

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

Date: 22 September 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 report includes the usual information detailing ongoing activity across the multi-agency partnership, as we continue to respond to and recover from Covid-19, covering the period from the last meeting in July. 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 themes. The plan sets out the broad range of activities, including ongoing recovery mitigations, service recovery, a summary plan on a page for the upcoming period, our vital partnership arrangements, and details of our continued proactive work on recovery. Work continues to increase **vaccination uptake**, **recover backlogs** on services, control the **number of cases** across the city, as well as encouraging continued **testing, tracing and isolating within the context of most restrictions being removed and living with the virus**. The current position is described from [paragraphs 6](#), the current service recovery situation is from [paragraphs 14](#) and the council's financial pressures from Covid are described at [paragraph 34](#) and in items 15-17 on the agenda. An update will be provided about the most up-to-date local position and any local implications of national developments, including details of the [Government's plan to respond to Covid over the winter months](#).

Recommendations

- a) Note the updated of the Response & Recovery Plan at **Annex A**, being the summary plan for the period ahead, which also details ongoing response, risks, recovery and service recovery efforts.
- b) Note **Annex B**, the updated [Local Outbreak Management Plan](#) for Leeds, in-line with the [Government's current Contain Framework](#).
- c) Note **Annex C**, a summary of national developments since the last meeting of Executive Board and note **Annex D**, the latest Covid-19 Dashboard detailing information across all seven themes.
- d) Note that there are national announcements anticipated that will influence local plans and that the next full update to Executive Board will be in December 2021, with regular member updates continuing to be provided.

Why is the proposal being put forward?

- 1 This report is being put forward for Executive Board members to note the ongoing work in responding to Covid-19, within the council, across the system and throughout the city through

partnership working arrangements, and particularly to note service recovery and the ongoing recovery from the pandemic.

What impact will this proposal have?

Wards affected:

Have ward members been consulted?

Yes

No

Overview

- 2 Our aims and objectives of the response and recovery plan continue to be: mitigating the effects coronavirus has on poverty and inequalities, so we can be a compassionate city with a strong economy that works for all. We continue to focus on: safe public spaces, safe travel, safe delivery of services, safe education, and safe working, as the bulk of restrictions are lifted. This is detailed on the front page of **Annex A**.
- 3 During this period of living with the virus and very few restrictions, the infection rate has remained high and fluctuated around 350-650, with the over 60's rate increasing from 127.3 to 238, with both these rates driven by Delta as the dominant strain. The rates have largely been in-line with the Y&H average and above the England average during that period. The number of Covid patients in hospital has seen a very gradual increase during the period. Likewise, the number of death registrations has seen an increase. The rollout of vaccinations has continued during the period, including the work on vaccine inequalities. Details are in [paragraphs 8](#) and [21](#) and the dashboard at **Annex D**.
- 4 With fewer restrictions and less national communication campaigns about compliance, we continue to promote **key messages** locally across all channels: get **both doses of the vaccine**; continue to follow **hands, face, space, fresh air; test regularly, trace, and isolate** as much as possible. Following this advice will help everyone **live with the virus safely**, mitigating risks to all. **Be kind**: some people are happy to live without restrictions, whilst some may be more cautious. And **thank you to everyone** who has continued to follow the rules, taking up testing and vaccines.
- 5 There are national developments anticipated in the coming days and weeks, such as the Government's plans for managing Covid during the winter months and how this will revise the Contain Framework, announcements about the Contain Outbreak Management Fund (COMF), continued vaccination rollout and boosters, and any amendments to regulations. The local plan and approach will be amended in line with any revised expectations and continued monitoring and learning. As we are now in more of a "steady state" of living with the virus, the next planned Covid update for Executive Board will be December 2021, with regular weekly member updates continuing during this period.

Local position and local outbreak management

- 6 Since the last report to Executive Board in mid-July, infection rates have decreased in the city, with small increases and decreases seen on a daily and weekly basis. This trend mirrors the national picture, with younger age groups highest testing positive. We expect rates to increase given the Bank Holiday weekend and return to education for schools, colleges and universities.
- 7 The latest seven-day infection rate for Leeds is 390 per 100,000 (up 14% in last 7 days) and the test positivity rate is 10.4%. Testing capacity and testing rates remain high, with Leeds regularly highest across the region for testing rates. The testing approach is likely to stay in place until end of March 2022. The comparative reported rate for the region is 386.2 per 100,000 and the comparative national rate for England is 332.2 per 100,000. The position in wards continues to be very dynamic and with constant change between the highest and lowest ward rates these

currently range from the lowest at 130.9 per 100,000 to the highest at 669.3 per 100,000. The most recent picture shows a statistically significant increase across ten wards in the city.

- 8 In Leeds, over 557,615 people have received their first Covid-19 vaccination, and over 517,433 have received their second as of 14 September. This represents over a million people getting a vaccine in Leeds. 88.5% of CEV and 84.4% of 'at-risk' have been vaccinated. There remains a priority focus on vaccine inequality across the system, and we are starting to see the vaccine effect in young adults which should help to bring down the Leeds rate. All clinically extremely vulnerable people over the age of 12 and household contacts and carers of people who are significantly immuno-compromised are in the priority group for a booster dose of vaccination. This will be rolled out from mid-September onwards. Community Champions volunteers will be extended until March 2022. We are seeking new champions from areas where vaccinations are lower than the city average.
- 9 The infection rate in over 60s is 238 per 100,000. Cases are highest in the 11-16 age group, followed by 17-18 group. Covid-related [deaths](#) and [hospitalisations](#) have increased gradually during this period, although in comparison to previous waves the numbers are lower (reflecting the positive impact of vaccinations). Latest data on hospital numbers can be found at **Annex D** – the Covid-19 Dashboard.
- 10 Up to 9 September, the total number of Covid-related deaths in Leeds is 1,718 where 'COVID-19' or 'corona virus' was mentioned on the death certificate. Overall, 1,668 (97%) were Leeds residents; 1,416 (67%) were in hospitals; 409 deaths (24%) occurred in a care home; 108 (6%) at home; and 55 (3%) in a hospice. To date, 16% of all deaths registered have been Covid-related. In terms of excess deaths, so far in 2021 (up to 31 August) we have registered a total of 4,610 deaths. This compares to 5,053 in 2020 for the same period with the five-year average been 4,694. Therefore, so far in 2021 death registrations are 8.8% lower than what we experienced in 2020 and 1.8% lower than the five-year average.
- 11 The [national dashboard](#) routinely updates all data, with each section – testing, cases, healthcare (hospitalisations), vaccinations and deaths – broken down for national, regional and upper tier authorities. The local dashboard for the latest period is attached at **Annex D**, which provides information across all the themes in the response and recovery plan.
- 12 In response to the updated national [Contain Framework](#) for local authorities on managing outbreaks, the Leeds [Local Outbreak Management Plan](#) has been updated and can also be found at **Annex B**. This update covers how the virus will be managed in autumn and winter, reflecting an increased focus on personal responsibility since restrictions were lifted, with the council and partners supporting and encouraging people to practice good public health behaviours, and using local authority enforcement powers for premises and events where needed. Other additions to the plan include work with partners on border measures and being ready to support a vaccine booster campaign. We continue to update all local plans in line with all Government updates to the Contain Framework, and we envision this will be again updated to reflect the Government's plan to manage Covid over the winter months.
- 13 [16 – 17-year-olds](#) were offered a vaccine by the planned date of Monday 23 August, with vaccines available to all in this age range ahead of going back to school or college. One dose was recommended for this age group. Walk-in clinics for ages 16+ are listed on the [Leeds CCG website](#), with instructions sent from the NHS inviting to book appointments. People aged 17 years 9 months or older can [book a vaccine appointment](#) through the national booking system.

Service recovery

- 14 The council has continued to experience pressures over the summer months related to increased demand for some services, absences with Covid/requirement to self-isolate, a backlog of annual leave being taken and a smaller workforce. There are backlogs in some service areas which will

take time to address, alongside increased demand increased expectations from the public as the end of the roadmap has been reached.

- 15 The number of staff who have been working from home during the pandemic who are now returning to the office is increasing. Risk assessments are in place for all areas, there has been extensive engagement with trade unions, and a lot of communication and guidance for staff and managers to ensure that everyone follows relevant advice and guidance. Services are working on plans for new patterns to be ready for the end of September, with a gradual and phased return expected over the winter to balance organisational needs and individual requirements with a focus on wellbeing and productivity.
- 16 The health and care system remains under significant pressure and has reported significant increased demand, while services address backlogs. There is a significant workforce and recruitment pressure in the home care sector, in common with many other areas, with contingency plans being used in some cases. Employment and Skills are undertaking targeted recruitment into the home care sector. Demand for primary care continues to be high and there are some capacity issues with same day access. Norovirus cases in hospital are high and are at winter levels. Covid patient rates in hospital remain relatively stable but quite high so have an operational impact.
- 17 Several council services are facing backlogs as a consequence of a range of issues described above and caused by the pandemic, for example:
 - a) The amount of waste being collected continues to be well above pre-Covid levels, causing significant pressures.
 - b) Environmental Health have around 2,000 food premises inspections to undertake, which were stood down by the Food Standards Agency during the pandemic.
 - c) Social care has a significant number of occupational therapy assessments outstanding, and potential increased costs due to increased ill health of service users.
 - d) There has been increased demand accessing services for vulnerable children and adults
 - e) Registrars have backlogs for ceremonies, as well as birth and death registrations, that will take some months to clear, with additional staff being recruited.
 - f) Housing has seen disruptions to supply chains (increased costs and demand for building supplies). This has created a backlog of some repairs and void on properties.
 - g) Public Health pressures on Covid outbreak prevention and response, plus flu, measles, hepatitis, and broader health improvement priorities.
 - h) Planning has seen a 32% increase in planning applications in the first six months of 2021 compared to 2019, leading to significant delays.
 - i) LASBT has seen an increase of complaints, licencing enquiries have increased, and there have been additional events to plan for.
- 18 Services have action plans in place to deal with the backlogs and recover, but the increased demand and expectations is significant against the backdrop of a smaller workforce and having dealt with the implications of the pandemic. We continue to provide support to staff about their wellbeing, ensure PPE is provided where it is still required and that services are managed within the context of managing Covid cases. With the relaxing of restrictions, the emphasis of the Environmental Health team has moved from enforcement to supporting businesses to operate safely. Since the start of the pandemic, Environmental Health have received: 3,500 general requests for service; over 2,400 general Covid-related complaints and issued advice for businesses; supported 300 businesses with outbreaks; 200 complex referrals from the Local Contact Tracing Service; undertaken 1,400 proactive visits to businesses. The team have served 26 x £1000 Fixed Penalty Notices (FPNs); 3 x £2000 FPNs; 2 x £4000 FPN; 34 x CV19 Prohibition Notices; 1 x Coronavirus Immediate restriction Notice; 1 x H&S Prohibition Notice; and 5 x Direction Orders. Five prosecutions have been instigated with one case being heard and upheld with a total fine and costs of £7,000. No new notices have been served since the last report.

Winter planning & continuing to learn lessons

- 19 There is expected to be significant pressure over the coming winter months, as demand for health and care services increase. The risk further increases if current staffing issues continue in key areas. We anticipate further information and guidance imminently on winter planning.
- 20 The health system is expected to remain under pressure from Covid patients, discharge flows, pressure in community care along with flu and norovirus challenges. Additional local pressure will also come from Covid booster and flu campaigns.
- 21 54,582 people remain classed as Clinically Extremely Vulnerable (CEV) in Leeds. Whilst the advice to shield at home remains paused since July 2021, many people who are significantly immunocompromised or awaiting surgery continue to follow some form of shielding based on individual medical advice. At the beginning of August 2021, the Shielding Support Programme wrote to all CEV people to offer assurance about continued support if they need it, the updated advice for staying safe now restrictions have been lifted, and informing them about a range of health, wellbeing and welfare opportunities that are open to them. A booklet is available outlining [the support and opportunities](#), as well as an updated support guide [outlining routes to support and care](#). These have been circulated widely to all colleagues working with people who may be vulnerable. Our vaccine inequalities work – Leaving No one Behind – continues to target the most vulnerable; on a weekly basis, vaccine uptake increases across all cohorts including vulnerable and at-risk individuals. Other initiatives – such as the women’s only clinic and the pop-up clinic at Leeds Festival – continue to receive good attendance and feedback. Walk-in clinic details is regularly updated on the [Leeds CCG website](#).
- 22 A reminder that the MHRA approved the use of the Pfizer vaccine for 12-15 year olds [back in June](#), and Moderna for 12-17 year olds [in late August](#). The JCVI advised vaccines should not be rolled out to this age cohort, [apart from those who are immunosuppressed](#). However, on 13 September, UK Chief Medical Officer’s (CMO’s) of England, Scotland, Wales and Northern Ireland wrote to the Health and Social Care Secretary advising that vaccinations should be opened up [to all 12 to 15 year olds](#). This recommendation was later [accepted by the Health and Social Care Secretary of State](#).
- 23 Members will continue to be briefed around this development, including arrangements, the capacity and resources needed, any impacts, and if guidance changes in the coming months. It is likely that vaccinations for this age cohort will likely play a key role in the managing the virus during the winter months.
- 24 The Covid Silver Group for Organisational Impact has been considering a review of our enhanced testing activity and the resource implications this necessitates. It was agreed that both were a success, especially when considering the different national context:
- Activity in LS8 from 22-28 February 2021 was during a national lockdown, which meant that several frontline services were closed and resource from those services, including Active Leeds and Museums staff, was able to be redirected to help.
 - Activity in Headingley and Hyde Park was required at short notice to trace the Delta variant, which at the time was classed as a Variant of Concern. A review of the resources concluded it was considered labour intensive, as at the time, Step 2 in the Roadmap was implemented. This meant more services were open, with less capacity and staff available.
- 25 Recommendations from the review include the following and these are also informing scenario planning for dealing with issues of this nature during the Winter.
- Regularly advertise resource requests internally across the council and develop a ‘standing’ pool.
 - Create a robust pool of staff who can assist and can be flexibly reallocated when needed.

- c) Identify a clear list of services which could be closed, with a priority order, should this be required to aid redirection of additional resource capacity.
- d) Ongoing engagement with the voluntary sector to establish robust links for future needs.

Economic impact and early indicators

- 26 The Leeds economy is showing positive signs of a return to growth. Undoubtedly, the pandemic has been hard on the local economy, but things are improving since restrictions have been lifted from 19 July. For example:
- a) The Leeds Claimant Count rose 100% between March 2020 and 2021, but it is now reducing again and is around 76% higher than March 2020, as of July 2021.
 - b) Traffic flows are now over 85% of what they were before the crisis and city centre footfall continues to rise and is now only 20% below pre-crisis levels.
 - c) Whilst it is clear not all workers have returned to the city centre, we have seen a sustained uplift of people returning to shop and to socialise, with some city centre restaurants in Leeds reporting a stronger summer in 2021 than in 2019.
- 27 There are real reasons for optimism moving forwards, with major investments being brought into the city and businesses choosing to locate here. This includes: the UK Infrastructure Bank, which launched in June 2021 and has its headquarters in Leeds; the new northern hub of the Bank of England; the Department for Work and Pensions' second headquarters and ministerial office; the Department for Transport's northern hub; BBC teams moving to the city as part of 'BBC Across the UK'; Channel 4 opening their Leeds headquarters this month; and businesses such as Utterberry, a British tech firm specialising in innovative AI technology, which has chosen Leeds to build a new manufacturing and innovation hub on Sovereign Street from the autumn of this year. In addition to this, Avison Young's UK Cities Recovery Index shows that northern cities, including Leeds, are performing at their highest level since lockdown measures were in place.
- 28 There are other Executive Board papers dedicated to this aspect of recovery, following on from the publication of Economic Recovery Framework agreed last year and in particular the report on the Executive Board agenda looking at the future trends and opportunities for our city and local centres, which can be found at item seven. At this point in time, it is unclear what or if any national plans for managing Covid over the winter months will impact on the Leeds economy or economic output.

Social, societal, and disproportionate impacts

- 29 Executive Board reports and members (through weekly update emails) have continued to be updated on the significant and disproportionate impacts coronavirus has on several social and demographic groups. We continue to mitigate these disproportionate impacts through our targeted work which is detailed in **Annex A**, and will continue to be driven by all data and intelligence available.
- 30 Analysis and findings of the impacts of the pandemic on the city's population has been undertaken through the Joint Strategic Assessment, the findings of which are being presented to [Health and Wellbeing Board on 16 September](#) and will be published on [Leeds Observatory](#).

Plans for the year ahead

- 31 Responding to Covid-19 will remain a significant feature of the year ahead and into 2022 as we live with the virus and high infection rates continue. The plan for the remainder of 2021 can be found at **Annex A**, which continues to plan activity to drive up vaccine uptake, keep infection rates down, and work collaboratively with our partners using #TeamLeeds and #TogetherLeeds approaches.

32 Regular weekly member and MP updates will continue, with the next Covid report for Executive Board being planned for December 2021.

What consultation and engagement has taken place?

33 Ward Members continue to play a key role in engaging the public, particularly sharing key messages to stop the spread of the virus, encouraging everyone to play their part through local engagement plans, and promoting neighbourliness, support, and volunteering. Engagement with stakeholders has continued and, in many cases, has been strengthened. From the start of the pandemic, we have:

- a) Regular updates to elected Members, MPs and partners via emails and seminars.
- b) Ensured websites are accurate, up to date and clear. This includes our website signposting people and businesses to support, as well as signposting people to the [Leeds CCG](#) website for testing and vaccination.
- c) Regular messages to the public and a prominent social media presence on messaging to engage people.
- d) Delivered press releases and press conferences.
- e) Engaged and offered support to staff through wellbeing surveys, Staff Networks, regular communications from the Chief Executive, updates through social media channels and shared regular thank you notes. Support schemes remain available to all staff.
- f) Held calls with all partners: Leeds MPs, head teachers, universities, colleges, the voluntary, community and faith sector, and businesses.

What are the resource implications?

34 The current and future financial climate for local government represents a significant risk to the sector, as well as our own priorities and ambitions. The position remains challenging and the budget for 2021/22 requires delivery of £56.1 million of savings, in addition to the considerable savings achieved since 2010. Furthermore, the council has a budget gap of around £120 million over the next three years. The main reasons for these financial pressures stems from the costs responding to Covid addressing increased demand, as well as a loss of income during restrictions. There remains uncertainty about the ongoing nature of the Contain Management Fund for Covid related costs.

35 Three separate reports regarding the council's finances are on the Executive Board agenda. At item 15, the report submitted outlines financial challenge and savings proposals; at item 16, the report outlines the financial strategy for the medium term; and at item 17, the financial health monitoring report can be found. These reports all highlight the council's latest financial position in much greater detail, with the Financial Monitoring Report detailing the implications of Covid in detail.

What are the legal implications?

36 None.

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

37 Risks related to coronavirus continue to be monitored through Executive Board reports and the council's risk management arrangements, which have been well documented in previous reports to Executive Board, as well as through regular email communications to members. Risks and actions relating to coronavirus are included in the Response & Recovery Plan at **Annex A**.

38 Updated specific risks that remain the most significant include:

- a) Social Care staffing: recently this has been significantly impacted with the sector seeing significant pressures. Whilst proactive recruitment processes are in place, recently care plans have been impacted.
- b) The national shortage of HGV drivers, and the impacts and subsequent risks around deliveries of food, medicine, and vaccines.
- c) Service recovery remains an ongoing risk and focus given increased demand in several areas in the council and health.
- d) Impact with the return to education – schools, colleges and universities – on infection rates and increased transmission.

39 Ongoing risks include:

- a) Community transmission remains a risk, with linked rises in Covid patients in hospitals and deaths, although these are not as high as in previous waves.
- b) The council's budget, particularly with the impact of Covid, remains a particular focus and remains on the corporate risk register.
- c) New or existing variants and their transmission: risks around stubborn and enduring transmission, or possible resistance against the vaccines available in the UK.
- d) Vaccine misinformation and hesitancy remains a risk. Our vaccine inequalities work continues to communicate facts about coronavirus, allowing residents to make informed decisions.
- e) The broader health, wellbeing, and financial impacts of the pandemic on the population remain a concern and focus of attention across the partnership. This includes impacts to mental health and diagnosis of long-Covid.

40 At the time of writing, the overall risk to the city and the council from the Coronavirus pandemic remains on the council's corporate risk register. The risk level remains under regular review, considering national developments, Government guidance and information on the local dashboard. We continue to report key risks the sector is experiencing through conversations at a national level, as well as discussing implications and mitigating these as much as possible, highlighting our proactive approach to dealing with these and also where Government can support more: for example, extension of the COMF. Members are regularly consulted around risks of coronavirus to the council and wellbeing of our residents and the changing circumstances.

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

Inclusive Growth

Health and Wellbeing

Climate Emergency

41 Executive Board and members will be aware how Covid-19 has continued to significantly impact all three of Leeds City Council strategic pillars. We have continued to adapt to the changing situation and ensure work carried out across services focuses on mitigating these impacts.

42 The [Joint Strategic Assessment](#) gives a detailed analysis of the impact coronavirus has had on **Health and Wellbeing**. Consultation with members and the public has begun on a new City Plan, which will set out the overarching ambitions and strategy for the city, including how we plan to deliver **Inclusive Growth**, support **Health and Wellbeing** and our plans to meet the climate change challenges, which will also be featured in a future event later in 2021.

Options, timescales and measuring success

What other options were considered?

43 During our response to coronavirus, the planning has been dynamic and driven by the national context and local data shared through the dashboard (the latest version of this can be found at **Annex D**). The multi-agency learning lessons exercise which was presented at July's Executive Board continues to inform actions in relation to partnership working, responding to the pandemic, other incidents and recovery work.

How will success be measured?

- 44 The Leeds Response and Recovery Plan (**Annex A**) continues to be used as our main reporting document, and will continue to identify risks and assumptions, and detail all ongoing proactive work and successes across the system. The coronavirus dashboard also reports successes and the current challenges across all 7 themes.
- 45 The vaccination programme is a measure of success, as vaccinations continue to break the link between infections, and serious illness and mortality, allowing us to live safely with the virus. Getting Leeds vaccinated is a key achievement involving a very wide range of partners. Work continues, focusing on increasing vaccinations in groups with lower take-up to mitigate health inequalities.
- 46 A key driver of success in the coming months will be the continual reduction of backlogs, service recovery and continuing to meet demand pressures. We will implement every plan we have to achieve this, all the while ensuring vaccine uptake across all age groups, driving down infections rates, and decreasing hospital admissions and deaths.
- 47 The [Leeds Local Outbreak Management Plan](#) continues the focus on proactively managing outbreaks in settings to limit community transmission and is another area of very strong partnership working.

What is the timetable for implementation?

- 48 Work responding to, and recovering from, the pandemic is ongoing and our planning will continue as highlighted in **Annex A**.

Appendices

- 49 The following appendices are attached with this report for Executive Board Members to consider:
- a) **Annex A** – Leeds Response and Recovery Plan, including summary plan for the year.
 - b) **Annex B** – Leeds Local Outbreak Management Plan.
 - c) **Annex C**- national developments from Government since the previous Executive Board meeting in June up to July's meeting.
 - d) **Annex D** – the Leeds Coronavirus Dashboard.

Background papers

- 50 None.