulnerable.

## What consultation and engagement has taken place?

- 14 There have been a number of conversations with elected members and communities throughout the pandemic. This engagement has undoubtedly strengthened the approach of the programme, using local and community knowledge to better target interventions and engage with different groups.

## What are the resource implications?

- 15 A large number of Council staff have worked to support the vaccine programme and lead the wider efforts to reduce the impact of Covid-19. This has involved Public Health, Health Partnerships and social care staff in leadership roles managing different aspects of the programme as well as designing and delivering interventions on the ground. However the work of staff in children's services, human resources, schools, community services, resources, housing, refuse, environmental health, highways and many more have also been central to the effort to keep Leeds safe.
- 16 The Government have advised that local authorities should be prepared to repurpose public sites to be used as vaccination locations and that any costs associated with supporting the vaccine booster programme will be reimbursed.
- 17 Coordinated city responses are crucial to ensuring resources are being used effectively and efficiently. It is also important that national, regional and local comms and engagement campaigns, messages and advice are linked up, coherent and appropriate for the specific stakeholder groups.
- 18 An options appraisal is being developed looking at how the Covid-19 vaccination programme can be put on a more sustainable footing, and to more closely align it with other existing vaccination programmes being delivered by NHS and Public Health colleagues e.g. flu and school immunisations etc

## What are the legal implications?

- 19 None – though the vaccine is mandatory for some occupations such as care home staff.

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

- 20 The key issue is increasing uptake in all groups but particularly those who are at the greatest risk of severe ill-health, hospitalisation or mortality if they contracted Covid-19 e.g. are older or clinically extremely vulnerable (CEV). This is relevant for the first and second jab but also for the booster, as it is important that at-risk groups get the booster as soon as they become eligible due to waning immunity and impact of variants.
- 21 Evidence also shows that occupations where it is difficult to socially distance and deploy robust safety measures to minimise exposure have higher incidence of Covid-19 transmission. Some

of these occupations also have higher numbers of black and minority ethnic employees or staff with increased health needs and focused programmes have worked with groups such as taxi drivers and in some factories to improve uptake.

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

Inclusive Growth

Health and Wellbeing

Climate Emergency

22 Whilst the vaccination programme improves health and provides protection to communities it also enables people to work through reducing sickness and incidence of Covid-19. This also supports businesses to retain and recruit staff.

### **Options, timescales and measuring success**

#### **What other options were considered?**

23 This is a national programme but partners in Leeds have had flexibility to adapt and 'Leedsify' aspects of the programme, particularly the work in neighbourhoods with the greatest economic and social challenges and with communities of interest.

#### **How will success be measured?**

24 Vaccine uptake data is collected regularly and updated weekly.

#### **What is the timetable for implementation?**

25 Originally the timetable for the booster programme was for the end of January, however, this has now been brought forward by a month but also with the announcement being made half way through December, this places considerable pressure on the City to mobilise staff, resources and sites at extreme short-notice. At a time when health and care system is already under significant strain.

26 The vaccine programme has operated flexibly for over a year and has dealt with issues as and when they emerge. Whilst the priority is to provide a booster for people aged 18 and upwards by the end of December in all likelihood based on previous trends this still mean that this age group will still be having a booster vaccine in January and February especially those at the younger end of the age range.

27 There remain ongoing issues with vaccine hesitancy and 25% of the eligible population in Leeds have not had their first and second jabs yet so it is likely that the booster programme will also need to run for many months. It is also likely that regular boosters will be needed particularly for those people who are immunocompromised and are clinically extremely vulnerable.

### **Appendices**

28 None

### **Background papers**

29 None

This page is intentionally left blank

## West Yorkshire Devolution: Consent to Non-Transport Borrowing Powers

Date: 15 December 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

- The West Yorkshire 'minded-to' Devolution Deal was announced as part of the Budget on 11 March 2020. Statutory processes were completed in January 2021, and the mayoral combined authority model was adopted along with additional functions.
- This report brings forward the next steps for the devolution of powers to West Yorkshire, seeking in-principle consent to an Order which would enable the West Yorkshire Combined Authority to borrow for non-transport related functions. The intention to do this was highlighted in previous reports as part of the statutory process, but it was noted this would happen later due to separate legislation being required.
- The information and recommendations in this report continue to move the council closer towards its long-term objective of securing stronger powers and resources for the region through devolution. The report is being received as a late item by Executive Board due to late notification from Government of its intention to lay a draft Order in parliament on this matter in January 2022.

### Recommendations

Executive Board is asked:

- a) To consent in principle to the regulations to provide the combined authority with the power to borrow for non-transport related functions, set out in the 'minded to' Devolution Deal.
- b) To delegate authority to the Managing Director of the combined authority, in consultation with the Leader and Chief Executive of each constituent council and the Chair of the combined authority, to finalise and consent to the final draft of the regulations further to any technical issues which may arise.
- c) To approve that all decisions taken by Executive Board from this report are exempt from call-in on the grounds of urgency, for the reasons set out in paragraph 12.

## Why is the proposal being put forward?

- 1 The West Yorkshire Devolution Deal included provisions for the West Yorkshire Combined Authority to be given powers for non-transport borrowing functions.
- 2 When the draft Devolution Order was considered and approved by the combined authority and the five West Yorkshire councils in November 2020, it was reported that the consent of each would be required to any regulations giving the combined authority powers to borrow for non-transport related functions, but that this would progress separately at a later date to the making of the Order, as separate legislation is required.
- 3 This report asks Executive Board to provide Leeds City Council's consent in principle to such regulations now, following indications from Government that they intend to lay a draft Order conferring these functions to the combined authority in January 2022.

## What impact will this proposal have?

**Wards affected:** All

Have ward members been consulted?

Yes

No

- 4 In preparation for this decision, the combined authority in October 2021 approved a debt cap of £248.326 million for 2021/22, as offered by HM Treasury. This was the first stage of the process to enable the non-transport borrowing powers to be agreed.
- 5 Government is now finalising the legislation to enable the combined authority to borrow in this way. The legislation will be in line with powers already held by other combined authorities – the legislation for which can be [read here](#), and there is no facility to make amendments to this. It is expected that the legislation will be laid in parliament in January 2022, but the specific date is not yet known.
- 6 In order to proceed, the consent of all five West Yorkshire councils is needed. The combined authority agreed to provide its consent on 9 December 2021.
- 7 Once the combined authority has received the powers, it will enable borrowing to be undertaken as part of the budget process for non-transport functions, such as housing or tackling the climate emergency. Further details on specific proposals will proceed through the normal channels in which Leeds City Council is represented as agreed through the original devolution deal and accompanying arrangements.
- 8 The combined authority has previously undertaken an equality impact assessment for the devolution deal and process, as previously reported to Executive Board. It will also undertake an equality impact assessment relating to any activity that may be supported by the use of the borrowing powers, and all services provided by the combined authority consider how to ensure equality and diversity in their delivery. Should any specific borrowing require decisions from Leeds City Council, then the council too would undertake the appropriate equality impact assessments at that time.

## What consultation and engagement has taken place?

- 9 As part of the statutory process, a public consultation was previously undertaken and the results were considered by Executive Board in September 2020 – [report available here](#). The summary of the results was submitted to the Secretary of State and has been taken into account during the drafting of the Order.

### **What are the resource implications?**

- 10 There are no finance, staffing or other resource implications arising directly from this report. However, the legislation once complete will allow the combined authority to use non-transport borrowing powers in future budgets, within the debt cap outlined in paragraph 4.

### **What are the legal implications?**

- 11 S101(5) Local Government Act 1972 provides that two or more local authorities (defined to include a combined authority) may discharge any of their functions jointly and may arrange for the discharge of those functions by an officer of one of the authorities.
- 12 This report is being received as a late item and is recommended to be exempt from the call-in process on the grounds of urgency. As noted in paragraph 16, unanimous approval of all five West Yorkshire councils is required for this matter to proceed, and Government has indicated its intention to lay a draft Order in parliament in January 2022. Therefore this decision cannot be deferred to the next scheduled Executive Board meeting, and any delay caused by the call-in process would risk prejudice to the council's interests (and those of the combined authority and other constituent councils).
- 13 It was not possible for the decision recommended in this report to be taken earlier or included in the original agenda due to notice of the Government's intention to lay the draft Order in January 2022 being received after the agenda for this meeting had already been published. The decision will now be taken under Special Urgency Rule 2.6 in the Executive and Decision Making Procedure Rules. Agreement of the Chair of Strategy and Resources Scrutiny Board that the matter is urgent and should proceed to Executive Board under rule 2.6 has been secured following consultation with him. The matter will be published on the List of Forthcoming Key Decisions at the earliest opportunity.
- 14 The appendix mentioned below at paragraph 22 is exempt from publication with the report on the basis of confidentiality and will be circulated during the private part of the meeting, should Members resolve to go into private session to consider it.
- 15 The appendix contains detail of the wording in the draft order, which has not yet been published by Government, and publication of the draft order has been vetoed at this stage. The wording of the draft order resembles the legislation linked in paragraph 5 of this report.
- 16 The appendix is exempt on the basis that it contains confidential information pursuant to Rule 9 of the Access to Information Procedure Rules. The information has been given to the council by a government department on terms which forbid its public disclosure in accordance with Rule 9.2 (a).

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

- 17 There are no risk implications for the council arising from this report.

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

Inclusive Growth       Health and Wellbeing       Climate Emergency

- 18 There are no direct implications of this decision for the council's three key pillars. However, the receipt of non-transport borrowing powers for the combined authority has the potential to impact on West Yorkshire's ability to deliver activity positively affecting all three. Any decisions, options or proposals will be considered separately as appropriate in the future.

## **Options, timescales and measuring success**

### **What other options were considered?**

19 The council is able to refuse to provide its consent to these powers being conferred on the combined authority. However, in order for the powers to be devolved unanimous consent from all five West Yorkshire councils and the combined authority is required.

### **How will success be measured?**

20 It is anticipated that all five West Yorkshire councils will add their consent to that already provided by the combined authority, thereby enabling non-transport borrowing powers to be conferred on the combined authority.

### **What is the timetable for implementation?**

21 Government has indicated it intends to lay a draft Order in parliament in January 2022, although an exact date is not yet known. This late report and decision are being progressed with urgency to enable this timetable to remain viable.

### **Appendices**

22 Appendix 1 of the report has been designated as confidential under the provision of Access to Information Procedure Rule 9.2 (a) and will be provided at the meeting.

### **Background papers**

23 None.

## **Item 10 addendum: Update on Coronavirus (COVID-19) Pandemic – Response and Recovery Plan**

### Purpose

To provide an up-to-date report about Covid given the significance of the national developments since publication on 7 December 2021, with further information being provided verbally at the meeting if required.

### Introduction

1. Omicron Covid-19 cases continue to [increase nationally](#). In a recent [statement to the House of Commons](#), the Health and Social Care Secretary noted that Omicron cases are no longer just linked to travel, but believed to be in community transmission given the estimated high number of cases believed to be in circulation by the UKHSA. It is expected that Omicron will become the dominant variant in the UK – replacing the Delta variant – in the coming days.
2. Significantly, on Sunday 12 December, the UK Covid Alert Level has increased from Level Three (virus in general circulation with a gradual relaxation of restrictions) to Level Four (transmission is high or rising exponentially). The decision was made by the UK Chief Medical Officers and NHS England National Medical Director following advice from the UKHSA.
3. Crucially, on Sunday 12 December, the government announced that it was speeding up the booster programme for vaccinations to enable all those eligible to be offered a jab by the end of the year, bringing the deadline forward by four weeks. A related late Executive Board paper on the Vaccination Programme is also being published and contains more details of the expectations and implications.
4. An overview of the Omicron variant is detailed in the [published Coronavirus report to Executive Board](#) at paragraph six. The Health and Social Care Secretary also noted latest analysis points to Omicron cases doubling around two and half to three days (based on latest data). For Delta, it is believed to be around seven days. This is a cause for significant concern, running the risk of putting even more pressure on the NHS and care services. Further information about Omicron is being established each day.
5. Since publication, the Government has [introduced several new restrictions](#) – also known as Plan B – in response to the rising cases of the Omicron variant. These are broken down into different areas outlined below, with the latest available details now provided as these are being released by government.

### Face coverings

6. Wearing face coverings is now legally mandated in [indoor public settings](#), unless individuals are medically exempt. A vote on this in parliament is due to take place on 14 December. Public settings include:
  - On public transport (aeroplanes, trains, trams and buses), taxis and private hire vehicles;
  - in shops and supermarkets and shopping centres;
  - in secondary schools for year seven students and above – particularly indoors in communal areas;
  - places of worship, crematoria and in chapels;
  - in post offices, banks, building societies, credit unions, and wider financial services and providers;
  - estate & letting agents;
  - theatres and cinemas;
  - businesses providing personal care and beauty treatments (barbers, hair salons, tattoo and piercing studios, nail salons, massage centres);
  - pharmacies;

- premises providing veterinary services;
  - retail travel agents;
  - any car, van or HGV, during a professional driving lesson, a formal driving test, or during one of the practical tests for giving driving instruction;
  - community centres; and
  - in takeaway premises without space for consumption of food or drink on premises.
7. You do not have to wear a face mask in places where food or drink is consumed or where exercise is being undertaken. A dedicated page to face coverings & where to wear them [can be found here](#). Meeting outdoors, fresh air, and well-ventilated rooms & spaces will help blow away coronavirus particles.

Vaccinations and booster jabs

8. A reminder that the time between the second and third jab has been reduced from six months to three months. As of 12 December, the Prime Minister announced a new Government-set deadline of offering everyone a third booster vaccinations by the end of 2021. A related paper on vaccinations covers this in more detail.
9. The communications activity about vaccinations will be a combination of national campaigns and local tailored activity, continuing to reflect the importance of getting vaccinated, myth-bust any misinformation to allow residents to make an informed decision and promote vaccines across the city in a targeted way to demographic groups with lower uptake.

Vaccination passes in certain settings

10. It was announced that [NHS Covid vaccination passes](#) would be introduced in certain settings from 15 December, if approved by parliament. A vaccination certificate can be obtained in two ways: after two doses of the vaccine (although this will be kept under review) and having taken a negative rapid lateral flow test and registering the result on the [Government website](#).
11. These settings include all nightclubs and large venues that are unseated and indoors with a capacity over 500; unseated outdoor venues with a capacity over 4,000; and all venues with a capacity of over 10,000. A verbal update will be provided at Executive Board after the parliamentary vote has taken place.

Self-isolation

12. Self-isolation rules have slightly changed with the Omicron variant transmission. You must self-isolate immediately if you, or someone you live with, or if you have been identified as a close contact of someone who has a suspected or confirmed case of the Omicron variant. This is regardless of vaccination. More widely, people who are fully vaccinated and identified as a contact of someone with the virus – whether Omicron or not – should now take a rapid lateral flow test every day for seven days. This is also being voted on in the House of Commons on Tuesday 14 December and so guidance is still to be published. The [NHS website](#) has full guidance on testing.
13. Self-isolation period is for ten days after being contacted or testing positive – whichever comes first. The situation remains dynamic and current Government guidance should always be checked first.

<i>When should someone self-isolate</i>	<i>Self-isolation and vaccination</i>
<ul style="list-style-type: none"> <li>- If you test positive.</li> <li>- If you have contracted the Omicron variant or have been identified as a close</li> </ul>	<ul style="list-style-type: none"> <li>- If you live with or have been in contact with someone with Covid-19, you will not need to self-isolate after testing negative via a PCR test and are fully vaccinated (14 days</li> </ul>

<p>contact of someone with the Omicron variant. Regardless of vaccination status.</p> <ul style="list-style-type: none"> <li>- If anyone has one of the common three symptoms: a high temperature, a new continues cough, a change in taste or smell.</li> <li>- Someone you live with has symptoms or tested positive and you are not fully vaccinated.</li> </ul>	<p>have passed since your final dose of a coronavirus vaccine given by the NHS).</p> <ul style="list-style-type: none"> <li>- Those under 18 years, six months old.</li> <li>- Those taking part or have taken part in a vaccine trial.</li> <li>- Those not able to get vaccinated for medical reasons</li> </ul>
---	--

Working from home

14. [A working from home order](#) has come into effect as of 13 December. Anyone who can work from home and do their job effectively should do so. In response, we have held additional Organisation Impact Covid-19 Silver Group to identify any implications on service delivery and wellbeing impacts to staff, with extensive communications to managers and staff.

Going forward

15. Locally, we will continue the focus on delivering vaccinations. The vaccine is the best line of defence we have against all variants, and the evidence we have so far indicates all vaccines are effective against the Omicron variant – especially after a third booster dose.
16. Going forward, the key measures – **Hands, Face, Space, Fresh air. Isolate, Test and Trace** – will be key in managing outbreaks driving down infection rates and protecting us all. Regular testing is also crucially important, particularly in the run up to Christmas. It is a sensible idea to get tested before and after seeing friends and loved ones, and our communications will also reflect this effort. Lateral flow tests are just as effective in detecting the new variant as others especially when it is most infectious. The late Executive Board paper on the Vaccination Programme also being published will contain more details of the expectations and implications.
17. Given the fast-moving pace of developments, officers will continue to share information with Members via email updates once received, including any national changes. We are making representations regionally and nationally about the local impact of restrictions and guidance, including around the Contain Outbreak Management Funding (COMF).
18. Given the ongoing impact of the pandemic, we will continue to progress the response and recovery plan through 2022, as we expect the Winter pressures to be demanding, service recovery to be an ongoing challenge (especially if there is an ongoing staffing impact from Omicron), and the potential for further booster jabs throughout the year.
19. Votes in the House of Commons on these new restrictions on the evening of Tuesday 14 December are detailed below. An update will be included to Executive Board on the outcomes of these votes and what it means locally:
- I. Covid passes to be legally mandated in certain settings, as outlined above.
  - II. Face coverings to be legally mandated in certain settings, as outlined above.
  - III. Allowing fully-vaccinated people who have been exposed to a positive Covid case (not Omicron) to avoid self-isolation if they take daily lateral flow tests, and continue to receive a negative result. This is also outlined above.
  - IV. Frontline NHS and social care staff to be fully vaccinated from April 2022.

This page is intentionally left blank