

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

Agenda Item 14

Date: 23 June 2021

Report of: Chief Executive

Report to: Executive Board

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

What is this report about?

Including how it contributes to the city's and council's ambitions

- This pack details the work across the multi-agency partnership on the Covid-19 response and recovery since [the last report](#). The Response and Recovery Plan can be found at **Annex A**, which continues to be the main reporting tool for ongoing work across the seven service areas. The plan sets out the broad range of activities, including a summary plan on a page for the rest of 2021, our vital partnership arrangements, and details of our continued proactive work to try and control the **numbers of cases** across the city and **increase testing, tracing, isolating and crucially vaccination** uptake. The current position is described [at paragraph five – 10](#).
- Our ambitions continue to be: 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**. The front page of The Response and Recovery Plan (**Annex A**) lists in full our aims and objectives, including mitigating the increasing effects the virus is having on poverty and inequalities, so we can be a **compassionate city with a strong economy that works for all**. We continue to promote vital, proactive, key messages across all channels: **Hands, Face, Space, Fresh Air; Test, Trace, Isolate; and Vaccinate when eligible**. We hope that now more than ever, sharing these messages across a range of platforms will encourage everyone to **play their part**.

Recommendations

- a) Note the latest version of the Response & Recovery Plan at **Annex A, including summary plan on page and risks**.
- b) Note **Annex B**, a summary of national developments since the last meeting of Executive Board and note **Annex C**, the monthly Coronavirus Dashboard.

Why is the proposal being put forward?

- 1 This report is being put forward for Executive Board members to note and approve the ongoing work responding to Covid-19, across the system and through partnership working arrangements.

What impact will this proposal have?

Wards affected:

Have ward members been consulted?

Yes

No

National and local developments

- 2 Covid-19 has continued to pose significant risks and challenges to public health, the city's economic health, the organisations financial position, and the capacity and delivery of council and partner services.
- 3 All wards across the city have been impacted by the virus and we have continued to regularly engage and update all Councillors, Leeds MP's, and our partners on the local position, including Ward notifications where there are significant increases. The multi-agency command and control arrangements for Leeds continue to evolve to the changing situation, working with the wider sub-regional and regional arrangements. A chart of the multiagency arrangements is provided in **Annex A**.
- 4 We are now in **Phase two** (summer) of our three-Phase plan for the year, which works in tandem with the [national recovery roadmap](#) as communities and the economy gradually reopen. At the time of writing this report, the impact of coronavirus remains significant. N.B: figures published in this report are likely to change between publication and the meeting of Executive Board.
- 5 The Leeds seven-day infection rate is 157.3 per 100,000, around a 91% increase in the last seven days and increasing twice the rate of the national average (as of 18 June). The reported rate for the Yorkshire and Humber region is 81.8; the national rate for England is 75 (as of 18 June). Leeds is reported the highest area in the West Yorkshire sub-region. All areas continue to report an increase in cases. Cases are highest in the 19-24 age group, followed by 18-19 year olds.
- 6 Data indicates that over 90% of new cases in the UK are now the Delta variant, with significantly higher growth compared to the Alpha variant (first identified in Kent). It is believed that the variant is up to 60% more transmissible, and twice as likely to lead to hospitalisation. More information and the risks relating to all reported variants can be found [in the risk section](#).
- 7 Test positivity in Leeds is at 5.8%. The position in Wards continues to be very dynamic and with change taking place often over the highest infection rates: these range from the lowest at 63.9 per 100,000 to the two highest at 337 and 841 per 100,000. The latest figures show rises in 18 Wards. Proactive, targeted work continues, with Members regularly updated.
- 8 Crucially, the cases in the over 60's in Leeds remain relatively low, at 17.4 per 100,000. The outbreak position across settings continues to be busy, in line with the rate of community transmission, with regular updates provided to members and MPs. Hospital numbers remain reasonably steady. This gives a [strong indication that vaccines are working](#), with PHE confirming a [high efficacy against hospitalisation](#) from the Delta variant.
- 9 Deaths in Leeds: up to 18 June, the total number of Covid-related deaths in Leeds is 1,631 where 'COVID-19' or 'corona virus' was mentioned on the death certificate. Overall, 1,582 (97%) were Leeds residents; 1,076 (66%) were in hospitals; 403 deaths (25%) occurred in a care home; 99 (6%) at home; and 53 (3%) in a hospice. To date, 18% of all deaths registered have been Covid-related.

- 10 In Leeds, over 468,000 people have received their first dose, and over 368,000 have received their second as of 18 June. In line with the recent Executive Board paper about vaccination and inequalities, we continue to support rapid rollout, pushing to increase confidence and trying to reach those unvaccinated via several different delivery options: mass sites, pharmacies, targeted community venues and roving buses. The [national dashboard](#) is updated daily with all national figures. Proactive communications from a range of community leaders and Members remain key in this effort.
- 11 The Vaccination Centre at LUFC's Centenary Pavilion is set to close at the end of July when the lease arrangements expire. Alternative locations have been sought in close proximity because of the good transport links and widespread knowledge of the site being used as a mass Vaccination Centre. The nearby park and ride facility has been reviewed for possible location of a marquee to be used as the replacement vaccination centre. The park and ride service has been operating throughout the easing of lockdown restrictions and patronage levels have increased steadily in recent weeks. Given the amount of major works across the city that are ongoing and planned over the next 12 months and with an increasing return to the city, particularly from September onwards, it is important to offer a sustainable transport alternative for commuters and visitors to the city. It is understood the alternative vaccination arrangements at Elland Road are currently proposed to be in place up to March 2022.
- 12 Good progress is being made with the city's third park and ride which is set to open in September at Stourton and Temple Green Park and Ride will partially reopen later this month/ early July as we work with DHSC to remodel the site to also support continued testing. Work is progressing on the extension to Temple Green which should open early 2022.
- 13 Consequently, given this level of park and ride capacity coming on stream and working to support Partners with testing and vaccination, it has been agreed that a marquee for the relocation of the vaccination centre at Elland Road be permitted in the phase 3 area near Lowfields Road. Associated parking will be provided away from the park and ride site nearby. Approximately 200 park and ride parking spaces will be taken up by the marquee. This compromise balances the urgent need for a vaccination centre in this area and maintains capacity in the park and ride service for the city particularly during the expected busier period from September onwards, during the winter months. WYCA and First Bus have been consulted with this proposal.
- 14 On 14 June, the [Prime Minister confirmed](#) that Step 4 will be postponed for four weeks; from 21 June to 19 July (although a review is to take place on 28 June). This was due to the rise in infection rates driven by the Delta variant, and some increases in hospitalisations and deaths.
- 15 The timing will enable more people to get a vaccine and receive a second dose. This variant has increased transmissibly compared to the Alpha 'Kent' variant, with cases increasing locally, regionally, and nationally. The Prime Minister confirmed:
 - a) The vaccination programme will be accelerated in the coming weeks:
 - i. Anyone over the age of 40 will now wait eight weeks for a second dose; this will remain 12 weeks for everyone under the age of 40.
 - ii. The Government have set a new target of every adult in the UK to get a first dose by 19 July, and around two thirds of the population to get a second.
 - b) [Two doses provide a high degree of protection](#) against serious illness and death from the Delta variant.
 - c) Social restrictions remaining in-place: including social distancing, wearing face coverings, limits of people you are allowed in homes, and the limit of people that can meet outdoors.
 - d) Capacity limits for sports, pubs and cinemas will remain, and nightclubs will remain closed. Table service in hospitality will remain.
 - e) Weddings, receptions and commemorative events can go ahead with more than 30 guests from 21 June, providing social distancing measures are followed. A table service must be offered, with no dancing or singing.

- f) The easing of [some restrictions for care home residents](#), including: no more self-isolation if they leave their residence (although some exceptions do apply), and extended overnight visits to family and loved ones.

16 The Government's four tests, which determine England progressing through the four-step roadmap are as follows, with C & D remaining a concern for Government and driving the decision to postpone Step 4:

- a) continued success of the vaccine programme;
- b) efficacy of vaccines in reducing hospitalisations and deaths;
- c) infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS; and
- d) the assessment of risks is not fundamentally changed by variants of concern.

Leeds targeted approach

17 Our response to the virus continues to be targeted, so we can positively impact the outcomes of our most vulnerable communities in the city. We have continued to respond to outbreaks with our partners and undertake ongoing proactive work and messaging in wards with higher infection rates, lower income households, higher levels of deprivation, health inequalities, lower uptake of vaccinations, and occurrences of variants of concern.

18 As a result of the significant rises in infection numbers of the Delta variant in the Headingley, Hyde Park, Little London and Woodhouse areas of the city, there will be enhanced activity in these areas to reduce rates. At the time of writing this report, additional testing (sometimes known as surge testing) is being explored with the Department of Health. Additional work around vaccination, communications, compliance and enforcement is also being explored. Our three-layered targeted approach includes:

- a) Universal offer for PCR, asymptomatic testing and standing up local testing sites.
- b) Additional communications in areas where there are over 30 cases of the variant; promoting proactive key messages (***Hands, Face, Space and Fresh Air. Test, Trace, Isolate and Vaccinate***). This will be over a range of channels, including social media, local notice boards and utilising the Covid Marshals.
- c) Intensive door knock in the most affected streets calling on volunteering partners.

19 Tackling poverty and inequality continues to be central to our approach and a key theme across all work carried out across the partnership, supporting communities which have been hardest hit by the pandemic:

- a) As a result of the rising infection numbers of the Delta variant, at the time of writing enhanced testing options are being agreed with the Department of Health.
- b) Previous enhanced testing in areas where there have been [variants of concern](#).
- c) Continue to encourage those in vaccination cohorts 1-9 that have not yet taken up a vaccine.
- d) Supporting roving testing and vaccine buses through outreach work, taking place in areas with higher infections rates or lower vaccine uptake.
- e) The Leeds Vaccine inequalities Plan (insert link to the Exec Board paper from last time), which takes a targeted approach in areas of lower income and lower vaccine uptake.
- f) The [Leeds Local Outbreak Management Plan](#) outlines our targeted approach in full and continues to be updated on a regular basis, with regular Incident Management Team meetings analysing the infection rates in detail to understand and inform actions and communications.

Economic impact and early indicators

20 Covid-19 has changed the way we think about place and how we use our spaces, as well as how we travel, work and shop. Pre-Covid, this was already changing, but the pandemic has altered these further. Work and leisure patterns now appear to be accelerating previous trends,

such as working from home and online shopping. This is posing questions for cities – including Leeds – and the full financial and economic implications are still to be determined. Although we can see the broad impacts on employment, travel behaviours and our local economy, we still need to better understand how the virus is impacting different places.

- 21 We are working with partners to understand the long-term transformational changes, challenges and opportunities for our city and local centres. Restrictions have resulted in a significant loss of income for many businesses and individuals who have not been permitted to work. Given the overnight adoption of home working, this has severely impacted sectors such as hospitality, retail, and local consumer services, which had to close during lockdowns and some of which remain closed due to restrictions. Financial and economic losses will have a detrimental impact on people's mental health and socioeconomic outcomes. Executive Board Members have routinely been updated on the impact coronavirus has had on the Leeds economy, through previous reports to Board meetings and economic briefings sent out on a fortnightly basis.
- 22 Now restrictions have significantly eased, the Leeds economy has been kick-started through advice and support to businesses to help them recover. Early indicators suggest an increase of spending in hospitality and retail, with some early data suggesting on occasion this is nearly back at pre-Covid levels. We continue to promote and adapt safer working patterns of employment, consumerism, and leisure in a safe way to boost the local economy. Nationally, the [ONS have reported](#) some good news over the past months: more businesses are now operating under Covid restrictions, and there has been a decline in the workforce on furlough leave. This indicates that the UK's economy will bounce back, possibly quicker than expected, providing there are no future significant disruptions to the national recovery roadmap.

Social, societal, and disproportionate impacts

- 23 The virus has significantly and disproportionality affected [four main groups within our society](#): areas where households have a lower income; Black, Asian and minority ethnic groups; those at the opposite end of the age spectrum albeit in different ways; and the different impact on genders. And whilst lockdowns have been successful in reducing infection rates, hospitalisations and deaths, they have had a [damaging impact on mental health](#) of the wider population which still is to be determined.
- 24 Infection and mortality rates are higher in [areas that have a lower household income](#). As a result, inequalities – that were already apparent pre-Covid – have been exacerbated. This is driven by a combination of factors, including: residents having underlying health conditions (smoking, obesity and limited opportunities to follow 'healthy-lifestyles'); higher proportions of [clinically vulnerable or clinically extremely vulnerable](#); a higher proportion of residents holding key or critical worker roles; reduced housing quality; multi-generational housing; and a higher reliance on public transport.
- 25 Data also confirms that individuals from Black, Asian and wider ethnic communities [have been impacted by higher infection rates, hospitalisations and mortality](#). It has been widely reported by the Office for National Statistics (ONS) and Public Health England that individuals from ethnic minority communities continue to be disproportionately impacted by Covid-19. This is linked to: existing health inequalities established pre-Covid; living in areas of lower income and sometimes higher deprivation; and holding public facing occupations.
- 26 We know that [the older you are](#), the more likely you are to suffer from serious symptoms of Covid-19, or sadly face mortality, although this is changing due to the vaccines. Data continues to confirm that [vaccines are breaking the link](#) between catching the virus, becoming hospitalised with serious symptoms, and death rates. Children and young people have been disproportionately impacted too: through school closures and gaps in education, rising mental

health issues and impacts to development. Our schools will continue to engage with the Department of Education catch-up schemes and grants available.

- 27 The [ONS also notes](#) the significant impact from Covid is dependent on gender. On average, males are more likely to die from coronavirus than females. However, the ONS notes that women's wellbeing was more negatively affected: this includes [being furloughed, affected jobs and careers](#) hit by Covid, significantly less time working from home, and more time on unpaid household work and childcare.

Plans for the year ahead and further exploration

- 28 We continue work to keep infection rates down, and work collaboratively with our partners using #TeamLeeds and #TogetherLeeds approaches. We remain measured in our steps as we return to normality. Going forward, living safely with Covid-19 will be paramount as we aim towards living with little or no restrictions. We will continue to target our support during our recovery from Covid-19 to areas that need it most.
- 29 Volunteers have played a vital role over the last 14 months, and the civic duty seen across our communities has been overwhelming. Going forward, harnessing this power of volunteering and neighbourly support will showcase our ambition as the best city in the UK. One way we are securing this ambition is ongoing work in partnership with the University of Leeds, looking into the future sustainability of the Community Hubs, which were setup to direct support in communities across Leeds. During National Volunteer's Week at the start of June, the contributions of volunteers in the city throughout the pandemic was recognised and celebrated.
- 30 The ongoing Joint Strategic Assessment, which is informed by both local and national data, qualitative insight from across the council and our partners, and well-respected reports such as the [Marmot Review: Build Back Fairer](#), will provide a fuller analysis of the city including the impact of Covid-19. It will aim to draw out the policy challenges posed, focusing around our [three strategic pillars](#) to ensure equal and healthier outcomes for our residents. This analysis will be used to inform our recovery response more widely, in addition to future city planning activity.
- 31 Very early work is also underway for a City Plan, as a platform for recovery from the pandemic, which will build on our existing inequalities work through the Health and Wellbeing Strategy and the Inclusive Growth Strategy, and Climate Change work. This will combine findings of the Joint Strategic Assessment and the Covid Learning Lessons exercise (which will have focus on further strengthening our partnerships), so we can mitigate wide-scale and long-term effects from the pandemic.
- 32 July's Executive Board will include findings from the Learning Lessons exercise, currently underway. Depending on the local and national picture, we are hopeful that we can primarily focus on recovery for the rest of the year, as we learn to live with the virus. The [19 July \(Step 4\)](#) should see the reopening of communities and the economy, and we await the outcome of the Government Review on social distancing. We will continue to assess the impact coronavirus has on the city, our partners and as an organisation, and routinely offer updates to Members on the local situation and actions underway.

What consultation and engagement has taken place?

- 33 From the start of the pandemic, we have issued regular updates to elected Members, MPs and partners; run dedicated seminars for Members around the latest position, testing, vaccinations and updates from directorates; issued weekly messages to the public; delivered press releases and press conferences; shared regular thank you notes to staff; and undertaken calls with Leeds MPs, head teachers, universities, colleges, the voluntary, community and faith sector, and businesses.

- 34 Ward Members continue to play a key role in engaging the public, particularly sharing key messages to stop the spread of the virus, pressing everyone to continue to play their part through local engagement plans, and encouraging neighbourliness and volunteering. Engagement with stakeholders has continued and, in many cases, has been strengthened. A comprehensive review on learning lessons from the pandemic, and our partnership working arrangements will be submitted to Executive Board in July.
- 35 Engagement with staff has continued including regular staff surveys (including consulting on returning to the office), support via our Staff Network groups, and regular updates to the active staff Facebook group, as well as feedback from management communications and check-in's. HR have also continued to run an array of support schemes for staff. Senior leaders hold regular meetings with managers and the Chief Executive issues weekly all staff emails that includes with the latest position in Leeds and reflects national messaging.
- 36 Every effort continues to be made to keep the public informed of any changes to services, using our full scope of communication methods, including a regular direct email to 112,000 residents who have signed up, and updates across all social media platforms run by the council.

What are the resource implications?

- 37 The financial implications of responding to Covid-19, including additional costs and lost income to Leeds City Council, remain a significant concern and have been regularly provided to Executive Board Members. A separate report regarding the council's finances on the Executive Board agenda can be found at item 15, which outlines the latest financial position in much greater detail, including the Contain Management Fund.
- 38 The Response and Recovery Plan (**Annex A**) highlights the most significant resource implications under the Organisation Impact section.

What are the legal implications?

- 39 With the agreement of the Chair, given the significance of this issue, it is appropriate for the Board to receive an update at the 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 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.
- 40 We do not envisage any potential legal challenges, given this report is for noting the ongoing work the council is undertaking to minimise the risk Covid-19 poses to health, wellbeing and the economy. We continue to abide to data protection procedures and any Access to Information is managed by Leeds City Council Democratic Services team.

What are the key risks and how are they being managed?

- 41 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 council and our multi-agency partners continue to monitor the threat of concurrent risks arising.
- 42 The broader health, wellbeing, and financial impacts of the pandemic on the population remain a concern and focus of attention. Risks and actions relating to coronavirus are included in the Response & Recovery Plan at **Annex A**. At the time of writing, the overall risk to the city and the council from the Coronavirus pandemic remain on the council's corporate risk register. The risk

level remains under constant review, considering national developments, Government guidance and information on the local dashboard.

43 Specific risks that remain the most significant include:

- a) New or [existing Covid-19 variants](#) and their transmission, leading to stubborn and enduring transmission in particular areas.
 - i. At the time of writing this report, the **Delta variant** (originating from India), is believed to be around 60% more transmissible than the Alpha variant (originating from Kent).
 - ii. The variant also became the [dominant variant in the UK](#), including nearly half of the rising cases in Leeds. You can find more information on how we are managing the variant in **Annex A**, and information on the variant through national updates in **Annex B**.
 - iii. Small amounts of the Beta variant (originally identified in South Africa), and the Gamma variant (originally identified in Brazil), are being well managed and traced.
- b) Vaccine misinformation and hesitancy: it is vital that we continue to build vaccine confidence, focusing proactive messaging and myth-busting in communities with lower uptake, and promote vaccinations in younger age groups.
- c) Continuing to follow the rules: ensuring community safety and compliance as we progress through the recovery roadmap; and encouraging everyone continues to play their part.
- d) Workplace/workforce transmission: the council and many other employers now encourage regular home testing as more staff return to the workplace.
- e) Warmer weather and the summer months pose several potential risks: large crowds gathering and the links to infection rates; and public health during heatwaves and the need to keep safe.
- f) Future staffing risks in relation to the care sector and mandatory vaccinations as part of employment agreements.

Does this proposal support the council's three Key Pillars?

Inclusive Growth

Health and Wellbeing

Climate Emergency

44 Covid-19 continues to have a significant impact across these priorities. The economy, employment opportunities, education, community resilience and health and wellbeing have all been detrimentally affected by the pandemic. This has undoubtedly limited progress towards our ambitions and presents long-term challenges for the city, although as we work on recovery, we will continue to address recovery activity these pillars. 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. The [Best Council Plan](#) reflects the current Covid-19 context.

45 This report highlights the significant impact the pandemic has had on the Leeds economy and throughout this year we continue to undertake a number of pieces of work which will help us to inform the refresh of our [Inclusive Growth Strategy](#). Our Economic Development team continue to monitor the local economy and will undertake proactive work responding and mitigating economic disruption in Leeds as much as possible. We continue to work in line with the [Leeds Economic Recovery Framework](#), which was published in October 2020 and which sets out the approach we take responding to the economic impacts of Covid-19. We are looking into the future of our city and local centres as they undergo transformational change due to long-term trends and the pandemic. The [Talent and Skills Plan](#), will collectively improve the supply of skills in the labour market, identifying gaps and helping residents to play a full and more productive role in the Leeds economy, which in turn will help our businesses to thrive. This will create a more inclusive economy in a compassionate city.

46 The continued risk the pandemic holds over the **health and wellbeing** of our residents is clear and well documented through regular communication and previous reports to the Executive Board. The ongoing Joint Strategic Assessment will give a comprehensive overview of health and wellbeing outcomes, and will consider a range of determinants: socioeconomics, housing,

jobs and careers, and climate change and environments. We will continue to work closely with our health partners going forward to mitigate and reverse the inequalities in health Covid-19 has exacerbated.

47 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 reduced significantly during lockdown, with a greater prioritisation of cycling and walking. However, vehicle use is beginning to increase as restrictions have eased. Capital schemes in the city centre will provide an improved experience for pedestrians, cyclists and public transport users as we work our way through the roadmap over the remainder of the summer and future winter months.

Options, timescales and measuring success

What other options were considered?

48 During our response to coronavirus, the planning has been dynamic and driven by the national context and local data shared through the dashboard. The Learning Lessons exercise will inform future actions and will be reported to the July meeting.

How will success be measured?

49 We continue to assess progress through the indicators on the dashboard and more detailed operational intelligence in each area: for example, through public health considering hyper local outbreak data, highways considering traffic flow, and community safety considering relevant intelligence. The [Leeds Local Outbreak Management Plan](#), a national requirement, has been updated. The plan draws on context and guidance from the [Government's Contain Framework](#). Successful prevention and management of local outbreaks and community transmission is a core element of our 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. And we will continue to call upon our excellent partnerships to successfully manage coronavirus.

50 The Leeds Response and Recovery Plan (**Annex A**) will be used as our main reporting document, and will continue to identify risks and assumptions, and detail all ongoing proactive work across the system. Success can also be measured against this work.

What is the timetable for implementation?

51 Work responding to, and recovering from, the pandemic is ongoing and our planning will continue through to 2022, as highlighted in the Response and Recovery Plan. Consideration is being given to the frequency of Covid update reports to Executive Board following the July report which will include the Learning Lessons review.

Appendices

52 The following appendices are attached with this report for Executive Board Members to consider:

- a) **Annex A** – the Leeds Response and Recovery Plan, including summary plan for the year.
- b) **Annex B** – the national developments from Government since the previous Executive Board meeting in April up to June's meeting.
- c) **Annex C** – the Leeds Coronavirus Dashboard.

Background papers

53 None.