

Report of the Chief Executive

Agenda Item 10

Report to Executive Board

Date: 21 April 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 describes work across the multi-agency partnership to support the safe reopening of services, communities and the economy, while continuing proactive work to reduce numbers of cases across the city. The Response and Recovery Plan sets out the broad range of activities, with a refreshed Local Outbreak Management Plan also being published at the end of March in line with the [Government's Contain Framework](#). Our priorities remain to allow **safe public spaces** in communities, district centres and the city centre, **safe travel, safe delivery** of essential services, **safe education** and **safe working**. During this time, proactive key messages across all channels continue to be vital: **Hands, Face, Space, Fresh Air; Test, Trace, Isolate; and Vaccinate when eligible; reduce contact and minimise travel**. The Communications and Media section has a [comprehensive update](#).
- As a result of everyone following the guidance and the hard work on outbreak management and vaccination rollout, infection rates and hospital numbers have continued to fall, and there are no current variants of concern. The [Government's four tests](#) have continued to be met, and these will be under constant review as we progress through the Government's recovery roadmap. There is still work to be done: the local infection rate is 60.9 cases per 100,000 as at 15 April, which is a slight reduction to that seen from the last meeting of the Executive Board with slight fluctuations being observed day to day. This figure is higher than the national average for England. Please see [paragraph 4.2](#) for a comprehensive update on our local position.

- Significant progress has been made with the vaccination rollout, 468,000 vaccines have been given in Leeds to date, for both first and second doses. A comprehensive report on vaccine inequalities, uptake and all the proactive work that continues is featured on the *Executive Board agenda at item six*, and further information can be found in this report [at paragraph 5.5 onwards](#), including the rollout of the Moderna vaccine in Leeds and phase two of the programme (for adults aged 18 – 49). Testing, local contact tracing, support to self-isolate and managing outbreaks all continue to play a vital role in our response, and we continue to implement the full range of testing options in line with the Government strategy. Going forward, everyone in England is encouraged to access rapid Lateral Flow Device (LFD) tests twice a week, making testing a regular part of people’s weekly routine. Comprehensive updates around testing, as part of our Outbreak Management Plan, can be found [at paragraph 4.6 onwards](#), and our learning from enhanced testing in the Harehills can be found [at paragraph 4.8 onwards](#).
- As restrictions in England continue to ease, we are preparing to take [future Steps in line with the national roadmap](#). Since the last report, Step One and Two have now been implemented. This means that from 29 March, the stay at home order ended and outdoor gatherings of either six people (‘the rule of six’) or two households could mix, including in private gardens. From 12 April (Step Two), non-essential retail, personal care, indoor gyms and leisure, outdoor visitor attractions and outdoor hospitality all opened their doors to the public, marking a significant milestone in our recovery. Weddings, wakes and commemorative events can also take place with safety measures in place. A comprehensive update around what this means for Leeds City Council services can be found [at paragraph 9.1](#).
- As a result of all this continued partnership work across the system, the city is in a positive position and moving into phase two of our plan for the year ahead. Full details of these can be found in our Response and Recovery Plan, found at **Annex A**.

- The following infographic provides a highlight of just some of the achievements of the multi-agency partners and the people of Leeds in responding to the pandemic over the past month:



(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, with 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. A separate report about the council's finances on the Executive Board agenda at item 11 outlines the latest position in much greater detail, including aspects such as the Contain Outbreak Management Fund and grant support to businesses which we are administering.

Recommendations

Executive Board is requested to:

- a) Note the Response & Recovery Plan (**Annex A**), and the full range of activity taking place to prepare for the safe reopening of services and the economy in the coming months, with a focus on planning for the year ahead.
- b) Note the current position on the four measures in the Roadmap, and recognise the continued need for everyone to play their part while restrictions remain in place
- c) Agree the refreshed Local Outbreak Management Plan at **Annex C**, and note the continued proactive approach on all aspects of the plan, including vaccinations, testing, tracing, support to self-isolate, support to businesses, communications, compliance and enforcement.
- d) Use this report as context for the more detailed vaccination health inequalities plan report found at *item six on the Executive Board agenda*; and financial implications of coronavirus that are covered in the Finance report that is also on the *Executive Board agenda at item 11*.

1. Purpose of this report

1.1 This report updates Executive Board on the Covid-19 Response and Recovery Plan, as well as the Local Outbreak Management Plan. Last month this has included: the safe reopening of businesses, communities (with the stay at home order now lifted) and services in line with the national recovery roadmap; proactive communications to get residents to do more of the right thing, more of the time, because they choose too; the vaccination rollout and inequalities work; outbreak management work, including testing, tracing, support to self-isolate; and compliance and enforcement.

- 1.2 The refreshed Response & Recovery Plan is at **Annex A**. 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. The plan focuses on anticipating the main scenarios and risks for each of the three phases throughout 2021, and detailing the actions underway or planned to respond in the seven sections which are also detailed in this report.
- 1.3 At **Annex B**, the latest Covid-19 dashboard provides key data and analysis from across the response and recovery themes.
- 1.4 The refreshed and updated Local Outbreak Management Plan can be found at **Annex C** (with further details [at paragraph 4.1](#)). This has been updated to reflect the Government's updated Contain Framework.

2. Background information

- 2.1 National announcements have been monitored from the start of the pandemic, and these have been communicated to all Members, MP's, and partners in regular emails sent on a regular basis.
- 2.2 The Government set out the gradual lifting of restrictions in the [Spring Covid-19 Response](#) plan (also known as the roadmap). As Steps One and Two have been completed, the next dates to note are:
- Step Three (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; all university students to return to [in-person teaching](#).
 - 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.
 - A reminder that these steps are at least five weeks apart to allow for proper scrutiny of data, and will only be implemented if the four tests are passed.
- 2.3 The Government also established four programmes of work to consider. These are around different aspects of how we should handle Covid-19 from the summer onwards, and include a review into Covid-status certification, international travel, large events and social distancing. More details of the reviews have been [published and can be found here](#), including the [Terms of Reference](#) for all four reviews.
- 2.4 On 18 March, the government updated its [Contain Framework](#), which sets out how national, regional and local partners should continue to work with each other. This includes local authorities, the public, businesses, health and social care (including care homes), education settings, prisons, support services and the voluntary third sector. This partnership effort is to successfully prevent and manage outbreaks at a local level, to break chains of Covid transmission, and dealing with variants of concern through enhanced surge testing. The aim is to enable people and communities to return to, and maintain, a more normal way of life while living safely with Covid. The Framework recognises that local communities are at the heart of breaking transmission chains, and it is important that strong local partnership working across the system is in place to support people to understand and comply with regulations and guidance designed to protect public health.

- 2.5 With effect from 29 March, regulations and guidance were published by Government on [international travel outbound from the UK](#). Residents are now only permitted to travel internationally from the UK where there is a reasonable excuse (mainly for work-related purposes). International holidays are not permitted. All outbound passengers are required to complete a mandatory Declaration to Travel. This is in addition to [new restrictions for inbound passengers](#) into England. This is a devolved issue, with Scotland, Northern Ireland and Wales all having separate rules. These restrictions were introduced in an effort to cease any transmission of cases, including any new or established Variants of Concern.
- 2.6 The Government [eased restrictions for England](#) from 12 April (Step Two) as the four tests set out when the roadmap was announced were all met. These tests were around the vaccine programme deployment continuing to be rolled out successfully at pace; evidence continuing to show an effective decline in hospitalisations and deaths due to the efficacy of vaccines; infection rates not surging – the Covid pressure on the NHS has reduced since the start of the year; and risk assessments have not been fundamentally changed by any new variants of concern
- 2.7 On 5 April, the Department for Digital, Culture, Media and Sport (DCMS), announced a [number of pilot events](#) which will host audiences as part of the government's plan to return fans and audiences to live events. The pilot includes the events for EFL Cup Final and the FA Cup semi-final, and will be organised and monitored by the Government's Events Research Programme (ERP), working closely with councils and organisers. DCMS have also [published guidance for organised events](#).
- 2.8 On 7 April, [it was announced](#) by the Medicines and Healthcare products Regulatory Agency (MHRA) that adults aged under 30 who don't have underlying health conditions, will be offered an alternative vaccine to the Oxford/AstraZeneca vaccine if available. Our communications will continue to reflect the efficacy and safety of the vaccine. Reports of blood clots has occurred in less than 0.1% of the 20 million doses administered in the UK. Please [see paragraph 5.8](#) for more information.
- 2.9 The Government also [confirmed on 9 April](#) that non-essential international travel may proceed no earlier than 17 May (Step Three of the Government's roadmap). The Global Travel Taskforce has [set out a framework](#), as part of the Groups review. This will be dependent on a number of key factors in the outbound country, including the rate of infection, prevalence of variants of concerns, the country's percentage of their population that have been vaccinated, and the country's access to reliable scientific data and genomic sequencing. The declaration of travel form that is currently required will be removed. These key factors will determine allocation in a traffic light system, which will categorise countries based on their level of risk. Arrivals travelling from 'red list' countries should book a quarantine package before departure. Testing will also play a key role too, and arrivals from 'amber' and 'green' countries will be required to book test packages before travelling, from one of the government's approved list of providers.
- 2.10 As a city, we were all extremely sad to hear the passing of His Royal Highness, The Prince Philip, Duke of Edinburgh. The Government have been [clear in its guidance](#) and respectfully have asked people to continue to follow the rules during the period of mourning. [Making a donation](#) to one of many of The Prince's patronages is a fitting way of paying tribute to his remarkable legacy. A multi-agency planning team to implement Operation Forth Bridge was stood up, in line with national guidance, including lowering

of flags, signposting to the [Book of Condolence](#) and planning a recorded [Civic memorial service](#).

2.11 The Government [announced a five-week consultation](#) on requiring care home providers, which care for older adults, to only deploy workers who have received their vaccination. The Government's Scientific Advisory Group for Emergencies (SAGE) has advised that 80% of staff, and 90% of residents, need to be vaccinated to provide a minimum level of protections against any potential outbreaks. At the time of writing this report, [Government state](#) that only 53% of care home settings meet this threshold. The consultation will help inform decision-making around how the change could be implemented and whether respondents think it will be beneficial. Staff, providers, residents and their families are being urged to take part to have their views heard with a final decision expected this summer. An update on the current position in care homes can be found [at paragraph 5.3](#).

2.12 Ongoing national policy and regulations continue to be announced at pace. An update will be given to the Executive Board with the most up-to-date information and significant announcements.

3. Main issues

3.1 The multi-agency command and control arrangements for Leeds in response to the pandemic 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 seven response and recovery themes.

3.2 Main issues highlighted in this report include: reopening of communities (now the stay at home order has been lifted) and the economy in line with the Government's roadmap and preparation for further reopening; the continuation of the vaccine programme in particular the inequalities work; ensuring the testing offer as part of the outbreak management work is robust; and our continued response to the coronavirus pandemic.

3.3 Our priorities remain to allow **safe public spaces** in communities, district centres and the city centre, **safe travel**, **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 We have refreshed the [Leeds Outbreak Management Plan](#) in line with the [Contain Framework](#), which can be found at **Annex C**; successful prevention and management of local outbreaks and community transmission is a core element of our shared ambition to break chains of Covid transmission, to enable people to return to, and maintain, a more normal way of life, whilst living safely with the virus. The strong governance arrangements for outbreak management remain in place, including an Outbreak Control Board and Member Outbreak Control Board, as well as an excellent relationship between Public Health England, the council's Public Health and Environmental Health teams and NHS Infection Prevention and Control.

4.2 Since the last report to Executive Board, the 7-day rolling infection rate for Leeds has reduced from 99.9 on 11 March to 60.9 per 100,000 on 15 April, and test positivity has

reduced from 4.9% to 3.1% over the same period. Infection rates in Wards range from 8.9 – 149.4. [Our website](#) continues to publish and update this data regularly. Since the last meeting of the Executive Board, infection rates in the city continue to see small, incremental decreases or, in some cases, plateaus, with slight fluctuations being observed day to day. This is particularly due to the cases in prisons (which are now reducing in numbers), and in schools since the full return to education on 8 March. Both have both since been managed well and we continue to provide support while proactive work is taking place to control transmissions. Outbreaks in prisons is part of a national pattern and the work has been supported by the Ministry of Justice and Public Health England. Our focus remains on bringing this rate down further, and more quickly, to ensure the city is in the best possible position ahead of the next step in lifting restrictions in May. Members continue to be notified of any local emerging issues, or if additional actions in Wards are required to manage infection rates.

4.3 As previously reported, the B.1.1.7 ‘Kent’ variant remains the dominant variant both nationally and locally. Strong regional differences have been observed in the trajectory and timing of the epidemic and the transmission of the Kent variant. At the peak in early January, rates in London, the South East and East of England were highest due to the rapid spread of this variant, but slower to spread in the North – particularly in South and West Yorkshire (which were under Tier 3 restrictions for all of December, keeping infection rates lower). However, now rates are highest in South and West Yorkshire and the Humber – higher than those in London, the South East and the East of England. Public Health continue to examine this data on a regional scale to investigate the possibility of an unexposed pool of working age people and children.

4.4 Encouragingly, the rate amongst the over 60’s is much lower than the Leeds average, at 23.6 cases per 100,000 as of 15 April. Infection rates are highest amongst 11-16 year olds, and 18-19 thereafter. At the time of writing this report, the number of care homes reporting Covid-19 cases remains low, with 3 out of 152 homes reporting cases as at 3 April, and a 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.

4.5 Since the start of the pandemic, 1,554 Covid-related deaths have been registered in Leeds with an average of 1.29 per day. Excess deaths figures show 128 compared to 188 during the same period in 2020. Overall 40 deaths (25.9%) occurred in a care home; 88 (5.7%) at home; 49 (3.2%) in a hospice, whilst 1015 (65.3%) were reported in hospital.

4.6 From 9 April, everyone in England can now access free, regular, rapid [coronavirus LFD tests](#). This is in addition to [workplace testing programmes](#) for businesses with over ten workers, [collection at a local PCR test site](#) during specific collection time windows, [pharmacies offering home testing](#) for collection, and testing on-site at Leeds Beckett University and in [schools and colleges](#) for staff and students. Deployment of Mobile Testing Units also continue. Updates have been made to the NHS Covid-19 app in England to coincide with the offer of rapid testing for everyone and people will need to [register their results online](#), by calling 119, or using the app once they have completed a home test. If a positive result is received, they should self-isolate immediately and order a confirmatory PCR test. Regular testing alongside the vaccine rollout, is at the heart of plans to reopen society and the economy, helping to suppress and control the spread of coronavirus and any transmission of variants of concern.

These offers are for a mixture of both symptomatic and asymptomatic individuals. Details of all testing opportunities in Leeds can be found at the [Leeds CCG website](#).

- 4.7 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](#). In the latest week: from 8 April to 15 April, Leeds Contact Tracing reached an additional 22% of contacts over the telephone that could not be traced by the national system. An additional door knocking service is being provided by the third sector provider Better Together. For the latest week: 8 April to 15 April, 17 contacts were passed to the door knocking outreach team, of these contact was made at six addresses and leaflets were left where there was no response. Information about local support is left even in the event the door isn't answered with a further request to contact Leeds Contact Tracing in order to establish someone's movements and contacts.
- 4.8 Enhanced 'surge' testing took place in the LS8 and some LS9 areas on the week commencing 22 February, initially following an historic and probable case of the South African variant in the Harehills area of the city. We have since completed a lessons learnt exercise, and are proud of the multi-agency and community response (it was the first surge testing to take place without additional government resources), it is also clear that any plans for future enhanced testing will need to be dynamic, and crucially to be tailored to each specific community. This learning was particularly important because there is a strong chance that there will be variants in the city at some point and that testing may be part of the strategy to deal with those.
- 4.9 Key aspects to what went well include: clear aims and objectives through our planning linked to other local developments and context; a mixed approach to testing arrangements; local, tailored, clear and concise messaging that didn't cause panic or tensions; visible community leadership; continued partnership working across all levels of governance; and re-deployment of staff who know the area well and had language skills. No other cases of any variants of concern were identified, although the results took some time to follow through. Recommendations included: developing a larger pool of standby staff for support for these kind of activities; clearer and specified leadership roles for local delivery; further logistical organisation for delivery of testing kits; further proactive communications; and ensuring close monitoring and regular review. Additionally, we have raised issues at a national level about the level of cases sent for genomic sequencing and about the detail of information available about the positive cases.

5. Health and Social Care (including vaccination update)

- 5.1 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.
- 5.2 There remains pressure on the health and social care system, at the time of writing this report, there are around 21 Covid-19 patients in hospital, and around 4 in critical care, plus a significant backlog of elected procedures from earlier stages of the pandemic. The number of Covid-19 inpatients has continued to decrease throughout February and March in line with infection rates and this trend is expected to continue. 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. This will align with 2021/22 NHS Priorities and Planning Guidance issued at the end of March. 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.

5.3 [Visiting residents in Care Homes](#) has resumed nationally from 12 April. This includes two named visitors per resident per week. Work has commenced across the city to enable this to happen. With the lifting of certain restrictions from 12 April we are looking to extend the offer we make to people in our day opportunities services for day outings, although these are likely to resume no earlier than 17 May ([Step Three](#)).

5.4 The number of outbreaks in care homes (two or more people with a positive Covid test) has been steadily reducing over this period, but vigilance and scrutiny has continued, led by the Silver and Bronze Homes meetings that were established last year and continue to provide support to the sector. The Adult Social Care Commissioning Team continues to provide a regular bulletin, with key messages from the Director of Public Health, enabling providers to keep up to date on national guidance.

Vaccination programme update

5.5 Nationally, over 32 million people have been given their first dose, and over eight million have been given their second. In Leeds to date, 468,000 Covid-19 vaccines have been delivered including first and second doses. This represents vaccinating 84.3% of the Clinically Extremely Vulnerable (CEV) and 77.1% of people who are at-risk of developing more serious Covid-symptoms. Of priority cohort one to nine, the at-risk clinically vulnerable is the only group below 80%. All over 50's have been offered a vaccination already ahead of the 15 April target with focused work occurring around uptake. It is a testament to the strength of partnership working in the city with the Leeds Covid-19 Vaccination Programme rooted in the 'Team Leeds' ethos as highlighted in previous updates to Executive Board.

5.6 On 13 April, [the NHS confirmed](#) that due to meeting targets early, over 45's can now be offered a vaccine. The Joint Committee on Vaccination and Immunisation (JCVI) [also recommended](#) that during phase two of the programme, adults aged 18 to 49 should be prioritised in descending order: those aged 40 to 49; those aged 30 to 39; and all those aged 18 to 29. NHSE will advise when these cohorts are eligible. It has been widely reported that a significant reduction in weekly vaccine supply will take effect from 29 March for approximately four weeks. The NHS have asked local systems to prioritise maximising uptake in JCVI priority cohorts 1-9 and delivering second doses. Capacity is in place to meet this offer, and the National Booking System has reopened for eligible cohorts including front-line health and social care staff and the over 45's. Leeds still has been advised that there will have sufficient doses to meet the demand from eligible cohorts and will also be receiving a supply of [Moderna vaccine](#) from the week commencing 19 April.

5.7 The [Leeds Covid-19 Vaccine Inequalities Plan](#) is an example of how the programme is fully aligned to our Best City ambition of being a compassionate city. At the last meeting

of the Executive Board, our vaccine inequalities plan on a page was agreed. The plan's range of focus includes improving uptake in areas of deprivation and in groups at risk of illness and mortality from Covid-19 infection. The approach is based on three main programmes to ensure that no one is left behind; Primary Care Network (PCN) Health Inequality Vaccine Plans, Improving equitable access through roving mobile provision and targeted vaccine provision for inclusion groups and Community engagement working with local communities. For information, please see *Item 6 Leeds Covid-19 Vaccine Health Inequalities Plan*, which will include a supplementary appendix providing up to date information on delivery.

5.8 While significant progress has been made, it is important to remain vigilant for people most at risk and to continue to move at pace. There are a range of focuses this month:

- Prioritising second vaccinations and ensuring no one is left behind if they still want to take up the offer of a first dose.
- Developing the possibility of a site at Kirkgate Market as part of an approach to make vaccinations as accessible and easy as possible for people to take.
- Working with a range of providers to support specific communities of interest with innovative approach to increase uptake.
- Leeds Academic Health Partnership analysing national, regional and local learning to continue to inform the vaccination programme.
- Continued deployment of the roving vaccine bus, dependent on vaccine supply. The bus has received excellent feedback from the press and vaccinated 171 people in its first week of deployment.
- We will continue to promote messages that receiving the vaccine in daylight hours is supported, and does not nullify ones fast during Ramadan. This message is supported by the [British Islamic Medical Association](#) (an affiliate of the Muslim Council of Britain), as well as [leading Muslim figures](#) working in the NHS.

5.9 There has been significant coverage relating to the safety of the Oxford/AstraZeneca vaccine. The overwhelming message is that the vaccine is excellent and the benefits of having it outweigh any risks. The safety and efficacy has been assessed by several different sets of independent experts (both regulatory and clinical sides), in the UK and across Europe. On a programme rollout of this scale, it is to be expected that there will be learning along the way and these rare and unusual events have been analysed and acted on early. No element of the vaccination programme has been halted, but new guidance has been issued which is summarised below:

- Everyone who has had the vaccine should still have a second dose, irrespective of age, unless they have had a blood clot or have an existing risk of thrombosis (blood clotting).
- People aged 30 and over or who have a health condition that puts them at higher risk of severe Covid-19 disease should still be offered the vaccine.
- People aged 18-29 who do not have a health condition that puts them at higher risk of severe Covid-19 symptoms will be offered an alternative vaccine where available. (This has been recommended as a precaution as people under 30 are at less risk from Covid-19 and not because they are considered to be at greater risk of developing the rare blood clot.) The Moderna vaccine will be offered to this specific group from week commencing 19 April.
- People under 30 can still choose to have the Oxford/AstraZeneca vaccine if this will mean they can be protected more quickly and they have been made aware of the guidance.

6. Support for Residents (Citizens & Communities)

- 6.1 It is clear that as more restrictions are eased, the more positive impact this will have on resident's mental health and wider wellbeing. The key priority going forward is managing community compliance in behaviours to ensure a smooth and safe rollout of the recovery roadmap as restrictions are eased. Partnership planning and proactive communications continue. Proactive, [key messaging](#) around following the rules continue: Hands, Face, Space, Fresh Air, Isolate and Vaccinate.
- 6.2 The [leeds.gov.uk](https://www.leeds.gov.uk) website remains the central point of contact, providing help, support and signposting for services. The Local Welfare Support Scheme can also be contacted on 0113 3760330 by any Leeds resident that needs help, with a texting service also available. It is vital that we take care of our own and each other's mental health and wellbeing. Support services, including our volunteers and charitable partners, are expecting to see an increase in service demand from residents going forward, and the Executive Board will receive updates on this in the coming months. From 1 March until 12 April: there has been a 98% answer rate; 2,356 calls, of which, 2,312 were answered. Of those, 151 callers were classed as CEV. 2,666 vaccine appointments were also booked.
- 6.3 After a year of living with Covid, we continue to express our gratitude to the amazing network of volunteers across the city, and the crucial role they have played in supporting people to shield, self-isolate, and offer general support – standing ready to help the most vulnerable. Our [Community Care Volunteering programme](#), in partnership with Voluntary Action Leeds, has been featured in the local media, celebrating their resilience, continual response and exceptional civic service. Work continues, in partnership with Leeds University Social Science Institute, to evaluate the impact the 27 Community Care Hubs have had in communities and across the city, and to examine their future role after the pandemic.
- 6.4 The number of applications for [self-isolation support](#) is steadily reducing, as infection rates fall. Payments of £500 remain available to eligible individuals who are required to self-isolate and who face loss of income as a result. Up to 8 April, 5965 applications had been received in total. The number of applications has slowly decreased over recent weeks, with 119 applications received in the week ending 11 April. 50% of claims have been successful so far, which is higher than many other local authorities, the national average reported to be 33% following media investigation. The main reason applicants are unsuccessful is because their income or savings are such that they do not meet the Government requirement to be on a low income and at risk of financial hardship. To date, 1,801 payments have been made through the main award valued at £900,500; and 1,075 from the discretionary award valued at £537,500. These figures are circulated regularly to elected Members and kept under constant review. The Government have recently widened the scope of the scheme so that parents and guardians of children who have been told isolate can claim support if they are losing income as a result of having to stay at home. The Council are making changes to the online form and the website to accommodate these changes.
- 6.5 From 1 April, the advice to CEV individuals to shield at home ended, although this cohort should continue to take extra precautions. The decision to pause shielding was taken by the Chief Medical Officer, supported by evidence that rates of transmission in communities are lower, and a very high percent of CEV individuals will have some level of protection from their vaccination. All CEV individuals in England were written to by the

Government, to explain this updated advice. The Leeds Shielding team also followed this up with a letter, outlining continued support. Clinicians continue to maintain the Shielded Patient List by adding or removing individuals as appropriate. Government advice [can be found here](#) and our dedicated advice page for [Leeds residents can be found here](#).

- 6.6 All pupils have now returned to face-to-face education in schools and colleges. Testing arrangements, which are now predominantly taking place at home by staff and students, are working effectively at catching and stopping the spread of the virus. Our schools remain safe, mainly down to the excellent measures and decisions taken by school staff, knowing when to collapse bubbles and effectively tracing any positive results. Both pupils and staff are being supplied with home testing kits to be taken twice weekly, and throughout the Easter Holiday. Testing is encouraged but voluntary, and requires parental supervision for pupils aged 12-17, with parents/carers administering tests for those under 11. It was [confirmed by the Government](#) on 6 April that staff and pupils will continue to wear face coverings in all areas, including classrooms, where social distancing cannot be maintained, following the ongoing review of data available.
- 6.7 Cases of Covid-19 in education settings continue to be closely monitored, regularly reviewed, and communicated to Executive Board and Ward Members when a significant outbreak in an education setting occurs. Well-established arrangements remain in place to respond to cases, avoiding the transmission of the virus and minimising the impact on learning. The Office for Standards in Education, Children's Services and Skills (Ofsted) [confirmed](#) it will carry out on-site, lighter-touch inspections in the summer term, with a view to returning to a full programme of inspections from September 2021. Schools have plans in place to support "catch-up" by accessing funding from the national tutoring programme. National grants have also been used to invest in digital devices to ensure all children and families can access digital services where needed, including if any home learning is taking place. Dedicated communication with signposting and support are sent to our school leaders on a regular basis.
- 6.8 Going forward, it is vital all children and young people to remain in education and continue their learning. Extensive support work continues more widely, including Public Health delivering a range of support services, projects and materials including signposting for mental health, healthy eating, accessing food, and keeping physically active and healthy. The Children's Public Health team are working with all commissioned services to review lessons learned from the pandemic, evaluate new virtual service offers, and to ensure face to face interventions are continued. The Future in Mind Strategy has contributed to addressing the impact the pandemic has had on children and young people. The Youth Service is focussing on street based work with the aim of reducing mental health problems and working with young people who are at risk, with plans to expand this to other vulnerable groups. And the Leeds Calm Harm app, which helps young people manage or resist the urge to self-harm, has seen a steady increase in downloads, and seen consistent efficacy rates of over 90%. Promotion of the app is ongoing. Safeguarding will always remain a top priority for all schools, and education leaders remain dedicated to protect the most vulnerable pupils. We have also been working with our schools to deliver free school meals over the Easter Holiday to all eligible children.
- 6.9 We continue to receive enforcement related requests and advice, although these have been reducing. 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. Our Environmental Health team continue to manage outbreaks effectively across

the city, mostly in workplaces. At the time of writing this report, there are no major outbreaks, which puts us in a positive position going forward through the roadmap and we continue to offer support to businesses when needed. The team received 21 Covid-related requests up to 11 April: five licensed premises; 15 x other premises; and one minor outbreak. In total, since the beginning of the pandemic, the team have received:

- 2,800 requests for their services.
- Over 2,000 general complaints, and issued advice for businesses.
- Supported 150 businesses with outbreaks.
- Conducted 630 proactive visits. Of these, over 500 have been conducted by the Covid Marshals.
- The Night Marshals were on patrol every night on the week commencing 12 April, and will also be working every Friday & Saturday evening up until 26 June. Predominantly in and around the city centre, they have been an invaluable resource in helping to manage public safety.
- Since the start of the pandemic, the team have served 23x £1000 Fixed Penalty Notices (FPNs), two £2000 FPNs, one £4000 FPN, 29x Prohibition Notices, one Coronavirus Immediate restriction Notice, and five Direction Orders. Three prosecution have been instigated.

7. Support for Businesses (Business & Economy)

7.1 The pandemic continues to have a significant impact on local businesses and teams continue to administer support grants to businesses that have been required to close or financially impacted by restrictions. In March, a new [Restart grants scheme was launched](#) to support businesses with costs associated with reopening. Non-essential retail businesses can apply for up to £6,000 in support, while affected businesses in the personal care, gym and sports, leisure, accommodation and hospitality sectors can apply for grants up to £18,000. As part of this scheme, there is also a fund aimed at businesses that have not received other Covid-related support grants, for example, self-employed people, home-based businesses, businesses with commercial property costs under £4000 a year and smaller supply chain businesses. Professions that could benefit from this fund include driving instructors, taxi and private hire drivers, hairdressers, childminders and travel agents.

7.2 Up to 7 April, £24.8 million has been distributed in Restart grants. In total, £263.3 million has been distributed in business support grants from the start of the pandemic up to 7 April. A full breakdown of grant funding paid out is available in the Business & Economy section of the Response & Recovery Plan at **Annex A**. Administering the business support schemes has led to significant additional work, being seen in most local authorities. Teams are being resourceful to manage demand and source additional capacity to support demand.

7.3 During March and April colleagues from across the partnership have continued to progress on the 13-point plan to support the safe reopening of the city, town and district centres from 12 April. This includes enhanced cleansing, updated signage, hand sanitiser dispensers, and on-street presence from Covid Marshals, Night Marshals and City Centre Ambassadors. Working groups have been established for the retail and hospitality sectors to address any challenges and promote Covid-secure practices. Multi-agency compliance continues, with a programme of visits and support for businesses to encourage safe reopening. Additional communications and engagement also continues to the hospitality sector.

- 7.4 Requests for outdoor pavement seating continue to be received and processed for the city centre and districts. On 12 April, it was reported that compliance from businesses was generally positive. Some issues were reported with spacing of tables and queuing outside hospitality venues and retail premises. Businesses continue to be given advice on how to manage these and encourage more social distancing. Staff waiting on customers in outside areas were in the main wearing face coverings. City centre footfall was very high on 12 April.
- 7.5 Looking further ahead, a crucial area of work is to understand the longer-term impacts of the pandemic on how the city and district centres will be used. A city-wide conversation on the future use of city and local centres was launched earlier in the year to understand the changes that people and businesses have made to how and where they work, spend money, and how people spend leisure time. More than 1,300 responses were received, and the findings are currently being analysed. A partner has been appointed to work with the council to understand the long-term transformational changes, challenges and opportunities for our city and district centres.
- 7.6 The Employment & Skills service continues to respond to the immediate impacts of the pandemic by supporting people into work, including apprenticeships, across sectors that are recruiting, and supporting people with reskilling training. Looking further ahead, a review of the Leeds Talent and Skills Plan 2017-2023 is planned to ensure that it reflects the current picture for the city, with a focus on lifelong learning.
- 7.7 Leeds City Council has also [received a grant](#) of £302,750 from Arts Council England's Cultural Recovery Fund. will be spent on relaunching the city's Arts Events and Venues programme and its nine museums and galleries sites and offering their millions of annual visitors a range of new, exciting and engaging cultural experiences both online and in person. This will provide crucial additional support to welcome back visitors after the pandemic.

8. Infrastructure and Supplies Impact

- 8.1 Footfall in the city centre has remained low, although increased after April 12 due to the reopening of non-essential retail, leisure facilities and hospitality. It was recorded that on 12 April, footfall was up by 1,272% to the same day last year (during the first national lockdown), and a 6.9% decrease to the same day in 2019. This was highest since the pandemic began. On 13 April, footfall was up by 507.6% compared to the same day in 2020, and down by 17.2% in 2019. On 14 April, footfall was recorded to be up by 598.5% compared to 2020, but down by 26.8% in 2019.
- 8.2 Public Health signage remains in place encouraging social distancing and face covering measures and promoting compliance in behaviour. We will continue to update the Executive Board with any increases at subsequent meetings going forward. Good weather may lead to crowds gathering at certain locations; cross service meetings will continue to be held to address this and take proactive steps, with additional communications to be undertaken to remind all national restrictions remain in place and should be followed.
- 8.3 Bus passenger levels have already increased to around 45-50% of normal levels. Around 2% of trips are leaving passengers behind due to capacity issues, although duplicate trips have been added where possible. As the stay at home order has been

lifted, our new messaging will reflect that the use of public transport is safe, but only travel when necessary. Multi-agency meetings are taking place to ensure we meet the demand of increases in public transport use. A comprehensive update on all work underway, including guidance from Government, can be found in the Infrastructure and Supplies section in the Response and Recovery Plan found at **Annex A**.

8.4 Resurfacing work is due to commence on the [Headrow scheme in April](#), with the aim of fully completing the scheme by mid-May. Connecting one of the city's busiest roads, the scheme will give people more appealing alternatives to the car by making bus services quicker and more reliable. We continue to progress city centre capital works, taking advantage of the opportunity while traffic flow and pedestrian footfall remain low. Some works are being targeted, and in some cases accelerated, to limit business disruption during Step Two of the Government's recovery roadmap. Due to the nature there may be ongoing work in some areas causing possible disruption for some months to come. Every effort will be made to minimise impact and there will be continuing engagement and communication with affected businesses and properties. Our [Connecting Leeds](#) website has full details.

8.1 Stock levels of Leeds City Council PPE remain at a good level and are continually monitored. Weekly deliveries continue to be received from the Department for Health and Social Care. The Government has formally given notice that free PPE deliveries will continue until March 2022, in addition to free PPE to all schools and colleges. Preparation has begun for PPE provisions during the May elections, with packs already completed for the 33 centres, emergency packs, the arena and Town Hall.

9. Organisational Impact

9.1 Following the announcement of the national roadmap to lifting restrictions and entering into Step Two, most services previously closed or delivered online have now reopened. These include libraries, community hubs and most leisure centres. Indoor visitor attractions as well as museums and galleries remain closed until 17 May at the earliest. The [council webpages](#) contain up-to-date information about service provision. Staff from closed services who had been redeployed to support frontline services have returned to their usual roles once services have reopened. 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 Active Leeds staff undertook training to organise reopening ahead of 12 April. The relaunching of these sites was successful. Some outdoor services restarted from 29 March ([Step One](#) of the Government's roadmap). Outdoor fitness classes have also now restarted, and can be booked online at the [Active Leeds website](#) or the app.

9.3 The advice to work from home wherever possible will remain in place until at least 17 May, when the national review about social distancing and face masks will also inform the approach. In preparation for the potential return to office-based working from June at the earliest, a set of principles have been agreed for future use of the office estate, which has reduced in size and will be impacted by social distancing requirements.

9.4 The vision for future working in Leeds City Council 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, as well as the updated staff survey which is currently out for consultation at the time of writing this report. 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.

9.5 The rollout of Microsoft Teams has been significantly accelerated and is now available to all staff. This has significantly improved the effectiveness for remote working, and our IT systems have continued to operate at full capacity during the rollout.

9.6 There are 522 members of staff that have been identified as CEV, the majority of which have been able to work from home throughout the pandemic, however, a number of staff that are now transitioning back into the workplace. Those staff affected are only returning to the workplace when the necessary controls and reasonable adjustments are in place. The transition process is underpinned by workplace and individual risk assessments, with additional advice sought from the Occupational Health Service and ongoing conversations with managers.

9.7 We continue to promote staff wellbeing, including celebrating the achievements of teams and individuals, regular communications, and promoting the council's wellbeing and mental health support offer through the Help employee assistance, Occupational Health, Wellbeing Champions and Mental Health First Aiders. Regular manager communications continue to be issued along with weekly updates from the Chief Executive to all staff and good use of social media to engage staff and focus on wellbeing and inclusion.

9.8 The [Local and Mayoral Elections](#) are going ahead on 6 May 2021. We have ensured that Government guidelines continue to be followed, to make sure all polling stations will be Covid safe for residents. All polling stations will be subject to a health and safety assessment prior to Election Day. There are now more electors registered to vote by post, than the total number of people who voted at the 2019 local elections. Due to the number of voters we are able to let into polling stations at any one time, there is a chance queues will form quickly (and voters should take into consideration the weather). Queue management and safety notices will be present. In addition, the counting process is expected to take longer (expected over three days) due to the need to ensure Covid guidance is followed during the count and the fact that there are two elections taking place.

9.9 The number of electors permitted in a polling station at any one time will be limited to two, one way systems will be in operation, staff will be socially distanced and wearing masks unless a screen is present and polling stations will be ventilated. [PPE will be provided for staff](#), along with LFD tests. Everyone is encouraged to bring their own pens and regularly use hand sanitizer (although pens will be available on the day and a Covid-secure system for using and replacing used pens will be in place).

9.10 The Regulations facilitating remote committee meetings have a sunset clause which means that they will no longer apply for formal committee meetings of the authority held from the 7 May onwards. Work is being progressed in order to ensure all committees, boards and panels can meet safely from that date, including the substantial planning necessary for the Annual Meeting of Full Council.

10. Communications and Media

- 10.1 We continue to deliver effective, proactive and clear communications in response to the national roadmap, reopening society and resuming council services. This includes public health messaging to everyone in the city to do more of the right thing more of the time because they choose to.
- 10.2 The communications team have been encouraging businesses and partners on board with using the #TogetherLeeds branding and campaign material for their safe reopening messaging:
- We continue to develop local targeted messaging in Wards where rates are highest.
 - Signage has been installed in city and district centres with the new refreshed messaging.
 - Trinity Leeds and Victoria Leeds agreed to use Leeds City Council's logo as part of their empty unit window displays. The street art installation is a joint project with City Centre Management on Briggate.
 - CEG are doing some new Welcome to Temple signs in South Bank and have agreed to include the logo; and the independent business group have been provided with the logo and hashtag.
 - Internal stakeholders – Leeds Museums and Galleries, Leeds Inspired, Leeds Markets, the events team, CarriageWorks, Town Hall, and Breeze have agreed to include and use the campaign logo and hashtag as part of their comms and campaigns.
 - First Bus have agreed to support and use 'Together Leeds' as part of their hyper local campaign which they will commence late spring.
 - Campaign information and assets have been shared with Leeds Bid, and Visit Leeds are on board with the campaign and including it on their campaign assets.
- 10.3 It is vital that public health preventative, protective and safety measures continue to be followed. Current key messages are as follows:
- Although there has been a gradual easing of restrictions, please continue to **act as though you have the virus, follow the rules, reduce contacts and stay local.**
 - Please continue to follow the advice: **Hands, Face, Space, and Fresh Air. Test, Trace and Isolate (when needed). Vaccinate when offered, and keep travel to a minimum. Work from home if you can.**
 - Continue to **take the disease seriously. 1 in 3 people with the virus is an asymptomatic carrier. The UK variant spreads more easily so if one person in a group has it, the likelihood is you will all get it.**
 - Thanks to everyone in #TeamLeeds for playing their part. This is tough for everybody, but please remember everyone's experience is different - **#BeKind** and support each other **#TogetherLeeds**.

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, including a direct email each week to 114,000 residents who have signed up for the service

- 11.2 **Equality and diversity / cohesion and integration:** As time passes, more data and analysis becomes available on the impact coronavirus is having on all of our communities. There are four groups of particular focus, which the virus seems to have the greatest impact on and disproportionately affects: areas where people have a lower income; Black and Asian ethnic groups; those at the opposite end of the age spectrum; and gender. The pandemic has also had significant impact on the local and national economy, which will have detrimental impacts on all people's mental health and socioeconomic outcomes. Tackling poverty and inequality continues to be central to our approach, and as a result we have increasingly responded more collaboratively with our partners in a targeted way to ensure we support our most deprived communities. For example, our Vaccine inequalities Plan takes a targeted approach in areas of lower income and lower vaccine uptake.
- 11.3 We know that the death rate is higher in more areas that have a lower income. This is driven by a combination of factors: people who live in these communities are more likely to have underlying health conditions (including smoking, obesity and limited opportunities to follow 'healthy-lifestyles'), and possibly counted as clinically vulnerable or CEV. People living in these areas are more likely to be key workers who can't work from home. Housing quality and multi-generational housing, and those more reliant on public transport, also mark a significant risk. As a result, inequalities – that were already established pre-Covid – have been exacerbated.
- 11.4 Data also confirms that individuals from Black, Asian and wider ethnic communities have been impacted by higher rates of mortality. This is linked to existing health inequalities, living in areas of lower income and sometimes higher deprivation, and holding public facing occupations (including key and critical worker roles such as public transport or social care). The Office for National Statistics (ONS) and Public Health England have both concluded that individuals from ethnic minority communities continue to be disproportionately impacted.
- 11.5 Age also plays a significant role on impacts of the virus. Data is clear that the older you are, the more likely you are to suffer from serious symptoms of Covid-19, or sadly die from the disease. However, children and young people have been disproportionately impacted too: school closures and gaps in education over the last year will all negatively impact mental health and wider development, creating a significant disadvantage.
- 11.6 The [ONS also notes](#) that the impact dependent on gender is also significant. Males are more likely to die from coronavirus than females; between March 2020 and January 2021, there was almost an 18% difference in the total number of Covid-related deaths for men (over 63,000) and women (over 53,000). However, the ONS notes that women's wellbeing was more negatively affected: this includes higher rates of being furloughed (although the gap has decreased in recent months), disproportionately affected jobs and

careers hit by Covid, significantly less time working from home, and more time on unpaid household work and childcare.

- 11.7 Executive Board Members have routinely been updated on the impact coronavirus has had on the Leeds economy, including through this report and economic briefings. The pandemic has had some immediate and obvious effects, with restrictions resulting in an overnight adoption of home working and a severe impacts on hospitality, retail, and local consumer services having to close. However, as we move out of restrictions, we are in a strong position to kick-start the local economy by providing advice and support to our most in-need businesses while the easing of national restrictions is likely to ensure increased spending in hospitality and retail.
- 11.8 The ongoing Joint Strategic Assessment, which is informed by well-respected reports such as the Marmot Review: Build Back Better, will aim to mitigate some of the impacts the pandemic has caused. The assessment will focus around our own three strategic pillars; Inclusive Growth, tackling the ongoing Climate Emergency, and ensuring equal and healthier outcomes for our residents. As restrictions continue to be eased, we will promote more familiar patterns of employment, consumerism and leisure in a safe way to boost the local economy, whilst keeping infection rates down. We will also continue to work in a collaborative way with our partners using the #TeamLeeds approach, taking cautious steps in returning to some form of normality. And we will continue to target our support during our recovery from Covid-19 to areas that are in need of it most.
- 11.9 **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.
- 11.10 **Climate Emergency:** Responding to the Climate Emergency remains a key priority. As we move into our recovery, we continue to focus on improving air quality and work towards a carbon neutral city by 2030. Emissions from private vehicles and public transport patronage have both reduced significantly, with a 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 we work our way through the roadmap over the spring and summer. Going forward, we will continue to provide updates to all Members, including the Executive Board, around long-term changes to the climate. For example, emissions may be impacted due to reviewed working arrangements which present an opportunity to sustain this reduction.
- 11.11 **Resources, procurement and value for money:** The financial implications of responding to Covid-19, including additional costs and lost income, remain a significant

concern. A separate report about the council's finances on the Executive Board agenda at item 11 outlines the latest position in much greater detail.

- 11.12 **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.
- 11.13 **Risk Management:** the risks related to coronavirus continue to be monitored through Executive Board reports and the council's risk management arrangements. 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. The broader health, wellbeing and financial impacts of the pandemic on the population remain a significant concern and focus of attention. 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. Specific risks that remain the most significant in the medium-term include: new or existing Covid-19 variants and their transmission; vaccine misinformation and building vaccine confidence; and problems with community safety and compliance in light of the easing of some restrictions. The overall risk level remains rated as very high.

12. Conclusions

- 12.1 This report, together with the annexed Response & Recovery Plan, the Dashboard, and our Local Outbreak Management Plan, describes the extensive work underway. Our priorities remain to allow safe public spaces in communities, district centres and the city centre, safe travel, safe delivery of essential services, safe education and safe working. Working in partnership, this activity allows us to control and manage outbreaks, reopen services and support businesses during Step Two of the roadmap. In turn, this allows us to also 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.
- 12.2 The progress of the vaccination programme is a testament to what can be achieved through strong local partnership working with effective communications and targeted engagement to reduce inequalities. Leeds is known for its strong local partnerships and collaborative working arrangements, which have both been at the core of our response to the pandemic.
- 12.3 As a result of our proactive work with partners, we are see decreases of infection rates in Leeds, no current variants of concern, while the number of our residents being vaccinated continues to increase – 468,000 Covid-19 vaccines have been delivered to date, including first and second doses. This puts us in a positive position as we cautiously move through the Government's roadmap and into phase 2 of our own local plan. The best defence continues to be the broader public health safety measures; if we continue to follow these, we will be able to deliver a much deserved summer for the people of Leeds to enjoy. Maintain space, wear a face covering, see friends and loved ones outdoors in the fresh air, test regularly – especially if you have symptoms, and get vaccinated when it's your turn.

12.4 We will continue to use the full range of communication tools to encourage people to follow restrictions and keep themselves, their loved ones and their communities safe. Elected Members and MPs continue to play a crucial role in promoting the right behaviours and encouraging others to do the same. In line with our plan for the year ahead and the national roadmap, the full range of multi-agency partners will continue to focus on keeping the city safe for everyone during this reopening phase of communities, services and businesses.

Recommendations

Executive Board is requested to:

- a) Note the Response & Recovery Plan (**Annex A**), and the full range of activity taking place to prepare for the safe reopening of services and the economy in the coming months, with a focus on planning for the year ahead.
- b) Note the current position on the four measures in the Roadmap, and recognise the continued need for everyone to play their part while restrictions remain in place
- c) Agree the refreshed Local Outbreak Management Plan at **Annex C**, and note the continued proactive approach on all aspects of the plan, including vaccinations, testing, tracing, support to self-isolate, support to businesses, communications, compliance and enforcement.
- d) Use this report as context for the more detailed vaccination health inequalities plan report found at *item six on the Executive Board agenda*; and financial implications of coronavirus that are covered in the Finance report that is also on the *Executive Board agenda at item 11*.

Background documents¹

None.

Appendices:

- a) **Annex A:** Leeds Strategic Response and Recovery Plan – coronavirus (Covid-19)
- b) **Annex B:** Leeds Strategic Coordinating Group Dashboard – 12 April 2021
- c) **Annex C:** Local Outbreak Management Plan March 2021 – March 2022

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.