

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

Date: 21 July 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 activity across the multi-agency partnership on the Covid-19 response and recovery since the last meeting. At **Annex A** is the findings of a review of the city's multi-agency response to the pandemic, involving stakeholders from across the partnership, incorporating the findings of a wider survey of partners about working with the council during the pandemic. Both documents present broadly positive feedback, with recommendations to improve future practice.
- The Response and Recovery Plan can be found at **Annex B**, which continues to be the main reporting tool for ongoing work across the seven themes, setting 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 **number of cases** across the city and **increase testing, tracing, isolating and crucially vaccination** uptake. The current position is described at [paragraphs 3 – 6](#).
- The front page of the Response and Recovery Plan (**Annex B**) lists 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**. Our ambitions continue to be allowing **safe public spaces** in communities, district centres and the city centre, **safe travel, safe delivery** of services, **safe education**, and **safe working** as we **learn to safely live with the virus**. We continue to promote vital, proactive, key messages across all channels – details of these can be found [at paragraph 4](#). 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 and agree the findings and recommendations set out in the report at **Annex A**, the Learning Lessons Review.
- b) Note the latest version of the Response & Recovery Plan at **Annex B**, including the plan for the remainder of the year, and the updated Local Outbreak Management Plan at **Annex C**.
- c) Note **Annex D**, the latest Covid-19 Dashboard, and **Annex E**, a summary of national developments since the last meeting of Executive Board.

## Why is the proposal being put forward?

- 1 This report provides the latest position, ongoing work and implications of Covid-19 and reports the findings and recommendations of a review of the city's multi-agency approach for responding to the pandemic.

## What impact will this proposal have?

### Wards affected:

Have ward members been consulted?

Yes

No

### Local and national developments

- 2 Covid-19 continues to pose significant impacts to the public's health, the city's economic health, the organisations financial position, and the capacity and delivery of council and partner services.
- 3 Since the last report to Executive Board, infection rates in the city have continued to increase with the easing of some restrictions driven by the more transmissible Delta strain, which is now the dominant variant in Leeds and across England. Some wards saw a very rapid increase in Delta cases when this was a Variant of Concern, resulting in [enhanced testing activity](#) earlier this month. There is now a more consistently high infection rate across much of the city. Cases are highest in high school age and young adults, which reflects the national picture, but with more recent increases in numbers in older adults. Increased mixing is resulting in a lot of cases in settings such as workplaces and education, and high community transmission generally. Evidence suggests much of the spread is through informal gatherings. We continue to use all resources available to us to drive the [Local Outbreak Management Plan](#), and all possible avenues, to minimise the impact of the virus on everyone, but particularly the most vulnerable.
- 4 It is important that we continue to encourage people to follow the Public Health advice. Government have indicated a move away from the key messages pushed throughout the pandemic (hands, face, space, fresh air, test, trace, isolate, and vaccinate). The next phase will be focussed on 'keeping yourself and others safe' whilst 'returning to everyday lives, living with the virus'. Messages are being developed in Leeds to advise caution in the context of the rate increases and hospitalisations as restrictions are relaxed, and our Communications team are developing a respect-based campaign – appealing to people to respect each other's choices – whilst also continuing to promote public health safety messages within the #TogetherLeeds principles of working through Covid-19 together as a city. On a regional basis, a communications campaign is planned around hospital accident and emergency attendance pressures, and there will be a vaccination push over the weekend of 17 and 18 July, with drop-in clinics operating across the city.
- 5 Vaccine rollout remains a priority, including driving the Vaccine Inequalities Plan previously reported to Executive Board. In Leeds. Almost 528,000 people have received their first Covid-19 vaccination, and over 426,000 have received their second as of 15 July. This represents vaccinating 74% of the adult population with a first dose, 60% of the adult population with both doses, and around 87% of the Clinically Extremely Vulnerable cohort, and 83% of the 'at-risk' cohort. Around 90% (and above) of the over 70's has received two doses. The [national dashboard](#) updates all data daily, including national vaccination numbers. There is continued focus on increasing the number of people having their first vaccine to at least 80% to help keep everyone safer.
- 6 There are roughly around 40,000 unvaccinated people in Leeds that fall into high risk, priority cohorts one through to nine. We continue to monitor these number very closely and continue to undertake targeted proactive work with communication going out regularly encouraging vaccination uptake. Around 50% of 18-29 year olds are still to be vaccinated, which poses obvious risks as we move ahead into Step 4 of the national Roadmap. To mitigate this, we are planning several targeted programmes including mobile vaccination sites and a pop-up site in the Trinity Centre, recognising that uptake among younger groups of people will be higher if vaccines are as easy as possible to access.

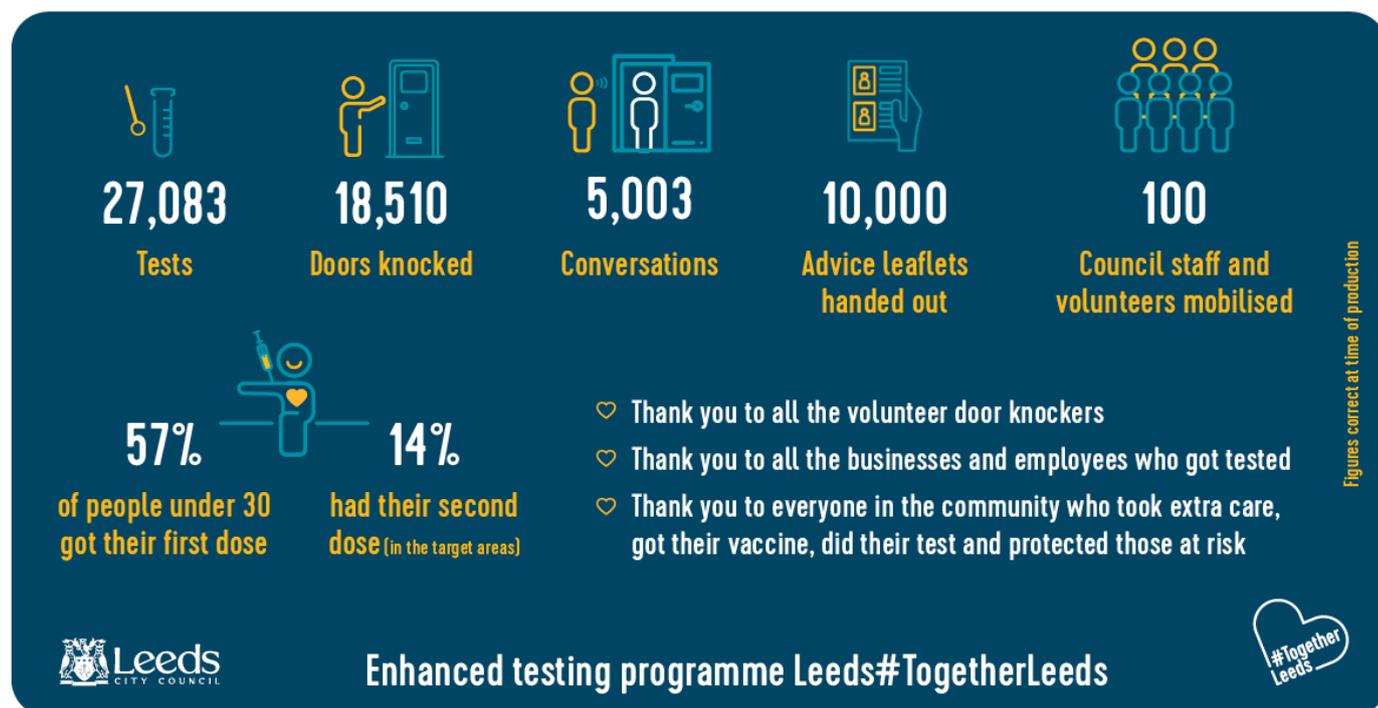
- 7 As at 15 July, the Leeds seven-day infection rate is 572.2 per 100,000 (20.8% increase in the last seven days) and the test positivity rate is 13.5%. The reported rate for the Yorkshire and Humber region is 463.4; the national rate for England is 350.3. Whilst the rise in infection rate in the city has been very significant, the rate of increase in the Y&H and England averages is now faster than the Leeds average, indicating that the Leeds seven-day infection rate is slowing down and not doubling every two weeks like other areas in Y&H. Younger age groups have continue to have the highest number of infections, and with the easing of all restrictions taking place at [Step 4 on 19 July](#), infection rates are anticipated to rise. Members, our partners and the public will continue to be updated with the latest position across the broad range of communication activity that has taken place since the start of the pandemic.
- 8 The position in wards across the city continues to be very dynamic and with change taking place often over the highest and lowest infection rates: these range from the lowest at 233.5 per 100,000 to the highest at 772.2 per 100,000. According to the latest data received by PHE, rates have risen across 22 wards, remained stable across seven wards, with only one ward seeing a decrease.
- 9 The infection rate in over the 60's is 127.3 per 100,000 (a 91% over the last seven days). Although vaccines have weakened the link between infection rates, hospitalisations and deaths, Covid patients in hospitals have increased recently and the number of patients is expected to rise further. Around a one in three patients have had both vaccines. The average age of patients is 60 years old, a younger average age than in previous peaks. The death rate is significantly lower than earlier this year. In addition to the need to open additional Covid wards, the hospital continues to see large numbers of attendances through A&E. There has already been cancellation of some planned surgeries. The expectation is that hospital cases will rise over the summer. At the time of writing this report, there are no positive cases in care home residents, with six staff reporting positive results. The latest numbers on hospital patients at Leeds Teaching Hospitals NHS trust [can be found here](#).
- 10 Covid death registrations continue to average one per week. Up to 15 July, the total number of Covid-related deaths in Leeds is 1,636 where 'COVID-19' or 'corona virus' was mentioned on the death certificate. Overall, 1,587 (97%) were Leeds residents; 1,079 (66%) [were in hospitals](#); 403 deaths (25%) [occurred in a care home](#); 100 (6%) at home; and 54 (3%) in a hospice. To date, 17% of all deaths registered have been Covid-related. Both data sets are routinely updated. No deaths have been reported in the last two weeks (at the time of writing this report), and deaths continue to be reportedly low compared to the first two waves in January 2021 and March 2020. It is reported that more people are staying in hospital for longer (due to a mixture of the protection given by vaccines, and also more awareness in response to serious illness). This is increasing pressure on the health system.
- 11 [Government confirmed](#) that the end of most legal restrictions in England will be eased, as planned, on July 19 ([Step 4 of the recovery roadmap](#)), as the [four tests to ease restrictions](#) were met, and that vaccines efficacy continues to weaken the link between infection rates, hospitalisations and deaths. The decision was described as a balancing act; balancing infection rates increases seen nationally, versus the health and wellbeing benefits of reopening society and the economy. Government also noted that this step will allow residents in England to learn to live with the virus safely.
- 12 However, it is important to note that whilst the national recovery roadmap and most restrictions are coming to an end, Covid-19 is not – especially when you consider the population of unvaccinated citizens. Government anticipate that infection rates are likely to continue to rise, and the virus will continue to cause mortalities. To mitigate these risks, the gap between first and second vaccine jabs for the under-40s will be shortened from 12 weeks to eight and will also retain mechanisms to introduce restrictions in the future if these are required. A full summary of the updated guidance can be found at **Annex E**. As we move forward and restrictions are lifted, being kind and respecting different opinions will be important.

- 13 Self-isolation will still be mandatory for all positive cases, but [changes will be introduced for fully vaccinated people](#) from 16 August. Double jabbed people contacted by NHS Test and Trace or the NHS Covid-19 app notifying them they must self-isolate are advised to take a confirmation PCR test as soon as possible. If the test comes back positive, they should self-isolate regardless of their vaccination status. If a negative result is received, they will no longer have to self-isolate. If someone receives their second dose just before or after this date, they will have to wait for two weeks to build up the maximum protection of immunity (getting their second dose at least ten days before 16 August).
- 14 Government confirmed that the National Test and Trace service, going forward, will be proportionate to the pandemic and circulation of the virus. The Leeds Local Contact Tracing will continue to support the national service, signpost contacts to support service, and is currently identifying around 44% of additional contacts. The service also saw increase demand over the past two weeks as over 1,500 cases being referred from the national service (from the period of 21 June - 4 July). Self-isolation payments have also continued to increase in demand, although the number of applications has started to come down. Since the week commencing 14 June, up until the week commencing 5 July, a total of 2,009 applications were received.
- 15 Government confirmed significant changes to school arrangements, including testing and tracing in education settings. From Step 4, NHS test and trace will carry out contact tracing in all education settings rather than being run by schools or colleges. The legal requirement to self-isolate for contacts of a positive case will end for everyone aged under 18; testing should be carried out and only those who test positive will need to self-isolate. Those identified as close contacts will be advised on testing, and must self-isolate if they have symptoms. Testing for close contacts under 18 will be split into two categories:
  - a) Primary, Secondary and College age children should take a single confirmation PCR test.
  - b) Early Years children should take a PCR test if a member of their household tests positive.
- 16 Other changes due to take place in education settings: bubble collapsing will no longer take place (although may still be retained until the end of term), social distancing will be scrapped and students can mix at break times, school start and finish times will no longer be staggered, face coverings will not be mandatory, and assemblies can resume.
- 17 We continue to prepare for the easing of restrictions and to implement the changes as set out under [Step 4 of the Roadmap](#). We will do this in a careful and balanced way that promotes service delivery and continuity, encourage everyone to stay safe and continue to play their part in reducing the spread of the virus. After 19 July, services will no longer have any limits on capacity, but with a set of safety principles such as plastic barriers, encouraging space, the use of hand sanitizer, wearing face coverings and ventilation where possible. The guidance is clear that employers are required to mitigate risks to staff and visitors in workspaces.
- 18 Returning to the office for council staff will be phased which the Government have encouraged, guided by a set of safety principles that cover: the workplace; personal responsibilities and preventative measures; service resumption and governance; and support to staff. Each workplace will have its own risk assessment that is regularly reviewed. We will also ensure clinically vulnerable staff will have their own individual risk assessments, and there will be proactive conversations with Trade Unions and staff around navigating this new phase. There will be regular communications about returning to the workplace, and envisage that longer-term, working patterns will be more balanced with more staff working from home than pre-pandemic.
- 19 Lifting restrictions does not mean that the risks from coronavirus have disappeared. Instead it marks a new phase in the Government's response to the pandemic during which people need to manage the risks to themselves and others as the country learns to live with the virus safely. One in three of us are still asymptomatic if we catch Covid, and whilst vaccines do offer the best protection, they do not stop the spread of the virus. Regular testing twice a week to identify

positive cases and break chains of transmission will be a very important part of our toolkit. Key messages will be vital going forward, as will messages using the #TogetherLeeds principles of #BeKind, #BeSensible & #BeConsiderate.

### Leeds enhanced testing approach

- 20 As reported at the last meeting, enhanced activity took place in the Headingley & Hyde Park, Little London & Woodhouse wards, as well as some neighbouring areas, due to particularly high infection rates and the prevalence of the Delta strain when it was a Variant of Concern. This enhanced activity ran from 23 June – 5 July. Drawing on our excellent multi-agency relationships, this comprehensive targeted approach included enhanced testing offer at local sites and door knocking to encourage testing, vaccination uptake and safe behaviours. Working with the universities, support has also been put in place for students required to self-isolate during the tenancy changeover period.
- 21 It's clear that door-knocking helped drive progress towards testing and vaccination in addition to the targeted communication activities. According to recent data from PHE, infection rates in Headingley & Hyde Park have decreased because of this effort. Some logistical issues were reported (which is common with activity such as this), and we will need to warrant going forward more organisation and information around redeployment. The exercise was a great success and puts us in an excellent position if future enhanced activities takes place again. Guidance has now been updated to reflect the Delta strain as the dominant variant in the city, and therefore surge testing is no longer indicated. The below infographic has a comprehensive breakdown and the activity's key successes:



### Leeds targeted approach

- 22 Our response to the virus continues to be targeted, driven by intelligence and the epidemiological picture so we can positively impact the outcomes of our most vulnerable citizens and communities. We have continued to respond with our partners to outbreaks and undertake ongoing proactive work to drive down infection rates and promote vaccine uptake. This includes messaging in wards when infection rates are higher, proactive work in areas with lower income households, mitigating health inequalities as much as possible, targeting areas with lower uptake of vaccinations, and effectively tracing cases of variants of concern.

- 23 All targeted work is built into our [Local Outbreak Management Plan \(Annex C\)](#), which has been updated and published this month in line with the new guidance and Step 4. The plan draws on context and guidance from the [Government's Contain Framework](#). Going forward, these measures will continue as we learn to live with the virus safely, with minimal restrictions in place.
- 24 Members, local leaders, and Community Champions, as well as other council services (such as housing, communications, asset management, and highways) have been key in this targeted approach and supporting this effort. Examples include:
- Community engagement plans developed for all inner-city wards, which focus on vaccination uptake, testing, and high-risk workplaces. Plans relating to recovery and resilience are being developed for the longer-term.
  - There have been several engagement sessions across the city with faith leaders and local groups, where considerable insight has been gained. Public Health officers have attended these to provide facts and answer concerns in relation to vaccines.
  - Discussions have taken place with local faith leaders alongside clinicians with targeted resources being produced that will provide key information about the vaccine. This will help people from BAME groups make informed choices.
  - Grants to support third sector work with BAME communities have also been distributed, as well as promoting vaccine uptake via a number of media platforms including on the 'Let's Talk' show on British Muslim TV, a South Asian arts and drama communication piece under development and [promotion of vaccine by faith leaders in the city](#).
  - Primary Care Network Clinical Directors and Public Health leads in the eight most deprived Networks have developed individual blueprints for increasing uptake of vaccinations, supporting proactive conversations with patients who are hesitant and working with the Local Care Partnerships.
  - Further targeted measures including that have good engagement and have been well received include: the roving vaccination bus, taking the vaccine into communities; and women only clinics, which delivered over 100 vaccinations in May alone and continues to be well attended.

### Economic impact

- 25 From 19 July, all remaining businesses can operate, including large-scale events and venues not previously allowed to open (including nightclubs). This marks a positive step in our recovery and will help the recovery of sectors detrimentally impacted by the pandemic, particularly hospitality and retail, as footfall and expenditure in the city and town centres is anticipated to increase. Early indicators have shown the economy is in a stronger position than originally thought, with [the ONS reporting](#) mostly growth across most sectors in April 2021.
- 26 The Response and Recovery Plan at **Annex B** and the Covid-19 Dashboard at **Annex D** has the latest figures around footfall, traffic flows, public transport usage and a comprehensive update on the Leeds economy. Members will also continue to be updated through the regular economic briefings.

### Social, societal, and disproportionate impacts

- 27 We know that Covid-19 has had significant and disproportionate impacts on several social and demographic groups. This has been reported to members in previous reports submitted to Executive Board and through weekly member updates. As we learn to live with the virus safely and council services operate as business as usual, our work will continue to address and mitigate any inequalities and disproportionate impacts. This will be driven by data and intelligence available. Analysis of the impacts of the pandemic on the city's population is being undertaken through the Joint Strategic Assessment, the findings of which will be presented to Health and Wellbeing Board in September and published on Leeds Observatory.

### Review of multi-agency arrangements

- 28 Between April and June a review was undertaken of the city's multi-agency response to dealing with the pandemic, to inform future partnership working as well as future response to incidents. All partners involved in the multi-agency response, and elected members and MPs, were invited to participate in this review. The findings and recommendations of the review are presented at **Annex A**. Also included is an analysis of a survey undertaken of some of the council's partners to understand their perceptions of working with the council during the pandemic, including the effectiveness of communications.
- 29 Overall feedback was very positive, reflecting that the multi-agency arrangements have been very effective and relationships between people, organisations and with the public have been strengthened. There were inspiring stories that made a real difference to those suffering in the pandemic, including those shielding and at the end of life, as well as small, medium and large businesses being supported. Structure and approach was perceived to have worked well, with one response noting the arrangements in place contributed to the "most positive outcomes possible under the circumstances". These arrangements were crucial to deliver the response and recovery plan, share information, discuss issues arising, drive actions quickly and monitor the ongoing impact. We received positive feedback about understanding other parts of the system, although we recognise there is more to do around being explicit about communicating this. Partners also felt that the right people were on the right groups, with the third sector valuing being involved and their contribution being valued by others. Groups were well led, with membership adapted where required, and evolved in terms of frequency and focus to meet the changing demands. We also received positive feedback about communications from the council to the broad set of partners during the pandemic; 98% felt that pandemic-related information from the council was useful and most felt that cross-sector working is faster and more effective than before.
- 30 The Covid-19 dashboards were welcomed as part of the intelligence picture, although feedback included that these could have been more readily available online and could be more integrated in future. The latest version can be found at **Annex D**. Also noted was the very high frequency of meetings at the start, with some perceived duplication across groups. Whilst there was extensive communications and updates, there wasn't always clear feedback between groups to ensure shared understanding and to minimise duplication. Overall, a lot of people learned quickly about command and control multi-agency arrangements, and the pandemic will improve our response to future incidents, although more could have been done to increase awareness earlier. The full set of recommendations from the exercise can be found at **Annex A** for Board members to agree.

### *Plan for the year ahead*

- 31 The plan for the year has been updated to reflect learning to live safely with coronavirus in our day-to-day lives will be key, alongside recovery of backlogs and preparation for winter. Ensuring everyone knows the updated [guidance from 19 July](#), ensuring the most at risk know to book their vaccinations (including booster jabs in the winter months), incorporating testing and self-isolation into our everyday life, and managing public behaviour and mitigating potential community tensions will be vital. Members will be key in leading the way, demonstrating how to live with Covid-19 safely, recognising risks, and being kind to one another. These will be reflected in our proactive communications and any outreach work going forward. Responding to the virus will of course remain a significant feature of the year ahead and into 2022. These actions can be found in the Leeds Response & Recovery Plan at **Annex B**, which details activity for this period. This is all in the effort to keep infection rates down, and work collaboratively with our partners using the #TeamLeeds and #TogetherLeeds approach.

32 Members will be provided with another update report at the September meeting, with the frequency of further update reports to be determined depending on the circumstances. Regular update emails to all elected members and Leeds MP's will continue to be a key source of up-to-date information about activity across the partnership.

### **What consultation and engagement has taken place?**

33 Ward Members continue to play a key role as local leaders, encouraging everyone to play their part by following advice and guidance, through neighbourliness, offering support and volunteering. From the start of the pandemic, we have:

- a) issued regular updates and run dedicated seminars and phone calls with elected members;
- b) enhanced engagement with partners, which has strengthened the relationship;
- c) undertaken calls with key partners, including Leeds MPs, head teachers, universities, colleges, the voluntary, community and faith sector, and businesses.
- d) issued weekly messages to the public (via periodic press preleases and conferences); and
- e) shared regular thank you notes, social media updates, surveys, and continued to offer various support services to Leeds City Council staff and to partners.

34 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, and updates across all social media platforms run by the council.

### **What are the resource implications?**

35 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 14, which outlines the latest financial position in much greater detail, including the Contain Management Fund.

36 The Response and Recovery Plan (**Annex B**) highlights the most significant resource implications under the Organisation Impact section.

### **What are the legal implications?**

37 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.

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

38 Unfortunately, Covid-19 is going to play a significant part of our lives going forward. The risk rating has been modified to be rated as 'Very High', with a Probability of 4 (probable) and an Impact of 5 (highly significant) – having previously been a 5x5 risk. This change recognises the rollout of the vaccine, which is leading to the easing of restrictions. Evidence suggests that the vaccination programme and [the vaccine's efficacies have significantly decreased the risk of serious illness and fatalities](#), and as more data presents, it appears the link continues to be broken between catching the virus, and becoming hospitalised and mortality. As a result, the government will be releasing restrictions with an expectation that we learn to live with the virus. Our outbreak management approaches continue to be very important for managing community transmission. Two main aspects of the Covid risk remain significant for the City and are outlined below.

- a) The virus will continue impact more vulnerable or disadvantaged citizens and communities. Despite an intense vaccine inequalities plan, vaccine take up is slower in some areas with

lower income, across all cohorts laid out by the JCVI, and different demographic groups (particularly ethnicity). These groupings are more vulnerable to the disease. To address this, we will continue to carry out our targeted work – including during the winter months where the risk of transmission, mortality and pressures on our health partners is heightened, noting that the health system is facing concurrent pressures including backlogs of elective procedures and the winter flu.

- b) More general risks include fatalities and serious illness, impact to the economy, and potential tensions arising from different views in relation to public health measures, for example mask wearing.
- i. New variants of concern (VoC) and virus mutations could potentially show resistance to vaccine's efficacies. Deploying enhanced testing, vaccinations, and outreach work in affected areas on a sustained basis in the city will be key to managing this risk. We will draw on previous successes and plan using relevant multi-agency arrangements and the recommendations from the learning lessons review.
  - ii. The broader health risks remain if there is increased transmission in those who are unvaccinated with little immunity protection. Proactive outreach and engagement remain in areas/groups who are vaccine hesitant, including in those who are classed as Clinically Vulnerable or Clinically Extremely Vulnerable (the JCVI cohorts 1-9).
  - iii. Potential confusion or tension as formal restrictions are lifted, and people have more choice over their behaviour. Public health messaging and advice will remain very important, such as proactive communications like #BeKind, #BeSensible & #BeConsiderate. We need to try and harness the civic spirit shown throughout the pandemic going forward and encourage residents to support each other and their choices.
  - iv. Negative economic impacts continue. We will continue to provide advice and support to business and individuals and enhance all work around the Leeds economy to recover and regenerate.
  - v. Broader impacts from significant backlogs, particularly across the health system.

39 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 risks arising. Risks and mitigating actions relating to coronavirus are also included in the Response & Recovery Plan at **Annex B**.

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

Inclusive Growth

Health and Wellbeing

Climate Emergency

40 Covid-19 has continued to significantly impact all three of Leeds City Council's strategic pillars. However, over the course of the pandemic we have continued to adapt to the changing situation and ensure work carried out across services focuses on mitigating these impacts. The [Best Council Plan](#) reflects the current Covid-19 context. 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, climate change, housing, and environments.

41 We know the pandemic has caused significant disruptions to the Leeds economy, but we remain committed to delivering an **inclusive economy for all**. We continue to undertake proactive work responding and mitigating economic disruption. Work is well underway to refresh our [Inclusive Growth Strategy](#) whilst working in-line with our [Economic Recovery Framework](#). Regular updates are circulated via the economic briefing note sent to members.

42 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. We will continue to work closely with our health partners going forward to support work to

deal with backlogs, mitigate and reverse the inequalities in health that the pandemic has exacerbated.

43 Although vehicle use is beginning to increase as restrictions have eased, we remain dedicated and continue to focus on improving air quality, working towards a **carbon neutral city by 2030**. Capital schemes in the city centre are progressing well, and 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 winter months.

## Options, timescales and measuring success

### What other options were considered?

44 During our response to coronavirus, the planning has been dynamic and driven by the national context and local data shared through the dashboard. The multi-agency learning lessons exercise (**Annex A**) will inform future actions in relation to partnership working and responding to the pandemic and other incidents.

### How will success be measured?

45 The lifting of restrictions and the gradual return of ordinary life is a key measure of success in responding to the virus, albeit ensuring key components become 'normal', such as: regular testing, self-isolation (when notified), and vaccinations (including future winter booster jabs). Covid-19 is going to be with us for the foreseeable future, and everybody will need to learn to live safely with the virus, being fully aware of the risks coronavirus still poses even with the easing of restrictions as of Step 4. Work to minimise this risk and encourage safe behaviours will continue.

46 The vaccination programme is a key measure of success in breaking the link between infections rates, serious illness and mortality. Local and [national evidence](#) demonstrates that this is working. Getting the city vaccinated is a key achievement for Leeds involving a very wide range of partners and a true #TeamLeeds effort. **Annexes B** and **D** have full breakdowns of our ongoing recovery effort and highlights all the key success to date. We will continue to support all communities to take up the offer of vaccination, which remains the best and most effective protection.

47 Another key success measure is the effort of [previous enhanced activity](#). Leeds undertook this activity without Government support, which tried and tested our excellent partnerships across the system and effectively delivered outreach and support to citizens in areas that needed it most. This places us in a strong position if we need to stand up these arrangements in the future.

48 Success can also be measured against the Leeds Response and Recovery Plan (**Annex B**), which will continue to identify risks and assumptions, and detail all ongoing proactive work across the system. Our updated [Local Outbreak Management Plan](#) (**Annex C**) gives a comprehensive overview of our successes managing outbreaks and community clusters.

### What is the timetable for implementation?

49 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. The Board will be provided with an update on the multi-agency response to the pandemic in September, and further update reports will be determined closer to that time.

## Appendices

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

- Annex A** – Multi-agency arrangements learning lessons report.
- Annex B** – Leeds Response and Recovery Plan, including summary plan for the year.
- Annex C** – Leeds Local Outbreak Management Plan.

- d) **Annex D** – the Leeds Covid-19 Dashboard.
- e) **Annex E** – national developments and announcements from Government since the previous Executive Board meeting.

### **Background papers**

51 None.