

Report of the Chief Executive

Agenda Item 8

Report to Executive Board

Date: 10 February 2021

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 members on the latest coronavirus (Covid-19) position following the introduction of national restrictions in England announced on 4 January. National restrictions were introduced mainly due to rapid increase in infection rates largely caused by the new UK Covid-19 variant that was identified in the South East of England, which is far more transmissible and now widespread across the UK. It is estimated that more than three quarters of cases in Leeds are the new UK variant. Two other Covid-19 variants, first identified in Brazil and South Africa, are also now present in low numbers in the UK, with some surge testing in areas where there is evidence of transmission without travel. Now more than ever, it is essential that we stay safe and follow public health safety measures. Our communications have continued to reflect these messages.
- As we are again in a national lockdown, this means we must all stay at home except for essential purposes. All non-essential shops and hospitality are closed (although takeaways and click and collect are still available). Schools and educational settings are now largely closed and providing remote learning, except for students who are vulnerable or those with at least one parent who is a critical worker. We are encouraging parents and carers to minimise demand where possible. The Clinically Extremely Vulnerable (CEV) are now advised to shield. Council services have quickly adapted to the new Regulations for the period of national lockdown, including closing or adapting premises where required. For those who need to leave their home for essential purposes, measures are in place to keep public spaces safe, and encourage and support social

distancing, including messaging, signage and barriers, and the use of Covid Marshals to provide guidance and reassurance.

- Since the last report to Executive Board, average infection rates increased from below 150 cases per 100,000 people before Christmas to more than 300 in mid-January and are now down at 230.7 at 4 February. This is still a very high infection rate, so public messaging remains to stay at home as much as possible and reduce contacts. Positivity during this period has ranged from just over 5% in mid-December, up to more than 14% in early January, and is still high at 9.8% at 4 February. The number of outbreaks in settings has increased in line with the level of community transmission, but these are being managed well. The ward picture across the city has continued to be dynamic. NHS services remain under pressure with partners working hard to support safe discharges and community provision. Compliance and enforcement continue to be a key feature of this third national lockdown, particularly for blatant and repeat offences.
- Crucially during this period, the rollout of the vaccination has started with all partners in the city playing their full role to support the NHS leadership of this programme. So far, approximately 100,000 vaccinations have taken place through Primary Care Network sites, pharmacies, hospital sites, and at Elland Road – all in line with the prioritisation established by the Joint Committee on Vaccination and Immunisation (JCVI). Vaccine sites are safe spaces that allow for public health measures such as social distancing, and face coverings are mandatory. Extensive efforts continue on this, including a focus on inequalities and pushing for data to help drive take-up in those who are more hesitant, a full range of communication and engagement work, and working with national colleagues to ensure sufficient supplies. [The Government have also written to us identifying the core role we play and our responsibilities in delivering the vaccine programme.](#)
- The city is on track to meet the Government's target of having the top four priority groups vaccinated by mid-February. It is essential that even those who have received vaccinations continue to follow public health safety measures – such as hand washing, social distancing, and wearing face coverings. Our communications continue to reflect this. The key messages remain: please don't contact the NHS, they will contact you when it's time to book your vaccine; beware of vaccination scams; and positive messaging to counter vaccine hesitancy in the right way.
- The Government are due to publish their plan to exit lockdown in the week commencing 22 February. At a national press briefing on 3 February, the Prime Minister confirmed that upon exiting lockdown, all of England will move through the Tier system as one, rather than on the previous regional basis. National restrictions are due to expire on 31 March, but implementing the national Tier system can take place before this date. Exiting lockdown is dependent on a number of variables, including the amount of vaccinations that have been administered to the first priority cohorts, infection rates, hospital admissions and the infection rate in the over 60s.
- Government also announced that schools may start reopening from 8 March, dependent on the national position. We continue to remain in contact with all education settings in the city, offering support where we can – including encouraging a strict interpretation of key worker definitions to limit numbers. We plan to scale up our asymptomatic testing for school staff when students are welcomed back into school to control outbreaks; [more information on this can be found at paragraph 4.8.](#) Testing continues on university campuses, with approximately a third of students having returned to Leeds.

- The report describes the broad range of activity being undertaken across the multiagency partnership, using data and intelligence to inform action, including delivering vaccinations, testing, tracing (both national and local), support to self-isolate, managing outbreaks, preventative work, communications and engagement, compliance and enforcement, support to individuals and businesses and the organisational implications, with the overall aim to keep as many people safe and well as possible. The Response & Recovery Plan at **Annex A** provides an update on current key actions, issues, risks and planned activity from each strand of the integrated plan. **Annex B** provides the latest dashboard (as at 1 February) including key data and analysis. **Annex C** provides an updated version of the integrated winter plan.

- 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:
 - Estimated 100,000 Covid-19 vaccinations given in Leeds by early February.
 - 17,500 tonnes of gritting distributed, with all vaccination and testing sites gritted during the adverse weather conditions.
 - 1,674 self-isolation grants have been paid to date.
 - £34.3 million grants paid to local businesses in January.
 - 6,000 Free School Meal hampers delivered every week during lockdown.
 - 1,297 cases have been referred to Connect and Support tracing service in the last month.
 - 21,000 Covid-19 tests undertaken at test sites in January.
 - 808,000 people reached over social media in January.
 - 350 business compliance visits carried out by Covid Marshals.
 - Over £200 million paid to local businesses since the start of the pandemic.
 - £30,000 worth of fines issued on businesses who aren't complying with Covid measures.
 - 200 signs in place encouraging social distancing.
 - 438 cases referred to Connect and Support from the week commencing 18 January.
 - Supported 150 businesses with Infection Prevention Control visits.
 - 1.9 million items of PPE distributed across the city.
 - Environmental Health dealt with over 2,000 Covid-related service requests.
 - 35% reduction in road traffic accidents.
 - Issued 24 Notices restricting business from operating.
 - Letters and text messages continue to be sent to Clinically Extremely Vulnerable people with advice and offers of support.
 - West Yorkshire Police have dealt with 17 incidences of large crowds of more than 30 people.
 - 200m of barriers installed, allowing for more social distancing in public spaces, including pavements.
 - West Yorkshire Police Issued 134 Fixed Penalty Notices from the first to current lockdown.

(Please note that infographic figures are indicative and may differ slightly from those published in this report; this report provides the most up-to-date figures available at the time of publication)

Covid-19: Summary of council and city response

February 2021



100,000

Covid vaccinations given in Leeds so far (est.)



350

business compliance visits carried out by Covid Marshals so far



£837,000

paid to support people to self-isolate so far



21,000

tests undertaken at test sites in January



1,297

cases have been referred to Connect and Support tracing service in January



£34.3m

in grants paid to local businesses in January



6,000

Free School Meal hampers delivered every week during lockdown



114,000

email bulletins every week to residents containing the latest information, guidance and advice



17,500

tonnes of gritting distributed during icy weather. All vaccinations and testing sites made safe

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

The 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 across these priorities, with the economy, employment, education, community resilience and health and wellbeing all detrimentally affected by the pandemic. This will undoubtedly limit progress towards our ambitions and presents 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. We are currently undertaking fresh analysis for the Joint Strategic Assessment, and will use this analysis on an ongoing basis to inform our recovery response. This will focus specifically on the differential impacts on the individuals and communities most adversely impacted.

Resource Implications

The financial implications of responding to Covid-19, including additional costs and lost income, remain a significant concern and a separate report about the council's finances on the Executive Board agenda outlines the latest position in much greater detail.

Recommendations

Executive Board is requested to:

- a) Note the change in restrictions announced on 4 January, with the introduction of a national lockdown, and to appreciate the public efforts to stay at home and reduce contacts. Note that the national lockdown is due to be reviewed mid-February, and a verbal update on the latest position will be provided to Executive Board.
- b) Note the extensive work being undertaken across the city's multi-agency partnership, in line with the integrated winter plan reported to December's Executive Board, to roll out vaccinations as quickly as possible, control the spread of the virus, undertake local contact tracing, prepare for asymptomatic testing, protect the health service, and deliver support to vulnerable people and 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, flooding and extreme weather particularly through January, continued pressure on local government finance, capacity concerns and potential impacts from the uncertainty caused by the UK's departure from the European Union.
- a) Use this report as context for the more detailed financial implications of coronavirus that are covered in the Finance report that is also on the Executive Board agenda.

1. Purpose of this report

1.1 This tenth report updates Executive Board on the Covid-19 response across the city including vaccination rollout, the recovery approach, outbreak management, and current issues and risks. It focuses particularly on the impact of entering into national lockdown restrictions, rollout of vaccinations across the city and the West Yorkshire sub-region, vaccination access, mitigating risks from the new Covid-19 variants, and the support in place for people and businesses.

1.2 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 summarises the current key issues across the multi-agency arrangements, also incorporating risk managements. At **Annex B**, the latest dashboard (as at 1 February) provides key data and analysis. **Annex C** provides an updated version of the integrated winter plan.

2. Background information

- 2.1 Around the time of the last Executive Board, it was announced that Leeds, along with the rest of West Yorkshire, would remain in Tier 3 (Very High) restrictions following the Government's review of the local Tiers on 16 December. The initial plans for Christmas relaxations to the restrictions were amended to be much tighter given increasingly high infection rates across the country.
- 2.2 On 19 December, the Government announced tougher restrictions for all of London, the South East and large parts of the East of England. Tier 4: 'Stay at Home' alert level was implemented based on the new UK variant of Covid-19, and the fact it spreads significantly more quickly (up to 70% more transmissible), increasing the R number and hospital admissions.
- 2.3 On 30 December 2020, it was announced that the Oxford-AstraZeneca vaccine had been approved by the Medicines and Healthcare products Regulatory Agency (MHRA). It is easier to store and distribute compared to the Pfizer-BioNTech vaccine. The vaccine is believed to offer 62% protection against Covid-19.
- 2.4 The MHRA and JCVI have advised that the second doses of both vaccines can be given up to 12 weeks after the first dose. The JCVI and UK Chief Medical Officers have also recommended that as many people on the priority list as possible should be offered a first dose of the vaccine and that this should be prioritised over second vaccinations. This is to protect the greatest number of at risk people overall in the shortest possible time and to achieve the greatest impact on reducing mortality and hospitalisations and protecting health and care services. This is a significant change from the initial rollout where patients and staff were being asked to attend for their second dose between 21 and 28 days after their first dose.
- 2.5 Due to the high infection rates seen across the UK, but particularly in London and the South East, the Government announced a national lockdown for England on 4 January 2021. It is anticipated that lockdown arrangements will continue until at least March, with restrictions expiring at the end of March. The high infection rates continue to be mainly down to the new UK variant, reported to be far more virulent, increasing hospitalisations.
- 2.6 National guidance for people who are [clinically extremely vulnerable \(CEV\) to Covid-19](#) has been updated. CEV people are advised to: only go out for medical appointments, to exercise or for other essential purposes, and work from home (furlough arrangements may be an option if this is not possible). CEV children should not go to school or college, and should limit the time they spend outside the home.
- 2.7 In January, the Government announced that asymptomatic testing would be rolled out across the country to all local authorities. This additional Lateral Flow Device testing is aimed at key workers who cannot work from home during national lockdown, helping to find additional cases. The Department of Education has also secured testing for

education staff. This asymptomatic testing programme is important to find cases given that around one in three people have Covid-19 without displaying any symptoms.

- 2.8 On 8 January 2021, the Moderna vaccine was approved by the MHRA, with the Government noting extensive analysis of its safety, quality and effectiveness. It is the third vaccine for approved use in the UK. Data has shown the vaccine provides around 94% protection.
- 2.9 What is still unknown about all three approved vaccines is whether they will stop people from catching or spreading coronavirus. Scientists will be analysing the impact of vaccines on the transmission of Covid-19 to determine this over time. Likewise, the advice remains to follow all the public health measures even when you have had the vaccination.
- 2.10 In total, the UK Government has now ordered 407 million doses of seven of the most promising Covid-19 vaccinations. This includes the Novavax vaccine, which has shown to be 89% effective during UK trials and will be made in Stockton-on-Tees, and the Janssen vaccine, which is shown to be 66% effective in international trials.
- 2.11 On 15 January, the Government announced that all UK travel corridors would temporarily be suspended from 18 January to protect the UK against the new international Covid-19 variants found in Brazil and South Africa. All inbound UK flights from South American countries, including Brazil, as well as Portugal and South Africa, have also been suspended. These new measures will be reviewed on 15 February.
- 2.12 On 16 January, the Government announced that all international arrivals to England, including UK nationals, are required to present a negative Covid-19 test taken up to 72 hours prior to departure. Passengers will be subject to an immediate fine of £500 if they fail to comply with the new regulations on pre-departure testing. A ten day quarantine phase is still in place.
- 2.13 The [Government announced](#) £4.6 billion in grants to support businesses impacted by the national lockdown. These one-off top up grants worth up to £9,000 will be available for retail, hospitality and leisure businesses, and £594 million discretionary funding will be made available to support other impacted businesses during lockdown. This funding comes in addition to £1.1 billion of further discretionary grant funding (Local Restriction Support Grants) worth up to £3,000 a month, and extension of furlough scheme.
- 2.14 The Ministry of Housing, Communities and Local Government (MHCLG) has convened a cross-government Regulatory Services Task and Finish Group, including senior representatives from councils and the Local Government Association (LGA). The group is working to coordinate central Government's asks of local authority regulatory services and consider how we support the sustainability of these essential services in the context of immediate pressures and in the longer term. This includes licensing, trading standards and environmental health as areas of focus.
- 2.15 On 1 February, Government announced that door-to-door knocking and testing has started in areas affected by the new South African Covid-19 variant. These includes postcodes W7, N17 and CR4 in London, WS2 in Walsall, ME15 in Kent, EN10 in Hertfordshire, GU21 in Surrey and PR9 in Lancashire. It has been confirmed that this variant is present in the Yorkshire and Humber region, although cases are linked to travelling and there is no evidence of community transmission. It is believed that the

variant causes no more serious illness for the vast majority of people who become infected than the main form of the virus, and, as with the main virus, the risk is highest for people who are elderly or have underlying health conditions.

2.16 The Government has thanked Local Authority Elected Members and Officers for the rapid response in rolling out the vaccination programme. This was sent via a letter dated 2 February. The letter also detailed the core responsibilities and priorities of local authorities which included work around equal vaccination access, meeting Government's vaccination targets of priority cohorts, ensuring that communications reflect the latest picture and confidence in vaccinations across all age groups, supporting vaccination centres, and future planning for new site arrangements in ensuring all cohorts are vaccinated by the end of summer. We continue to meet these core responsibilities, mainly due to our strong partnership working arrangements across the city.

2.17 On 3 February, preliminary results [were published by The Lancet](#) of a study into the Oxford-AstraZeneca vaccine. It concluded that the vaccine may reduce transmission, and offers 76% protection from a single dose for three months, with no fall in protection. The study concluded that the results supported gaps between first and second doses of between one and three months. The effectiveness of the vaccine increased with a longer gap of three months, before the second booster jab. When the second dose is given, the study found the level of protection from the Oxford-AstraZeneca vaccine rises to 82% efficacy.

2.18 National developments continue to progress apace. These developments will continue to 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](#).

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 January priorities across the response and recovery themes. 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. **Annex B** provides the latest dashboard (as at 1 February). A refreshed integrated winter plan is attached at **Annex C**.

3.2. Our priorities remain to allow safe travel, safe public spaces in communities, district centres and the city centre, safe delivery of essential services, safe education and safe working. Objectives of the response and recovery plan are to:

- Minimise the effect of the pandemic on the health and wellbeing of the city, especially the most vulnerable.
- Proactively respond to intelligence to target support within available context, resources and powers.

- Ensure provision of essential services, focusing on individuals, families, communities and businesses most affected, whilst encouraging communities to engage and provide support themselves.
- Minimise the effect of the pandemic on the local economy, resuming economic activity safely and appropriately.
- Ensure our recovery and renewal is underpinned by Inclusive Growth, Health and Wellbeing and Climate Change.

4. Outbreak Management

4.3 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 have been used, and regular member seminars and MP meetings delivered to provide updates and information for use with the public. 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 on the website.

4.4 The 7-day rolling infection rate for Leeds is 230.7 as at 4 February, down 19% in the last seven days. Positivity remains high at 9.8% as at 4 February. The pattern of transmission of the virus in Leeds remains one of broad and dynamic community transmission, with all wards of the city affected, and rates in wards ranging from 63.1 to 378.1 as at 4 February. Infection rates have stabilised in the majority of wards, although the overall picture remains very dynamic week on week.

4.5 The rate of infection in over 60s is 187.6 per 100,000 at 4 February (down 11% in the last 7 days). A harm minimisation plan for the over 60s continues to be implemented across a range of partners and all wards, targeting messages to those in higher risk cohorts, the clinically vulnerable and culturally diverse communities. Funding has been allocated to third sector older people's organisations to develop innovative approaches, increase capacity and improve access to testing and vaccination for older people. A resource for people living in multigenerational households has been launched which provides information and guidance on how older people can aim to stay safe at home, including the steps they should take if someone tests positive for coronavirus or displays symptoms, and actions have been identified between Public Health and Housing to reduce the infection risk for older people living in high rise council housing. Work has commenced with the Primary Care Networks to embed age-friendly principles in the vaccination programme roll out, with targeted support for Primary Care Networks (PCNs) in the most deprived communities. More information about activity to address inequalities in the vaccine programme is available in the Health and Social Care section of this report.

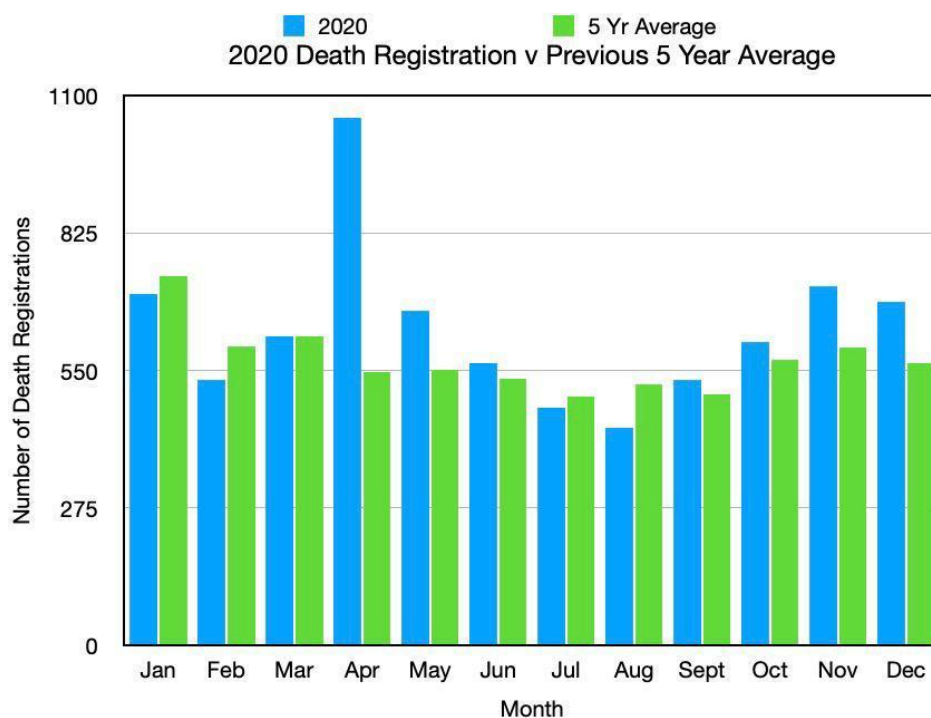
4.6 Incident Management Team meetings continue to be held regularly to review latest data and epidemiology and to coordinate the response to any incidents in settings such as care homes, education settings, prisons and workplaces, and in communities more broadly, which allows for close monitoring of the ward level information to understand patterns, trends and consider additional actions and help develop key messages. Household transmission is at the centre of spread of the virus in Leeds. Infection rates have stabilised in the majority of wards, although the overall picture remains very dynamic week on week. An additional layer of surveillance in some wards is waste water

analysis, as part of a national pilot working with Government to see how this intelligence can support activity to drive down infection rates. Environmental Health and Public Health and the Communities teams have worked with national colleagues to understand this data, set it alongside existing data and intelligence and work with local partners on actions. The general finding is that it largely supports data from testing.

- 4.7 There are an increasing number of workplace outbreaks being reported, but these are generally smaller outbreaks involving fewer positive cases, and are receiving proactive and early support from Environmental Health. All outbreaks result in on-site visits by Environmental Health officers, usually accompanied by Infection Prevention & Control (IPC) nurses. The team work with the business to identify potential sources of infection and put in place appropriate safety measures. Approximately 120 workplaces have been visited for potential outbreaks and supported since the start of the pandemic. Proactive messaging has focused on high risk workplaces and occupations, including food manufacturers, the hospitality sector and the taxi and private hire trade. These sectors have routinely received specific advice and information on Covid Safe measures, instructions on how and when to report cases and rules on isolation periods. Regular weekly small business compliance patrols undertaken by Covid Marshals has been an effective way of engaging with local retail premises, and the majority of district retail centres have received visits. The vast majority of businesses engaged with, both large and small, have been receptive and appreciative of the support provided.
- 4.8 Testing for those with symptoms remains widely available across the city, with take up monitored and mobile units targeted where there is low take up. It is crucial that this is used on a “test to find” basis rather than seen as a “test to release” scheme. Lateral Flow Device (LFD) testing of people without symptoms has already been rolled out across a number of settings in Leeds, including healthcare, universities, secondary schools (staff and pupils), primary school staff and most Local Authority maintained nurseries. The council is now in the process of establishing asymptomatic LFD testing sites for frontline key workers. The Department for Health & Social Care will work directly with [large employers to offer LFD tests](#) to those companies with a large keyworker workforce.
- 4.9 Connect and Support, our local test and trace service, continues to contact additional people, providing support to those who have not engaged with the national Test & Trace process. The service is working well, and all contacts are traced and followed up appropriately, currently reaching around 20% of additional contacts on top of the national service. Vivality, it is also signposting contacts to support services, including the one-off £500 payment to self-isolate.
- 4.10 The number of care homes reporting cases of Covid-19 has stabilised (more information is in the Health & Social Care section of this report). The number of schools and colleges reporting cases has reduced significantly, with a very low number of schools closing due to Covid-19 cases in staff. Education settings are receiving extensive support and are able to take the appropriate steps to isolate cases and trace contacts, there are currently cases in approximately 67 settings. There are currently a small and stable number of cases amongst university students, with 16 cases reported on 4 February, and no evidence of transmission on campus. Approximately a third of students having returned to Leeds. Cases in private accommodation, HMOs and halls of residences continue to be reviewed along with the universities through a weekly joint working arrangements group. There have been cases in hostels and settings for vulnerable people, which have been proactively managed to prevent further spread.

4.1. As at 4 February, 1,360 Covid-related deaths have been registered in Leeds. Of these, 1,320 (97%) were Leeds residents, 872 (64%) were in hospitals, 383 (28%) were in care homes, 40 (3%) in a hospice, and 65 (5%) in their own home. To date, 20% of all deaths registered have been Covid-related.

4.2. In total, 2020 saw excess deaths registered in Leeds at 11.1% higher than the previous five year average, with 7,599 deaths registered in 2020, compared to an average of 6,842 for the previous five years. The peak of excess deaths occurred in the week ending 26 April 2020, when 267 deaths were registered, a 110% increase on the five year average. The lowest recorded excess deaths occurred in the week ending 19 July 2020, when 57 deaths were recorded, 49% below the five-year average. The most recent figures available at the time of publishing this report show that there were 168 deaths in the week ending 31 January 2021, representing a 2% increase on the five-year average. During 2020, excess deaths occurred in April, May, June, September, October, November and December when compared to the previous five-year average. This is set out in the graph below.



5. Health and Social Care (including vaccination update)

5.1 Covid-related hospital admissions have remained high and Leeds Teaching Hospitals NHS Trust (LTHT) continues to be under considerable pressure, however this is being handled well. Following a second peak of 324 Covid patients on 23 November 2020, the number of patients reduced to 118 by 26 December and then increased to approximately 250 at the beginning of February. During this third peak of the pandemic, the number of patients in critical care has been higher than in the first two peaks, causing additional pressure. The fluctuations in hospital admission have corresponded with transmission rates in Leeds and support from partners. LTHT continues to manage changes in demand through established surge plans. In order to manage this demand, wards in the hospital have needed to be reconfigured to treat Covid patients and elective capacity

has needed to reduce because of the availability of staff, critical care capacity and the risk of infection for vulnerable patients. The number of patients in hospital is stable and reducing more slowly than after previous peaks in admissions.

- 5.2 The effective partnership that exists to support system flow and discharge from LTHT has strengthened its approach in the last two months – there is an additional multi-agency daily meeting that ensures that people are supported to go home, first, and if not home then into a range of community care settings that either offer rehabilitation or a ‘recovery’ service prior to people returning home or going into permanent residential care. The hospital social work team has been restructured to enable it to focus on a “Discharge to Assess” methodology that prevents delay in hospital.
- 5.3 The number of care homes reporting an outbreak is the lowest for several months, with 10 homes affected as at 4 February. Outbreaks are usually small and in many cases relate to infections in staff only. The care homes, commissioners and the Infection Prevention & Control team are working together effectively to ensure that there is effective advice and information to care homes, and that support is offered at the point of outbreak to minimise harm and risk. Advice and guidance on visiting, testing and quality of care continues to be provided to care homes, updated regularly in line with changes. Primary Care Networks have been delivering vaccinations to residents and staff within care homes across Leeds, and are well on track to meet the mid-February deadline.
- 5.4 Unlike during previous lockdowns, adult social care Day Services have continued through the current lockdown, with Covid-secure measures in place, to minimise the impact on people who use the services and their carers. Social workers and occupational therapists continue to work flexibly in the community to keep people safe and well, developing virtual and innovative approaches to ensure that support is delivered to people quickly and safely.

Vaccination programme update

- 5.5 Leeds and West Yorkshire are performing well in the Covid-19 vaccination programme and are on track to achieve the national mid-February target for vaccination of the first set of priority groups as advised by the Joint Committee on Vaccinations & Immunisation (JCVI), subject to vaccine supply being available. Approximately 100,000 vaccines have been administered in Leeds. Vaccination data is only being reported nationally and at a West Yorkshire level at this stage, although Directors of Public Health are getting some information. Locally, colleagues in Public Health and the Primary Care Networks are collecting data to enable close monitoring of take up to inform targeting of actions. The rollout approach will continue to be broadened out to include other priority groups as and when advised by the JCVI.
- 5.6 The pace of the rollout of the vaccine programme since the last report to Executive Board has been considerable. In early December, Leeds Teaching Hospitals Trust was one of the first 50 ‘hospital hubs’ to take delivery of the Pfizer-BioNTech vaccine, and vaccination began of people in the [priority groups identified by the JCVI](#). From 15 December, the first three Primary Care Networks (PCNs) in the city began to deliver vaccinations in primary care settings, and since 4 January, all of the city’s PCNs are in the position to vaccinate patients. The approval of the Oxford-AstraZeneca vaccine by the MHRA on 30 December was an important milestone in expanding the vaccination

programme, as this vaccine is much easier to store and transport than the Pfizer/BioNTech vaccine.

5.7 There are four delivery methods to deliver the Covid-19 Vaccination Programme in Leeds: through the hospital hubs at Thackray Medical Museum and The Mount; through local GPs and pharmacies; through the large vaccination centre at Elland Road; and through roving or 'pop-up' sites to target areas with lower vaccine take-up. To support a wider roll-out, a national booking system has been developed which will help make sure people are aware of the places they can get their vaccine locally and enable them to choose the centre that is most convenient for them. There has been some confusion caused by this because some people are unable to travel, so the key message has been that you can wait to be contacted by your GP and have a more local appointment. The single web presence for vaccine related information is available on the [Leeds NHS CCG website](#), it includes all the useful frequently asked questions as well as useful national links and material to promote vaccination take up.

5.8 Elland Road opened as a large vaccination centre on 20 January for health and social care workers. It is anticipated that from 8 February the site will become a community vaccination centre, with priority given to groups identified in line with the JCVI recommendations. Extensive activity has ensured that the required infrastructure is in place for the site, including workforce, parking, traffic flow, completing road works, signage and enhanced capacity for public transport.

5.9 In line with the priority of the Leeds Health and Wellbeing Strategy to reduce health inequalities and improve the health of the poorest the fastest, the Leeds Covid-19 Vaccination Programme has a strong focus on addressing existing and emerging inequalities. A vaccine inequalities plan is being implemented to improve access to the vaccination programme, for example by ensuring community languages are used, that people with learning difficulties are supported, and that disabled people can access vaccination centres. Using local insight from communities, the plan takes an asset based approach to maximise uptake and reduce vaccine hesitancy while accepting that a very small minority will continue to be outright resisters for any number of reasons. This activity will be supported and complemented by ongoing mechanisms to engage communities, led by the third sector, faith colleagues and elected members.

5.10 Public Health and eight Primary Care Networks working with the most deprived areas of the city have developed bespoke health inequalities plans informed by local data and insight to respond to community needs. This includes taking vaccines out to community venues for specific communities, using community champions, and proactive follow up calls to enable a further proactive 'better conversation' to provide information but also allow time rather than rush people. Mobile approaches are being developed to provide a city wide pop-up facility and reaching out to socially excluded groups initially through commissioned services (for example, homeless people, sex workers, Gypsy and Travellers, Refugees and Asylum seekers). A plan is also in development to maximise take-up for people with learning disabilities.

5.11 To tackle misinformation (including scams) about vaccines, a comprehensive communications and community engagement approach is ensuring that the correct information is circulated, using community leaders, a wide range of workforce, and influencers as conduits for reliable information and community conversations. The public also have a very important role to play in supporting the vaccination effort. People will only be able to book an appointment when they receive an invitation so should wait for

this rather than contacting their GP practice or any other health and care services, which puts further strain on the NHS. The public are asked to act immediately when they are invited to book their vaccine appointment, to attend their booked appointment, and to continue to follow all guidance before and after receiving vaccination.

5.12 The shared recruitment approach to deliver the vaccination programme involves maximising redeployment within the workforce as well as recruitment; offering a range of paid clinical and non-clinical roles and volunteering options; encourages applicants from our diverse communities, including developing new community ambassadors for vaccination; and aligns with our Inclusive Growth priorities and addressing the impacts of Covid-19 on employment in the city. Before Christmas, a recruitment campaign supported by the three larger universities was successful in recruiting students to a range of roles, and some council staff have also been redeployed to support the programme. The contributions of all staff and volunteers to the vaccine programme will be celebrated as history makers.

6. Support for Residents (Citizens & Communities)

6.1 The [leeds.gov.uk](https://www.leeds.gov.uk) website remains our central point of contact, providing help, support and signposting for services including accessing food and medicine, self-isolation support, information for families with children and young people and mental health support. The Local Welfare Support Scheme (LWSS) can also be contacted on 0113 3760330 by any Leeds resident that needs help.

6.2 Free School Meals were provided for eligible children across the city over the two week Christmas break. Approximately 19,000 nutritious Free School Meal hampers were delivered to the homes of children. Leeds City Council's Catering Leeds delivered this provision with our partners Asda and DPD. This programme of work involved identifying these partners, creating agreements with suppliers which met procurement requirements, finding a suitable warehouse to pack and distribute, ensuring a healthy hamper provision, communicating with schools and identifying available staff to be able to support the venture in a Covid-safe environment. A huge multi-team collaborative effort, Catering Leeds worked closely with colleagues from Communities and Environment, Children's Services, Civic Enterprise Leeds, Asset Management, Health and Safety, and wonderful volunteers and community groups.

6.3 Over the February half term period, Catering Leeds will provide hampers, or Leeds City Council will be distributing Free School Meals vouchers, to eligible families. Almost 50% of the 187 schools in the city who have a contract with Catering Leeds are opting for hampers. Both the Christmas and February half term provision are funded from the Government's Covid Winter Grant Fund, of which £2.84 million was allocated to Leeds City Council. In addition to this, schools who do not contract with Catering Leeds can make their own choice and access funds via the Covid Winter Grant Fund.

6.4 Since Christmas, Catering Leeds has continued to provide Free School Meals during lockdown to those 187 schools who have a contract with Catering Leeds. This equates to 6,000 hampers per week, being delivered to schools, for families to pick up (for children who are currently being schooled online at home). Catering Leeds is also supplying Free School Meals to students of critical workers, or those classed as vulnerable, who are still attending school. Schools for whom Catering Leeds do not provide hampers are sourcing vouchers through the Department for Education scheme, or via their local supermarket (with funding claimed back). Schools who do not hold a

catering contract with Catering Leeds are organising their own provision with their contracted supplier.

6.5 Schools have been provided with online resources to support the rollout of asymptomatic testing, including [guidance](#) for testing pupils in specialist schools; testing in primary and secondary schools; information about further rollout of devices to support remote learning, and a scheme with a number of mobile network operators to provide free data increases to disadvantaged families to help pupils with remote learning. Regular communications and engagement continues with education leaders in the city to appreciate the work being done. Initial issues about demand for key worker places were worked through with local guidance encouraging parents only to take their place up where it was really necessary. There is a separate report on Executive Board that provides an update about impact of Covid-19 on the nursery sector. The national updates around exam preparations this year are being closely monitored.

6.6 [Self-Isolation Support](#) payments of £500 remain available to eligible individuals who are required to self-isolate and who face loss of income as a result. 3,910 applications have now been received to the Self-Isolation support scheme in total. This includes 369 in the week commencing 18 – 24 January, and 334 in the week commencing 25 – 31 January. There has been a significant increase in demand since the implementation of lockdown restrictions. Fifty per cent of claims have been successful so far. These figures are circulated regularly to elected members and kept under constant review. To date: 1,249 payments have been made through the main award valued at £624,500; and 425 from the discretionary award valued at £212,500. Towards the end of 2020, an update to the NHS Covid-19 app allowed individuals who were told to self-isolate to apply to support after they have registered with the national Test and Trace system. This system is now in-place and working well.

6.7 Leeds City Council is one of 60 local authorities that has been awarded funding (£141,000) from a £23 million fund to support the [Community Champions programme](#), from MHCLG. The programme has been designed locally to respond to local needs, and supplements existing investment, activity and community architecture by supporting those who work with at-risk groups. The programme will reach older people, disabled people, and people from ethnic minority backgrounds who, according to the latest evidence, are more likely to suffer long-term impacts and poorer outcomes from Covid-19. The work will also build trust in communities; communicate accurate health information; tackle vaccine misinformation; encourage vaccine take up; engage with those who are digitally excluded; and develop new networks of trusted local champions. Funding will also support extra school programmes, helplines and phone calls. We have integrated the scheme into our other communities work that continues to take place since the start of the pandemic.

6.8 [Volunteer Centre Leeds](#) (a project of Voluntary Action Leeds) has partnered with [Be Collective](#) to bring a dedicated online platform for volunteering to Leeds. So far, 830 people have registered on this service, from wide ranging backgrounds. The project will use this background information (including ethnicity, gender, employment, and disability) to identify underrepresentation of communities in volunteering, helping to target promotion of opportunities.

6.9 As we are in another national lockdown, those who are deemed to be clinically extremely vulnerable to Covid-19 (CEV) are now advised to shield, and not attend work, school, college or university. Those who can work from home should, and only go outside for

medical appointments, exercise (once a day), or if it is essential. We continue to remain in contact with all those who are CEV, including via text. This is focused in areas of high infection, to raise awareness of their local position and risk, and signpost to support available.

- 6.10 Unfortunately, high levels of domestic abuse incidents were reported at the start of lockdown, although this has slightly reduced. However, levels are expected to remain high and potentially increase towards the end of the lockdown and after restrictions are removed. We continue to work closely with West Yorkshire Police and our community groups who provide assistance to victims and survivors. These are discussed regularly at Bronze meetings, with governance arrangements embedded. We have also undertaken work alongside the 16 Days of Action against Domestic Violence, to target communities of interest including those who identify as LGBTQ+, those who live with a disability, and those who have experienced honour- and faith-based violence. A new statutory Domestic Violence and Abuse Local Partnership Board has commissioned a review of Multi-Agency Risk Assessment Conference (MARAC) arrangements in the city.
- 6.11 We are deploying our Covid Marshals in a focused, targeted way to aid us with our enforcement and compliance work. This includes assisting the Environmental Health team with 350 business site visits, ensuring they are Covid secure and compliant, in areas with high infection rates. Marshals can also share on-the-ground intelligence with the West Yorkshire Police. So far, the Marshals have been deployed to a number of hotspot areas during the week and at weekends. Visits to supermarkets continue and the Marshals have reported the majority of supermarkets are following their own procedures which implement public health arrangements, including social distancing. During the Marshals' deployment, they were able to give extensive advice, plan follow up visits, and receive positive responses from members of the public. Generally the Marshals report a very good level of compliance across the city.
- 6.12 Our Environmental Health team continue to support businesses with reported outbreaks. Advice and guidance is offered to businesses with a focus on infection prevention and control. The team are currently able to engage with, and support any workplace experiencing an outbreak of coronavirus cases. All outbreaks result in onsite visits by Environmental Health officers, usually accompanied by a nurse from the Infection Prevention and Control team. The teams will work with the business to identify potential sources of infection and to put in place appropriate control measures. With high numbers of referrals and compliance visits to respond to intelligence, many businesses are complying with the regulations. However, where there are breaches, enforcement action is being taken. Environmental Health have also served 19 x £1,000 Fixed Penalty Notice's (FPN's); 4 x £2,000 FPN's; 1 x £4,000 FPN's; 19 x Prohibition Notices; 1 X Coronavirus Immediate Restriction Notice; and 5 x Direction Orders.
- 6.13 The police continue to have eight daily 'Warn & Inform' cars deployed across the city, staffed by neighbourhood Policing Officers and have issued more than 4,000 warnings since March. Of these, 539 have had an outcome of fixed penalty ticket, charge or caution. The police recently issued two £10k fines to the organisers of a much publicised snowball fight on Hyde Park.
- 6.14 On the weekend of 30 and 31 January, buildings across Leeds City Centre lit up to remember those who have tragically lost their lives during the pandemic. During this time, the virus has claimed more than 100,000 UK lives, of which over 1,300 of those

were Leeds residents. Buildings that took part commemorating lost friends and loved ones included Leeds Civic Hall, Town Hall, City Museum, Leeds Arena, and Leeds University Parkinson Building.

6.15 Places of Worship across the city remain open and are providing religious services, including open for private prayer under Covid-secure measures (including social distancing), or online services for people to access at home. We continue to remain in contact with our religious leaders; here is a summary of the latest position.

- Judaism; Sinai are providing online services from the initial lockdown last year. Some remain open, including in-person services on Shabbat.
- Sikhism; most of the Gurdwaras are open for private prayer, providing mandatory Covid regulations are followed (including social distancing and wearing a face covering).
- Hinduism; the Leeds Hindu Temple remains closed.
- Islam; the Leeds Grand Mosque has closed due to Covid. All other Mosques are open for the five daily congressional prayers only. Public Health measure – Hands, Face, Space – are mandatory, and worshippers are required to perform ablution at home.
- Buddhism; Jamyang Leeds are closed for communal worship, but remain open (with risk assessments in-place), for private worship and volunteering.
- Christianity Anglicanism; individual parishes have decided on if Churches remain open or closed, dependent on congregations age and therefore risk. The Leeds Minster remains open for one hour per week.
- Christianity Catholicism; Leeds Cathedral and the majority of Catholic Churches remain open for private prayer and a greatly reduced public worship, following Covid-safety guidelines.

7. Support for Businesses (Business & Economy)

7.1. On 5 January the Chancellor announced £4.6 billion in grants, to be administered through local authorities, to support businesses impacted by the national lockdown. This includes one-off top up grants worth up to £9000 for retail, hospitality and leisure businesses, and £594 million discretionary funding to support other impacted businesses. Leeds was allocated just over £65.5 million from this funding.

7.2. The additional grant scheme for Retail, Hospitality and Leisure was launched in the week beginning 18 January, and by 28 January £21.5 million had been paid out. A scheme to pay out grants from the discretionary fund is due to be launched imminently for businesses required to closed during the current lockdown but who are not liable for rates, and businesses that missed the previous discretionary grant window. On 5 January a scheme was launched to offer £1000 grants to pubs or bars that pay rates and receive less than 50% of their sales from food, and were therefore impacted by Tier 2 and 3 restrictions. Up to 28 January, 350 grants had been issued at a total value of £350,000.

7.3. In addition, a number of schemes remain open to support businesses impacted by restrictions in 2020. 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 28 January, £20.8 million had been paid out.

- 7.4. 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 six-week period spent under Tier 2 restrictions can apply for a one-off grant worth up to £3,150 through this scheme. Up to 28 January, £1.8 million had been paid out from this fund.
- 7.5. The Discretionary Grant Fund 3 (Scheme 1) was open between 25 November and 8 December to help businesses severely impacted by the pandemic pay fixed property costs incurred over the period October 2020 to March 2021. 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. The Discretionary Grant Fund 3 (Scheme 2) 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 closed on 18 December, provided a grant of up to £1,000. Up to 28 January, £1.6 million had been paid out across both discretionary schemes.
- 7.6. Further discretionary support was launched on 4 February for home-based businesses or businesses with low fixed property costs of less than £4,000 a year. Businesses incorporated or registered before 1st January 2018 and in Retail, Hospitality, Leisure and Childcare and associated supply chains will be considered for support if they have not been in receipt of Government Covid-19 grant support. By the end of February the discretionary grant for businesses with fixed property costs of £4,000 or more per year will also be reopened.
- 7.7. Since the start of the pandemic, over £200 million has been distributed to businesses in Leeds. However, we recognise that with the finite funding allocated, it will unfortunately not be possible to meet the needs of all businesses. We continue to highlight the gaps in financial support to Government.
- 7.8. The full details of support available to businesses is available on the council website at leeds.gov.uk/coronavirus/business_including_a_place_to_register_for_updates, and engagement with businesses continues to understand the impact and consider additional actions that can be taken to help specific sectors or occupational groups with both short term and longer term recovery.

8. Infrastructure and Supplies Impact

- 8.1 Travel partners are continuing to work together to support access to the vaccination site at Elland Road. Numbers accessing the site have increased steadily since opening and despite some teething problems, the operation from a highways perspective is performing satisfactorily. This will continue to be closely monitored. During the recent adverse weather conditions, support has been provided to grit the networks leading to all vaccination and testing centres across the city.
- 8.2 Weekly PPE stock from the Department for Health and Social Care continues to be received across the city. This includes over 900,000 gloves, 294,000 aprons and over

90,000 masks distributed in Leeds, representing a total of 1.9 million items of PPE. 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.

8.3 Following the ending of the national restrictions at the beginning of December, roads were expected to be very busy in the centre of Leeds as well as at the district centres across the city. Whilst traffic flows did increase and there were some localised issues, no significant network problems were encountered. Since the beginning of the year and the further restrictions, there has been further significant impact on travel in early January; footfall through the rail station was down by 50% in January, 80% down on the previous year. Partners, transport operators and the West Yorkshire Combined Authority continue to update latest positions via social media.

8.4 Following the announcement of the further lockdown on 4 January 2021, 24 hour weekday traffic levels were down 36% compared to the beginning of March 2020, and 33% on the same week in 2019. Excluding the Christmas holidays, flows were the lowest since the end of May 2020. The analysis of weekly road casualties in 2020 shows the number of road traffic casualties fell by 35% in the weeks after travel restrictions were imposed. Whilst final figures for last year need to be verified, overall, road casualties in Leeds fell by 35% from 1,907 to 1,235 in 2020. Those who were unfortunately killed or seriously injured reduced by 36% from 356 to 228 in 2020.

8.5 Major improvements schemes have continued throughout the city centre during the restrictions and latest lockdown. These improvement schemes hours of operation have also been increased where practicable, to take advantage of reduced traffic flows and pedestrian activity. Consideration is also being given to bring forward potential disruptive schemes to avoid congestion problems later in the year.

8.6 No issues were experienced with students returning to the city or pupils using the network during this latest lockdown. This is primarily because the majority of students continue to study online from home. The infrastructure group are mindful of a potential high volume surge when the schools and universities reopen and will use lessons learned from September. As always, we will be looking ahead to being ready for the easing of restrictions.

9. Organisational Impact

9.1 Following the announcement of a national lockdown, service changes were implemented in line with the regulations, subject to robust risk assessments and staff availability. Services that are not permitted to remain open during the period of national lockdown were swiftly closed, including leisure centres, museums and galleries. Staff in these areas were redeployed where required to other services in need of additional capacity. The council [webpages](#) contain up-to-date information about service provision.

9.2 Guidance on working from home was amended to reflect that all staff who are able to work from home should do so apart from in exceptional circumstances. Amended guidance was issued for Clinically Extremely Vulnerable staff and those in the third trimester of pregnancy, who should now remain at home during national lockdown in line with Government guidance. In the context of the high prevalence of the new UK variant of Covid-19 in Leeds, all individual risk assessments are being reviewed and amended. This includes the need for face coverings to be worn inside council buildings where staff

are not seated at their desk. Further to recently updated Government guidance that face coverings offer greater protection than visors, staff are asked to wear a face covering rather than a visor, or both can be worn together. Frequent Trade Union engagement continues throughout this period, and Manager communications continue to be issued frequently to ensure clarity of messages.

9.3 While mainstream schools are closed to all but vulnerable pupils and the children of key workers, some schools have experienced high demand for key worker places which has led to concerns that they cannot safely accommodate the number of children whose parents have requested a place. The council responded to this issue by more closely defining the roles across its workforce that met a restricted critical worker definition, thereby supporting school leaders to reduce numbers in school to manageable and safe levels.

9.4 The Government has indicated that local elections will take place in May 2021, and preparations are underway to ensure that Covid-secure measures are in place for the elections of local councillors and the first West Yorkshire Mayor. Residents are being encouraged to consider postal voting for this election, and all non-postal voters are being written to with an invitation to apply for a postal vote. Other measures planned include limiting the number of electors and staff in polling stations and preparing customised Covid-secure layouts for each polling station. Portable buildings will not be used as polling stations due to insufficient space for social distancing. Verification and counting will be staggered to eleven wards at a time to allow more space for count staff and observers, and online briefing will take place for candidates and agents. Training for polling station and count staff will also take place online.

9.5 As part of the ongoing Mobilise and Energise programme, activity is underway to prepare the office estate for staff to be able to return to working spaces from Easter, subject to Government advice in respect of the current lockdown arrangements. All services have been allocated a team area from the office estate to meet and work from, and a solution to allow hybrid meetings, which can be attended in person or remotely, is being developed, subject to this being permitted in regulations. The rollout of MS Teams is being amended to support this. In response to feedback from the staff working from home survey, some work spaces will be reconfigured to create spaces for collaborative working. The next phase of the home working survey will be issued to staff in February to inform the next stages of planning.

10. Communications and Media

10.1 Our communications approach continues to be dynamic and adapts around the evolving management of the pandemic and its changing work programmes, while also taking into account disease trends, public concerns and behaviour.

10.2 Current areas of focus include encouraging the take-up of vaccinations as the NHS-led programme progresses, and the importance of the continuation of preventative and protective behaviours. We are also working with public health colleagues to support their developing plans to overcome possible barriers and make it as easy as possible for all communities to access the vaccine. Resource has also been put into providing information packs for staff and employers who will be participating in the local Lateral Flow Testing programme. As national lockdown continues we continue to note public feeling and respond to concerns built around core safety messages on staying home, hygiene, wearing face coverings, accessing testing when symptomatic and self-isolating

when required. As the Government reviews restrictions in the future with any possible return to the Tiered system, we will continue to adapt themes accordingly.

10.3 Communicating clearly and engaging with people in Leeds has always been an integral part of the council's Covid-19 response, in keeping with its community-focused approach to local management of the pandemic. We use data and insight from a variety of sources to inform how we target relevant information direct to the people who need it. This is done through a range of methods, including strong social media messaging and campaigns and regular e-newsletters to residents, alongside other approaches such as working with partners and the media to help us to highlight concerns and advice and broaden the reach of information. We work closely with communications colleagues across other sectors to collaborate on joint campaigns, ensure our work complements, and that overall impact is maximised.

10.4 Campaigns targeted to address particular issues, themes or groups of people are shared by us and our partner communications colleagues through our public social media and other channels, as are supporting assets. These include creative graphic design artwork for messaging – for example using #TogetherLeeds messaging. Our communications are a core part of the direct working within communities with groups that might need extra support or with specific cohorts such as workplace and educational settings. As staff from public health, communities, environmental health and others engage directly with these groups backed by strong local member support, teams are supplied with communications toolkits so they can share tailored information and advice and signposting to available help.

10.5 Current key messages are as follows:

- **Thanks** to everyone in #TeamLeeds for playing their part- whether as a key worker, by staying at home, working from home, home schooling, or not socialising in person- all the sacrifices and efforts are paying off, so please keep going.
- Please take this disease seriously. The **new UK variant accounts for at least three-quarters of cases** in Leeds and it spreads faster.
- Whether the new UK variant or the original virus, we **tackle it the same way** - by **keeping distance, minimising contact, washing hands and wearing a face covering. Stay at home** as much as possible.
- At this stage, we don't have any cases of the South African or Brazilian strain of the virus in the city, but we're not complacent and are monitoring this carefully.
- One third of people with Covid have no symptoms so **act like you have it** to protect others
- Everybody should get their **vaccination** when invited - it is safe and effective - and a great thing to do for yourself, your loved ones and your community, to keep us all safe.
- Even after you've had your vaccine, following the restrictions has to be part of normal life for some time yet.
- We will know more about how restrictions will be eased in the week beginning 22 Feb.
- This is tough for everybody, but please remember everyone's experience is different - **#BeKind and support each other.**

11. Corporate considerations

- 11.1 **Consultation and engagement:** 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.
- 11.2 **Equality and diversity / cohesion and integration:** 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. There is also concern minimising the impact of existing inequalities on access to vaccination, as those facing health inequalities are at particular risk of serious illness and mortality from Covid-19. A proactive vaccine inequalities plan is being implemented across a range of partners to target resources at those at higher risk, in the most deprived wards, and ethnic minority communities, to increase access to, and take-up of, Covid-19 vaccination.
- 11.3 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.
- 11.4 In addition, we continue work to better understand the economic impacts, both on individuals and communities. Local businesses continue to face considerable pressure through many months of restrictions and the current national lockdown, with concerns regarding business closures and redundancies. Those businesses most practically impacted by the current restrictions are clearly of greatest concern, particularly consumer services such as retail, hospitality and leisure. 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. More recent analysis suggests that Black, Asian and minority ethnic households; lone parents, mostly women; and private and social housing renters are groups at additional risk. 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.
- 11.5 **Council policies and the Best Council Plan:** 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. The upcoming Joint Strategic Assessment will help with this analysis.

- 11.6 **Climate Emergency:** 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. As we are in national lockdown measures, we encourage people to work from home where possible and stay at home as much as possible. Changes to the way we live and work have aided our fight against climate change and continue to reduce air pollution and carbon emissions.
- 11.7 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.
- 11.8 **Resources, procurement and value for money:** 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.
- 11.9 **Legal implications, access to information, and call-in:** 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.

12. Risk management

- 12.1 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 pandemic. 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 and included in the Response & Recovery Plan.

- 12.2 During this period, the system faces concurrent pressures, including winter pressures on the health and social care system, high rates of transmission of Covid-19 and new emerging variants of the virus; extreme weather and flood risk; and continued uncertainty following the end of the EU exit transition period. These factors and others, including spending reviews and budget planning, election planning, and the health and wellbeing of the workforce, present local authorities with a 'perfect storm' of concurrent pressures over winter.
- 12.3 The council's corporate risk register includes a specific risk on the coronavirus pandemic, which is 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**.

13. Conclusions

- 13.1 Since the last report to Executive Board, case rates across the UK have risen significantly, driven in part by a new variant of the virus believed to have first emerged in Kent. Leeds saw its rate of infection increase significantly over late December, and while this is now reducing, the infection rate is nonetheless high, and the UK variant has quickly become the dominant form of Covid-19 in the city. The focus of the weeks ahead will be to continue to drive infection rates down further, and more quickly, using the full range of public health tools and a strong focus on community engagement. Thanks to the excellent health partnership in the city, Leeds has largely avoided the extreme levels of NHS pressure seen in other parts of the country in January, although the system has faced considerable pressure particularly with critical care.
- 13.2 Leeds and West Yorkshire have made considerable progress in the vaccination programme, with around 100,000 given their first dose of vaccination, in line with the JCVI prioritisation groups. The city is on track to have offered vaccination to the relevant target groups advised by JCVI by the Government target date of 15 February. The progress of the vaccination programme is a testament to what can be achieved through strong local partnership working with effective communications and engagement. The region is now in a position to be able to continue to roll out vaccination to more residents as quickly as supply allows. Effective use of data from vaccinations is key to ensure take up in all our communities and a health inequalities plan is in place to minimise the risk of further inequalities and work with communities to help remove the barriers to take-up.
- 13.3 The Leeds position continues to be one of using a broad range of public health and community interventions to control the virus, with restrictions only one element of the response. This report has set out the extensive activity underway across the partnership to control and manage outbreaks, prevent community transmission, manage the impacts on health and social care, ensure compliance and undertake enforcement activity, engage and communicate with residents, and provide support

for businesses, people and communities. Everybody in the city has a role to play to reduce the spread of Covid-19, by staying at home and only leaving the home for essential purposes; keeping distance from others and wearing a face covering when out for essential purposes; practising regular hand-washing; and accessing a test and self-isolating when required. Elected members continue to have a hugely important role as community leaders in encouraging the right behaviours, as well as advocating for vaccination. For those who need to leave home for essential purposes, and to prepare for the lifting of national restrictions at a later date, we continue to focus on keeping the city safe for everybody. This includes safe travel, safe public spaces in communities, district centres and the city centre, safe delivery of essential services, safe education and safe working.

14. Recommendations

Executive Board is requested to:

- a) Note the change in restrictions announced on 4 January, with the introduction of a national lockdown, and to appreciate the public efforts to stay at home and reduce contacts. Note that the national lockdown is due to be reviewed mid-February, and a verbal update on the latest position will be provided to Executive Board.
- b) Note the extensive work being undertaken across the city's multi-agency partnership, in line with the integrated winter plan reported to December's Executive Board, to roll out vaccinations as quickly as possible, control the spread of the virus, undertake local contact tracing, prepare for asymptomatic testing, protect the health service, and deliver support to vulnerable people and 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, flooding and extreme weather particularly through January, continued pressure on local government finance, capacity concerns and potential impacts from the uncertainty caused by the UK's departure from the European Union.
- b) Use this report as context for the more detailed financial implications of coronavirus that are covered in the Finance report that is also on the Executive Board agenda.

15. Background documents¹

None.

16. Appendices:

- a) **Annex A**: Leeds Strategic Response and Recovery Plan & Risk Log – coronavirus (Covid-19)
- b) **Annex B**: Leeds Strategic Coordinating Group (SCG Gold) Dashboard- as at 1 February 2021
- c) **Annex C**: Latest Integrated Winter Plan

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.