

**Report of the Chief Executive**

**Report to Executive Board**

**Date: 16 December 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, following the end of national restrictions in England and the reintroduction of a revised Covid Alert Tier system, with Leeds entering Tier 3: Very High Alert restrictions from 2 December 2020. A Government review of which areas are in the three Covid Alert Tiers is expected around 16 December and this report outlines the latest data that will feed into that review. The report describes ongoing work towards rolling out a Covid-19 vaccination in Leeds, outbreak management, community testing, the launch of a local contact tracing system, current pressures on the health system, and the support being provided to people and businesses. 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. Annex B provides the latest dashboard including key data and analysis. Looking ahead, Annex C provides a draft integrated winter plan to help deal with the ongoing pandemic.

**1. Main issues**

- On 2 December, it was announced that the Pfizer/BioNTech vaccine had been approved by the Joint Committee on Vaccination and Immunisation (JCVI), after passing all three safety and efficacy data phases. JCVI notes that the vaccine appears to be safe and well-tolerated, with no clinically concerning safety observations. The vaccine is administered in two doses 21 days apart and offers up to 95 per cent protection against

Covid-19. The UK has already ordered 40 million doses, which is enough to vaccinate 20 million people. A further 310 million doses of other vaccines have also been ordered from six other vaccine candidates. The Government has insisted the public exercise patience given the significant logistical challenges of rolling out vaccines across the UK, and to keep on complying with regulations in the meantime. We are still awaiting the approval from the Medicines and Healthcare products Regulatory Agency (MHRA) on other vaccinations such as the Oxford/AstraZeneca & Moderna vaccines. Further information on vaccination can be found in the Health and Social Care section in this report.

- From the week commencing the 7 December, approximately 800,000 doses of the Pfizer/BioNTech vaccine will be available in UK, with residents in care homes and their carers taking priority, along with health staff and the over 80s. This [eligibility decision](#) is based on a national framework from the Government. Given the huge local logistical challenges ahead, we will draw on our strong partnership from across the city and nationally for a joint city response to the rollout of the vaccine. It will also require a strong communications and engagement strategy, as we promote the benefits of vaccination as well as dispel any misinformation. We are optimistic that vaccinations, along with other public health safety measures, hold the key to a new normality, but there are significant challenges ahead that we plan to tackle head on with our partners.
- Until a vaccine is widely available, we will need to continue our full public health measures to control the virus, including complying with Government restrictions. The Government is expected to review which areas are in the three tiers of the Covid Alert Tier system around 16 December. The position between Tier 2 and 3 is finely balanced, with risks associated with each, either for continued closure of hospitality or a potential third wave of Covid-19 impacting on the NHS especially given relaxation in rules for Christmas. Maintaining public engagement and compliance is key whichever Tier Leeds is placed in, with confidence and trust in the Tier system and decision making being crucial so that this is seen as fair and proportionate.
- Regardless of which Tier Leeds is placed in, our relentless focus remains on taking the full set of actions, including public engagement, to reduce infection rates across Leeds. This includes being vigilant about preventing and managing outbreaks, supporting self-isolation, extensive communications and public engagement about behaviour and compliance, and multi-agency enforcement activity, all delivered through the strongest possible partnership with our communities. Our proactive and determined approach to drive down infection rates will continue as part of our integrated plan for winter, including crucially prioritising effective rollout of the vaccination.
- We anticipate that the Government will be using data from 9 December to inform their decisions to be made on 16 December, with an expected announcement to be made on 17 December, and any changes to Tiers taking effect from 19 December. We realise this makes planning very difficult for those businesses and organisations who might be affected. The position for Leeds as at 9 December demonstrates a strong and sustained improvement in all five key areas that the Government will be using as indicators. In the four-week period up to 9 December, infection rates reduced by 67.2%, test positivity rates reduced by 61.5%, the infection rate in over 60s reduced by 67.1%, and Covid-19 patients in hospital reduced by 45.2%. Hospital capacity remains a concern, partly because the significant role LTHT plays across the broader area, although partners are working hard to manage this. Covid-related deaths have also started to decline recently and cases and outbreaks in settings are stable and being managed proactively. Whilst

there are pros and cons of Tier 2/3 and risks with either scenario, on balance we would recommend Tier 2 based on the improvements in the indicators combined with our relentless determination across all partners and communities to keep infection rates down. We think this will help maintain the public confidence and a greater commitment to follow the guidance and for everyone to break the chain of transmission whilst we push for the most effective rollout of the vaccination.

- Until that review concludes, and from 2 December, Leeds continues to follow Tier 3 restrictions, with the main headlines including: no household mixing indoors or outdoors at a private dwelling; no mixing outdoors except when in open public spaces such as parks which is subject to the rule of 6; working from home whenever possible; hospitality businesses are only allowed to operate a takeaway service; accommodation businesses have to close; gyms, leisure centres and close contact services (such as hairdressers and barbers) can open in a Covid-secure manner; education settings remaining open and operating in a Covid-secure manner; weddings or civil partnership ceremonies can go ahead with a maximum of 15 guests (with no reception); and funerals can go ahead with up to 30 guests (a maximum of 15 people for wakes). The main distinctions between Tier 3 and Tier 2 are that under Tier 2, restaurants and cafes (and pubs and bars operating as a restaurant) can open, accommodation and entertainment businesses can open, wedding receptions are permitted with up to 15 guests and public attendance at outdoor and indoor events (performances and shows), spectator sports and business events is permitted, limited to capacity limits (whichever is lower: 50% capacity, or either 2,000 people outdoors or 1,000 people indoors) and subject to social contact rules.
- Throughout the pandemic the Council and partners have established the rapidly changing implications for services and taken the necessary steps to 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://leeds.gov.uk) website. The experience of rapidly adapting services during two national lockdowns has put us in a strong position to deliver services in Covid-secure ways, and these arrangements will continue under Very High (Tier 3). For example, risk assessments have been established, 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 and many services continue to be delivered remotely with staff working from home.
- The Leeds position continues to be that 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 (both national and local), support to self-isolate, managing outbreaks, preventative work, communications and engagement, compliance and enforcement.
- The Government confirmed on 26 November new financial support for areas in Very High (Tier 3). The Contain Outbreak Management Fund has been extended and will provide monthly payments to local authorities until the end of the financial year, in recognition of the ongoing public health and outbreak management costs of tackling Covid-19. For those authorities in Tier 3, this funding is £4 per head of population per month (for those in tier 2, it is £2 per head of population per month). Funding to support businesses affected by Tier 2 restrictions have also been backdated, details of which can be found in the business and economy section of this report.

- Our localised contact tracing service is now live. The service complements the national Test and Trace system, and takes cases where the national service fails to progress. Crucially, the service joins up advice and provides support for those who have been advised to self-isolate when needed, delivered through the contact centre and our community hubs. Support includes food shopping, medicine deliveries, befriending and assessing eligibility for financial support. We continue to draw upon all our resources, including elected members and the third sector, to aid with tracing, and there will be follow-up activity including door knocking where appropriate to ensure people understand the need to self-isolate and know how to access support.
- Multiagency arrangements continue to respond to emerging issues and develop our recovery approach, adapting to reflect the changing circumstances. As well as responding to the implications of exiting national lockdown and entering into Very High (Tier 3) restrictions, 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, potential for extreme weather and flooding, latent demand on services, and continued uncertainty around EU Exit (please see 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. Annex A provides an up to date Response and Recovery Plan, outlining 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. 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. A separate paper about the council's finances on the Executive Board agenda outlines the latest position in much greater detail.
- 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:
  - Approximately 39,000 Covid-19 tests took place at twelve testing sites in the city in November, including around 17,500 tests at Temple Green.
  - 975 doses of Covid-19 vaccine delivered to Leeds, with the first vaccinations taking place on 8 December.
  - More than £6.6m paid to local businesses through new business support grant schemes introduced from November.
  - £445,500 paid to 891 people eligible for a £500 financial support grant to allow them to self-isolate.
  - 34,000 children to be provided with free school meals over the Christmas and February half term holidays
  - 13 Active Leeds leisure centres reopened on 2 December.

- 700,000 people reached through Facebook posts between 10 November and 8 December.
- 1.9 million items of PPE distributed in November
- 11 Covid Marshalls ensuring businesses are Covid-secure
- 2000 tonnes of additional waste, above normal levels, collected in November.

# Covid-19: Summary of council and city response

December 2020



**17,500**

Covid tests at Temple Green in November



**34,000**

children will receive free school meals over the Christmas holidays



**£6.6m+**

paid to support local businesses since November



**1.9m**

items of PPE distributed in November



**£445,500**

paid to help people to self-isolate



**700,000**

people reached through Facebook posts (10 Nov- 8 Dec)



**11**

Covid Marshalls ensuring businesses are Covid-secure



**13**

leisure centres reopened on 2 December



**2000**

tonnes more waste than normal levels collected in November

## **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, will be key to guiding our 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 change in national restrictions from 2 December, with the introduction of a revised Tier system and West Yorkshire placed in Tier 3. Note that this is due to be reviewed on 16 December and a verbal update on the latest position will be provided to Executive Board.
- b) Note the extensive work being undertaken across the partnerships to control the spread of the virus, prepare for Covid-19 vaccination, undertake local contact tracing, prepare for asymptomatic community testing, protect the health service, and deliver support to vulnerable people and to businesses, and agree that these priorities continue to be progressed.
- c) 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 continued uncertainty around EU Exit.
- d) Use this report as context for the more detailed financial implications of coronavirus that are covered in Finance reports that are also on the Executive Board agenda

## **1. Purpose of this report**

1.1. This ninth 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 entering into Tier 3 (Very High) restrictions, current developments and the support in place 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. At Annex B, the



latest dashboard provides key data and analysis. Annex C provides a look ahead with a draft integrated winter plan, which will form the basis of the next Executive Board update report.

## 2. Background information

- 2.1. On 26 November, it was announced that Leeds, along with the rest of West Yorkshire, would be placed in Tier 3 (Very High) restrictions as of 2 December, at the end of the national lockdown. The Government's new targeted Tier system was outlined in the [Winter Plan](#). These restrictions allow domestic and international travel subject to Tier 3 advice; retail shops, personal care, gyms and the wider leisure sector have reopened; collective worship, weddings and outdoor sports can resume; and people will no longer be limited to seeing only one other person in outdoor public spaces such as parks – the rule of 6 will now apply as it did in the previous set of tiers. These are all subject to social distancing and adhering to [Tier 3](#) regulations.
- 2.2. All areas in Tier 3 will receive £4 per head of population per month (this is reduced to £2 per head of population per month for areas in Tier 2 restrictions). This funding will come from the Contain Outbreak Management Fund, which has been extended until the end of the financial year. The purpose of these tougher restrictions is to continue to reduce the growth rate of the virus, and ensure clearer consistency and messaging. It is hoped that these steps will prevent the NHS from being overwhelmed over the critical months of December and January; ensuring schools, colleges and universities can stay open; ensuring that as many people as possible can continue to work; and help boost the local and national economy in the run up to Christmas.
- 2.3. Every 14 days there will be a review of which tier areas are placed in, with the first review expected on 16 December, and our understanding is that any changes would be implemented on 19 December. In addition, every 28 days there will be review of whether restrictions are still needed, and what these restrictions should be. The first such review is expected on 30 December. At the time of writing this report, little is known about the scope of the review on 16 December other than the key indicators that will be used, which include: case rate per 100,000; testing positivity rate; hospitalisations and hospital capacity; and the case rate in over 60s; and in particular all the trends. We do know that Government will also look at the trajectory of rates and it is thought that data will be used from 9 December. It is not confirmed if Leeds will be considered as a local authority area or as part of West Yorkshire.
- 2.4. The Government refreshed its guidance for the [Christmas period](#) on 29 November. From 23 December to 27 December, Christmas bubbles can be formed of people from no more than three households. A Christmas bubble will enable people to spend time together in private homes, including second homes and caravans, to attend places of worship, or meet in a public outdoor places, within the context of the guidance.
- 2.5. National guidance for people who are [clinically extremely vulnerable \(CEV\) to Covid-19](#) has been updated. A text message has been sent to people in Leeds who are in this cohort, and [support remains in place](#). CEV people are advised to: work from home if possible, or talk to employers about reducing risks if working from home is not possible (furlough arrangements may be an option if the risk is too high); children



should go to school; avoid shops if possible, or go at the quietest times; prescriptions arrangements will have to be re-ratified with pharmacies and will no longer necessarily be sent out for free; and CEV people should continue to go outdoors every day, keeping up social contact safely.

- 2.6. On 11 December and following a review of the latest evidence, the UK Chief Medical Officers advised that the period of self-isolation for people who have come into contact with a positive Covid-19 case, and the quarantine period for people returning from countries not on the travel corridor list, can be reduced from 14 days to 10 days from 14 December.
- 2.7. We continue to emphasise the crucial role of local government in responding to the Covid-19 pandemic, including coordinating action across local and regional agencies, and resources for place-based leadership in the Covid-19 response. A recent poll conducted by the Association for Public Service Excellence (APSE) found that the public has higher trust in local councils than in the Government on Covid-19. Those who responded were four and a half times more likely to trust the local council (54%) over Government (12%) to make decisions about how services are provided in their local area. Nine times as many trust local councillors (56%) over Government ministers (6%) to make decisions about their local areas.
- 2.8. 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 with the wider sub-regional level including the West Yorkshire Local Resilience Forum, the West Yorkshire Combined Authority, and the West Yorkshire & Harrogate Health and Care Partnership. A chart of the multiagency arrangements is provided in the Response & Recovery Plan at Annex A, together with the December priorities across the response and recovery themes, and a refreshed Outbreak Control Plan. The sections that follow describe the key developments across each of the response and recovery themes: outbreak management; health and social care; infrastructure and supplies; business and economy; citizens and communities; organisational impact; and communications and media.

#### 3.2. Outbreak Management

3.3. The number of **Covid-19 cases** are being updated daily on the Government website at <https://coronavirus.data.gov.uk>. During the period of national lockdown restrictions, the local rate of infection fell significantly, from above 400 cases per 100,000 to below 150. As at 10 December the infection rate in Leeds is 142.6 cases per 100,000 people, and there have been 37,259 lab confirmed Covid-19 cases. The rate of Covid-19 tests returning positive results is 5.9%. Since the last report to Executive Board the rate of infection in the over 60s has reduced, in line with the overall rate of infection, and is 136 per 100,000 at 10 December. A harm

minimisation plan for the over 60s is in place and is being implemented across a range of partners.

3.4. Tragically, on 1 December the number of Covid-related **deaths** registered in Leeds passed 1,000. As at 10 December, 1,091 Covid-related deaths have been registered. Of these, 1,066 (98%) were Leeds residents, 675 (62%) were in hospitals, 335 (31%) were in care homes, 28 (2%) in a hospice, and 53 (5%) in the home. To date, 20% of all deaths registered have been Covid-related. There have been excess deaths in eleven of the past twelve weeks compared to 2019.

3.5. The current position against the indicators that Government will use to review the Covid Alert Levels that areas are placed in on 16 December is as follows:

- The latest figures show a statistically significant decrease in infection rates across all age groups in Leeds, down by more than 20% in the last 7 days to 145.1. The infection rate decreased by 65% in four weeks, from 442 cases to 145.1 cases per 100,000.
- Leeds is currently ranking 131<sup>st</sup> in the country for infection rates, and 4<sup>th</sup> amongst the core cities.
- We recognise that the rate is still high and we are pushing for further reduction using our full range of actions.
- Test positivity rate has reduced by more than 30% over seven days and over 60% over four weeks.
- The infection rate in over 60s reduced by more than 65% over four weeks.
- As at 10 December, the hospital had 187 confirmed Covid-19 patients, a decrease of 31 from the previous week, including 9 patients in critical care. These numbers remain a significant concern with the NHS and partners working hard to reduce this. Over four weeks this figure reduced by 45%, down from 345 patients. Hospitals are predicted to see a continued, albeit slow, decline in Covid-19 patient numbers.
- Covid-related deaths have also started to decline recently.
- Cases in settings and outbreaks are stable and very proactively managed by the full range of partners as the bedrock of our approach: with cases in 17 care homes (from a recent high of 47); 5134 pupils and 360 staff self-isolating (compared to the recent peak of 12,989 pupils and 828 education staff self-isolating); and cases in only 3 workplaces and an outbreak in a prison.

3.6. As the government undertakes the Covid Alert Level review, it is crucial that there is public engagement and trust that will lead to the right behaviour to help reduce infection rates. This includes that they see the system as being “fair” in relation to restrictions and balanced judgements about health and the economy. Our current insight and softer intelligence through social media and other community engagement suggests an expectation of Tier 2 for Leeds given reductions in rates and comparisons with other areas in Tier 2. People in the city appear to be worried about the relaxation of restrictions over Christmas, with many saying that they understand the broader message about reducing contact and don’t want to see rates rise. Inevitably there will be some who will break the rules and increase contact, and we are seeking the managing those risk. Elected members, MPs, and the full range of partners, particularly local community organisations, are engaged in messaging so that all parts of the community are reached and understand the city-wide drive to reduce infection and prevent pressure on the NHS.

- 3.7. Although it is a very difficult balance to strike, the economic and broader health and wellbeing benefits to be gained from being placed in Tier 2 appear to marginally outweigh the risks of losing public confidence if the system keeps Leeds in Tier 3. We are concerned about increasing contact taking place in households with continued Tier 3 restrictions, whereas Tier 2 offers a slight easing and could have a positive psychological effect. Whilst opening hospitality just before Christmas will regrettably be too late for some businesses to survive, we consider that it will be a lifeline for many businesses, all of whom have invested in Covid-secure premises and dealt with the continued uncertainty for months. We have the partnership context to proactively plan for the best possible compliance and enforcement activity to deal with the safe reopening of hospitality in the city.
- 3.8. Whilst we are understandably nervous about the risks of third wave particularly on the NHS, given the relaxations of restrictions over Christmas, the significant additional challenges on the workforce with the vaccination programme, and the regular winter pressures, we also recognise the broader health and wellbeing benefits of moving into Tier 2. We remain determined to continue with all the partnership actions in our outbreak plan that we know drive down infection rates to avoid pressure on the NHS. This includes excellent and extensive infection prevention and control practise and advice, being vigilant to manage individual cases to prevent outbreaks, being proactive to deal with community transmission, effective use of targeted testing and tracing to support self-isolation, strong partnership work on hospital discharge and health and social care, targeted multi-agency compliance and enforcement work, and relentless communications and community engagement work. Our extensive multi-agency arrangements all work to monitor the situation closely and act quickly, and plan ahead as a system as far as possible through our integrated winter plan.
- 3.9. Whilst there are pros and cons of Tier 2/3 and risks with either scenario, on balance we would recommend Tier 2 based on the improvements in the indicators combined with our relentless determination across all partners and communities to keep infection rates down. We think this will help maintain the public confidence and a greater commitment to follow the guidance and for everyone to break the chain of transmission whilst we push for the most effective rollout of the vaccination. Annex D provides a copy of the submission made to Government from the city.
- 3.10. The pattern of transmission of the virus in Leeds has been one of broad and dynamic **community transmission**, with all wards of the city affected, although the rate of infection has reduced significantly. In those wards with the highest transmission rates, targeted and focused joint services arrangements have been 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.
- 3.11. Covid-19 situations continue to be managed across different settings such as care homes, education settings, prisons and workplaces, reflecting 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.

- 3.12. Strong **governance** arrangements for outbreak management are in place, with Executive Board providing strategic political oversight. Given the unique challenges of the pandemic, an Outbreak Control Board and Member Outbreak Control Board were established, and regular member seminars delivered to engage all councillors. The Leeds Outbreak Control Plan has been published in full on the council website and is being periodically reviewed and refreshed to reflect the latest context, with these Executive Board papers providing regular updates of progress and issues. A one-page summary of the plan is included with this report at Annex A.
- 3.13. As at 9 December there are 17 care homes that are reporting cases of Covid-19, an improving picture and down from a peak of 47 homes during the second wave of the pandemic. 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. Schools and colleges are taking the appropriate steps to isolate cases and trace contacts, with support from the Public Health England and the council. University cases are at their lowest since early September, with just eleven students and no staff ill with Covid-19 at 8 December. All universities are working closely with Public Health England and Leeds City Council and have robust prevention measures and outbreak control measures in place.
- 3.14. No schools are currently closed and the number of pupils and staff self-isolating is reducing – currently around 5,000 pupils and fewer than 400 staff, with around 100 ‘bubbles’ closed. This compares to a peak of 12,989 pupils and 828 staff self-isolating, with 206 ‘bubbles’ closed, on 20<sup>th</sup> November. Schools and colleges are increasingly able to respond to cases of Covid-19 independently and are taking the correct steps to minimise the impact and avoid disbanding bubbles. Remote learning is in place for pupils required to self-isolate, with laptops provided for some pupils, and schools are sharing learning and good practice via Zoom calls between the council and Heads. Cases in Leeds colleges are also stabilising and reducing, with colleges preparing for the end of term on 18 December.
- 3.15. Since the last report to Executive Board, a **local contact tracing service**, Connect & Support, has been launched, which aims to increase the number of people who are contacted because they need to self-isolate, by making contact with local residents whom the national system have been unable to make contact with after one day. The service dovetails with national contact tracing and provides a targeted local service that ensures that people who need to isolate are provided with advice and support and referred to local support services if needed to allow them to isolate. 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. This includes help with food shopping, medicines, befriending/welfare support, dog walking and financial support (if eligible). Using local knowledge and the latest information, the service will begin in areas of Leeds where case numbers mean greater support and outreach is needed, before quickly being scaled up to serve the rest of the city. As with all of our Covid working arrangements, we will also use our close partnerships in education, business, health and social care and local leadership to maximise the impact and effectiveness of this service.

3.16. Leeds has expressed an interest in the national **community testing** programme offered by the Government to Tier 3 local authorities, using lateral flow Covid-19 tests. This is in addition to the 10,000 tests that Directors of Public Health received to use to scale up activity. Community testing in Leeds will take a targeted approach, building on the existing testing programme including universities, the care sector and prisons, and identifying where further testing would be beneficial amongst communities or workforces at higher risk. We are working with partners, such as retail, about the logistical set up and optimum timing of this approach. There remain some concerns about the effectiveness and impact of these tests and about the capacity of partners to deliver additional testing as well as other priorities such as vaccination rollout. We are learning from the evaluation of the Liverpool model and liaising closely with our neighbours and other core cities about the approach being taken to use this form of testing as part of the solution.

3.17. The city's universities also received an allocation of 15,000 lateral flow tests to allow asymptomatic testing of students that wish to travel during the 'student travel window' of 3-9 December. Testing began on 30 November and one asymptomatic positive case was identified from the 15,000 tests across all the universities in the city. Leeds Beckett University is also taking part in a national pilot to offer antibody testing to students, which gives an indication of whether individuals have been infected by the virus in the past and developed antibodies. It is anticipated that by the end of the 'student travel window' on 9 December, around 95% of students will have left the city. The Department for Education has published advice about the staggered return of university students in the New Year, which will involve offering tests to all returning students to identify and isolate asymptomatic cases. Universities are to be provided with sufficient tests to offer students two lateral flow tests delivered three days apart.

### 3.18. **Health and Social Care**

3.19. Despite declining levels of infection in the city, some pressure remains on Leeds Teaching Hospitals NHS Trust (LTHT) with the combination of Covid-19 patients, winter pressures and trying to maintain planned surgery. At 10 December, there were 187 confirmed Covid-19 patients in a hospital bed, including nine patients in critical care. This is a decrease of 31 inpatients since the previous week. Extensive work has been undertaken across health and social care partners to manage patient flow from LTHT through use of community beds and increased GP and hospice in-reach. Some planned operations have been postponed, with a period where only essential operations went ahead.

3.20. **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. 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.

3.21. A mail drop to every home is taking place 7-16 December to highlight the pressures on the NHS and advise how to access services, as well as highlighting support available from the council. This will be accompanied by an information booklet which

will be available in a range of formats. Ahead of Christmas a mental health communications campaign will be launched to encourage self-care and reasons to be positive, aimed at adults, and Mindmate will be delivering a digital campaign to children and young people. A campaign aimed at the over 60s will encourage older residents to stay active, connected and safe while minimising physical contact with others.

- 3.22. **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. Outbreaks are generally shorter and better managed than during the first wave of the pandemic due to the experience and learning that has taken place this year. From 7 December the Government released lateral flow tests into care homes, as part of a national effort to allow visiting to care home residents. However, due to concerns about the accuracy of these tests, a different approach has been developed for the care homes that are managed by Leeds City Council. This involves the use of PCR tests which will be offered to relatives who wish to visit a care home resident two days before the proposed visit. PPE and other precautions will remain in place. Due to the considerable effort of adult social care staff to put this system in place, from the week beginning 14 December, the first face-to-face visits without the use of screens will be able to take place in Leeds care homes since February.
- 3.23. Operational planning for a **vaccine rollout** in Leeds and West Yorkshire has been taking place for some time, with Leeds Teaching Hospitals NHS Trust as the lead provider for vaccination in Leeds. Leeds is one of fifty 'hospital hub' sites chosen to take delivery of the Pfizer/BioNTech vaccine. To get this far has been a full collaborative partnership effort with health and care partners across the city working together to deliver this crucial moment as Leeds forms part of the first wave of the largest immunisation programme in the history of the NHS. Developments are taking place at considerable pace and the information provided in this report reflects the picture at the time of writing.
- 3.24. From 7-11 December, 975 doses of the Pfizer/BioNTech vaccine were delivered to Leeds and vaccinations began on 8 December, with 500 people vaccinated in the first three days including 200 care home staff. Further to the final advice of the Joint Committee on Vaccinations and Immunisations (JCVI), care home staff, people over 80 and prioritised frontline health and social care workers will be the first people to be vaccinated in Leeds.
- 3.25. The Pfizer/BioNTech vaccine is hard to move between sites, which will restrict where the vaccine can be delivered to and administered from. Thackray Museum of Medicine has been established as the first vaccination site in the city, staffed by LTHT staff, and a second site will be staffed by Leeds Community Healthcare NHS Trust. A local campaign is being developed, in line with national messaging, to encourage retired NHS staff to return to the service to support the vaccination programme.
- 3.26. To safeguard the health of the city and save lives it will be necessary to encourage the greatest possible uptake of Covid-19 vaccination, and ensure that people who are eligible for flu vaccination access both the flu and Covid-19 vaccinations. Across the partnership there will be a strong focus on encouraging uptake of vaccination and work will take place in all communities and community and faith leaders and elected members to promote the vaccine. A rapid review of which approaches work best with different communities is underway to inform the plans, including direct engagement

with communities. Equally, it is also necessary to contain the understandable excitement about the vaccine and manage expectations, as it will be the New Year before the vaccine is more widely available. Residents are asked not to contact their GP to enquire about receiving the vaccine, and to await their invitation, at which point it is important that people attend their appointment. There is a prioritisation framework in place that considers the key risk factors in particular age and clinical risk.

3.27. We are awaiting further information about the funding position for vaccination rollout, as it is clear that this will be a major logistical exercise for local authorities, NHS trusts and their partners, particularly as local authorities also plan for community testing and face ongoing financial pressure responding to the pandemic. We continue to push 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.

3.28. The vaccine programme represents the best of #TeamLeeds. We have pulled together key services to mobilise workforce, buildings and plans. We will be regularly updating people and encouraging everyone to act as community vaccine champions, talking to their friends and neighbours about the importance of getting the vaccine when the time comes.

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

3.30. We continue to promote information to residents about **accessing support** via the [leeds.gov.uk](https://www.leeds.gov.uk) website, including help with accessing food, paying council tax, self-isolation support, medicine, 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.

3.31. **Free school meals** will be provided for eligible children across the city over the Christmas break and February half-term. This will be paid for via the Covid Winter Grant Fund, announced by the Government on 8 November 2020. The grant will enable local authorities to better support vulnerable children, families and individuals. Additional support will be provided to families receiving Council Tax support through the Council Tax Hardship grant. Leeds City Council was allocated £2.84 million; £1.6 million of that amount is being set aside to provide free meals, helping an estimated 34,000 children across the city.

3.32. Plans for the allocation of the **Winter Support** programme are also being made, provided by Department of Environment, Food, and Rural Affairs (DEFRA). This new £16 million grant, delivered across England through charity FareShare, will allow thousands local charities to distribute food to people struggling as a result of the pandemic. This forms part of the wider Government winter support package and will help those who are vulnerable and disproportionately impacted by Covid-19 to access healthy and nutritious food through front-line charities throughout the winter, starting this week.

3.33. [Self-Isolation Support](#) payments of £500 are available to eligible individuals who are required to self-isolate and who face loss of income as a result. Between 12 October and 11 December, 2115 applications were received; of these, 1946 (92%) had been assessed, 1019 (52%) were successful, and all successful applications had been paid. In addition to the statutory element of this award, the council received funding for 486 grants under a discretionary element of the scheme. In December, the criteria



for this discretionary award were relaxed in attempt to reach more people in need of financial support. Of the 1019 claims paid up to 11 December, 844 (83%) were from the main award and 175 (17%) were from the discretionary award. A long-standing issue with this scheme had been that people who were instructed to self-isolate via the NHS Covid-19 app were not eligible for financial support, and this issue was raised with Government. On 10 December the Government announced that people advised to self-isolate via the app will now be eligible for financial support if they meet the other eligibility criteria. A new feature has been added to the latest version of the app (version 4) to allow people who have been advised to self-isolate to be assessed for eligibility for financial support. Eligible individuals will be advised to register with the Test & Trace service after which they can claim financial support through the council's webpage.

3.34. The council has been invited by the Ministry of Housing, Communities and Local Government (MHCLG) to apply for funding from its **Community Champions** scheme. Up to £25 million is available to local authorities in highest need to improve the reach of official public health guidance, and other messaging or communications about the virus into specific places and groups most at risk from Covid-19. It will be focused to those from BAME communities and/or those with disabilities. The process is not a competitive bid process and it is understood that all applying eligible local authorities will be supported by MHCLG officials to receive a level of funding.

3.35. **Community Care Volunteer Hubs** remain operational with funding until the end of 2020. Food, shopping, prescription and welfare support activity continues to be delivered. Voluntary Action Leeds continue to recruit flexible volunteers to meet the requirements of the hubs. To support the increased food supply arrangements, additional volunteers will be required, which is being publicised through various channels. Libraries and Community Hubs that were open before the national lockdown have now reopened. A new wedge based model for the support hubs has been developed with the Communities Team. Christmas cover is being arranged to ensure provision over the period and the new arrangements should be in place by the end of January. Volunteering numbers are holding up well. A piece of community-led research to evaluate the support hub model is being undertaken by the University of Leeds.

3.36. We continue to maintain contact and support for those who are **clinically extremely vulnerable** (CEV) to Covid-19 (also known as the shielding cohort). Guidance from Government is clear that those who are CEV should go outdoors every day, keeping up social contact safely in order to lessen any mental health impacts from lockdown. There still remain CEV children and young people (CYP) who are advised not attend school due to the nature of their medical condition, which is updated weekly by the department for health and is issued nationally. As of 20 November, there were 613 CYP aged between 0-18 in Leeds who were on the CEV list. We remain in contact with all our schools, including those of CEV CYP's. Schools continue to provide home learning resources for those affected CEV CYP.

3.37. **Domestic violence and abuse** cases continues to be monitored, but there have been a decrease in reports. New governance arrangements in respect of a Covid-19 Bronze group have been embedded. Work is taking place alongside 16 Days of Action to target communities of interest including LGBT+, disability and faith. The Domestic Abuse Bill will become law as of 1 April 2021, and ahead of this the statutory

Domestic Violence and Abuse Local Partnership Board has commissioned a review of MARAC arrangements in the city.

3.38. Eleven **Covid Marshals** have now been trained and deployed. Since Wednesday 2 December, the Marshals have been engaging with members of the public, and also provide advice and support to businesses to comply with Covid-secure rules in the main retail areas of the city. The Marshals concentrate in city centre during the day and student population areas on weekend evenings, with regular reviews to monitor how well this is working and advise students who are travelling home. They have also been providing LCC floor graphics to assist with queue management. It is hoped they will provide a reassuring on-the-ground presence for the public, especially during December, where city centre footfall is expected to increase in the lead up to Christmas. In addition, the City Centre Management team are supporting businesses, visitors and residents in the city centre in an ambassadorial role. Renewed and new safety collateral was installed around the city centre, as well as some key district and town locations, in preparation for the re-opening of retail. The council continues to work with key partners such as West Yorkshire Police, major hospitality and retail businesses, and Leeds BID, to ensure all services and businesses are working together to deliver a safe and successful re-opening.

### 3.39. **Support for Businesses (Business & Economy)**

3.40. The government has announced a number of financial support schemes, administered through local authorities, to assist businesses who have been financially impacted by 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. We are working to understand local needs and direct financial respond accordingly, however with the finite funding allocated to the city it will unfortunately not be possible to meet the needs of all businesses. We continue to highlight the gaps in financial support to Government. The full details of support available to businesses is available on the council website at [leeds.gov.uk/coronavirus/business](https://leeds.gov.uk/coronavirus/business).

3.41. Business premises forced to close during the national lockdown restrictions of 5 November to 2 December can apply for grants worth up to £3,000 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. The scheme launched on 9 November and up to 7 December, 3400 grants have been processed, with a value of £5.4 million paid out. The total value of this fund is just under £13 million.

3.42. On 23 November the Local Restrictions Support Grant (Open) scheme was launched, with an allocation of almost £8 million. Hospitality and accommodation businesses that experienced significant loss of income during the 6-week period spent under Tier 2 restrictions can apply for a one-off grant worth up to £3,150 through this scheme. Up to 7 December, 600 grants have been processed with a value of £1.1 million paid out.

3.43. 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. The council has been allocated just under £16 million for this fund, which is being used for two schemes. The first discretionary scheme launched on 25 November to help businesses severely impacted by the pandemic pay fixed property costs incurred over the period October 2020 to March 2021. Businesses could apply over a two-week period and the scheme closed on 8 December. The scheme was open to businesses incurring £4,000 or more of fixed property costs per annum who can demonstrate a loss of income due to Covid-19 of at least 30% during the 2020/21 tax year. In total, 1248 applications were received to this fund and grants to a total value of £83,880 were paid.

3.44. The second Discretionary Grant Fund was launched on 4 December to support businesses that have been trading for less than three years and have been severely impacted by Covid-19, which are based from domestic properties or from non-domestic premises with annual property costs below £4,000 per annum. The scheme, which is open until 17 December, will provide a grant of up to £1,000. Up to 8 December, 74 applications had been received.

3.45. 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.

3.46. The government has recently announced an additional £1,000 Christmas grant for 'wet-led' pubs in Tiers 2 and 3 (those that predominantly serve alcohol rather than provide food). We await further guidance about how this will be implemented.

3.47. Businesses in the retail, hospitality and leisure sectors in England will not have to pay business rates for the 2020 to 2021 tax year.

#### 3.48. **Infrastructure and Supplies Impact**

3.49. Since the end of lockdown and entering into Tier 3, there are no major inconveniences to business and retail from travelling into and out of Leeds. In the lead up to Christmas, roads are expected to be very busy in the centre of Leeds as well as shopping hubs located across the city, with some congestion unavoidable. Adverse weather conditions may impact travel networks, however, routine timetables remain in-place from before lockdown. The West Yorkshire Metro website is regularly updated for commuters to find the latest travel information and any possible changes, and we continue to work with all our partners to understand and deliver transport needs, and mitigate any risks or issues that may arise.

3.50. December is always a busy time in Leeds in the run up to Christmas, and increased activity and levels of congestion in the city centre and key districts remain a possible risk. Our Covid Marshals will be essential to help with ensure everyone remains safe whilst they visit the city centre, as well as providing advice to businesses to operate in a Covid-secure way. We have updated our communications plan to convey public health safety messages, to pre-plan visits, and continue to encourage working from home and active travel measures where possible.

3.51. City centre footfall increased significantly on the first day of Tier 3 restrictions, with the opening of non-essential retail. On Wednesday 2 December footfall on Briggate was 23,809, and overall city centre footfall was -47.3% compared to the same day

last year. This represents a significant increase on previous weeks, with footfall as low as -82.8% on Sunday 22 November. On the last day of national restrictions, Tuesday 1 December, footfall was -69.3% and actual recorded footfall on Briggate was 10,255.

3.52. The majority of students returned home during the organised travel corridor window of 3-9 December. While a significant logistical challenge, a smooth transition was achieved through the joint working across the partnership. Additional buses were on standby, as well as an enhanced staff presence during this time providing support and advice to students and ensuring public health safety guidance was followed.

3.53. Weekly PPE stock from the Department for Health and Social Care continues to be received across the city; over 900,000 gloves, 294,000 aprons and over 90,000 masks were distributed in Leeds during the month of November alone. Supplies of PPE are now being delivered to educational settings from the government supply stock and GP surgeries continue to receive bulk supply of PPE from us working in collaboration with CCG colleagues. Leeds has been chosen as a pilot site to deliver PPE to informal carers in the city which starts on 7 December.

#### 3.54. **Organisational Impact**

3.55. In line with Government guidance and regulations for Tier 3, some council services that were closed during national lockdown restrictions reopened from 2 December. The thirteen Active Leeds leisure centres that were open prior to national lockdown have reopened, although indoor fitness classes have been suspended in line with Tier 3 restrictions. All community hubs and libraries that were open prior to the national lockdown have reopened and are delivering the same services they were prior to the 5<sup>th</sup> November. However, hubs and libraries are operating on reduced staffing numbers to allow support to continue to essential Covid-related services such as local contact tracing, administering self-isolation payments, and supporting adult social care. In line with national guidance, indoor museum and gallery venues remain closed, although some shops within venues are open and some cafes are operating takeaway services. The grounds at Kirkstall Abbey, Temple Newsam and Lotherton are open. Details for each site are set out on the Leeds Museums and Galleries website. Legal services continue to support decision-making about service changes through interpreting Government guidance and regulations, and the Digital Information Service have ensured that council [webpages](#) contain up-to-date information about service provision. A flexible approach to staff redeployment continues to be in place to support essential services.

3.56. Current Government advice is that people who are clinically extremely vulnerable (CEV) to Covid-19 should work from home where possible, and where this is not possible, speak to their employer about minimising risk to ensure that they can work safely from their workplace. Within the council, 439 staff are identified as CEV, of whom 195 cannot undertake their role from home. Occupational Health are supporting services to undertake individual risk assessments of these individuals to determine whether they can return to their workplace safely from 7<sup>th</sup> December, with CEV staff who work in adult or children's social care being prioritised. CEV staff whose risk assessment determines that they cannot return to their normal role will be reallocated to a lower risk role where this is possible. Communications have been sent to staff and managers to explain this process, and there continues to be frequent and regular engagement with the Trade Unions on CEV staff and all other health and

safety issues. Training on undertaking individual risk assessments has been mandated for managers; 1,200 managers have undertaken the training so far and this will continue to be progressed across services.

3.57. Staff wellbeing continues to be a high priority as the pandemic progresses and we head into winter. The full results of the third staff wellbeing pulse survey are being analysed and follow-up calls have taken place to those who requested this. In light of the continued disruption to council services and working practices this year, managers will be undertaking a mid-year check-in with staff, with a focus on wellbeing, rather than a mid-year appraisal. The #TeamLeedsBeWell wellbeing offer continues to be promoted to staff through different channels.

3.58. To celebrate the great work carried out across the organisation this year under such challenging circumstances, a Recognition Week is taking place during the week of 7-11 December. Colleagues have been encouraged to share 'thank you' messages for teams and individuals under different themes including 'working as a team for Leeds' and 'working with communities'. The messages were shared on InSite, the LCC Colleagues Facebook group and on Twitter. As part of Recognition Week an informal virtual event took place on 8 December for senior leaders to offer their thanks to staff across the organisation.

3.59. Looking ahead, once the vaccination programme has been fully rolled out and made available to all of the workforce, there will be a transition to new working arrangements to allow people to return to office-based working if they chose to or need to do so to undertake their role. The programme undertaken over the summer and into autumn to adapt the office estate, and data gathered through the staff home working survey, mean that good preparations are in place and engagement will continue on the best approach to this.

### 3.60. **Communications and Media**

3.61. Communication and engagement with residents remains central to our Covid-19 response, but is particularly important now to help residents to understand the new Tier 3 restrictions and encourage compliance going forward. This will be critical if regulations or tier placement change in the future. We continue to promote the crucial public health actions of making space, washing hands, wearing face coverings, accessing testing when symptomatic and self-isolating when required. The communications plan has been refreshed, based on learning undertaken over the course of the pandemic, and will include messages around staying safe in the lead up to Christmas. It will also include the most up-to-date information around vaccinations, where and when these can be accessed and who by, going forward. We are determined to fight misinformation about vaccinations, as we realise how dangerous this can be for the future of our collective health and safety. As local leaders, elected members and MPs are amongst our biggest champions to fight this cause. Digital signposting for support remains in place and well visited, as well as weekly mailshots with key messages and useful information.

3.62. This updated communication approach remains dynamic, targeted and key in getting messaging out to residents, as we move into a new period of Covid-19 response and a critical time of the year for the NHS and care services. By using the latest data, and insight from social media monitoring, we can focus these messages based on evidence of transmission in particular settings and amongst particular demographics.

Elected members and local organisations play a key leadership role in engaging the public, encouraging compliance and encouraging neighbourliness, with communication campaigns and messages working alongside on-the-ground interventions from colleagues in the Communities Team crucial for ensuring the effective use of local knowledge and groups for messaging. #TogetherLeeds is being used to help brand communications and highlight how the city works together, this originated in the voluntary sector communications material and also in work with some communication organisations in the city.

## **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 the pandemic progresses and we approach the difficult months of January and February, issues such as poor mental health, social isolation, digital exclusion and others present a risk to residents.

5.2 The Communities of Interest Network was established by Forum Central, Health Watch, Voluntary Action Leeds and the council's Communities Team to understand the compound nature of the social and economic inequality in Leeds directly related to Covid-19. The network is made up of key partners who provide specialist support to the city's diverse communities. The members of this network have a wide reach into, and a trusted relationship with, communities of interest, some of whom have not traditionally engaged with mainstream service providers and organisations.

5.3 In addition, we continue work to better understand the economic impacts, both on individuals and communities. Many local businesses have faced considerable pressure through the national lockdown and into Tier 3, 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 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. Previous national lockdown measures, and ongoing encouragement for people to work from home where possible and stay at home as much as possible under Tier 3 restrictions have aided our fight against climate change and reduce air pollution and carbon emissions. In the run up to Christmas however, it is anticipated that traffic flows are likely to increase.

7.2 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. We continue to monitor the implications of national policy developments – such as the Government's recent announcement of a ban on the sale of new petrol and diesel cars by 2030.

## **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. The financial impact of the pandemic continues to be regularly reported to Executive Board, as part of the regular monitoring and budget planning reports. A separate report on the agenda sets out the current



position and how the Council intends to achieve a balanced budget position for 2020/21. A further report sets out the draft budget for 2021/2022.

8.2. To cover the period of the national lockdown between 5 November and 2 December the Government provided £15.9m “Additional Restrictions Grant” funding to Leeds to passport to local businesses and aid economic recovery. Funding was also provided for closed businesses - Leeds received £13.0m for this “Local Restrictions Support Grant”.

8.3. The council received £4.1m from Government in summer to support outbreak control. This has been used to increase our capacity across Public Health, Environmental Health, Infection Prevention Control, the voluntary sector, communications, etc. Further to this, during the second national lockdown local authorities received £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. Following the end of the national lockdown, Leeds moved to a Tier 3 position. Whilst in this tier, funding will be received at £4 per head per month to continue this support, equating to just under £3.2m per month. Should Leeds move in to Tier 2, the funding would be reduced to £2 per head per month, equating to £1.6m per month. Plans are in development for the application of this funding to relevant activity to deliver aspects of the response and recovery plan and particularly outbreak management.

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

9.1. With the agreement of the Chair, given the significance 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 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 are reported through the monthly Executive Board process and are 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 continued 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 Significant international progress in developing safe and effective Covid-19 vaccinations provides hope for a way out of restrictions and a return to normal life. Across West Yorkshire there has been extensive planning to prepare for a vaccine rollout and ensure that those most at risk are offered vaccination first. However, until such a time that enough of the population is immune, restrictions and social distancing will need to remain in place to keep the city safe, which will require continued patience and cooperation of residents, who have already made considerable sacrifices over the course of 2020. Likewise, the proactive partnership activity across the city will continue to focus on preventing cases becoming outbreaks, preventing community transmission, ensuring compliance and enforcement, and limiting pressure on the NHS. A relaxation of restrictions over Christmas will provide respite for many families, however the virus remains ever present and it is imperative that everyone continues to follow restrictions and practice hand washing, making space, wearing a face covering, and getting tested and self-isolating when required to ensure that case rates do not rise again and protect the health service over the challenging months of January and February.
- 11.2 The downward trajectory of infection rates during the period of national lockdown is encouraging, and must be sustained. As government decisions are made about Covid Alert levels, it is crucial to find the optimum balance between the implications of Covid-19 and broader physical and mental health, along with the economic and social issues both in the short and long term. Local areas are well placed to balance these dynamics and help plot the best route through these difficult decisions to help maintain public engagement and compliance. As a city, we continually stress that restrictions are only part of the overall strategy, emphasising all the other public health interventions as being crucial. For example being vigilant about preventing and managing outbreaks, supporting self-isolation, extensive communications and public engagement about behaviour and compliance, and multi-agency enforcement activity, all delivered through the strongest possible partnership with our communities. Our proactive and determined approach to drive down infection rates will continue as part of our integrated plan for winter, including crucially prioritising effective rollout of the vaccination.
- 11.3 Whilst there are pros and cons of Tier 2/3 and risks with either scenario, on balance we would recommend Tier 2 based on the improvements in the indicators combined

with our relentless determination across all partners and communities to keep infection rates down. We think this will help maintain the public confidence and a greater commitment to follow the guidance and for everyone to break the chain of transmission whilst we push for the most effective rollout of the vaccination.

## 12. Recommendations

Executive Board is requested to:

- a) Note the change in national restrictions from 2 December, with the introduction of a revised Tier system and West Yorkshire placed in Tier 3. Note that this is due to be reviewed on 16 December and a verbal update on the latest position will be provided to Executive Board. Annex D provides the city's position in relation to the Covid Alert Review.
- b) Note the extensive work being undertaken across the partnerships to control the spread of the virus, prepare for Covid-19 vaccination, undertake local contact tracing, prepare for asymptomatic community testing, protect the health service, and deliver support to vulnerable people and to businesses, and agree that these priorities continue to be progressed.
- c) 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.
- d) Use this report as context for the more detailed financial implications of coronavirus that are covered in Finance reports that are also on the Executive Board agenda.

### e) **Background documents<sup>1</sup>**

None.

### f) **Appendices:**

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

Annex B: Leeds Strategic Coordinating Group (SCG Gold) Dashboard- 7 December 2020

Annex C: Draft Leeds Integrated Winter Plan

Annex D: Leeds submission to Government about Covid Alert Levels Review

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<sup>1</sup> 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.