

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

Date: 16 March 2022

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 local and national Covid-19 position, including ongoing recovery activity across the multi-agency partnership. Many services are now operating business as usual, although some remain under significant pressure following the impact of Omicron – especially health and social care. Responding to the virus will mostly be through business-as-usual arrangements, with any outbreaks closely monitored and supported and managed through the Health Protection Board. The response to new variants would depend on the nature but draw on our experience to date of working with the communities affected.
- The Government announced its new strategy on living with coronavirus safely, with more information found at [paragraph two](#). This new phase will allow us all to live everyday life with no formal laws or restrictions, with an emphasis on personal management of safety and risks that coronavirus poses. This means the end to self-isolation regulations, which expired on 24 February, and free test availability ending on Friday 1 April. A full breakdown of changes to law, restrictions and regulation can be found at **Annex D**. A significant new variant, particularly one that escapes current vaccinations, is likely to be the only scenario that changes this approach.
- The report covers the period from the last report published in December 2021, as does the Response and Recovery Plan (**Annex A**), which continues to be the main reporting tool for ongoing work across the seven themes through the partnership. **Annex B** provides the latest Dashboard for the Response and Recovery Plan. A summary of the latest local position can be found at [paragraph 12](#).
- Work will continue protecting and advising residents as much as possible: monitoring and mitigating service pressures (with a particular focus on health and social care); increasing vaccination uptake; supporting those most at risk; monitoring any local outbreaks across all settings and responding to any variants of concern; and continuing to encourage public behaviours rooted in #BeKind and #BeRespectful. This work is all within the context of living safely with the virus safely and dealing with wider issues and consequences such as economic recovery, cost of living rises and labour market changes which are leading to recruitment and retention challenges for many organisations.

Recommendations

- a) Executive Board is requested to note the updates made to the Response & Recovery Plan at **Annex A**, which details ongoing recovery, response, service pressures and wider risks as we plan for the remainder of 2022.
- b) Executive Board is requested to note **Annex B**, the latest Covid-19 Dashboard detailing information across the seven themes; **Annex C**, the updated Leeds Local Outbreak Management Plan; and **Annex D**, the summary of changes to restrictions announced by the Government, as part of living with Covid-19 safely.
- c) Executive Board is requested to note that the next Covid-19 report is planned for September 2022, unless there are significant local or national changes. The September report will outline the latest position and plans for winter 2022/2023.

Why is the proposal being put forward?

- 1 This update 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. The report has routinely been submitted to Executive Board since March 2020, noting the Covid response, ongoing service impacts, pressures, and recovery activity across the city.

What impact will this proposal have?

Wards affected:

Have ward Members been consulted?

Yes

No

Going forward living with the virus safely

- 2 As the response to the pandemic changes to living safely with Covid-19, there are short and longer term challenges, such as being ready to deal with a new variant and the ongoing inequality issues. Public health advice continues to be communicated extensively to Members, staff, partners and the public. This includes what resources will still be required to manage the virus, and how we achieve a co-ordinated transition from being Covid-focused to a more business as usual way of working across the system and within the context of our excellent Health Protection arrangements. The Government's plans for living with Covid-19 safely were [announced on 24 February](#).
- 3 In line with national changes announced, positive cases are now no longer being traced either locally or nationally. Anyone who tests positive is advised to self-isolate, but not legally required to do so. Positive cases will not be contacted to collect details of their close contacts to trace. [Guidance published](#) sets out precautions individuals who are testing positive can take to reduce risk to themselves and others. Those testing positive are encouraged to notify their close contacts themselves.
- 4 From 1 April, the Government will no longer provide free universal testing for symptomatic or asymptomatic cases for the general public in England. Some testing may continue in hospital or care settings in some instances, as well as for the vulnerable, although details of these are still to be announced by the Government. Self-isolation payments of £500 for lower-income households stopped on 24 February, in line with national guidance; anyone told to isolate on or before 23 February has up to 42 days from the first day of isolation to submit their application.
- 5 Regular asymptomatic testing stopped in most education settings from 21 February. The virus is now being managed in line with other infectious diseases through Public Health guidance. The Government recognise that measures may need to be implemented if an education or school setting is affected, to manage severe operational impacts, identified health risks from an outbreak,

if a possible Variant of Concern is present, and to prevent unsustainable pressure on the NHS. We will support our education partners if arrangements need to be stood up. A fuller rundown of changes can be found at **Annex D**. The Government's [contingency framework for education and childcare settings](#) sets out guidance for managing coronavirus in these settings, with the aim to minimise risk and disruption to education as much as possible.

- 6 In the longer term there are broader issues such the development of the new public health system between the various national and local partners, mitigating the longer-term effects of Covid, and wider health inequalities in general which were evident before the pandemic which also need to be addressed and which are already in a variety of council and partner plans. This ongoing work is detailed at **Annex A**.
- 7 As we enter this next phase, there will be less emphasis on infection rates, not least because of the changes to the testing regime and therefore an anticipated underreporting. Proactive work to help settings manage outbreaks will continue. There will be a shift away trying to control the virus, to living with Covid-19 safely, much like other illnesses such as the flu. The Leeds local position will continue to be sent to Members and MPs. The Response & Recovery plan will continue to be monitored and updated throughout the year although less regularly. The local Dashboard at **Annex B** has further breakdowns which has also been shared with Members and MPs and produced quarterly.
- 8 A balanced approach to outbreaks will see partners managing outbreaks in-house using their own plans. In settings where outbreaks are likely to be high, such as education, care, prisons, vulnerable accommodation and critical workplaces, support will be prioritised focusing on larger outbreaks. There will be advice and guidance available to self-manage these outbreaks, including creating their own bespoke risk assessments and instigating action-based advice with agreed escalation and checkpoints. Communications with partners across the system remain ongoing and will continue so we can effectively share intelligence.
- 9 We are in this positive position down to everyone playing their part, and a high percentage of the population taking up the vaccines, which will remain everyone's best source of protection. Because of the vaccines, although there are relatively high infection rates, there are a lower number of hospitalisations and deaths. It is envisioned that there will be unsettled periods over the next 12 -18 months, as we continue to be vigilant and monitor risks, including new variants, case surges and peaks, and monitor vaccine efficacy. Given our extensive learning and experience since March 2020, we are in a strong position responding to these if any arrangements need to be stood up, such as surge activity. Working with local and national partners has been strengthened throughout the pandemic, and we will utilise these relationships if additional work needs to take place.
- 10 Local government will continue to have leading, vital role in managing outbreaks, but we will all have to start managing coronavirus like viruses such as the flu, using targeted support to help those most at risk and provide clear guidance for all on the best way to protect themselves and the people around them.
- 11 It is expected that the [national dashboard](#) will continue to be updated with figures broken down nationally, regionally, and for upper tier authorities. These updates may shift and reduce as time goes on and we learn to live with the virus safely. If this changes we will make Members aware. A reminder that data on the national dashboard give an overview of testing, cases, hospitalisations, vaccinations and deaths.

Current Covid position and key messages

- 12 The local position is detailed in the Dashboard at **Annex B**. We will continue to work closely with the UK Health Security Agency to monitor all figures, any potential variants of concern, the

broader local position, and continue to offer support to settings if needed. This will continue to inform [local outbreak planning](#) response, with the latest version at **Annex C**.

- 13 Since the last meeting of the Executive Board, Leeds, along with the rest of the country, experienced a wave of high infections rates due to the Omicron variant. Rates peaked mid-January but have since continued to slowly fall. Due to Omicron invoking mild symptoms for many, serious illness, hospitalisations and deaths remained stable and comparatively low compared to previous waves, also supported by the high number of vaccinations and immunity. Health and care settings and wider partners across the system have seen significant pressure which continues to remain very busy.
- 14 The Leeds seven-day infection rate is currently 239.7 per 100,000, and the rate in the over-60's is 196.7 per 100,000. Test positivity is at 10.7%. In Leeds, over 600,000 people have received their first doses of the vaccine; over 560,000 have received their second; and over 429,000 have received their third booster dose.
- 15 The total number of Covid-related deaths sadly passed 2,000 since the last meeting of Executive Board. Deaths registered in Leeds is now at 2,036. Of these, 1,969 (97%) were Leeds residents, 1,401 (69%) were in hospitals, 432 (21%) were in care homes, 62 (3%) in a hospice, and 141 (7%) in their own home. To date, 14% of all deaths registered so far have been covid-related.
- 16 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 guidance and directing to the [Leeds CCG webpage](#) on vaccinations and testing. Key messages are:
 - a) Covid rates in Leeds have been gradually reducing in recent weeks similar to the national picture, however, like the national position Covid infection rates are still very high in the city.
 - b) The best way to protect yourself and others around you is by getting two Covid vaccine doses and a booster, keep indoor spaces well ventilated (e.g. opening windows), regular hand washing and using masks in enclosed spaces (where there will be large numbers of people).
 - c) We are asking people in Leeds to still be cautious, taking action to prevent and protect themselves and other people from Covid-19.
 - d) People should continue to self-isolate if you have symptoms of Covid-19 and follow the usual public health advice to avoid passing it onto other people.
 - e) The new developments for [Covid treatment for those who are particularly vulnerable](#) are encouraging.
 - f) We need to be aware that there are a range of different feelings about this next phase, so we time need to allow people time to adjust to the new normal.

Organisational Position

- 17 Services are operating in line with national guidance and without additional health protection measures, other than where necessary such as care settings. Covid work continues to place an additional pressure on some service areas, such as administering grants and payments and where there have been staff shortages due to the Omicron variant. However, these are being managed and supported where needed through a local recovery fund.
- 18 Throughout the pandemic, half the council staff have continued to attend their workplace and deliver services. The other half have worked from home when government advised that. During 2021, the council set out an approach to hybrid working to ensure the best public service could be provided, seeking to blend the advantages of working from home and in the office. Increasing numbers of staff are spending time in the office for collaboration and meetings with all staff expected to have their agreed pattern in place by end of March 2022. During March to May, there will be engagement with staff, Members, staff network groups and with trade unions, about expectations for a new normal. We will move to implement what is agreed through this engagement from June to September to allow staff time to make arrangements if change is required. We anticipate this will be a hybrid working pattern for the majority of those office based

staff. For those staff who are out and about delivering services in communities, they may touchdown in a variety of spaces. All leadership teams are meeting in person. In the autumn, we will declare assets no longer required as surplus, in necessary.

19 Communications and engagement about this have been extensive, to help work through the full range of issues and to ensure that the health, safety and wellbeing remains crucial, that risk assessments are updated with appropriate safety measures in place. There are regular staff and manager communications, as well as extensive trades union engagement at service, directorate and corporate level.

Ongoing vaccine and vaccine inequalities work

20 The Leeds Citywide Covid-19 Vaccine Steering Group commissioned KPMG to undertake an options appraisal for the future Covid vaccine model in Leeds, this work is now complete and has been signed off by Health and Care Gold. The proposed future model of the programme is a hybrid, integrated, community focused vaccine model hosted by Leeds Community Health (LCH) on behalf of the city; it will be a mix of community hubs, central team and flexible offer, potentially joining with other vaccine programmes as the programme unfolds, workstreams evolving:

- a) Routine offer - this will likely be through Primary Care Networks (PCNs), community pharmacy, with a focus on evergreen, leaving no one behind
- b) Flexible/focused offer and leaving no one behind programme, pop ups in community, school immunisations those that missed / a third visit to schools, Bevan approach, maternity offer, 5-11 offer likely to be offered through vaccine programme offer not GPs
- c) Surge capacity, LCH bank, scenario planning will be conducted
- d) City vaccination hubs, how many and locations
- e) Resourcing required for the clinical model, business intelligence function, comms and engagement, programme management and admin support.

21 We hope that a clear national strategy will be announced in the coming months, based on anticipated development of new, polyvalent vaccines including a potential flu and Covid combined vaccine or combined programme. We know the public will not be receptive to being called multiple times per year for vaccinations, so a shift in national strategy towards a combined programme or possibly a single jab each autumn as part of winter preparedness through national conversations and groups will be most effective in raising protection and immunity. This will also enable us to deliver a sustainable local vaccination service, with a well thought through diverse local offer to avoid unequal uptake in key groups.

22 We will continue proactive comms and messages that will promote ways to live with the virus safely. This includes currently a Leeds-focused campaign, based on the 'Keep West Yorkshire moving' campaign, aimed at supporting the vaccine and general messages about living with Covid safely. Information about any implication of this will be communicated through normal channels.

23 Vaccines for those most at risk, or those in lower uptake groups, continue to either slowly increase or remain stable. **Annex B** has full breakdown of vaccine indicators. We have continued to actively engage with those who are vaccine hesitant to make informed decisions, signposting them to information regarding the safety of the vaccine using the Leeds CCG website.

24 Our Evergreen plan continues to support the Leaving No-One Behind strategic group to increase the uptake of first dose vaccinations in Leeds. Six priorities have been set to provide direction where focus should be considered: Middle Super Output Area geographical areas, gender, language, social inclusion groups and community engagement opportunities. Age has also been added to the plan which will focus on uptake of the over 60 population. Further details on our ongoing vaccine work can be found in **Annex A & B**.

25 The Novavax Covid-19 vaccine – Novaxoid – was approved on 3 February [by the MHRA](#). The vaccine offers around 89% protection against the virus. This brings the total [available vaccines to five](#), the other four being: Oxford/AstraZeneca; Pfizer/BioNTech; Moderna; and Janssen.

Social, societal, and disproportionate impacts

26 The ongoing disproportionate impacts have been significant, particularly to residents in more deprived and lower income areas. These have been well documented and reported to Executive Board, in other reports. We continue to mitigate these disproportionate impacts through our targeted recovery work, some of which is detailed in **Annex A**, and will continue going forward driven by all data and intelligence available.

27 Government has changed the approach to those who are clinically extremely vulnerable. We will continue to provide advice to those who fall into this category, and signpost to guidance on how to keep themselves and others safe. Broader messaging tries to emphasis that there will be a range of different feelings about this phase of the pandemic and to be respectful and tolerant.

28 Analysis shows that the increase in cost of living, and higher fuel prices, will disproportionately affect lower income and deprived areas. We continue to offer support to our most vulnerable residents and signpost to [the latest advice](#). Our Financial Inclusion team continues to closely monitor the national context and local situation closely and regular updates will be made to Members and MPs through the update email. This is also covered in the risk section in [paragraph 40](#).

29 At Full Council on 23 February, Members agreed the Leeds Best City Ambition, which is centred on the city's mission to tackle poverty and inequality, driven by a focus on our three pillars of health and wellbeing, inclusive growth and zero carbon. It seeks to better reflect the importance of partnership working – our Team Leeds approach – in achieving the city's shared goals. The Ambition brings into sharper focus the current priorities gathered through consultation and engagement, together with analysis from the 2021 Joint Strategic Assessment; and better connects priorities which are co-dependent to achieving the outcomes we want to see. Implementing the recommendations will further support the ongoing Covid-19 recovery work.

30 Other ongoing proactive work to help support both recovery and also inequality continues, as these are intrinsically linked. This includes Leeds becoming a Marmot city, a refresh of the Health and Wellbeing Plan linked to the Best City Ambition and overseen by the Health and Wellbeing Board, and the refreshed Inclusive Growth Strategy which will take the last two years into context and consider ways the city can help everyone socioeconomic outcomes improve and thrive. This ongoing work will be reported to Executive Board, other governance structures in the organisation and regular updates provided to Members via the regular update.

Plans for the year ahead

31 The Local Outbreak Management Plan (LOMP) has been updated to progress learning from all the work to date, but also reflect the current position. Whilst this is no longer a requirement nationally, we have found it to be beneficial to be publicly available on the website. The updated version is at **Annex C**.

32 Looking forward to the rest of 2022, it is envisioned that the summer months will be significantly less pressured from Covid for services, which may allow some time for service recovery given evidence strongly indicates the virus is much less of a risk in warmer weather. We have started to initially plan for the end of the year – winter 2022 and early 2023 – guided by national messaging and preparing to stand-up any arrangements if restrictions are put in place again. **Annex A** will continue to be the main reporting tool for all ongoing work.

- 33 2022 sees other significant events such as the Queen's Platinum Jubilee will provide some much-needed celebration and bring communities together. Advice and guidance will be available for all plans taking place in communities, including risk assessments which reflect national messaging around staying safe.
- 34 The Public Inquiry into Covid could commence in the next few months. The Rt Hon Baroness Heather Hallett DBE has [been appointed Chair](#) of the inquiry, with the Terms of Reference due to be published (which will be circulated to Members). Our clear and well documented reporting on the Covid-19 pandemic to Executive Board will provide a clear baseline and reference point, together with notes from other command and control meetings such as Leeds Coronavirus Strategic Coordination Group (Gold) or other relevant meetings.

What consultation and engagement has taken place?

- 35 Regular engagement to elected Members, MP's and partners via have taken place since March 2020 and will continue. Our review and lessons learned in July 2021 clearly indicated this regular communication are extremely useful, and will continue to contain the latest position, information, key messages and news from across the city and 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 support to our staff through various channels; and provide support to our partners including health and care colleagues, Leeds MPs, headteachers, universities, colleges, the voluntary, community and faith sector, and businesses.

What are the resource implications?

- 36 We have set-aside a Covid recovery fund, to support ongoing recovery and catchup work, resourcing issues, and address and manage Covid-related backlogs. This will enable services to get back to business-as-usual activity. This is reported through the relevant Finance papers on Executive Board.
- 37 It was confirmed that funding for the Contain Outbreak Management (COMF) has been allowed to carry over into the new financial year, although no new additional funding has been announced for local authorities for 2022/23. We do expect some services will continue to be impacted by the virus and ongoing management work, including in Public Health, Environmental Health and Communications. Further details can be found in the finance report on the Executive Board agenda at item 8.

What are the legal implications?

- 38 None relating to Executive Board decision making.
- 39 As this new phase we are entering is focused on living with the virus safely, there are no any national legal powers, restrictions or mandates relating to Covid-19 on the public, other than that were in place prior to Covid.

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

- 40 Risks and actions relating to coronavirus are included in **Annex A** and has informed **Annex B**. The overall risk to the city and the council from the Coronavirus pandemic remains on the council's corporate risk register which will be regularly reviewed throughout 2022. This reflects the ongoing national context and change in response, recovery and business as usual work. At the most recent review, ratings relating to coronavirus have reduced as the current variant causes less severe illness, hospitalisations and deaths. As restrictions have been fully lifted, and with testing and self-isolation requirements stopping, the approach now is now to live with the virus safely.
- 41 Current specific risks that remain the most significant include:

- a) Ongoing inequality and disproportionate impacts to more deprived and lower income communities. Especially individuals who are unvaccinated and therefore are unprotected.
- b) Increased demand for services combined with workforce recruitment and retention for some services.
- c) Funding pressures for wider services impacted by ongoing Covid-19 work. For example: Public Health, Environmental Health, Communications and infection prevention control
- d) The possibility of future a variant of concern, particularly variants that may evade the efficacy of the vaccines. If a variant does is found to be in the city, we will use our extensive knowledge managing variants and stand-up enhanced arrangements as needed.
- e) Free testing and tracing due to end on 1 April: not only does this pose a risk in relation to breaking the chains of transmission, it also is linked to identifying new potential variants of concern and the harm they may cause.
- f) A significant community cluster or outbreak in a particular setting, especially if that is vulnerable people. We have an extensive track record of managing outbreaks through our Incident Management arrangements.
- g) The lasting effect of restrictions on widespread parts of the economy and communities and this being compounded by likely significant cost of living and running of businesses: around fuel costs, fuel availability, wider resource availability and supplies, and workforce impacts.

42 Throughout our response to the pandemic, we have continued to document risks in previous reports to Executive Board and through regular communications to Members and our partners. We continue to report key risks to the city through conversations at a national level, and ways to mitigate these as much as possible, highlighting our proactive approach in our recovery and areas where Government can support more.

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

Inclusive Growth

Health and Wellbeing

Climate Emergency

43 It's clear that work relating to all three pillars – particularly Health and Wellbeing – has been significantly impacted by the pandemic during our response. **Annex A** details all the mitigation work taking place, and these will continue to be communicated. More broadly, 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. Going forward, work will continue to meet these our ambitions and through the City Ambition and picked up through recovery activity and usual business.

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 (**Annex B**). Our robust governance arrangements, which have been tried and tested since the start of the pandemic, can be stood up in the future if needed.

How will success be measured?

45 The dashboard includes a range of indication and information.

What is the timetable for implementation?

46 Work responding to, and recovering from, the pandemic continues and is being picked up under normal business. Our planning will continue for the remainder 2022 as highlighted in **Annex A**, with a proactive approach to think about the key issues and work with them through our arrangements.

Appendices

- 47 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.
 - c) **Annex C** – the Leeds Local Outbreak Management Plan.
 - d) **Annex D** – the summary of changes to restrictions announced by the Government, as part of living with Covid-19 safely strategy.

Background papers

37 None.