



**Report of the Chief Executive**

**Report to Executive Board**

**Date: 17 March 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 coronavirus (Covid-19) position in Leeds, one year on from the start of the pandemic in the UK. Since the last report infection rates have continued to reduce and the vaccination programme is progressing at pace. Significantly, the Government has now published its roadmap out of restrictions, which gives reason for cautious optimism about the period ahead. This report describes the activity underway across the multiagency partnership to prepare for the gradual and safe reopening of services and the economy, while continuing to maintain a strong focus on bringing infection rates down and progressing the vaccination programme. The Government has asked local authorities to refresh their local outbreak management plans by the end of March and this is underway.
- The local infection rate is 99.9 cases per 100,000 people as at 11 March, down from 170.8 four weeks ago (11 February). The over 60s rate is 56.5, down from 164.6 four weeks ago. The test positivity rate is now 4.9%. The number of Covid-19 patients in hospital, including in critical care, is now reducing, but from a high level. This month has been a busy period for outbreaks, partly because the UK (Kent) variant of Covid-19 now accounts for most cases in the city and is more transmissible. Cases in care homes, education settings and workplaces have been proactively managed to limit spread. There have also been two significant Covid-19 outbreaks in prisons in the city, and an outbreak at the Combined Courts. Two historic and probable cases of the South African variant from January led to a week of enhanced testing in the LS8 area for additional surveillance, demonstrating excellent partnership work with the community and providing

a template for surge activity should it be required in the future. Compliance and enforcement have also continued to be busy, with Covid Marshals deployed and West Yorkshire Police experiencing a high number of calls about Covid-related issues. Business grants and self-isolation payments have continued to be paid out and adapted to national guidance and opportunities, such as discretionary grants and business grants for taxi and private hire.

- Significant progress has been made with the vaccination rollout, with 255,000 vaccines given up to 9 March, and the deadline to offer vaccination to everyone in the top four Joint Committee on Vaccination & Immunisation (JCVI) priority cohorts by 15 February being met. A vaccine health inequalities plan has been implemented across the range of partners, and continues to be adapted and delivered as new information becomes available. In particular, the plan focuses on building confidence for those cohorts and communities most at risk or most likely to be hesitant. The plan on a page is attached at Annex C (please note that this will be published late, separately to the report). Early signs suggest that this programme is having a positive impact, with take-up rates between different communities narrowing.
- As we enter a period of cautious optimism, and after a year of living with Covid-19, it is appropriate to look ahead at the likely scenarios for the year. A plan for 2021 has been developed with input from partners across the multiagency arrangements, which sets out three broad phases. Some of the main areas of focus in each of the three phases are as follows, and described in greater detail in the Response & Recovery Plan (Annex A):
  - Spring 2021: Some form of restrictions remain in place, albeit being eased, and the focus remains on reducing infection rates and hospital admissions, the return to in-person education, and increasing vaccine uptake. The Local Outbreak Management Plan will be refreshed.
  - Summer 2021: Facilitating a safe, gradual and sustained reopening of services and the economy; managing community safety and compliance issues; tackling inequalities; dealing with backlog issues; and responding to variants.
  - Autumn-Winter 2021: Continuing the response to any outbreaks or variants; being ready for winter with a combination of Covid-19 and flu as well as backlogs; NHS and social care reform.
- The Response & Recovery Plan (Annex A) has been refreshed to reflect a focus on this plan, and each of the response and recovery groups (Outbreak Management, Health & Social Care, Business & Economy, Citizens & Communities, Infrastructure & Supplies, Organisational Impact, Communications & Media) will now report against this plan, anticipating the main scenarios and risks for each of the three phases, and detailing the actions underway or planned to respond. At Annex B, the latest Covid-19 dashboard (dated 15 March, to follow) provides key data and analysis from across the response and recovery themes. At Annex C (to follow) is the vaccine health inequalities plan.
- The following infographic provides a highlight of just some of the achievements of the multiagency partners and the people of Leeds in responding to the pandemic over the past year:

# Covid-19 in Leeds: One year on

March 2021



**255,000**

Covid-19  
vaccinations  
given by 9 March



**272,000**

Covid-19 tests  
undertaken at  
test sites



**£233m**

in grants  
paid to  
local businesses



**2,000**

people giving their  
time as Community  
Care Volunteers



**122,000**

pupils adapting  
to new ways  
of learning



**55,000**

people  
shielding by  
February 2021

**A BIG  
thank you...**

#Together  
Leeds



To everybody in Leeds  
for all that you're doing  
to keep our city safe.  
Together we can help  
stop the spread of the virus.

(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)

## **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, have been central throughout the pandemic and will continue to 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, cohorts 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. In particular, it was announced that the Contain Outbreak Management Fund has been extended as part of the announcement of the roadmap.

## **Recommendations**

Executive Board is requested to:

- a) Note the full range of activity taking place in the last month, and work that is underway to prepare for the safe reopening of services and the economy in the coming months, and recognise the continued need for everyone to play their part while restrictions remain in place.
- b) Note the refreshed Response & Recovery Plan (Annex A) with a focus on planning for the year ahead, and agree that this approach to planning and reporting be progressed.
- c) Note that planning is underway for the lifting of restrictions, while we continue to roll out vaccinations as quickly as possible, control the spread of the virus and its variants, undertake local contact tracing and asymptomatic testing, protect the health service, undertake compliance and enforcement activity, and deliver support to vulnerable people and businesses.
- d) 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 report updates Executive Board on the Covid-19 response across the city including vaccination rollout, outbreak management, service impacts, and current issues and risks. After a year of living with Covid-19, the report focuses particularly on our plan for the year ahead, in line with the national roadmap for exiting restrictions.

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 sets out our plan for the year ahead, and summarises the current and anticipated key issues, risks and actions across the multi-agency arrangements. At Annex B, the latest dashboard (dated 15 March, to follow) provides key data and analysis. At Annex C (to follow) is the vaccine health inequalities plan.

## 2. Background information

2.1 Regular national announcements have continued throughout this period covering all aspects of the pandemic, with relevant council services and partners responding and taking action as needed. These are covered in the regular updates to members and MPs for awareness. This section of the report focusses on the two most significant national announcements: the roadmap out of restrictions, and the Chancellor's Budget. Full details of guidance and communications issued by the Government can be found on the [gov.uk website](https://www.gov.uk).

2.2 On 22 February the Government set out its [Spring Covid-19 Response](#) plan (roadmap) for the gradual lifting of restrictions. The plan sets out four key steps, with at least five weeks between each. The steps will only take place if four key tests are met, relating to vaccination rollout and effectiveness, hospital capacity driven by infection rates, and Variants of Concern:

- Step 1, part 1 (8 March): all pupils return to face-to-face education in schools and colleges, and care home residents will be allowed one named visitor.
- Step 1, part 2 (29 March): the Stay at Home order will end, outdoor gatherings of either six people or two households will be allowed, including in private gardens, and outdoor sports can resume.
- Step 2 (no sooner than 12 April): Non-essential retail, personal care, indoor leisure, outdoor visitor attractions and outdoor hospitality can operate.
- Step 3 (no sooner than 17 May): outdoor social contact is allowed for up to 30 people; hospitality can operate indoors and indoor entertainment venues can reopen; some large events will be permitted, with restrictions on capacity.
- Step 4 (no sooner than 21 June): all legal limits on social contact to be lifted, nightclubs can reopen, and restrictions on large events will be lifted.

2.3 The full details of each of the steps is set out on the Government website and has been shared with members and MPs and residents, including on social media. All dates of this roadmap are indicative, and reviews will take place between steps to determine whether it is safe to proceed to the next step. In particular there are reviews about face masks and social distancing; international travel and Covid-status certification; public transport, large events, and weddings and other life events. It is not expected that there will be a return to the Tier Alert system that was in place at the end of 2020, although a review of the Contain Framework is underway, which will set out how local outbreaks will be managed. It is anticipated that this will be published mid-March and will include the responsibilities of national and local government.

2.4 On 3 March the Chancellor presented the 2021 [Budget](#), which aims to support businesses and families through the pandemic, facilitate an investment-led recovery, and strengthen public finances. Key policies include:

- Extension of the Coronavirus Job Support Scheme (furlough scheme) to September 2021.
- Extension of the Self Employment Income Support scheme to September 2021, with 600,000 more people now able to claim.
- Extension to the temporary cut in Stamp Duty Land Tax in England and Northern Ireland until September to support the housing market and protect and create jobs.
- A six-month extension of the £20 per week Universal Credit uplift and a one-off payment of £500 to eligible Working Tax Credit claimants across the UK.
- Funding of £5 billion for new Restart Grants in England of up to £6,000 per premises for non-essential retail businesses and up to £18,000 per premises for hospitality, accommodation, leisure, personal care and gym businesses, giving them the cash certainty they need to plan ahead and safely relaunch trading over the coming months.
- An additional £425 million allocated to local authorities in England, on top of the £1.6 billion already allocated. This is from the Contain Management Outbreak Fund for discretionary business grant funding. We await further information on the additional business support funding allocated to Leeds.
- Extension to the VAT cut to 5% for hospitality, accommodation and attractions across the UK until the end of September, followed by a 12.5% rate for a further six months until 31 March 2022.
- The Government will continue to provide eligible retail, hospitality and leisure properties in England with 100% business rates relief from 1 April 2021 to 30 June 2021.

### **3. Main issues**

- 3.1 The Leeds multi-agency command and control arrangements for the pandemic, as described in previous Executive Board reports, have continued to evolve to the changing situation, working with the wider sub-regional and regional arrangements. A chart of the multiagency arrangements is provided in the Response & Recovery Plan at Annex A. 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 (to follow) provides the latest dashboard of key data and analysis. At Annex C (to follow) is the vaccine health inequalities plan.
- 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 can be found on the first page at Annex A.

### **4. Outbreak Management**

- 4.1 Since the last report to Executive Board, the 7-day rolling infection rate for Leeds has reduced from 230.7 on 4 February to 99.9 on 11 March, and test positivity has reduced from 9.8% to 4.9% over the same period. Our concerted focus remains on bringing this rate down further, and more quickly, to ensure the city is in the best possible position ahead of the gradual lifting of restrictions. Encouragingly, the rate amongst the over 60s is lower than the Leeds average, at 56.5 cases per 100,000. Infection rates remain highest amongst working age adults. The number of care homes reporting Covid-19

cases remains low, with 7 out of 152 homes reporting cases as at 11 March, and a very low overall number of care home residents testing positive. Appropriate control measures are in place and all care homes are being supported by Infection Prevention & Control and adult social care. Proactive work is ongoing to prevent further outbreaks where possible. Similarly, the number of education settings and workplaces reporting cases remains low, however two significant outbreaks occurred at HMP sites in late February. A number of Incident Management Team meetings have taken place in response to these outbreaks, whole prison testing has taken place, and Environmental Health and Infection Prevention & Control teams have undertaken visits and provided recommendations. Outbreaks in HMP settings is an issue nationally and the Ministry of Justice is supporting to manage the situation both locally and nationally.

4.2 During the week beginning 22 February, additional testing took place in parts of LS8, including Harehills and the area just north of Easterly Road, in response to two historic and probable cases of the South African Covid-19 variant that were identified in a household. The cases were first identified in January and the individuals isolated and recovered, with no local evidence of community transmission, but there was a requirement from Government for additional surveillance testing to take place. The Enhanced Testing Plan was developed quickly and a workforce was very rapidly mobilised from the council, partners and volunteers to facilitate the testing and use this as a positive opportunity for community engagement and surveillance alongside other measures in the locality. Leeds was the first local authority in the country to undertake enhanced testing without additional national resources being deployed. There were extensive communications and engagement through ward members and other local partners. Residents without symptoms in the areas selected were encouraged to access a Covid-19 test at a dedicated test site near Bilal Mosque or a mobile testing unit at Shine or through home testing. At least 1,500 surveillance tests of asymptomatic local residents were undertaken, with any positive tests being sent for genomic sequencing to identify any additional cases of the variant. This helps with surveillance and understanding the pattern of new variants nationally. At the time of writing, there has not been an increase in infection rates in the area even with the testing, and no additional cases of the South African variant identified.

4.3 The broader asymptomatic testing programme continues to progress, with extensive communications to ensure that this is used as a “test to find” tool rather than a “test to release” tool. Key worker testing began from 1 March at the Leeds Beckett University Headingley campus. Testing is initially available for council officers working in cleaning, passenger transport, plus West Yorkshire Police. As demand and resources allow, testing will be rolled out further, with key workers drawn from: businesses, children’s homes, early years, funeral directors, hostel staff, markets, taxi and private hire, the third sector, transport, the fire service, and West Yorkshire Playhouse. Other groups may also be added to the testing programme should they benefit from being included. This programme is in addition to asymptomatic testing that is already taking place in the NHS, care homes, universities, and a number of employers. Further asymptomatic testing is also available for parents or bubbles of children as they return to school. The [NHS Leeds website](#) continues to be the place where all the testing information is provided, including asymptomatic and symptomatic testing, and links to national websites for booking where appropriate.

4.4 Local contact tracing continues to find additional cases on top of the national system, and is closely linked to both practical and financial support for self-isolation, including through the community hubs. An additional door knocking service is being provided by



the third sector provider Better Together, where there have been three unsuccessful attempts to make contact by telephone.

4.5 As at 11 March, 1,544 deaths have been registered in Leeds where 'Covid-19' or 'coronavirus' was mentioned. Of these, 1,498 (97%) were Leeds residents, 1,015 (66%) occurred in hospitals, 400 (26%) were in care homes, 48 (3%) in a hospice, and 81 (5%) in their own home. To date, 21% of all deaths registered have been Covid-related. In regard to excess deaths, between 1 January and 28 February 2021 there were 1471 deaths registered in Leeds. This compares to 1235 in the same period in 2020 and 1336 as the five year average for the same period between 2015 and 2020. Therefore, so far in 2021 Leeds has seen 19% excess deaths as compared to 2020 and 10% compared to the five year average.

4.6 As reported to previous Executive Boards, strong governance arrangements for outbreak management are in place, including an Outbreak Control Board and Member Outbreak Control Board. The Leeds Outbreak Management Plan has been published in full on the council website, and is currently being reviewed and refreshed in line with Government requirements to present an updated plan by the end of March. This will be published on the website and reported to Executive Board in April.

## **5. Health and Social Care (including vaccination update)**

5.1 There remains very significant pressure on the health and social care system, with around 110 Covid-19 patients in hospital, and around 25 in critical care. The number of Covid-19 inpatients has decreased since mid-January in line with infection rates and this trend is expected to continue. Mutual aid to support other areas of the NHS under pressure has ceased, however Covid-19 associated demand on intensive care remains very high. As the demand for treating Covid-19 patients decreases, elective operating activity will continue to increase. The timing of restarting elective recovery will also take into account the time taken to reconfigure teams and hospital space, and staff wellbeing and burnout. A piece of work led by Leeds Academy is planned, focusing on supporting the workforce through this difficult time. Despite the challenging circumstances, the health system is looking ahead to recovery and the expectations around NHS reorganisation. Partners in Leeds will focus on current issues, implement changes learned during the Covid-19 pandemic and anticipate new opportunities. The strong relationships across the Leeds system, and its scale, expertise and quality, puts the city in a strong position to look ahead while simultaneously dealing with the current challenges.

5.2 In line with this focus, the governance arrangements for the health and social care system have been reviewed and updated. The health and social care Gold group will continue to meet weekly as a component part of another broader agenda, to provide a point of escalation where required and to provide collective oversight. The Stabilisation and Reset group (StAR) continues to manage the situation on the ground and escalate to Gold where required. The System Resilience Assurance Board which was previously part of Gold will now be reconstituted as the System Resilience and Recovery Board, as a monthly assurance meeting to ensure system resilience and recovery. The Partnership Executive Group will continue with its wider strategic leadership of the Health & Wellbeing strategy. These arrangements will be put in place during March and terms of reference will be finalised.



5.3 [National guidance](#) has permitted the resumption of limited visiting in care homes from 8 March and this has commenced in the in-house services. All care home residents can now have a nominated named visitor who will need to be tested using a rapid lateral flow test prior to each visit. All visitors must wear appropriate PPE and follow infection control measures including hand washing and social distancing. In line with the new national guidance the expectation is that visits are supported and facilitated across all Leeds care homes. The guidance was issued on 4 March and every home in Leeds is now working through the guidance and applying this in the way that they feel fits with their care home, residents and families. Care home managers remain best placed to decide how their care home can best enable visiting, and support is provided to homes by adult social care, the Leeds Community Infection Control team and Public Health England. Visiting is a central part of care home life, both for the health, wellbeing and quality of life of residents, and to maintain family contact and friendships. We will do all that is safely possible to enable family and friends to visit loved ones.

5.4 The Leeds Scrutiny Board for Adult, Health and Active Lifestyle will consider a paper on the effects Covid-19 has had on women's health on [16 March \(item 9\)](#). This includes the impact on screening services, maternity services, reproductive, contraceptive and sexual health services, and the consultation on Women's Lives Leeds.

### **Vaccination programme update**

5.5 Approximately 255,000 first dose Covid-19 vaccines have been delivered in Leeds, which is a testament to the strength of partnership working in the city. The city met the national target of offering vaccination to everybody in the top four [priority groups identified by the JCVI](#) by 15 February. People over 56 and those with underlying health conditions are now receiving vaccination invites. As planned, Elland Road opened as public vaccination site on 8 February (prior to this, the site had been used exclusively for vaccinating the health and social care workforce). Individuals who are eligible for vaccination will be contacted by their GP surgery, or sent an invitation to book their appointment on the national booking system.

5.6 As reported to previous Executive Board meetings, the Leeds Covid-19 Vaccination Programme is rooted in the 'Team Leeds' approach involving the full range of local partners. At the heart of the programme is the Leeds Covid-19 Vaccine Health Inequalities Plan (see Annex C), which aims to mitigate inequalities by ensuring our underserved populations have access to the Covid-19 vaccine and uptake is maximised in areas of deprivation and by vulnerable groups who are at increased risk. A recent [report](#) from the Office for National Statistics found that vaccine hesitancy was higher in young adults, Black and Black British adults, parents of young children, and those living in the most deprived areas of England (based on Index of Multiple Deprivation). Across all population groups, "side effects", "long term effects on health" and "how well the vaccine works" were the top three reasons for reporting negative sentiment towards Covid-19 vaccines. Locally, [Healthwatch Leeds](#) are reporting frequently on people's attitudes towards, and experiences of, vaccination, and a wide range other health issues related to the Covid-19 pandemic, which is used to inform decision-making.

5.7 The Leeds Covid-19 Vaccine Health Inequalities Plan has a clear set of workstreams to build vaccine confidence and maximise uptake in target communities:

- Bespoke health inequalities plans to respond to community needs for some of the most deprived areas of the city by Public Health and Primary Care Networks.

- Community Engagement Plans in areas of deprivation working with Community Champions, third sector, faith leaders, Local Care Partnerships, and building on existing community networks to ensure peer to peer conversations.
- A further 75 Community Champions to be recruited.
- Delivery of a rapid, responsive, roving vaccination model based on intelligence.
- Development of a training package for the wider workforce focusing on raising awareness, increasing confidence and providing vaccine facts from a trusted source.
- Communications using a range of formats, tailored to target audiences.
- Public Health Intelligence providing weekly reports of vaccine uptake by different communities.
- Community engagement events planned for April and May, when vaccination is more widely available.

5.8 Early evidence suggests that this programme is having a positive impact in closing the gaps in vaccine uptake in some of the key target communities. All data and intelligence will continue to be monitored closely, and the approach adjusted accordingly. A report on the Covid-19 Vaccine Health Inequalities Plan will be presented to the Executive Board in April, providing a comprehensive update on this crucial area of work.

5.9 The single web presence for vaccine related information is available on the [Leeds NHS CCG website](#). This includes frequently asked questions as well as useful national links and material to promote vaccination take up.

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

6.1 All pupils returned to face-to-face education in schools and colleges from 8 March. In the run up to reopening, support was provided to schools and colleges through regular email bulletins and virtual meetings with heads to address any issues or concerns. The reopening of some secondary schools will be phased over the first few weeks from 8 March to accommodate testing of pupils. Pupils will be tested in school three times, with 3-5 days between each test, before being supplied with home testing kits to be taken twice weekly. Education staff will also receive home testing kits for twice-weekly testing. All testing is voluntary, and requires parental supervision for pupils aged 12-17. For pupils aged 11, parents/carers should administer tests. Staff and pupils are advised to wear face coverings in all areas, including classrooms, where social distancing cannot be maintained, as a temporary extra measure until Easter.

6.2 Cases of Covid-19 in education settings will continue to be closely monitored. Given the learning that has taken place since the start of the school year in September, schools and colleges have well-established arrangements in place to respond to Covid-19 cases to avoid transmission and minimise the impact on staff and pupils. Our schools continue to adapt to the national picture, and will implement any arrangements needed for educational catch-up programs and resources. Safeguarding remains a top priority for all schools, and education leaders remain dedicated to protect the most vulnerable pupils. We are watching closely for any increases in safeguarding referrals upon the return of children, which our teams will manage well given our excellent partnerships with schools.

6.1 [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. As part of the Spring

Covid-19 Response Plan, the Government confirmed that self-isolation support will continue into the summer, and will be expanded to cover parents who are unable to work because they are caring for a child who is self-isolating. Self-isolation discretionary support funding for local authorities will increase to £20 million per month, and further funding will ensure people self-isolating have access to practical support, medicines delivery, and wellbeing support. Up to 5 March, 5102 applications had been received to the self-isolation support scheme in total. The number of applications has decreased over recent weeks, with 162 applications received in the week ending 5 March, an average of 32 applications per day. Approximately 50% of claims have been successful so far, higher than many other local authorities because of the discretionary scheme element. To date, 1,561 payments have been made through the main award valued at £780,500; and 794 from the discretionary award valued at £397,000. These figures are circulated regularly to elected members and kept under constant review.

6.2 On 16 February a further 1.7 million people were identified as being Clinically Extremely Vulnerable (CEV) and added to the shielded patients list after a new risk prediction model identified additional people at high risk from Covid-19. This change led to 800,000 adults being prioritised for vaccination. Locally, the number of CEV people now stands at 54,898 who are advised to shield until 31 March. They were provided with information about shielding and how to access support, including food; prescriptions; financial advice; social and emotional support; physical activity; and digital access, through the multi-agency Leeds Shielding Support Team. The council remains in contact with all those identified as CEV, including via text message for those who have registered, to communicate any changes and signpost to support.

6.3 Voluntary Action Leeds (VAL) are working on the sustainability of the 33 community ward based hubs. They have been critical in responding to the pandemic and have helped bring additional investment into the city. Going forward the hubs are to be networked with partners (including private sector organisations) to provide communities a platform for consultation and local investment. It is envisioned that hubs will be part of the central system of support and not just additional support infrastructure. In the long term, it is anticipated that they will become community anchors ready to respond to any national or local crisis as they build trusting relationships with communities.

6.4 Environmental Health continue to receive significant enforcement related requests and advice. The team continue to manage outbreaks effectively across the city, mostly in workplaces. The team received 40 Covid-related requests as of week commencing 1 March, and 50 the week before. These requests focus on advice on wearing face coverings, social distancing, and click and collect premises. Prohibition notices continue to be issued. Since the start of the pandemic we have served: 20 £1000 Fixed Penalty Notice's (FPNs); two £2000 FPNs; one £4000 FPN; 26 Prohibition Notices; one Coronavirus Immediate Restriction Notice; five Direction Orders; and four prosecutions have been initiated for non-compliance with coronavirus regulations.

6.5 We continue to work closely with West Yorkshire Police and funeral directors to ensure that limits on funeral attendance are adhered to and ensure that these are safe. The Covid Marshals continue to be used in a range of areas to help support compliance, including visits to supermarkets and other retail outlets in outer areas of the city. The marshals now have access to city vehicles to help with compliance visits. Eight WYP warn and inform cars continue to patrol the city.

6.6 The [leeds.gov.uk](https://www.leeds.gov.uk) website remains the 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 can also be contacted on 0113 3760330 by any Leeds resident that needs help. Town and Parish councils have also played a very significant role and undertake extensive work throughout the pandemic. This includes supporting local communities by funding and organising foodbanks and school meal support, as well as facilitating transport to vaccination sites.

6.7A key priority for the period ahead will be managing community behaviour and compliance now that the national roadmap has been published, and continuing to do so as restrictions are eased over the months ahead. Partnership planning for the key dates of the roadmap is underway, and communications will be planned accordingly.

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

7.1 Business support grants continue to be administered to businesses that have been forced to close due to the current lockdown measures, as well as those impacted by restrictions in 2020. The release of additional funds means that support for businesses impacted by the current lockdown has been extended, and now covers the period from 5 January to 31 March (previously 15 February). On 25 February the discretionary business grant scheme reopened to support eligible businesses (those required to close during the current lockdown that are not liable for rates, and those that missed the previous discretionary grant window) with property costs such as rent, commercial mortgage payments and service charges.

7.2 Up to 8 March, over £233 million had been distributed in business support grants since the start of the pandemic. This includes £154.3 million in Small Business and Retail, Leisure & Hospitality grants, £6.2 million in Discretionary Relief grants, £68.8 million in National Restrictions grants since November, and £3.9 million in Additional Restrictions Grants since December.

7.3 On 3 March, as part of the Spring Budget the Chancellor announced £5 billion for new Restart Grants - a one off cash grant of up to £18,000 for hospitality, accommodation, leisure, personal care and gym businesses in England. We await further guidance about these grants and confirmation of the Leeds allocation. More information on [business grants is available here](#), including the option to register for updates.

7.4 Engagement with businesses continues in order 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. This includes making £2.5 million available to fund free three-year taxi and private hire licence renewals for drivers, delivering a timely boost to a trade that has been particularly badly affected by Covid-19 lockdown restrictions. Taxi and private hire drivers and operators with a Leeds business address will also be able to apply for £500 grants following the reopening later this month of a coronavirus support scheme for businesses with low fixed property costs. We are aware of the importance of taxi and private hire drivers to the city, and we know this support will help drivers and operators. [Details are available on the website](#).

7.5 Employment and Skills continue to support people and businesses through the challenges of the pandemic. The first virtual Leeds Apprenticeship Festival took place during National Apprenticeship Week at the beginning of February. Initial figures indicate

that there were 55,106 website views, 1,062 engagements with live sessions, and 2,758 plays of exhibitor pre-recorded videos. The service continues to support employers to provide new job placements for young people claiming Universal Credit through the Kickstart Scheme. To date, 31 placements have started, with recruitment activity for further placements ongoing. The programme is supporting a total of 68 businesses and 239 approved placements, and an additional Kickstart gateway bid was submitted at the end of February to enable the programme to support a further eight businesses and 21 placements. The service has also been supporting workforce recruitment for the vaccination programme, with a focus on recruiting individuals who are long-term unemployed or have been made redundant during the pandemic. In total, 110 people have been recruited into front of house, administration and healthcare assistant roles to support the vaccination programme. In January, the Employment & Skills service was successful in securing a new European Social Fund employment support programme which will be delivered through the council's Jobshops across the city. This new programme will complement the existing Employment Hub Programme which is currently supporting around 2,000 people to find employment or improve their skills.

7.6 The council is leading on a multi-agency approach to re-opening the city, town and district centres as key sectors of the economy are allowed to re-open from 12 April. A detailed 13-point plan is in place, covering areas such as Covid-related signage, support for hospitality, businesses, events and the provision of on-street teams such as Covid Marshals and Night Marshals. Each sector of the economy requires differing levels of support and intervention, and the plan splits the response into three stages:

- A re-opening phase in spring, focussing on safety, cleanliness and communications, as well as improved outdoor seating provision, given that only outdoor hospitality is expected to be permitted between 12 April and 17 May.
- An early recovery phase through the summer, where the focus will be on carefully encouraging footfall and dwell time.
- A 'new normal' phase through the autumn and winter, eventually leading to what will hopefully be a successful Christmas period.

7.7 A Hospitality Working Group has been set up, involving relevant council services and partners, to look at the issues facing the hospitality sector as it reopens, such as licensing, outdoor seating, crime and antisocial behaviour, and business support. The group is focussing on understanding the issues and working collaboratively on solutions, initially on the city centre but with broader applicability. Current issues being worked on include:

- Extension, through to September 2021 (and possibly longer) of the low-cost, streamlined street café application process.
- Temporary widening of footways using barriers to provide more space for circulation, and more space for street cafés.
- Completion of permanent city centre improvement schemes such as Headrow, Park Row, Cookridge Street and Greek Street which will deliver significant public realm improvement, while minimising the disruption caused by construction work.
- A Night Marshal service to cover the first few weekends of reopening, to support the hospitality sector in the city centre and other centres with a strong night time economy such as Headingley.
- Continued partnership working on compliance and enforcement activity.
- Further grant schemes to support the reopening of the high street and a small grant scheme through Leeds Inspired to support physical events across the city such as small concerts.



- Running the next phase of the 'Rediscover Leeds' campaign and a plan to encourage visitors back into the city centre and other key locations.

7.8 The Business & Economy section of the Response and Recovery Plan at Annex A provides a more comprehensive picture of the actions planned and underway for the period ahead until the end of the year. Members also receive an economic bulletin every two weeks.

## 8 **Infrastructure and Supplies Impact**

8.1 Travel partners have worked together to prepare for the full resumption of school transportation from 8 March, with additional services to accommodate social distancing requirements, while continuing to support access to the vaccination site at Elland Road. Public transport usage is expected to increase gradually over the course of the year as key steps of the national roadmap unfold, such as the lifting of the Stay at Home order, the reopening of retail and hospitality services, and the return to in-person education for university students. Partners are planning for these key dates, as described in the Response & Recovery Plan at Annex A. National guidance on social distancing following the review announced as part of the roadmap will have a considerable impact on public transport capacity.

8.2 The lockdown restrictions have seen a continued reduction in footfall, with city centre footfall averaging around a third of 2020 levels over February, and traffic flow around two-thirds of what would be expected at this time of year.

8.1 While traffic flow and pedestrian footfall remain low, partners are taking advantage of the opportunity to progress city centre capital works, which will contribute to an improved city centre experience when visitor numbers increase over the spring and summer. Where possible, schemes will be accelerated ahead of the reopening of non-essential retail and outdoor hospitality in Step 2 of the national roadmap plan. The nature of some of the schemes means that work will still be ongoing in many areas, but disruption will be minimised as far as possible. As services begin to open and footfall increases, communications will be issued to make the public aware of changes to road, cycle and pedestrian networks.

8.1 Stock levels of Leeds City Council PPE remain good and are continually monitored, with new deliveries received from the Department for Health and Social Care each week. The local resilience forum also have high PPE stock levels. In light of national guidance that masks should be worn by pupils and staff in education settings, DHSC have confirmed that all further education colleges will receive direct delivery of masks to their specific sites. The current offer to schools to order from the PPE hub will continue as before and this has been communicated to schools by the health and safety team. A number of recent product recalls have not impacted on PPE supply, but this is closely monitored.

## 9 **Organisational Impact**

9.1 Following the announcement of the national roadmap to lifting restrictions, services and directorates are planning for the resumption of services. These include libraries, community hubs and leisure centres from Step 2 (12 April or later), and indoor visitor attractions from Step 3 (17 May or later). The council [webpages](#) contain up-to-date information about service provision. Staff from closed services who had been redeployed

to support frontline services will return to their usual roles once those services reopen; this will be managed through a Transition Plan to minimise the impact on frontline services. Similarly, a review will take place of council venues that are currently being used for mobile testing sites (for example leisure centres) as services resume.

9.2 The advice to work from home wherever possible will remain in place until at least the end of May, when the national review about social distancing and face masks will inform the approach. In preparation for the potential return to office-based working from June at the earliest, work is underway to agree a set of principles for future use of the office estate, which has reduced in size and will be impacted by social distancing requirements. The vision for future working will be flexible, with a mixture of remote and office-based working options available, and a greater focus on collaborative working spaces. This reflects the workforce preference as established in the working from home survey last year. All services are being allocated a team area from the office estate to meet and work from, however it is likely that capacity restrictions will mean that spaces will need to be shared between services, for example, on different days of the week. The national review of social distancing guidance will significantly shape this work. Staff will be engaged in the process of establishing principles for future working arrangements over the coming months.

9.3 The rollout of Microsoft Teams has been significantly accelerated and will become available over the course of March. Discussions are ongoing between relevant stakeholders and the Ministry for Housing, Communities and Local Government to enable a continued flexible approach to decision-making meetings, albeit with a focus on transitioning to in-person, Covid-secure committee meetings, particularly for key decision making meetings.

9.4 As we approach a year of responding to the pandemic and different ways of working, there remains a strong focus on staff wellbeing, including celebrating the achievements of teams and individuals, regular communications, and promoting the council's wellbeing and mental health support offer. Regular manager communications are issued along with weekly updates from the Chief Executive and good use of social media to engage staff and focus on wellbeing and inclusion.

## 10 **Communications and Media**

- 10.1 Going forward, it is vital we effectively deliver proactive and clear communications in response to the national roadmap, reopening society and resuming council services. This includes messaging to everyone in the city to do more of the right thing more of the time in all aspects of their lives. It is vital that public health safety measures continue to be followed (such as Hands, Face, Space and Ventilate), if we are to exit restrictions safely. Our messaging will reflect this, and a summary of planned activity can be found in the Response & Recovery Plan at Annex A. We will also ensure coherent, consistent and complementary communications alongside to all our partners and stakeholders. This insight will be led, evaluated and targeted to make good use of all resources. Our underpinning activity includes:
- Delivering clear and consistent messaging of the safe behaviours that people need to follow to keep themselves and others safe;
  - Utilising the Together Leeds brand and messaging, aimed at bringing the city together;



- Removing barriers and making it easier for people to adopt 'positive' behaviours using the power of the NHS brand and its health professionals to deliver messages; and
- On the ground communities outreach work which uses targeted communications and works with stakeholders that are trusted, respected and listened to.

#### 10.1 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, or minimising contact with others - all the sacrifices and efforts are paying off, so please keep going.
- Please take this disease seriously. The **UK variant accounts for nearly all cases** in Leeds and it spreads faster.
- Whether the 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.
- One third of people with Covid-19 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.
- 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:** Ward members continue to play a key role in engaging the public, particularly in encouraging neighbourliness, volunteering to help those in need, 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. We continue to issue regular written updates to elected members, MPs and partners; run dedicated seminars for members around the latest position, testing, vaccinations and updates from directorates; issue weekly messages to the public; deliver press releases and press conferences; share regular thank you notes to staff; and undertake calls with MPs, head teachers, universities, colleges, the voluntary, community and faith sector, and businesses. Engagement with staff has continued including via staff surveys, Staff Network groups, and a staff Facebook group. Every effort continues to be made to keep the public informed of changes to services, using our full scope of communication methods.

11.2 **Equality and diversity / cohesion and integration:** Our knowledge of the social and economic consequences of the pandemic deepens as more data and analysis is published. Currently these insights are primarily founded on national data, however we are able to assess the likely impact on Leeds based on our understanding of the city. Pre-Covid-19, tackling poverty and inequality was central to our approach, with evidence of an intensification of inequalities, often based in our most deprived communities and an increasing requirement for the council and partners to respond more collaboratively. The pandemic is likely to have exacerbated these inequalities, with national data establishing a link between number of deaths and deprivation. This has been driven by underlying health conditions including smoking, obesity and limited opportunities to

follow 'healthy-lifestyles', in combination with exposure to the virus for groups such as key workers, those unable to work from home, those in poor or multi-generational housing and those more reliant on public transport. Poverty is the common factor in both these drivers.

- 11.3 National data confirms that those from Black and Asian ethnic groups have experienced higher death rates from Covid-19, and both ends of the age spectrum have also been disproportionately impacted. Most obviously the elderly, with age being by far the dominant factor in Covid-19 related deaths. However, school closures and restrictions give cause for concern about the impacts on the mental health of children and young people. The pandemic is also likely to have impacted most significantly on the education of our poorest children. Going forward, school attendance is expected to be a critical measure.
- 11.4 Leeds has strong economic foundations, experiencing economic growth and expansion over the last two decades with a diverse economy, strengths in key sectors and a concentration of knowledge-based jobs. However, immediately pre-Covid-19, there were concerns regarding low productivity and many of the new jobs being created being in low-skilled, low-paid work in consumer services. The pandemic has had some immediate and obvious effects, with restrictions resulting in an overnight adoption of home working and a severe impact on hospitality, retail, and local consumer services. The city centre has seen a major reduction in footfall. The consequences of these factors have been felt in the first instance by young people and low earners with knock-on consequences for family debt. Women have also been disproportionately impacted as they often dominate employment in the sectors hardest hit.
- 11.5 The degree to which these changes to the economy and labour market are sustained is uncertain. Some believe that the pandemic has simply accelerated changes to patterns and geography of employment that were inevitable, however, there is clearly a latent demand to return to more familiar patterns of employment and leisure, for which Leeds is well placed to respond. As we move out of restrictions, opportunities to reopen the economy will continue and grow.
- 11.6 **Council policies and 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, have been central throughout the pandemic and will continue to 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, cohorts and communities most adversely impacted.
- 11.7 **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. The

pandemic has had complex effects on emissions, but with an overall estimated reduction of 13% from 2019 to 2020. Emissions from private vehicles have reduced significantly, although public transport patronage has also reduced, with greater prioritisation of cycling and walking. Capital schemes in the city centre will provide an improved experience for pedestrians, cyclists and public transport users as parts of the economy start to reopen over the spring and summer. At a council level, the pandemic has had a number of impacts that will support our ambition to reduce our emissions by 50% by 2025. Around 8000 council employees switched to remote working during the pandemic, which has contributed to a reduced building energy consumption, and grey fleet mileage has almost halved. Long-term changes to working arrangements, as described in the Organisational Impact section of this report, present an opportunity to sustain this emission reduction. More detail about the impacts of the pandemic on our Climate Emergency goals were set out in a report presented to Executive Board in February.

**11.8 Resources, procurement and value for money:** 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. This includes recent announcements in the Budget, including the Contain Outbreak Management Fund and the additional funding for self-isolation support.

**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. 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, found in separate reports to Executive Board. Specific risks and actions relating to coronavirus are included in the Response & Recovery Plan at Annex A, which also details multi-agency arrangements and partnership working. New Covid-19 variants; vaccine misinformation and building vaccine confidence; and community safety and compliance in light of the publication of the national roadmap out of restrictions remain the most significant risks in the medium-term. The broader health, wellbeing and financial impacts of the pandemic on the population remain a significant concern and focus of attention. Risk of fatalities and serious illness; significant disruption to the city and to council services; long-term negative economic impact; and greater impact on more vulnerable and disadvantaged remain on the corporate risk log and the overall risk level remains rated as very high.

## **13 Conclusions**

**13.1** The Leeds position continues to be one of using a broad range of public health and community interventions to control the virus. This report, together with the annexed Response & Recovery Plan and Dashboard, describes the extensive activity underway across the partnership to control and manage outbreaks, prevent community

transmission, manage the impacts on health and social care, undertake compliance and enforcement activity, engage and communicate with residents, and provide support for businesses, people and communities. The publication of the national roadmap for lifting restrictions gives reason for cautious optimism after a long and challenging year. Our way out of restrictions, and avoiding future lockdowns, relies on bringing infection rates down, increasing the number of people vaccinated, and minimising the impact on our health and care system. In this effort, every individual, business and employer in the city has a role to play. We continue to use the full range of communication tools to encourage people to continue to follow restrictions and keep themselves and their communities safe through hand washing, ventilating indoor areas, keeping distance from others, wearing a face covering, taking the vaccine when offered, and getting a test and self-isolating when required. Elected members and MPs continue to play a crucial role in promoting the right behaviours and encouraging others to do the same.

13.2 Since the last report to Executive Board, infection rates have continued a steady downward trajectory, with cases in older residents reducing more quickly. Leeds continues to make considerable progress in the vaccination programme, with over 255,000 people given their first dose of vaccination, in line with the JCVI prioritisation groups. The city met its target of offering vaccination to the top four priority groups by 15 February, and is now vaccinating the over 56s and adults with underlying health conditions. The progress of the vaccination programme is a testament to what can be achieved through strong local partnership working with effective communications and engagement. 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 to work with communities to help remove the barriers to take-up, which is showing some signs of early impact.

13.3 In line with our plan for the year and the national roadmap, the full range of multiagency partners will continue to focus on keeping the city safe for everyone and preparing for a safe reopening of services and businesses, to deliver a much better summer for the people of Leeds. The impact of the pandemic on existing inequalities remains ever at the forefront, and will be a central priority of delivering an inclusive economic recovery that builds back better.

## **14 Recommendations**

Executive Board is requested to:

- a) Note the full range of activity taking place in the last month, and work that is underway to prepare for the safe reopening of services and the economy in the coming months, and recognise the continued need for everyone to play their part while restrictions remain in place.
- b) Note the refreshed Response & Recovery Plan (Annex A) with a focus on planning for the year ahead, and agree that this approach to planning and reporting be progressed.
- c) Note that planning is underway for the lifting of restrictions, while we continue to roll out vaccinations as quickly as possible, control the spread of the virus and its variants, undertake local contact tracing and asymptomatic testing, protect the health service, undertake compliance and enforcement activity, and deliver support to vulnerable people and businesses.
- d) 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 documents<sup>1</sup>

None.

## 16 Appendices:

- a) **Annex A**: Leeds Strategic Response and Recovery Plan– coronavirus (Covid-19)
- b) **Annex B**: Leeds Strategic Coordinating Group (SCG Gold) Dashboard- 15 March 2021 (to follow)
- c) **Annex C**: Vaccine Health Inequalities Plan on a Page (to follow)

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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.