

Report of the Chief Executive

Report to Executive Board

Date: 18 November 2020

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

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will the decision be open for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary

- This report updates Executive Board on the latest coronavirus (Covid-19) position in Leeds as England enters a second national lockdown from 5 November to 2 December 2020. It outlines the impacts of national restrictions on the provision of council services, describes the current pressures on the health system, describes our ongoing approach to outbreak management and communication as a central part of our Covid-19 response, and details the support being provided to people and businesses. In light of the fast-moving pace of national developments, with significant local impacts, every effort has been made to provide the most accurate and up to date information at the time of publishing this report. A further verbal update on developments since the publication of this report will be provided at the Board meeting.
- The Response & Recovery Plan at Annex A provides an update on current key actions, issues and risks and planned activity from each strand of the multiagency command and control arrangements. It also sets out the November response and recovery priorities and incorporates a refreshed one-page version of the Leeds Outbreak Control Plan to highlight current key focus areas. Described in greater detail within the main body of this report are the following key issues from across the Response & Recovery Plan, which reflect this month’s main priorities:
 - Changes to council service delivery due to national restrictions
 - Planning for local contact tracing
 - Preparing for a potential vaccine rollout, and mass testing where appropriate

- Ensuring a continued focus on harm minimisation for vulnerable and elderly people
- Preparing to administer new grant schemes to support businesses
- Increasing compliance with the requirement to self-isolate, by providing support when required
- Working with higher education institutions to prepare for the end of term
- Continued extensive and targeted communications to drive behaviour change.

1. Main issues

- Since the last report to Executive Board in October, England has entered a second national lockdown in response to increasing transmission of the virus and pressure on health and care systems. In the days prior to the announcement of a national lockdown, an agreement had been reached between West Yorkshire leaders and central government for West Yorkshire to enter the Very High (Tier 3) Covid-19 Alert Level. In light of the national lockdown, West Yorkshire did not enter Tier 3, however the government has suggested that the tier system will be reintroduced when national restrictions are lifted. We have requested more information about the de-escalation criteria for restrictions. In the time between the national restrictions being announced and the new regulations coming into force, the council established the implications for services and took the necessary steps to close premises and change the delivery of services as required. These changes have been communicated to members and to the public and are available on the [leeds.gov.uk](https://www.leeds.gov.uk) website.
- The experience of rapidly adapting services at the start of the spring lockdown, and subsequently finding new and innovative ways to deliver services in Covid-secure ways, makes the council better prepared for this second lockdown. For example, many services continue to be delivered remotely with staff working from home, risk assessments have been refreshed, PPE supplies in place, premises made Covid-secure and the workforce and public are now very familiar with the behaviours required to minimise transmission risk.
- Restrictions are just one element of responding to the virus and controlling the rate of infection. This report also describes the broad range of activity being undertaken across the multiagency partnership to slow the rate of infection, using data and intelligence to inform action, including testing, tracing, support to self-isolate, managing outbreaks, preventative work, communications and engagement, and compliance and enforcement.
- The rate of infection in Leeds remains high, at 437.8 cases per 100,000 people at 12 November, and the test positivity rate is 15.8%. A concerning issue is that the rate of infection in over 60s continues to rise, although the rate of growth appears to be reducing, and this is a key area of focus across the partnership. As at 12 November the case rate for the over 60s in Leeds is 399.4 per 100,000. Recent weeks have seen increased Covid-related hospital admissions and demand for Covid-related care at Leeds Teaching Hospitals Trust (LTHT), with Covid-19 patients in LTHT recently surpassing the number at the peak of the pandemic in mid-April. However, this has since stabilised in recent weeks. At 12 November there were 275 Covid-19 patients in LTHT. Significant activity is underway across health and social care partners to support people who are medically fit to leave hospital to be discharged.
- Along with West Yorkshire leaders and our city partners, we continue to advocate for appropriate financial support for businesses and individuals, localised testing and contact tracing. A number of new financial support packages have been announced by

the government which are described in this report. As part of extensive negotiations regarding moving the region to Tier 3, West Yorkshire leaders secured a commitment from the government for further business support funding in addition to existing national schemes, and that funding to support businesses affected by Tier 2 restrictions was backdated, which was a significant change in policy.

- The multiagency arrangements established at the start of the pandemic continue to respond to emerging issues and develop our recovery approach, and these arrangements continue to be reviewed and updated to reflect the current circumstances. As well as responding to the implications of national lockdown, each of the groups are looking ahead to the risks and challenges of the months ahead, including winter pressures on the health and care system, extreme weather and flooding, latent demand on services, and continued uncertainty around EU Exit (please refer to a separate report on the Executive Board agenda on this subject).
- Our recovery approach continues to be driven by our shared ambition and values, with the overriding priority of tackling poverty and inequalities consistent with our vision of a strong economy and a compassionate and caring city. Annexed to this report is a refreshed version of the strategic Response and Recovery Plan, which outlines the actions completed, underway and planned in each area of the multiagency command and control arrangements. These are: local outbreak management; health and social care; infrastructure and supplies; business and economy; citizens and communities; organisational impact; and media and communications. This document also comprises a risk log in relation to each strand, and overall corporate risks are set out in this report. At Annex B, the Leeds Strategic Coordination Group (SCG Gold) Covid-19 reporting dashboard sets out key data and analysis covering the most recent fortnight.
- Some examples, since the last report, of activity and impact across the city are as follows and are depicted in an infographic at the end of this section:
 - Nearly 18,000 tests took place at Temple Green regional testing site in October, the highest number of tests in a month to date and up from 10,000 in September. Just under 3500 tests took place at Bridge Street Community Centre, over 7500 at Gryphon Sports Centre on the University of Leeds campus, and over 11,000 tests across four mobile testing sites in October.
 - 182 social media posts reached 1,342,819 people between 10 September and 10 November
 - 11,500 messages and comments were received on social media between 10 September and 10 November, with a 7.87 minute average response time to queries.
 - The “[Coronavirus information in different languages](#)” videos on YouTube gathered over 7500 views up to 10 November.
 - There have been 1,437,150 visits to the coronavirus pages of leeds.gov.uk up to 11 November, including 50,732 visits in the week in which national lockdown restrictions were introduced between 2 and 8 November.
 - 1,295 applications have been received to the Self-Isolation Support scheme up to 11 November, higher than predicted by government. Of these, 790 (61%) had been assessed, and 372 had been successful (47% of those assessed). Of the successful applications, 337 (91%) had been paid.
 - 42 free trials of electric bikes have been undertaken by commuters between mid-September and the end of October in a council scheme to support active travel and reduce emissions during the pandemic. An estimated 146 journeys, or 833 miles,

- have been undertaken on e-bikes which otherwise would have been in cars. Most participants (73.3%) are now considering an e-bike purchase.
- At least 31 Leeds businesses and organisations stepped up to offer free meals to children and families in need during the October half term. This is in addition to the Healthy Holidays programme run by Leeds Community Foundation in partnership with the council, which has provided 130,000 healthy meals to children during school holidays since April.
 - Between April and October, the council supported 2,131 people into work including 147 apprenticeships across all sectors, with the largest numbers in health and care, food retail, logistics, distribution and transport. Over 130 new businesses were supported to recruit new staff and to provide support for staff facing redundancy. Recruitment continues in the health and care sector as it gears up to deal with winter pressures, and in digital roles across all sectors.
 - As at 11 November, 34,169 clinically extremely vulnerable people are receiving texts with advice and support, and 42,050 are receiving letters. There are currently over 1000 clinically extremely vulnerable people receiving direct support to stay safe, and this figure is increasing daily.
 - 234 businesses and workplaces were provided with Covid advice and guidance in October, and 270 local shops and retailers were visited and checked for Covid compliance. Advice, visits and support were provided to around 50 workplaces to assist them to control and contain workplace outbreaks.
 - 11 x £1000 Fixed Penalty Notices have been issued due to breaches of Covid regulations, and 4 x Direction Orders have been issued to prohibit or restrict events taking place.
 - 2,477,213 items of PPE were distributed in October, including gloves, goggles, aprons and gowns, face masks and shields, soaps, sanitisers and wipes.
 - 114,189 people are subscribed to the weekly GovDelivery email update, which has issued 33 bulletins with an open rate of 40%.
 - #TogetherLeeds has been used 15,000 times on Twitter by 3745 authors.
 - 1,344 tweets have been issued from @LeedsCC_News. Tweet impressions have tripled from 612k in March to 2.31m in October
 - The Leeds City Council Facebook page currently has 40k followers, a reach of 362,500, and 744 posts between 1 March and 11 November.

Covid-19: Summary of council and city response

November 2020



18,000

tests at Temple Green in October, the highest number so far



130,000

healthy meals provided to children in school holidays since April



2131

people supported into employment between April and October



£36.8m

of business support funding allocated to Leeds and schemes being rapidly established



£168,500

of Government funding paid to support people to self-isolate (12 Oct- 11 Nov)



42,050

clinically extremely vulnerable people receiving letters with advice and support



1.3m

people reached on social media between Sept and Nov



270

local shops and retailers visited and checked for Covid compliance in October



1.4m

visits to leeds.gov.uk/coronavirus up to 11 Nov



146

journeys (833 miles) taken by electric bike instead of car, as part of free Council trial (mid-Sept to end Oct)



2.5m

items of PPE distributed in October



20%

reduction in traffic flow in late October compared to pre-Covid

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

2.1. The updated Best Council Plan 2020-2025 reflects the current Covid-19 context, while maintaining the three pillar priorities of inclusive growth; health and wellbeing; and climate change, under the overarching priority of tackling poverty and inequalities. Covid-19 continues to have a hugely significant impact on all areas of the Best Council Plan, with the economy, employment, education, community resilience and health and wellbeing all detrimentally affected by the pandemic, which will undoubtedly limit progress towards our ambitions and present long-term challenges for the city. Our city ambitions, particularly our overarching priority of tackling poverty and inequalities, is key to guiding our response and recovery, particularly as we begin to better understand the long-term health, social and economic impacts of the pandemic.

3. Resource Implications

3.1 The financial implications of responding to Covid-19, additional costs and lost income, remain a significant concern and a summary is provided within this report at section 8. A separate report about the council's finances on the Executive Board agenda outlines the latest position in much greater detail.

4. Recommendations

Executive Board is requested to:

- a) Note the national changes effective from 5 November 2020 when the country entered a second lockdown, and the impacts on council services.
- b) Note the extensive work being undertaken across the partnerships to control the spread of the virus and to support vulnerable people and businesses.
- c) Agree that the key issues of service delivery change; local contact tracing; vaccine rollout; mass testing where appropriate; harm minimisation for the elderly and vulnerable; business support schemes; self-isolation compliance and support; preparing for the end of the university term; and targeted communications, continue to be progressed.
- d) Note the concurrent pressures on the system, which include winter pressures on the health and care system, flood risk and extreme weather, local government finance and capacity concerns and uncertainty around EU Exit.
- e) Use this report as context for the more detailed report on the financial implications of coronavirus that is also on the Executive Board agenda.

1. Purpose of this report

1.1 This eighth report updates Executive Board on the coronavirus (Covid-19) response across the city including the recovery approach, outbreak management, and current issues and risks. It focuses particularly on the impact of national lockdown from 5 November on council services, and the support in place or being progressed for people and businesses. The city's multi-agency command and control arrangements continue to be used with the Response and Recovery plan, aiming to mitigate the effects of the outbreak on those in the city, especially the most vulnerable. At Annex A the Response and Recovery Plan incorporates a one-page summary of the current key issues across the strands, and a refreshed one-page summary of the Outbreak Control Plan. This document also incorporates risk management.

2. Background information

- 2.1 At the time of the last report to Executive Board in October, Leeds and the rest of West Yorkshire were in Tier 2 (High) of the newly-introduced national Covid-19 Alert Level system. In response to high rates of infection in the city and an increasing number of patients in hospital with Covid-19, the government entered into discussions with West Yorkshire leaders towards the end of October about moving the region into Tier 3 (Very High) Covid-19 Alert Level. On 29 October it was announced that West Yorkshire was to enter Tier 3 from 2 November 2020. As a result of extensive negotiations between central government and West Yorkshire leaders, a financial support package of £59.3 million was agreed for the region, with an important distinction that the business support funding was in addition to existing national schemes, and that funding to support businesses affected by Tier 2 restrictions were backdated, a significant change in policy.
- 2.2 However, on 31 October the government announced a national lockdown with effect from 5 November. People are required to stay at home and only leave the home for specific, limited purposes which include education, work (if you cannot work from home), exercise or outdoor recreation with your household/support bubble or one other person from another household, for medical reasons, to shop for food and essentials, or to provide care or volunteer. Non-essential shops, leisure and entertainment venues have closed and pubs, bars and restaurants have also closed with the exception of takeaway services. Schools, colleges and universities remain open. The full guidance on the restrictions is available on the gov.uk website, with significant changes to much of the existing guidance. The purpose of this national action is to reduce the growth rate of the virus, in order to prevent the NHS from being overwhelmed; ensure schools, colleges and universities can stay open; and ensure that as many people as possible can continue to work.
- 2.3 In light of this national development, the government confirmed to West Yorkshire leaders that the region would no longer enter Tier 3 from 2 November, and would remain in Tier 2 until the national lockdown began on 5 November. The government suggested that when the national lockdown ends on 2 December, the Tier system will be re-introduced, although the exit routes and parameters for de-escalation have not yet been published. The announcement of a national lockdown two days after the announcement that West Yorkshire was to enter Tier 3 has caused confusion for residents and businesses, with all organisations and businesses working hard to adjust to the new situation.
- 2.4 During the 31 October press conference the government confirmed an extension to the Coronavirus Job Retention Scheme (CJRS), also known as the furlough scheme, for a further month, and on 5 November the Chancellor confirmed that the scheme will be extended until the end of March 2021. The extended CJRS will operate as the previous scheme did, with businesses paid upfront to cover wage costs. Employees will receive 80% of their usual salary for hours not worked, up to a maximum of £2,500. Under the extended scheme, the cost for employers of retaining workers will be reduced. Businesses will have flexibility to bring furloughed employees back to work on a part time basis or furlough them full-time, and will only be asked to cover National Insurance and employer

pension contributions which, for the average claim, accounts for just 5% of total employment costs.

- 2.5 Support for self-employed people has also been extended, with grants to cover November to January 2021. Grants will cover 80% of average trading profits up to £7,500. In light of the CRJS being extended, the Job Retention Bonus Scheme and Job Support Scheme will be postponed.
- 2.6 One of the many pieces of important guidance that has changed is for people who are clinically extremely vulnerable (CEV) to Covid-19. People are considered to be CEV if they have one or more conditions as named in government guidance, or if their GP or specialist has added them to the NHS shielded patients list because they are deemed to be at higher risk of serious illness if they were to catch Covid-19. Clinically extremely vulnerable people are advised to stay at home as much as possible, except to go outdoors for exercise (including with one other person from outside their household or support bubble) or to attend essential health appointments. People who are CEV are strongly advised to work from home, and if they cannot work from home, should not go to work for the period of restrictions. People in this circumstance may be eligible for Statutory Sick Pay (SSP), Employment Support Allowance (ESA) or Universal Credit. People who are CEV are advised not to visit shops or pharmacies, and to use friends, family, volunteers (including NHS Volunteer Responders) or local authority support to access food and medicine. This report sets out the measures in place to support vulnerable residents.
- 2.7 Guidance has been published to encourage and support safe visiting from friends and relatives to people living in care homes, which is a permitted exemption for people to leave their home during the national lockdown. The guidance states that Covid-secure visits can take place using systems such as floor to ceiling screens, visiting pods, window visits, virtual visits and outdoor visits with one other person. Arrangements should be tailored to the circumstances of each care home. New guidance for Leeds care homes is being developed in line with our compassionate city approach.
- 2.8 On 3 November the government announced that Liverpool was to be the first UK city to undergo a trial of mass testing, with all residents and workers in the city offered repeat Covid-19 testing, even if asymptomatic. Armed forces personnel are supporting Liverpool City Council, NHS Test and Trace and the Ministry of Defence to deliver mass testing in the city. Further to this pilot, which began on the 6 November, the government have begun to distribute more lateral flow tests, which deliver results in an hour, to local areas where there are high infection rates.
- 2.9 On 9 November Pfizer and BioNTech published efficacy results of Phase 3 of their vaccine candidate, which was found to be more than 90% effective in preventing Covid-19 infection. The UK government has ordered 40 million doses of this vaccine candidate, enough for one third of the population (as two doses are required). It has also ordered 300 million doses of five other vaccine candidates. In a government press briefing in response to the announcement, the public was reminded of the need to continue to follow national restrictions. Should the vaccine candidate pass all safety checks, it will be rolled out to the population via an NHS-led national vaccination programme. Local authorities and regions

have begun operational planning for a potential vaccine rollout, and this is described in this report.

- 2.10 On 11 November the government published guidance for universities to allow students to return home at the end of the national lockdown for the Christmas holidays. Between 3 and 9 December a 'student travel window' will allow students to return home, if they wish to, on staggered departure dates set by universities, which should be agreed in partnership with other institutions in the region. Tests are to be offered to as many students as possible before they travel home for Christmas, with universities in areas of high prevalence prioritised. Higher education institutions in Leeds, in partnership with the council, have been planning for the end of term for some time, and will now respond to this latest guidance. Further information is provided in the Outbreak Management section of this report and will be communicated to members as this latest development unfolds.
- 2.11 National developments continue to progress apace and will be communicated to members via regular briefings. Full details of guidance and communications issued by the government can be found on the [gov.uk website](https://www.gov.uk).

3. Main issues

- 3.1 The Leeds multi-agency command and control arrangements for the outbreak, as described in previous Executive Board reports, have continued to evolve to the changing situation, working alongside the wider governance and delivery framework at a sub-regional level including the West Yorkshire Local Resilience Forum, the West Yorkshire Combined Authority, and the West Yorkshire & Harrogate Health and Care Partnership. An updated chart of the multiagency arrangements is provided in the Response & Recovery Plan at Annex A, together with the November priorities across the response and recovery themes, and a refreshed Outbreak Control Plan. The sections that follow describe the changes to council services as a result of national lockdown restrictions; outbreak management; health and social care impacts; support for residents and businesses; infrastructure and supplies impact; and communications and media.
- 3.2 **Service Change (Organisational Impact)**
- 3.3 In line with government guidance and regulations, a number of council premises are required to temporarily close for the duration of the national lockdown from 5 November until 2 December. The council has endeavoured to keep as many services operating as possible, in Covid-secure ways, to minimise the impact of the lockdown on residents, particularly the most vulnerable, and in consultation with trade unions. A large number of services have been operating remotely since the first national lockdown in spring and will continue to operate in this manner. Information on service changes has been added to the [leeds.gov.uk](https://www.leeds.gov.uk) website, and members will continue to be updated via regular briefings.
- 3.4 Services planned to remain open:
- Parks, green spaces, playgrounds, car parks and public toilets in parks will remain open.
 - Waste services will remain operational but likely to be under pressure.

- Household waste recycling centres will stay open.
- Bulky waste collection will continue but may be reduced dependent upon resourcing levels.
- Litter bins will be emptied as staffing allows.
- Forestry services will continue.
- Cafes are able to offer takeaway service and will do so where this is manageable.
- Funeral services will continue with the reduced capacities that were already in place.
- The contact centre will continue to operate.
- A small number of Community Hubs/Libraries will remain open to provide essential support services, public PC access for urgent issues and for click and collect library services.
- Face to face registration services will remain open in the Merrion Community Hub.
- Street support services will continue for rough sleepers and street users.
- Social care continues.
- Schools and children and young people settings (including childcare such as Little Owls) will continue.
- Parks operations, responsive highway and winter maintenance, catering and cleaning will continue to support those council venues remaining open; as will responsive and planned maintenance of council buildings.

3.5 Services planned to close or see significant change:

- Visitor attractions, including museums and galleries, and venues, will close for the duration of the lockdown period.
- Leisure centres, golf courses, skate parks, tennis courts, bowls courts and multi-use games areas (MUGAs) and will close in line with government guidance.
- Weddings and civil partnerships will be postponed during the lockdown period.
- General access to libraries will cease but click-and-collect services may be allowed.
- Face-to-face Macmillan Welfare Rights service will cease. Doorstep visits can continue and Welfare Rights telephone services continue.
- Market stalls selling non-essential items will close.

3.6 Some services, while permitted to remain open, may be impacted by reduced staffing levels as we support staff who are clinically extremely vulnerable or need to self-isolate. Many services are facing additional pressure from the impact of the departure of a large number of staff through the Early Leaver's Scheme in early November, which has happened much earlier than anticipated as a result of legislative pension changes. Services are adjusting to new management arrangements as a result of this change at the same time as service changes due to national lockdown.

3.7 In this period of continual change and ongoing uncertainty, supporting the mental health and wellbeing of the workforce is a very important priority. The third staff wellbeing pulse survey was completed in October by 3280 staff, with the highest number of frontline staff responding to date. The full results of the survey are in the process of being analysed, however it is evident that there has been a decrease in staff feeling very happy or fairly happy at the time of undertaking the survey (51%, down from 64% in June), and an increase in staff who felt fairly or very unhappy (20%, up from 11% in June). Whilst it is encouraging that the

majority of respondents (74%) felt fairly or very happy about support offered, this is nonetheless a drop from the previous two surveys, and is a key area to unpick when the full analysis is available. All staff (76) who requested a call back have been contacted, with key issues identified including isolation, frustration with their home situation, need for more manager or peer contact and concerns relating to changes in their team or service.

3.8 While it is perhaps unsurprising that the workforce reported feeling happier in June, when restrictions were eased and people could enjoy the outdoors during the summer, compared to October, with tightening restrictions and winter approaching, it is concerning that staff reported feeling less positive about the support available. The next steps, including full analysis of the survey results and reporting the results back to staff, will be to continue to prioritise getting support to those who need it, for managers to regularly check in with all staff, and to continue to promote and develop the council's wellbeing offer.

3.9 **Outbreak Management**

3.10 Alongside the current national focus on restrictions, we know that effectively controlling the virus relies on a broad range of public health and infection control activity, and we continue to focus strongly on managing outbreaks, improving access to testing, supporting people to self-isolate, providing clear communications, including targeting messages based on the latest intelligence, and on ensuring effective compliance and enforcement. A shortened and up to date version of the Outbreak Control Plan, focusing on priorities for November, is included as part of the Response & Recovery Plan at Annex A.

3.11 The number of **Covid-19 cases** are being updated daily on the .gov.uk website [Covid-19 cases by local authority](#). As at 5pm on 12 November the total number of lab confirmed Covid-19 cases within Leeds were 28,498. There have been 856 Covid-related deaths registered so far; of these, 839 (98%) were Leeds residents, 506 (59.11%) were in hospitals, 293 (34.23%) were in care homes, 20 (2.34%) in a hospice, and 37 (4.32%) in the home. To date, 18% of all deaths registered have been Covid-related. In the week ending 30 October, 144 deaths occurred in Leeds; of these, 39 deaths mentioned Covid-19 on the death certificate. Of these 39 Covid-related deaths in the week ending 30 October, 8 were excess deaths. Excess deaths refers to the number of deaths which are above the number expected based on mortality rates in earlier years.

3.12 There continue to be a high number of Covid-19 situations across different settings, particularly care homes, schools and colleges and workplaces that reflects the pattern of widespread transmission in the community. A **vigilant approach** to managing outbreaks continues, in partnership with PHE and including frequent Incident Management Team meetings attended by a range of services and partners, to review the latest data and epidemiology and to coordinate the response to any incidents in settings across the city and in communities more broadly.

3.13 As at 13 November there are 43 care homes that are reporting cases of Covid-19, and there have been 293 Covid-19 related deaths in care homes. Appropriate control measures are in place and all homes are receiving support from Public Health and Adult Social Care. Environmental Health continue to contact and

support a number of workplaces across a range of services that are reporting cases. As of 12 November, 8 premises have reported cases, and most have fewer than 12 cases. Schools and colleges are taking the appropriate steps to isolate cases and trace contacts, with support from the Department for Education, Public Health and Children's Services. The number of cases amongst university students is decreasing. On 11 November the universities reported 134 cases amongst students (7 day cumulative). All universities are working closely with Public Health England and Leeds City Council and have robust prevention measures and outbreak control measures in place. Students are being supported to self-isolate and there is no evidence of transmission on campus.

- 3.14 Transmission of the virus remains widespread across all wards of the city and changing dynamically, ranging from just under 300 cases per 100,000 people to more than 600, with more than half of wards over 400. In those wards with the highest transmission rates, targeted and focused joint services arrangements are in place, linked to local engagement plans developed with elected members, using their knowledge of the ward and the community networks and forums. **Local action** is heavily linked into city-wide action, strategies, and approaches, working in partnership with a range of agencies and neighbourhood organisations.
- 3.15 Recently the rate of infection in people under 30 has decreased, while the rate has increased in older age bands including the **over 60s**, which is a significant concern. This pattern is comparable to the rest of Yorkshire and Humber. A harm minimisation plan has been developed for the over 60s and a Bronze steering group established to coordinate the delivery of the plan. The plan aims to reduce transmission amongst the over 60s through a number of actions, including intelligent mapping of the over 60s to target resources through communities and organisations, with a proportionate focus on those at high clinical and social need; proactive engagement with those most at risk and their carers and families, including through health and care staff through a 'make every contact count' approach; and increasing capacity within communities and partners. Wider health protection action to keep people safe over winter will complement this work.
- 3.16 Increasing the number of people **self-isolating** is a key step in breaking the chain of transmission of the virus and is a particular focus area at this time. National statistics suggest a low proportion of people self-isolating when required, despite this becoming a legal requirement from 28 September. Financial support is available for people who meet certain eligibility criteria to allow them to self-isolate. A local contact tracing system is a highly important factor in the effort to increase the number of people self-isolating when required, due to the ability to provide follow-up support through Council services. A communications campaign is in development to remind the public of the requirement to self-isolate, encourage the correct behaviour and signpost to support and advice.
- 3.17 **Local contact tracing** and quicker access to missed cases from the national system has been an important outstanding issues for several months and raised with government. In partnership with Public Health England, the Council is preparing to launch a Leeds Contact Tracing Advisory Service (LCAS) for the city. This will complement the national system through providing a local, targeted service that ensures that people who need to isolate are referred to local support services if necessary. If the national system cannot make contact with a local

resident after one day, their details will be passed onto the local service to help find additional contacts, using local knowledge. The service will aim to improve contact tracing rates of individuals who have tested positive to a minimum of 80% as an aspirational target. Residents will be given advice and guidance to help them isolate for the required length of time, and will be asked if they need any support or help delivered through a community hub.

3.18 Improving the reliability and turnaround times of the general testing offer remains a key area of concern for the period ahead. Further to the pilot of **mass testing** in Liverpool, the government are distributing more lateral flow tests, which deliver results in an hour, to local areas where there are high infection rates, although the practical implementation of this is not yet clear. It is not yet clear whether 'mass testing' will be rolled out in the manner of the Liverpool pilot or whether lateral flow tests will provide an opportunity for targeted asymptomatic testing in particular groups of people. The most immediate focus for Leeds relating to lateral flow tests is to work collectively with all of the Leeds universities on the significant challenge of managing mass student movement over the Christmas break. Further to new guidance issued to universities on 11 November, there are major logistical arrangements to work through with our university colleagues around managing this as safely as possible. We continue to work extremely closely with all Leeds universities on this agenda, building on our existing joint work since the summer. Local testing and tracing is already in place for the Leeds student population and it will be important to ensure that any new testing is linked to the wider system, with the welfare of students and local residents paramount.

3.19 More generally in relation to **lateral flow testing**, there is a pressing need to understand the learning from the pilots around effectiveness and outcomes of this testing programme. There are some operational issues to be resolved including the quality and sensitivity of the tests, managing false positives and the need for second tests for positives, ensuring the right links to contact tracing and support for people asked to isolate, and impact on behaviours of people tested. We are keen to look at this alongside our existing testing priorities of increasing access to community testing and improving the timeliness of results, as well as improving the effectiveness of local contact tracing and support for people to isolate. We will continue to scale up local contact tracing, working alongside the national Test and Trace service. At the centre of our local approach is high levels of community engagement and support.

3.20 **Health and Social Care**

3.21 There is an increase in numbers of Covid-related **admissions** and increase in demand for Covid-related care Leeds Teaching Hospitals Trust (LTHT); recently, the number of Covid-19 patients in LTHT hospitals surpassed the figure at the peak of the pandemic in mid-April, however this has since stabilised. The overall bed occupancy is far greater than in the first wave in April, which means that the hospital is fuller and there is very significant pressure on inpatient capacity. There has also been an increase in people attending A&E with mental health issues. Some planned operations are being stopped due to pressures which means that some patients will have their treatment postponed; only essential operations are going ahead in most cases. Significant work is underway across health and social care partners to support people who are medically fit to leave hospital to be discharged.

- 3.22 Services are also working through the expected impact of the latest guidance for clinically extremely vulnerable staff as well as existing workforce pressures due to colleagues self-isolating. The significant increase in demand and seasonal activity such as delivering the **flu vaccination** programme is also having an impact on primary care. Primary care services continue to remain open however all initial appointments are over the phone or online, usually by video call. People who need to be seen face-to-face will be invited in. Across healthcare services there is a need to manage expectations as people are increasingly likely to experience a delay, or find appointments or treatments cancelled.
- 3.23 The NHS will continue to provide care in a safe, low risk environment for people needing urgent or emergency treatment. Through various communications means, people are being reminded of the appropriate routes to access health services, including mental health and wellbeing support.
- 3.24 **Social care** services are continuing to be delivered as before the announcement of the national lockdown. Staff risk assessments are being reviewed in light of new guidance for clinically extremely vulnerable people. Care homes that are affected by Covid-19 incidents are being supported by Public Health and Adult Social Care with the appropriate control measures in place.
- 3.25 The Department of Health and Social Care (DHSC) has asked regions to have an operational plan in place to prepare for a **Covid-19 vaccine** by 1 December as part of a national programme. It has been agreed for Leeds Teaching Hospitals NHS Trust to be the lead provider for West Yorkshire. The DHSC has set out that the first phase of vaccine rollout should be prioritised for care home residents and staff, NHS and social care staff and the over 80s.
- 3.26 Learning from and building on the Leeds Seasonal Flu Vaccination Plan, work has begun to develop the Leeds Covid-19 Vaccination Plan, ensuring strong alignment between the two. Leeds has established a senior level strategic group to coordinate this work chaired by the Executive Director of Operations, Leeds Community Healthcare NHS Trust with representation from across the health and care system and significant cross-council input.
- 3.27 This will be a major logistical exercise requiring a coordinated whole city approach working together in partnership as Team Leeds by Leeds City Council, health and care organisations, education settings, third sector, businesses and others. Leeds is well placed to respond with an excellent track record of delivery during the Covid-19 pandemic mobilising quickly, flexibly and planning for the long term. Significant work has already taken place to understand planning implications for logistics, communications, use of data/local intelligence and funding challenges as a city and for Leeds City Council.
- 3.28 The funding position is not currently fully established, but it is clear that given the considerable budget gaps faced by local authorities as a result of the pandemic, there will be a need for full cost recovery for all spend, and an understanding that all aspects of council budgets will be impacted, not just social care and public health. The local government sector can improve the take up of the vaccine and accelerate its roll out if it has the resources and mandate to influence the national programme and regional/local process from an early stage. We continue to push

this message to government, as well as specific asks to support operational planning for a vaccine rollout, which include resourcing and flexibilities around workforce, training for vaccinators, clarity on the role of the third sector and the ability to vaccinate priority groups not on the national priority list (such as the education workforce and the third sector). Further updates on the emerging Leeds Covid-19 Vaccination Plan will be brought to future Executive Board meetings.

3.29 **Support for Residents (Citizens & Communities)**

3.30 As we enter a period in which everybody must stay at home more, particularly those who are clinically extremely vulnerable to Covid-19, we will continue to promote information to residents about accessing support. The [leeds.gov.uk](https://www.leeds.gov.uk) website provides support information for residents, including help with accessing food, help with paying council tax, self-isolation support, mental health support and information for families with children and young people. Anybody in need of support is encouraged to contact the Local Welfare Support Scheme (LWSS) on 0113 3760330. A system is being implemented through the Department for Environment, Food and Rural Affairs (DEFRA) to allow LWSS staff to book priority supermarket slots for vulnerable customers.

3.31 Fareshare's emergency food supply, provided by DEFRA and national suppliers, came to an end in September, and since then has worked to source food from surplus sources, supported by the council. In response to the announcement of a national lockdown, Fareshare has had support to increase production if required, however to date there has not been a significant increase in demand. If there is evidence that more emergency food is required the council, Voluntary Action Leeds and Fareshare will ensure that this is raised with government and national suppliers, and in addition the council has earmarked £50,000 to purchase food if necessary.

3.32 The Community Care Volunteer Hubs remain in place with funding until the end of 2020. Voluntary Action Leeds have implemented a platform to allow for flexible recruitment of volunteers to meet the requirements of the hubs. To support the increased food supply arrangements, additional volunteers will be required, which is being progressed with Voluntary Action Leeds and publicised through various channels.

3.33 A [Self-Isolation Support](#) scheme was established on 12 October and is now open to applications from eligible individuals for a £500 lump sum to allow them to self-isolate. Up to 11 November, 1,295 applications had been received to the scheme, of which 790 (61%) had been assessed, and 372 had been successful (47% of those assessed). Of the successful applications, 337 (91%) had been paid. Applications for support in Leeds has been higher than was predicted by government. An additional four officers have been trained to assess Self-Isolation Payment claims and there are plans to train four more. When the scheme first launched there had been a delay in processing applications due to officers not having access to the CTAS system, however this has now been resolved and all officers now have access to the system. This will help to significantly reduce the number of outstanding claims, which stands at 505 at 11 November. Of the assessed applications that have been unsuccessful, initial analysis suggests that this was because applicants were not in receipt of the qualifying benefits as set

out in the scheme's eligibility criteria decided by central government. There is a known issue with the scheme whereby people advised to self-isolate by the NHS Covid-19 App may not be eligible for financial support, which continues to cause disappointment for affected applicants. This issue has been raised with government, along with the broader issue of further improving support for low-paid people who need to self-isolate.

3.34 On 22 September the government announced £60 million for police and local authorities to support for Covid-19 compliance and enforcement activities. Of this, £485,826 has been allocated to Leeds, with the guidance that this is used to deploy Covid-19 secure marshals, or their equivalents, to support compliance. People in these roles will not have enforcement powers, but should engage, explain and encourage best practice and national Covid-19 secure guidance to businesses and the public in high streets and urban centres. A proposed 12 marshals and two supervisors will provide coverage seven days a week, with extra resource at peak periods, and will carry out duties in all wards, such as compliance checks of businesses and doorstep visits to households, as well as additional duties in the city centre and student population areas.

3.35 **Support for Businesses (Business & Economy)**

3.36 The government has announced a number of financial support schemes to assist businesses through the period of the national lockdown, as well as backdated support for businesses affected by Tier 2 restrictions. In total, £36,795,313 of business support funding has been allocated to Leeds. The details of these schemes are being worked through and the Leeds City Council [Help for Businesses](#) webpage will be updated as and when schemes are open for applications. Businesses can register their interest in grant schemes via the webpage and will receive an alert when new information becomes available.

3.37 Business premises forced to close in England are to receive grants worth up to £3,000 for the period 5 November to 2 December through the Local Restrictions Support Grant (Closed) scheme. Properties with a rateable value of £15k or under can receive grants of £1,334 per month; properties with a rateable value of between £15k and £51k can receive grants of £2,000 per month; and properties with a rateable value of £51k or over can receive grants of £3,000 per month. Businesses will be able to apply for these grants via Leeds City Council. The scheme went live on Monday 9th November and an application form is available on the [Help for Businesses](#) page of the council website. The amount allocated to Leeds City Council for these mandatory grant awards has been confirmed as just under £13 million.

3.38 In addition, the Additional Restrictions Grant (ARG) is a single allocation based on £20 per head of population for each local authority to use to run a discretionary grant scheme, for example to closed businesses that do not have a rateable value or have costs that are significantly higher. Discretionary grants can also be paid to businesses that are severely impacted rather than closed. The allocation can also be used for other direct business support at the discretion of the local authority, for example support for businesses from Growth Hubs. The ARG is a one-off payment for Local Authorities in financial year 20/21 and is to be used in 20/21 and 21/22 and will not be renewed. The Leeds City Council allocation of just under £16 million has been received. Proposals for this Discretionary Fund

are currently being developed with the expectation that we will align the approach across West Yorkshire as far as possible but administer our scheme locally.

- 3.39 The council will receive an allocation to pay Local Restrictions Support Grant (Open) grants for the period spent under 'Tier 2' restrictions. Each local authority will receive a formula-based allocation for each full or part four-week in Tier 2. This funding allows each local authority to run a discretionary grant scheme to support those businesses impacted by the restrictions. The allocation for Leeds has been confirmed at almost £8 million. Proposals for this Discretionary Fund are being developed with the expectation that we will align the approach across West Yorkshire as far as possible.
- 3.40 Under the Local Restriction Support Grant (Sector) scheme, businesses that were required to close in March and which have never been able to re-open (for example nightclubs) will be paid grants of up to £3,000 for every four-week period that they have to remain closed. The scheme began on 1 November with no back-dating.
- 3.41 Businesses in the retail, hospitality and leisure sectors in England will not have to pay business rates for the 2020 to 2021 tax year.
- 3.42 **Infrastructure and Supplies Impact**
- 3.43 Prior to the announcement of national lockdown restrictions, traffic flows were following a similar pattern with morning peak hour flows significantly down on pre-Covid-19 levels (36%), and all day traffic flow figures down by circa 20%. Feedback from bus operators on the first day of national lockdown restrictions was that pre 9am patronage was largely unaffected by the new restrictions but patronage fell away steeply after 9am. Because schools and colleges remain open during these national restrictions, bus and rail timetables remain unchanged in line with Government advice. The intention is to keep Elland Road Park and Ride operating throughout the period of national lockdown to maintain a continuity of service.
- 3.44 Given the heightened activity that was witnessed in the days leading up to the national restrictions being imposed, a concern to be managed in December will be the increased activity and levels of congestion in the city centre and key district centres associated with any lifting of the national restrictions. These concerns will be heightened if the restrictions are extended for a short period of time and then lifted just before the Christmas holiday period. An effective communications campaign will need to be developed to make people aware of likely delays, to ask them to plan their journeys, allow extra time and if possible seek alternative means of travel and/or stagger their journeys.
- 3.45 Work on major schemes continues at pace particularly with the major LPTIP schemes in the city centre on Infirmary Street, Park Row, Headrow and the Corn Exchange. All works across the city are subject to scrutiny in terms of their likely impact, timing and mitigation measures. Appropriate communication strategies are also being deployed as required and identified. Given the scale of the works, some disruption and inconvenience is inevitable but good progress has been made with relatively few concerns being received. Advantage was taken of

reduced traffic flows earlier in the year and future opportunities will be taken as and when identified.

- 3.46 PPE stock within the council continues to be rated as excellent, and deliveries from the Department for Health and Social Care are received weekly, with a recent delivery taken of sanitising wipes, one million masks and 200,000 gloves. There has been no excessive increase in orders. There are no immediate pressures on supply and resource levels have been put in place to bring some stability to the service over the coming months.

3.47 **Communications and Media**

- 3.48 Communication and engagement with residents has been central to our Covid-19 response throughout the pandemic, but is particularly important now to help residents to understand the new national restrictions and encourage compliance, as well as to continue to promote the crucial public health actions of making space, washing hands, wearing a face covering, accessing testing when symptomatic and self-isolating when required. A diverse range of communication approaches have been employed, including paid advertisement, and using the latest data to target communications based on evidence of transmission in particular settings and amongst particular demographics. Elected members and MPs also play a key leadership role in engaging the public, encouraging compliance and encouraging neighbourliness. As we move into a new period of Covid-19 response, with national restrictions re-introduced and increasing pressure on our health services, an updated communications plan is being developed with a focus on targeted messaging, learning from previous campaigns that targeted young adults and university students, as well as messaging about how to support our NHS.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Given the fast-moving pace of change throughout the pandemic and particularly in recent weeks, it has not always been possible to consult about service change in the usual way, and indeed there has often been no choice about changes due to the need to comply with regulations, often with little time to prepare. Every effort continues to be made to keep the public informed of changes, using our full scope of communication methods. Ward members continue to play a key role in engaging the public, particularly in encouraging neighbourliness, volunteering to help the vulnerable, and encouraging people to play their part in minimising spread of the virus. Engagement with stakeholders has continued and in many cases has been strengthened. This includes regular written updates to elected members and MPs and partners, an FAQ document for members, weekly messages to the public, press releases and press conferences, regular thank you notes to staff and calls with MPs, head teachers, universities, colleges, VCFS, and businesses. Engagement with staff has continued including via staff surveys, Staff Network groups, and a staff Facebook group.

5. Equality and diversity / cohesion and integration

5.1 Minimising the impacts of the pandemic on the most vulnerable is central to our response and recovery planning. There is significant concern about the impacts of the pandemic on exacerbating poverty and inequalities, which is a key focus for our recovery from the pandemic as set out in our Response and Recovery Plan. As we have entered a second national lockdown over winter, poor mental health and social isolation present a risk to residents. Current infection rates also indicate an increasing rate of transmission of Covid-19 in the over 60s, and a harm minimisation plan is being developed and delivered to reduce the risk of exposure amongst this age group, balanced with a recognition of the adverse impacts of reduced social contact on mental health and wellbeing.

5.2 In addition, we continue work to better understand the economic impacts, both on individuals and communities. The second national lockdown means many businesses are still facing renewed pressure, with concerns regarding business closures and redundancies. The economic impacts of the pandemic are reported to members through fortnightly briefing notes. To date, young people and low earners have been most affected, as they are most prevalent in the hardest hit sectors. The precise impacts on our communities will be continue to be analysed as more data becomes available and will be reported to members through briefing notes and future Executive Board reports.

6. Council policies and the Best Council Plan

6.1 The updated Best Council Plan 2020-2025 reflects the current Covid-19 context, while maintaining the three pillar priorities of inclusive growth; health and wellbeing; and climate change, under the overarching priority of tackling poverty and inequalities. Covid-19 continues to have a hugely significant impact on all areas of the Best Council Plan, with the economy, employment, education, community resilience and health and wellbeing all detrimentally affected by the pandemic, which will undoubtedly limit progress towards our ambitions and present long-term challenges for the city. Our city ambitions, particularly our overarching priority of tackling poverty and inequalities, will be key to guiding our response and recovery, particularly as we begin to better understand the long-term health, social and economic impacts of the pandemic.

7. Climate Emergency

7.1 In line with our city ambitions, responding to the Climate Emergency is a key priority as we move through our response and recovery, with a focus on continuing to improve air quality and work towards a carbon neutral city by 2030. With the announcement of a national lockdown and people instructed to work from home where possible and stay at home as much as possible, traffic flows are likely to significantly decrease which will reduce air pollution and carbon emissions. During the pandemic a number of active travel schemes have been progressed, including segregated cycle lanes and School Streets to encourage active travel to school, to support people to walk and cycle. In addition, a number of infrastructure schemes to support carbon reduction, such as the Leeds PIPES district heating network, and Connecting Leeds city centre improvements for public transport and pedestrians, have progressed well and sometimes ahead of schedule, during the pandemic.

8. Resources, procurement and value for money

- 8.1 The financial impact of the pandemic, in terms of both additional costs and lost income, remains a significant concern. Whilst the council continues to make every effort possible to protect the front line delivery of services, it is clear that the position remains challenging. Since March the council has seen reduced income across sports, arts and heritage, visitor attractions and car parking, and this impact will undoubtedly worsen due to closures required as part of the national lockdown.
- 8.2 The financial impact of the pandemic has been, and will continue to be, regularly reported to Executive Board. Government funding to date is not sufficient to meet the financial pressures already reported to this Board and a budget gap remains even with the application of government financial support.
- 8.3 The council has received £51.6m of government funding towards the additional costs and reduced income associated with Covid-19, of which £2.6m has been applied in 2019/20, leaving £49.0m available. The government announced an additional £1bn of funding for local authorities on 12th October, with allocations confirmed on 22nd October. Leeds will receive £20.6m of this new funding. An estimated £18.9m government contribution to lost income is also reflected in the latest financial projections, pending confirmation of the final amount. In total we estimate the available grant in 2020/21 to be £88.5m. Application of this £88.5m of grant in 2020/21 would still leave a Covid-19 financial pressure of £71.6m. The position assumes that the estimated Collection Fund income shortfall of £41.1m would impact on the revenue position in 2021/22 and future years, leaving a Covid-19 funding gap of £30.5m for 2020/21. This position does not reflect the potential effects of the national lockdown.
- 8.4 In addition, the council has received £4.1m from the government to support outbreak control. This is being used to increase our capacity across Public Health, Environmental Health, Infection Prevention Control, the voluntary sector, communications, etc. To cover the period of the national lockdown between 5 November and 2 December the government has confirmed that local authorities will receive a lump sum payment equivalent to £20 per head to support businesses- this will form a discretionary grant fund and will be net neutral to the Authority. Local authorities are also expected to receive £8 per head to support local public health activity, calculated as circa £6.4m for Leeds, to spend on enhanced community Testing and contact tracing, communications, direct and indirect support for the third sector, schools, hardship funding and self-isolation support, support for rough sleepers, and compliance and enforcement. A financial monitoring report on the Executive Board agenda details the financial position in much greater detail.

9. Legal implications, access to information, and call-in

- 9.1 With the agreement of the Chair, given the significance and scale of this issue, it is appropriate for the Board to receive an update at this 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 in order 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.

10. Risk management

- 10.1 The risks related to coronavirus continue to be monitored through Executive Board reports and the council's existing risk management processes, for example under two of the main standing risks of "Major incident in the city" and "Major Business continuity issue for the council". Other 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 outbreak. More specific risks relating to coronavirus, for example the risk to people over 60 as a result of increased rates of transmission in this age group, are being managed through the multiagency arrangements established at the start of the pandemic. The annexed Response & Recovery Plan sets out current risks and actions across each of the themes.
- 10.2 During this period, we continue to be conscious of concurrent events, such as winter pressures on the health and social care system, alongside recovery on planned surgery, and Covid-19; extreme weather and flood risk; and the end of the EU exit transition period, with uncertainty about future trade arrangements. These factors and others, including spending reviews and budget planning, election planning, and dealing with suppressed demand as services reopen, present local authorities with a 'perfect storm' of concurrent pressures in the months ahead. A separate report on the Executive Board agenda for this month details the council's preparations for EU Exit. For other events, we are using our normal emergency planning approach to prepare for, and manage, these events.
- 10.3 The risks are administered on the council's corporate risk register through a specific risk on the coronavirus pandemic, which are described as: risk of fatalities and serious illness; significant disruption to the city and to council services in the short- to medium-term and long-term negative economic impact; greater impact on more vulnerable and disadvantaged. The risk is currently rated as very high. Full details of risks and actions are set out in relevant sections of the Response and Recovery plan at Annex A.

11. Conclusions

- 11.1 Covid-19 continues to have a hugely significant impact on Leeds residents, the local economy and the council. Our priority continues to be to minimise the impact of the pandemic on the most vulnerable and protect the local economy as far as possible within the limits of considerable resource constraints. The national lockdown effective from 5 November will impact many council services, people and businesses. Our key areas of focus for this period are service delivery change; local contact tracing; vaccine rollout; mass testing where appropriate; harm minimisation for the elderly and vulnerable; business support schemes; self-isolation compliance and support; preparing for the end of the university term; and targeted communications. Key issues that we continue to push include: the need to find ways to encourage more people to self-isolate; accessible and quick local testing, effective contact tracing, effective ways to deliver a vaccine; finding ways to simplify the restrictions to improve compliance; the need for business support that reaches a broader set of sectors; and a concern about widening inequalities and poor mental health. National developments continue to be fast moving with significant local impacts, and we are responding dynamically to the changing context across our partnerships.
- 11.2 The people and businesses of Leeds have demonstrated great resilience, adaptability and care for others throughout the changing landscape of local and national restrictions, and we thank them for their contributions to protect themselves and others. It is now

critical that everybody follows the guidance to minimise their contact with others, protect themselves and their loved ones and to protect the health service.

12. Recommendations

Executive Board is requested to:

- a) Note the national changes effective from 5 November 2020 when the country entered a second lockdown, and the impacts on council services.
- b) Note the extensive work being undertaken across the partnerships to control the spread of the virus and to support vulnerable people and businesses.
- c) Agree that the key issues of service delivery change; local contact tracing; vaccine rollout; mass testing where appropriate; harm minimisation for the elderly and vulnerable; business support schemes; self-isolation compliance and support; preparing for the end of the university term; and targeted communications, continue to be progressed.
- d) Note the concurrent pressures on the system, which include winter pressures on the health and care system, flood risk and extreme weather, local government finance and capacity concerns and uncertainty around EU Exit.
- e) Use this report as context for the more detailed report on the financial implications of coronavirus that is also on the Executive Board agenda.

f) Background documents¹

None.

g) Appendices:

Annex A: Leeds Strategic Response and Recovery Plan – coronavirus (Covid-19)

Annex B: Leeds Strategic Coordinating Group (SCG Gold) Dashboard- 2 November 2020

¹ The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.