

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

Date: 15 December 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 and council's ambitions

- This report outlines the latest position with the pandemic and details ongoing activity across the multi-agency partnership, as we continue to recover and respond to Covid-19. The report covers the period from the last report published in September 2021. The Covid Response and Recovery Plan continues to be the main reporting tool for ongoing work across the seven themes, with delivery through our vital partnership working arrangements, with **Annex B** providing the latest Dashboard for the Response and Recovery Plan. The latest local position, including the emerging impact of the new variant Omicron, can be found [at paragraph 2](#).
- Work continues to increase **vaccination uptake, including boosters** and focusing on supporting those **most at risk**; monitoring and mitigating Winter pressures across health and social care as well as wider **service pressures**; ongoing analysis of epidemiology **and dealing proactively with local outbreaks across all settings**; and continuing to encourage good public health behaviours, within the context of the national approach of **living safely with the virus**. The proactive approach to planning ahead will continue into 2022 as we deal with the new variant, continue with service recovery across the range of partners as well as increased demand.

Recommendations

- a) Note the updates made to the Response & Recovery Plan at **Annex A**, which details ongoing response, risks, and service pressures and recovery efforts as we plan for 2022.
- b) Note **Annex B**, the usual Covid-19 Dashboard detailing information across all seven themes.
- c) Agree the next Covid-19 update report will be in March 2022, dependent on the local situation and the national context.

Why is the proposal being put forward?

- 1 This report is being put forward for Executive Board Members to note the ongoing work within the council, across the system and throughout the city through partnership working arrangements, and particularly to note the current dynamic situation dealing with the impact of the new variant Omicron, ongoing service impacts, pressures, and recovery across the city.

What impact will this proposal have?

Wards affected:

Have ward Members been consulted?

Yes

No

Current Covid position, Omicron variant, outbreak management and key messages

- 2 The summary local position is as follows, with more detail in the attached Dashboard at **Annex B**. From September to December, the infection rate has remained relatively high with slight fluctuations seen weekly for both the city's seven-day infection rate (between 376.8 to most recently 322.4) and the seven-day infection rate for the over 60's (between 233.1 to most recently 115.3). Positivity is 8.8%. Rates in wards continue to be very dynamic and with regular change between the highest and lowest. These currently range from the lowest at 81.9 per 100,000 to the highest at 524.7 per 100,000. Most recently, three wards have seen statistical increases, four have seen statistical decreases and the rest have remained stable. The highest age demographic testing positive is currently the 25–59-year-old range; the lowest is the over 80's. This information is provided in the weekly Member's update as well as being [available online](#). The rates have largely been in-line both regionally and nationally during this period. More recently, the Leeds seven-day infection rate has been lower than the regional and national average. We continue to work closely with the UK Health Security Agency (UKHSA) to monitor these numbers to inform the local outbreak planning response.
- 3 Vaccination numbers: over 589,000 people have had a first vaccination, over 540,000 have had a second, and over 226,000 have had a third booster jab. Work also continues for vaccine uptake in 12-15 year olds. A comprehensive vaccine update can be found [at paragraphs 18 – 20](#) outlining the ongoing vaccination inequality and work.
- 4 The number of Covid patients in hospital has seen increases since the September meeting and then more recently has decreased. However significant pressures remain on the NHS and social care, which are captured in the Response and Recovery Plan at **Annex A**. Up to 3 December, the total number of Covid-related deaths in Leeds is 1,893 where 'COVID-19' or 'coronavirus' was mentioned on the death certificate. Overall, 1,834 (97%) were Leeds residents; 1,294 (68%) were in hospitals; 418 (22%) occurred in a care home; 123 (7%) at home; and 58 (3%) in a hospice. To date, 15% of all deaths registered have been Covid-related. Further information can be found on the coronavirus Dashboard at **Annex B**.
- 5 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 Leeds local position is sent to Members and MPs via the weekly email Covid briefing, and the local Dashboard at **Annex B** has further breakdowns (which is also shared with Members and MPs each month). We continue to monitor the latest national headlines and guidance and stand ready to implement arrangements for the Government's Plan B if introduced.
- 6 The Omicron variant was classified by the World Health Organisation as a variant of concern on Friday 26 November. Originally identified in South Africa in November, the first cases in the United Kingdom were identified on 27 November and have since increased in number. The variant has a very large number of mutations which may change the behaviour of the virus with regards to immune escape, transmissibility and susceptibility to treatments. Throughout December will be critical in understanding more about how this variant may behave within the UK and how effective the vaccine will be against reducing severe illness and hospitalisation. Early evidence indicates that the vaccine is likely to be less effective, however, how this translates to severe illnesses and hospitalisations remains to be seen.

- 7 In response to the Omicron variant, the Government and the Joint Committee on Vaccination and Immunisation (JCVI) announced [public health safety measures](#) to help stop the spread of the Omicron variant. Whilst vaccination remains the best line of defence, it is also advised that you test regularly on a weekly basis, especially if you expect to be in a setting of high risk that day. This includes spending time in crowded and enclosed spaces, or before visiting people who are at higher risk of severe illness. The below restrictions introduced will be reviewed every three weeks, and are being added to as evidence of further transmission is apparent:
- a) Isolation: suspected Omicron cases or those identified as close contacts by NHS Test and Trace must self-isolate, regardless of their vaccination status, for ten days.
 - b) Face coverings: will be compulsory in shops and other public settings such as banks, post offices and hairdressers, as well as on public transport. These apply to all unless individuals are exempt from doing so.
 - c) [International travel](#): all travellers to the UK aged 12 and over will have to show proof of a negative test, even if they are fully vaccinated, via a PCR or a lateral flow test. This must be taken no more than 48 hours before departure for the UK. Private test providers must be used. The test can be taken either in the country where you start your journey, or in another country en-route to the UK. After arriving in the UK, you have two days to take a PCR test. The PCR test must be booked before you travel and bought privately from a [government-approved list of providers](#). While you are waiting for a result, you must self-isolate - whether or not you have been vaccinated. You can stop self-isolating if your test is negative.
 - d) Education: year seven students and above are advised that face coverings should be worn in communal areas by staff, visitors and pupils or students, unless they are exempt. And all educational and childcare settings should continue to encourage staff and students to test twice weekly using lateral flow device (LFD) tests.
 - e) [Booster jabs](#): are now open to all those over the age of 18, three months after their second jab (reduced from six months). The rollout of the programme is being prioritised, so people are offered a jab in order of vulnerability. 12- to 15-year-olds are also now offered a second dose of the Pfizer-BioNTech vaccine no sooner than 12 weeks after the first dose. The Government confirmed that all eligible adults in England aged 18 and over will be offered a [booster vaccine by the end of January](#).
 - f) The Government have also announced [new contracts for additional vaccines](#), as well as approving the use of [Xevudy \(sotrovimab\) as a treatment](#).
- 8 At the time of writing, we are monitoring the local position in relation to the Omicron variant, working with UKHSA colleagues and anticipating that there will be cases in the city and we will manage them in line with the emerging national and local outbreak management protocol. This will include active contact tracing whilst numbers are low and may involve testing through nationally provided mobile testing units. At this stage, the Government are not expecting enhanced community testing in the way that has been used for previous new variants, although we have contingency arrangements in place should this be required, taking our learning from previous experience.
- 9 More broadly, we continue to work closely with the UKHSA in-line with our continued proactive, engaging and tailored approach to [local outbreak planning](#). This includes liaison with partners in settings where outbreaks are likely to be high, such as education, care, prisons, vulnerable accommodation and workplaces. Communications with partners across the system remains ongoing so we can effectively share intelligence, and regular Member updates with details about the outbreak situation will continue.
- 10 Our local key messages continue to be promoted across all channels to help everyone **live with the virus safely**. We continue to reflect Government messaging and direct everyone to the [Leeds CCG webpage](#) on vaccinations and testing to ensure a consistent messages and very comprehensive information. These are:
- a) Get **both doses of the vaccine and a booster jab if eligible**; this remains the best line of defence against serious illness and death and will protect you and others.

- b) Continue to follow **hands, face, space**; it is now [mandated by law to wear a face mask in certain settings](#).
- c) **Allow fresh air when** indoors when possible.
- d) **Test** regularly, **trace** and **isolate when required**. Take an LFD test in advance of mixing indoors and undertake risk assessments for large gatherings – especially in higher risk settings or with those more vulnerable. Follow Government guidance for [isolating after international travel](#).
- e) **Continue to be kind** and **patient** – staff are working as hard as they can to help. And **thank you to everyone** who continues to follow the rules and guidance.

Winter pressures and service recovery

- 11 The council and wider system continues to experience significant pressures related to a combination of factors: significantly increased demand, often smaller workforce and some workforce shortages, budgetary restrictions, some supply chain issues and broader economic pressures, the continued impact of responding to Covid, and changed public expectations around demand as restrictions have been lifted. **Annex A** includes some details.
- 12 Adult Social Care are currently experiencing significant challenges as we move towards 2022. This is mainly due to increased demand for services, and a workforce which continues to face competition from the retail and hospitality sector which have higher paid roles. There are pressures for care homes and home care, where there are vacancies that impact on admission numbers. There are additional learning disabilities cases and higher number of cases with safeguarding needs. Demand for primary care continues to be high and pressure remains on the hospital and all other health settings, including demand for mental health services.
- 13 To alleviate these pressures, our communications reflect ways in which we can all help the health and social care system. This includes booking appointments and seeking medical advice online (including using the NHS App); ‘talk before you walk’ by either visiting or calling [NHS 111](#), and contacting 111 for health needs that are not a life-threatening emergencies but are urgent (such severe pain, suspected broken limbs and stomach pains); getting fully vaccinated (including booster and flu jab’s when offered) and testing regularly, especially when you have symptoms; reaching out for mental health support; and continue to be kind and patient to health and social care staff and each other.
- 14 Children & Families are also experiencing significant pressures with the impact of the pandemic, including significant increased demand accessing services via the initial [Front Door Safeguarding Hub](#), issues with placement stability, significant increase for SEND and SEMH plans, higher than normal turnover in social workers and other professionals. A range of colleagues are working hard to recover the position.
- 15 The challenge in the adult and children social care sectors, as well as with our voluntary partners, is largely around recruitment and retention of staff and volunteers. Concerns remain over the impact of vaccination requirements in the home care sector, and we are stepping up work to improve vaccination uptake before April 2022, when vaccinations will be made mandatory for staff working in these settings.
- 16 Other council services are also facing pinch-point pressures. For example: Housing has shortages of construction materials and tradespeople, impacting outstanding repairs although improvements are being made. Parks and Countryside have experienced issues recruiting casual staff for catering and retail, which has sometimes impacted services and retail available; Registrars have backlogs to address and wait times remain for certificates because of Covid and c for birth registrations and claiming child benefit ; Environmental Health continue to address backlogs of premises requiring inspection due to these being suspended for 12 months; Active Leeds services are running a robust programme of activities, although is facing some staffing issues due to market competition; Planning have delays in validation of new applications,

processing of applications already in the system, and compliance investigation, caused by unprecedented upturn in workloads; Highways have general capacity issues due to workforce pressures, and increased bidding from central government with very tight deadlines; and the Leeds Anti-Social Behaviour Team have received a general increase in complaints and demand, particularly in university housing areas which impacts on other teams.

17 The Council continues to monitor the situation closely and relay these pressures and service impacts via the Member updates and to residents on our websites and through communications. Services have action plans in place to deal with the backlogs and recover, which includes a system-wide social care workforce task group which meets daily, and a weekly roadshow across the city to recruit to the WeCareAcademy. However, the increased demand and expectations is significant against the backdrop of a smaller workforce and expectations deriving from attitudes that the pandemic has ended.

Ongoing vaccine and vaccine inequalities work

18 Targeted work and ongoing monitoring continue in wards with the lowest uptake of vaccines. A whole systems approach has been adopted since the start of the pandemic; by working closely with our partners we can ensure everything can be done to allow residents to make an informed decision around taking up the offer of a vaccine and signposting to trusted sources for information. Our health and vaccine inequalities work – Leaving No one Behind – continues to target the most vulnerable and vulnerable groups and on a weekly basis vaccine uptake continues to increase. This is a testament to the hard work and dedication of our colleagues in health, social care, and public health and the third sector who are all determined to ensure residents are informed about the benefits of vaccines and the protection they offer. Vaccinations of registered GP patients who are classed as Clinically Extremely Vulnerable (CEV), and those deemed at risk, have continued to increase weekly across all demographics. To date, 89.9% of those classed CEV and 85.6% of those deemed at risk have been fully vaccinated.

19 The mass vaccination site at Elland Road stadium is expanding, serving health and social care staff, patients who are immune-compromised; an out of school offer for 12-15 year olds and the general public. Currently five lanes are operational at the site, although this may increase in the coming weeks to meet demand after the primary care networks cease delivering vaccines. The JCVI has advised that [all healthy 16 to 17 year olds should be offered a second dose of the Pfizer vaccine](#), which will be delivered through vaccination centres, community pharmacies and some GP led primary care network sites. The national booking service is now available for this age cohort.

20 Other initiatives – such as pop-up clinics and the women’s only clinic – continue to receive good attendance and feedback and are operating at various settings across the city in a targeted way. These include holding events for communities with lower uptake of vaccines or towards certain groups such as pregnant women. Opportunities are being explored for alternative locations for the roving clinic. Walk-in clinic details are regularly updated on the [Leeds CCG website](#). Communications also remains a key tool to use; we regularly review these, ensuring they are in-line with Government Guidance and targeted to areas or groups where there is lower uptake of the vaccines. This includes for pregnant women and diverse communities. NHS colleagues are continuing to strongly promote vaccination to pregnant women - 98% of pregnant women hospitalised with Covid between May and July were unvaccinated.

Social, societal, and disproportionate impacts

21 Executive Board have continued to be updated on the significant and disproportionate impacts coronavirus has on several social and demographic groups through previous reports and the weekly Member updates. 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.

22 The Leeds Joint Strategic Assessment 2021 has now been published on the Leeds Observatory. The comprehensive assessment, agreed at the Health & Wellbeing Board, gives a detailed analysis about key demographic, socio-economic and health impacts in the city. It also gives an overview for policy makers about the future needs of the city and includes recommendations which officers have started to implement. The assessment takes into consideration the effects the pandemic has had on the broader health and wellbeing of Leeds residents and long-term trends. In a related paper on the agenda, the initial proposal for the Best City Ambition is outlined, ready for public consultation, which will inform an important part of Covid recovery and these disproportionate effects.

Plans for the year ahead

23 It was always envisioned that winter pressures would be significant in 2021 and early in 2022, particularly for health and social care. We will continue to respond to Covid-19 using a variety of measures, including vaccine uptake; mitigating high infection rates and wider seasonal illnesses; addressing service pressure and backlogs; and promoting key communications messages as we continue to live with the virus safely. The plan for the remainder of 2021 and early 2022 can be found at **Annex A**, which plans activity using #TeamLeeds and #TogetherLeeds approaches. Planning is also underway for the remainder of 2022 into 2023, with a recovery period over the spring and summer months and similar pressures over the winter months currently envisioned. Regular weekly Member and MP updates will continue for the foreseeable future, with the next Covid report for Executive Board being planned for March 2022, dependent on the local position and the national context.

24 The Public Inquiry into Covid will comment in 2022, with an announcement about the chair and terms of references (TOR) expected in the coming weeks, so this will be a feature of 2022. It is expected to start with the NHS and start with broad strategic issues before deep diving into more specific and themed issues, such as care homes, PPE and shielding for example. The series of Executive Board report undertaken during this period will provide a clear baseline and reference point, together with Gold notes where relevant or relevant silver reports where relevant. The approach will be clearer once the TOR are clear and we know what is expected. Further details will be reported in these reports going forward.

What consultation and engagement has taken place?

25 Ward Members continue to play a key role in engaging the public, particularly sharing key messages which encourage everyone to play their part by being sensible. Engagement with partners continues and has been strengthened throughout this period. Regular updates to elected Members, MPs and partners via emails will continue going forward, which contain the latest position, information, key messages and news from across the city & beyond. We continue to ensure websites are accurate, up to date and clear (including signposting); engage with press and media where relevant; continue to offer our amazing staff support through various channels; and provide support to our partners including health and care colleagues, Leeds MPs, head teachers, universities, colleges, the voluntary, community and faith sector, and businesses.

What are the resource implications?

26 Reports detailing the council's financial position and health monitoring can be found on this Executive Board agenda. These items give a comprehensive overview of the short-, medium- and long-term pressures relating to pressures and risks, which are intrinsically linked with our response and recovery to Covid-19. **Annex B** also a comprehensive update on the organisations financial position.

What are the legal implications?

27 None, other than revised approaches to masks and return to UK arrangements.

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

28 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 through regular communications to Members. Risks and actions relating to coronavirus are included in **Annex A**. 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 which will next be reviewed in February 2022, by which time we will know more about Omicron and the Public Inquiry. The risk level remains under regular review, considering national developments and guidance, and informs **Annex B**. Members are regularly consulted around risks of coronavirus to the council and wellbeing of our residents and the changing circumstances through all existing communication channels.

29 Current specific risks that remain the most significant include service backlogs, pressures, public demand and ongoing workforce retention, mainly for adult social care and children social care services, as outlined [in paragraph 11 onward](#).

30 Ongoing risks include:

- a) New or existing variants and their transmission, including the Omicron variant: risks around stubborn and enduring transmission, or possible resistance against the vaccines that are available in the UK.
- b) Although not as high as in previous waves, stubbornly high community transmission remains a risk and linked to recent rises hospitals admissions and deaths, and especially where this impacts disproportionately on particular groups or localities.
- c) There remains an ongoing pressure to the council's budget, and on partner budgets including the third sector.
- d) Vaccine misinformation and hesitancy remains, mitigated as far as possible by our ongoing inequalities work which communicate facts about vaccine, 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, including on mental health and long-Covid.

31 We continue to report key risks Leeds is experiencing through conversations at a national level, and ways to reduce these as much as possible, highlighting our proactive approach in our response and areas where Government can support more.

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

Inclusive Growth

Health and Wellbeing

Climate Emergency

32 Executive Board and Members will be aware how Covid-19 has continued to significantly impact all three strategic pillars. We have continued to adapt to the changing situation and ensure work carried out across services focuses on reducing risks. The paper on Best City Ambition takes account of the need for recovery from the massive impacts of the pandemic.

Options, timescales and measuring success

What other options were considered?

33 During our response to coronavirus, the planning has been dynamic and driven by the national context and local data shared through the Dashboard (**Annex B**). Our robust governance arrangements, which have been tried and tested since the start of the pandemic, remain in place and can be further stood up if needed.

How will success be measured?

34 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 (**Annex B**) also reports successes and the current challenges across all seven themes. Successes include supporting the vaccination programme effort, continuing to work across the system to manage infection rates, drive down hospital admissions and deaths as far as possible, communicate with and strengthen our established partnerships, and work closely with all Members to ensure our key messages are promoted through all channels. Looking ahead, success will also be measured by the response to the new variant.

What is the timetable for implementation?

35 Work responding to, and recovering from, the pandemic is ongoing and our planning will continue into 2022 as highlighted in **Annex A, with a proactive approach to think about the key issues and work with them through our arrangements.**

Appendices

36 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** – the Leeds Coronavirus Dashboard.

Background papers

37 None.