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Living with Covid – What does 'Living with Covid' mean for Leeds?

Date: 27th July 2022

Report of: Director of Public Health

Report to: Executive Board

Will the decision be open for call in? ☒Yes ☐No

Does the report contain confidential or exempt information? ☐Yes ☒No

Brief Summary

This report is being presented to provide Members with information relating to 'Living with Covid' and what this means for Leeds, including asking for Members support by continuing to promote safer behaviour messaging and Covid vaccination in communities. The report highlights that a reduced response to Covid does not mean no response and that the system has robust and resilient plans and systems in place to protect the highest risk settings and groups from the impact of Covid.

The report outlines what 'Living with Covid-19' means as the focus of testing has moved towards protecting those most vulnerable to Covid. This includes encouraging safer behaviours by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as flu or a common cold. 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 Leeds Health Protection Board.

The 2022 Leeds Health Protection Board Report is included as an annex summarising the key achievements, risks and priorities of the Health Protection Board presented in an infographic style.

What is this report about?

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

1. Context

- The Government announced its new strategy on living with coronavirus safely in February 2022. 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 which ended on Friday 1 April. A significant new variant particularly one that escapes current vaccinations, a surge in cases and hospitalisations, are scenarios that may change the national approach.

- This report outlines what 'Living with Covid-19' means as the focus of testing has moved towards protecting those most vulnerable to Covid. This includes encouraging safer behaviours by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as flu or a common cold. 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.

- As the response to the pandemic has changed and we take the next steps to living safely with Covid-19 we need to acknowledge the impact that the pandemic has had on all of our lives and to recognise everyone who has worked tirelessly to keep people safe over the last two years. It is also important to remember that this isn't the end of Covid-19, and we need to continue to be vigilant, ensuring robust surveillance and outbreak management processes are in place, working closely with local and national health partners and our communities.

- Moving forward the emphasis will be on learning to live with Covid, balancing the relative risk of Covid infection in a population with high levels of immunity from vaccination and natural infection, with the need to address deepening public health challenges. This includes balancing the risks of social isolation for those previously shielding and increasing confidence and knowledge in antivirals and therapeutics.

- In the medium to longer term epidemiologists predict that the virus will eventually become endemic i.e. the virus will remain circulating in the population with the expectation that it will level off at around 2% level of community infection, becoming more stable and predictable.

2. What did we learn from outbreak prevention and management?

- Throughout the pandemic the health protection system, under the oversight of the Health Protection Board, has regularly reviewed its learning from management of Covid-19 related incidents, striving to improve quality, effectiveness, and people's experiences. We have completed lessons learnt exercises for incident management responses, surge testing for variants of concern and high infection rates in a number of defined geographies. We have conducted these with partners across the system considering what went well, what could have been improved and what would we would do differently next time.

- Key areas of learning include;
    - The Leeds Covid-19 Outbreak Management plan, supported by the response and recovery plan, demonstrated the broad approach we took to include economic, social and infrastructure aspects.
    - Best City Ambition and #TeamLeeds approach on Covid-19 allowed for a deepening and broadening of relationships, the strength of communities has been instrumental in determining the Best City Ambition.
    - Providing local, accessible and convenient testing and vaccination particularly in areas of deprivation in trusted venues.
    - Working with communities early is essential, meaningful long-term community engagement led by trusted providers is most effective in landing any surge activity.

- Services need to be culturally sensitive and appropriate with access to interpreters, working in the context in which people live their lives,
- Oversight and leadership through Health Protection Board, taking a whole system approach, building on existing systems, capacity and robust arrangements.
- Emphasis on prevention and proactive intervention particularly in high risk settings.
- The system responds well to incidents and learns from lessons to improve for future.
- This intelligence has been shared with Leeds City and Health and Care Gold, informing future planning and strengthening our local resilience. The process of debriefing and conducting 'lessons learnt' events also allowed the health protection system to support one another, strengthening local relationships.

3. Achievements of the health protection system in responding to Covid-19

- Rapidly recruited to and scaled up the Leeds Community Health Trust Infection Prevention and Control Team, LCC Environmental Health and LCC Health Protection teams to ensure a resilient local health protection function.
- Led the system response to reduce the impact of significant outbreaks in care homes, education, and workplace settings through a robust incident management system.
- Developed and intelligence-led testing strategy with the deployment of mobile testing including pop-up testing facilities and surge testing to respond to local community need. New technology was harnesses to increase laboratory testing capacity and reduce turnaround time for results
- Established the Leeds Contact Tracing Service to contact people who had not been contacted through the national NHS Test and Trace system to offer support to isolate.
- Worked with trusted community organisations to support people to isolate, ensure effective community engagement working with communities to support people and to address barriers.
- Used innovative thinking and new technologies to develop a local surveillance system that informs a timely response to outbreaks and incidents (HP STAR - Surveillance, Tracking and Reporting).
- Provided proactive infection control training and support to schools, nurseries, and care homes to build confidence in the workforce.
- Developed outbreak management and prevention arrangements with all six local universities, education establishments, vulnerable high-risk settings, UK Health Security Agency, LCC Public Health, Leeds Clinical Commissioning Group and local support services.
- Trusted community organisations supported the development and dissemination of messaging to ensure the community voice was heard and barriers were addressed, ensuring a more efficient targeting of resources.
- Public Health LCC interpreted rapidly emerging public health evidence to protect staff working in high-risk and vulnerable settings.

Leaving No one Behind Health inequalities Covid Vaccination programme

- Since 8th December 2020, healthcare and public sector organisations from across the country have been working together to deliver the greatest mass vaccination programme in history. The Leeds NHS Covid Vaccination Programme, led by the NHS and developed through a collaborative approach between partners to provide accessible vaccination opportunities for the population of Leeds, with 1,693,663 vaccinations being delivered as of 7th June 2022. From large community vaccine sites, hospital hubs, GP practices, community pharmacies, communities venues through to a roving bus, we have worked tirelessly to ensure that every part of the city has had access to the vaccine.

- The ‘Leaving No One Behind’ Covid Vaccine Health Inequalities Plan forms a central part of the Leeds Covid-19 Vaccination programme. It aims to mitigate inequalities and ensure underserved populations have access to the Covid-19 vaccine in Leeds by increasing vaccination uptake in areas of deprivation and for groups at increased risk of illness and mortality from Covid-19 infection. Throughout the approach, community engagement has been key to ensuring that we work with communities to listen to their needs and respond accordingly. Therefore, numerous outreach models have been used to ensure communities have good access to the vaccine. For example, Leeds and York Partnership Foundation Trust and partners set up the Roving Vaccination bus, delivering over 4,000 vaccines. Bevan Healthcare, Public Health and third sector organisations worked collaboratively to deliver vaccines in accessible, local settings such as outside convenience stores, in school car parks, One Stop Centres, faith settings, food banks and local events. Bevan Healthcare also worked with local organisations to offer the vaccine to targeted communities including sex workers, Gypsy, Roma and Traveller communities, drug and alcohol service users, homeless people, refugees and asylum seekers. Public Health Inequalities Plans supported Primary Care Networks in areas of deprivation to mobilise innovative and accessible ways to support uptake, such as Burmantofts, Harehills and Richmond Hill PCN setting up a vaccine clinic in the Bilal Centre in Harehills delivering over 22 000 vaccines since March 2021, Bramley, Wortley and Middleton and Seacroft PCNs using community venues to host pop up clinics. Bespoke vaccine clinics were also set up – such as a women’s only vaccine offer, vaccine clinics in workplace settings, clinics for ESOL students, winter wellbeing events, summer health events and drive through vaccine clinics for taxi and bus drivers.

4. Living with Covid-19 safely

- Whilst in Leeds, as in the rest of the country, we will continue to see significant levels of Covid-19 infection, the effectiveness of the vaccine programme has decoupled the direct impact on hospitalisations and deaths. The success of the vaccination programme in Leeds together with access to treatments and adopting safer behaviours means that we are able to move to a proportionate approach with testing, focusing on those at higher risk of serious outcomes from the virus, while encouraging people to keep following simple steps to help keep themselves and others safe. We need to continue to encourage people to take action to prevent and protect themselves and other people from Covid-19.

- It is also critical that we help to develop confidence in our communities to return to working and socialising differently and safely. It is understandable that many people, particularly those with existing health conditions, may feel vulnerable and find the changes a difficult adjustment. As a city, we want to ensure people are supported with this transition and that we respond with compassion and kindness; our Team Leeds ethos has championed this throughout the Covid-19 pandemic.

- There remains a degree of unpredictability about the course ahead. Over time we can expect further waves of transmission because of waning immunity and the emergence of new variants. Disadvantaged areas are likely to be more at risk from surges and outbreaks, the severity of these episodes will vary depending on a range of factors including behaviour, vaccine uptake and seasonality. Vaccinations and advances in treatment and care, as well as public health advice and information, will enable us to manage the virus with a much-reduced response. However, a much-reduced response does not mean no response. Living Safely and fairly with COVID-19 will mean a sensible path of working with communities to adopt safe behaviours, achieve high levels of vaccination whilst maintaining capability to scale up a rapid response to VOCS (Variant of Concern) and outbreaks if required.

- It is important to build on the good practice and behaviours that have made a difference during the pandemic. In Leeds, following the new national position, Covid-19 will be responded to alongside other respiratory illnesses and we encourage partners to take this approach. We continue to communicate the importance of infection prevention within settings and households, such as good hygiene practices and ventilation, as well as encourage people to keep adhering to safe behaviours including staying at home if they have a cough or Cold-like symptoms. There also remains a strong Covid-19 vaccine offer across the city, with work continuing to improve inequalities in vaccine uptake. Our local communications continue to take a proactive approach, with messages disseminated to communities to help guide the public through these new changes.

- 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 from controlling the virus, to living with Covid-19 safely, much like other illnesses such as flu.

- Leeds local position will continue to be closely monitored working with UK Health Security Agency (UKHSA).

    - LCC Public Health will monitor the surveillance closely with UKHSA, through ONS and ongoing health and care data. Factors we will continue to monitor for include:
    - A rise of Covid-19 related admissions in intensive care units - people ill due to Covid-19
    - An increase in Covid-19 related hospitalisations.
    - The emergence of a new Variant of concern driving rates
    - A rise in all-age all-cause mortality

5. Testing and Local contact tracing

- The announcement of the Living with COVID plan on 21st February 2022 and its subsequent implementation has resulted in significant changes to several aspects of the pandemic response. The plan ended routine contact tracing and free community COVID-19 testing for the general public with COVID-19 testing restricted to specific settings as well as individuals at risk of severe illness from COVID- 19 infection.
- PCR testing and local contact tracing facilities and infrastructure are being stood down and free lateral flow tests are no longer be available for asymptomatic testing for the majority of people, with a limited number of exceptions.
- We are moving into a different context now as the vaccination programme has been successful in decoupling impact on hospitalisations and deaths, treatments are available and we have new tools at our disposal, this is allowing us to move to a proportionate approach to testing in highest risk settings for clinical management
- Mobile Testing Units (MTUs) will also continue to be a national resource in reserve. Monitoring of variants will remain in place, with strong communication between UKHSA and local partners. Should a variant of concern emerge, the local system is prepared to respond rapidly with a flexible model for enhanced testing, with an MTU forming part of this response, and enhanced vaccination plans.
- 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.

6. Focus on high risk settings

- Robust outbreak management arrangements will continue to be in place for all infectious diseases of concern including Covid-19. In high risk settings where the impact of Covid-19 outbreaks are likely to be high, such as, care homes, home care, prisons, vulnerable accommodation, NHS 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.

- National guidance has set out plans for free symptomatic testing in some identified high-risk settings: Government sets out next steps for living with COVID - GOV.UK (www.gov.uk)

- *Free testing will be provided for:*
    - *Test to care - ensuring testing is available for routine clinical management, inpatient testing which will enhance surveillance*
    - *Test to treat - ensuring people in the community who may not be as protected ie immunosuppressed can quickly access testing to access treatment*
    - *Test to protect - to focus testing on individual's in high risk settings and high risk individual's*
    - *Asymptomatic lateral flow testing will continue from April in some high-risk settings where infection can spread rapidly while prevalence is high. This includes patient-facing staff in the NHS and NHS-commissioned Independent Healthcare Providers, staff in hospices and adult social care services, such as homecare organisations and care homes, a small number of care home visitors who provide personal care, staff in some prisons and places of detention and in high risk domestic abuse refuges and homelessness settings. In addition, testing will be provided for residential SEND, care home staff and residents during an outbreak and for care home residents upon admission. This also includes some staff in prisons and immigration removal centres.*
    - *Most visitors to adult social care settings, and visitors to the NHS, prisons or places of detention will no longer be required to take a test. More guidance on what people should do when visiting adult social care settings will be published by 1 April.*

7. Impacts of Covid-19 on health inequalities

- As well as considering the immediate impact of Covid-19 infection including outbreak management and prevention, it is important to also consider the longer-term legacy of the pandemic.
- The impact of the COVID-19 pandemic has fallen disproportionately and widened health inequalities amongst groups of people internationally, in the UK and in Leeds. During 2020, clear trends and evidence emerged nationally showing that COVID-19 mortality and morbidity impacted more severely on certain groups in our population with disproportionate impacts dependent upon age, gender, pre-existing conditions, ethnicity and deprivation. Working age people living in the 10% most deprived areas were four times more likely to die from COVID-19 than those in the wealthiest 10%. The local areas with the highest COVID-19 mortality rates for people under 65 tended to have a lower life expectancy, lower employment rates and more overcrowded housing, deprivation, and child poverty. People with a disability, and those from a Black, Asian, and ethnic minority background were shown to be disproportionately affected. An early local analysis of morbidity and mortality found

similar patterns in Leeds relating to age and deprivation. In addition to the immediate unequal impact of COVID-19 on morbidity and mortality, longer term direct and indirect health inequalities are likely.

- Analysis of health inequalities in Leeds over the past decade, pre COVID-19, showed that though Leeds fared well on average compared to core city peers, this masked deep health inequalities experienced by some communities in the city. Ten years ago, 20% of the Leeds population lived in areas ranking in the 10% most deprived nationally, this figure now stands at 26% for the Leeds GP registered. Life expectancy has stagnated in recent years, with the gap between deprived Leeds and the city average widening in the decade up to 2019. In deprived Leeds, the female life expectancy at birth figure appears to have fallen back slightly in recent years. In terms of wider comparisons, Leeds lags regional and national averages for female life expectancy with a recent Lancet report highlighting that one area of Leeds (Leeds Dock, Hunslet and Stourton) has the lowest female life expectancy in England). Male life expectancy in Leeds shows a similar pattern (figure 3) though life expectancy in deprived Leeds has seen a slight uplift since 2016-18. more widely, male life expectancy in Leeds also lags regional and national averages.
- Taken together, these challenges mean we need to drive forwards a step change in our commitment and action on reducing health inequalities to see improvements in this challenging picture, using the evidence of the Marmot approach to inform this. Key partners have agreed a proposal for Leeds to work to become a Marmot city, that is have a focus on reducing health inequalities working with the Marmot team in the Healthy Equity Unit of University College London. Work is underway to agree a plan to reduce inequalities with a focus on Best Start in Life, Housing, Transition to Adulthood / Life Chances and influencing the East Leeds development.

8. Impact of Covid on Mental Health in Leeds

- Covid-19 has intensified and exacerbated existing mental health inequalities; groups who were already at risk of poor mental health are more likely to have struggled during the pandemic and may take longer to recover. For those people with existing mental health problems there is some evidence that these have become more severe during the last two years. There has not been an observed increase in suicides, locally or nationally. However, broad suicide prevention work and real-time surveillance processes remain important public health interventions – enabling the city to respond if needed.
- National modelling suggests that there will be an increase in common mental health disorders, grief and trauma. These are directly related to the impact of the pandemic across areas such as financial security, bereavement and community cohesion, along with the ‘threat’ of the virus. This is likely to result in increased pressure on Third Sector services, primary care and IAPT. In addition, particular groups of people have been directly impacted by Covid-19, with a subsequent effect on their mental health. These include frontline health and social care workers and people hospitalised by Covid 19. Workstream 1 of the Leeds all-age Mental Health Strategy is co-ordinating action to monitor and address increased mental health need, within a broad focus upon ‘Mental Health Recovery’. The work is at an early stage, but seeks to develop approaches and actions that recognise the population level impact - sometimes termed ‘collective trauma’ - and the needs and experiences of specific groups of people.

9. Long Covid

- Evidence shows that a small but significant minority of people who contract COVID-19 continue to experience the effects of the virus months after initially falling ill. This ongoing

condition is known as ‘Long Covid’. The most common symptoms people report is fatigue, ongoing shortness of breath, muscle pains, chest pains, palpitations, ‘brain fog’ and anxiety. The Office for National Statistics estimates that 1 in 40 (2.5%) of people who had tested positive for COVID-19 experienced any of the common Long Covid symptoms for at least 12 weeks. Long Covid is more commonly reported among people aged 35 to 69 years, females, people from more deprived areas, those with pre-existing health conditions and among health and social care workers.

- The Leeds Long Covid Community Services Pathway was developed in collaboration between NHS Leeds Clinical Commissioning Group, Leeds University, Leeds City Council and NHS service providers in response to the first wave of Covid-19 infections in the early spring of 2020. The aim of the Leeds Long Covid Community Rehabilitation Service is to provide holistic rehabilitation to adult patients in Leeds who are experiencing new and long-lasting symptoms of the Covid 19 infection which are significantly impacting how people function in day-to-day life, to enable them to return to living an independent life.

10. Conclusion

- Moving forward the emphasis will be on learning to live with Covid, balancing the relative risk of Covid infection in a population with high levels of immunity from vaccination and natural infection, with the need to address wider risks to health and deepening health inequality from the longer-term impacts of the pandemic. This includes balancing the risks of social isolation for those previously shielding and increasing confidence and knowledge in antivirals and therapeutics.
- There is no doubt that while the local system in Leeds provided a robust, effective and timely response to the pandemic in relation to outbreak management, control and infection prevention across the system, Covid-19 has intensified and exacerbated health inequalities in Leeds.
- Leeds is in a positive position with a high percentage of the population taking up the vaccine, however, analysis of the data locally has exposed significant inequalities in uptake of the vaccine. Going forward it remains critically important that the NHS, with support from partners, continue to increase accessibility, confidence and uptake of Covid-19 vaccination across priority groups and in areas of deprivation, particularly for those groups most at risk. Local data and insight indicate that ethnicity, religion, language and poverty are all factors that facilitate or inhibit vaccination uptake.
- It is envisioned that there will be unsettled periods over the next 12 -18 months therefore promotion of vaccination and safer behaviours will continue to be paramount.
- Given our extensive learning and experience from preventing and managing outbreaks, 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.
- The Leeds Health Protection Board will provide oversight of the local health protection system which will play a vital role in managing outbreaks, moving towards managing coronavirus as we do other respiratory 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.
- We will continue to work closely with the UK Health Security Agency to monitor all infectious diseases of concern including Covid, any potential variants of concern, the broader local position, and continue to offer support to settings as needed. This will continue to inform local outbreak planning response.

11. Proposed approach to the Leeds system going forward

- To ensure people are supported as we move into 'Living with Covid' and that we respond with compassion and kindness and our Team Leeds ethos.
- Work with communities to build confidence and help everyone live with the virus safely.
- Health Protection Board to refresh roles and responsibilities for outbreak management and response across the system.
- To work closely with UK Health Security Agency locally and nationally to monitor the local position and manage outbreaks and any new variants of concern in line with national and local guidance.
- Closely monitor local surveillance focusing on
    - Increasing numbers of people in ICU - people ill due to Covid - 19
    - Increasing admissions for COVID
    - New VOC driving rates
    - increasing all-age all-cause mortality

- Proactively plan for scenarios including Covid and Flu co-circulating, new variants of concern, surge in cases and be prepared to stand up a response within 5 days.
- In line with UKHSA guidance move towards mainstream integrated management of Covid-19 alongside other respiratory illnesses by the autumn.
- Focus long term community engagement and proactive messaging with communities in the context in which people live their lives. Focus should remain on preventing infection through vaccination, handwashing, fresh air is always safer when mixing with others, face masks in crowded indoor spaces and when instructed to do so test in vulnerable settings (NHS and Social Care)
- Ensure uptake of Covid-19 vaccinations is maximised in all communities and across all geographies through the NHS vaccine 'Leaving No one Behind' programme. This work should dovetail with other vaccination programmes including Flu and childhood immunisations, providing intensive support and building confidence in those areas and social inclusion groups with low uptake.
- To maintain and strengthen our local outbreak management arrangements across health protection, infection prevention and environmental health working with UKHSA.
- Ensure priority is given to addressing longer-term impacts of the pandemic, including addressing the longer-term challenges of mental health, and reducing widening health inequality.
- Ensure strong system approach in place to addressing widening gaps in many health outcomes, including investment in prevention and building healthier communities, targeting those most in need.

12. Recommendations

Executive Board is recommended to:

a) Note the contents of this report.

b) Approve the proposed approach to the Leeds system going forward as set out in section 11, ensuring people are supported as we move into 'Living with Covid'.

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 relating to supporting the population of Leeds as we learn to live with Covid-19. A 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.

2 As the response to the pandemic changes and we take the next steps to living safely with Covid-19 we need to acknowledge the impact that the pandemic has had on all of our lives and to recognise everyone who has worked tirelessly to keep people safe over the last two years. It is also important to remember that this isn't the end of Covid-19, and we need to continue to be vigilant, ensuring robust surveillance and outbreak management processes are in place, working closely with local and national health partners.

3 It is critical that we help to develop confidence in our communities to return to working and socialising differently and safely. It is understandable that many people, particularly those with existing health conditions, may feel vulnerable and find the changes a difficult adjustment. As a city, we want to ensure people are supported with this transition and that we respond with compassion and kindness; our Team Leeds ethos has championed this throughout the Covid-19 pandemic.

4 Moving forward the emphasis will be on learning to live with Covid, balancing the relative risk of Covid infection in a population with high levels of immunity from vaccination and natural infection, with the need to address deepening public health challenges. This includes balancing the risks of social isolation for those previously shielding and increasing confidence and knowledge in antivirals and therapeutics.

What impact will this proposal have?

Wards Affected:		
Have ward members been consulted?	☐Yes	☒No

5 This approach has significant implications recognising that Covid is not over, a reduced response does not mean no response for protecting the population from Covid and other infectious diseases. This approach will continue to prioritise reducing health inequalities, supporting the wider economy and communities to recover, building confidence and resilience as part of reset and recovery from the pandemic.

6 An Equality, Diversity, Cohesion and Integration (EDCI) screening assessment is appended to this report, which concluded that there are no EDCI impacts resulting from the proposals.

What consultation and engagement has taken place?

7 The Council has consulted widely through the pandemic and recovery period, listening and responding to feedback from communities, this has included consultation with stakeholders and the Leeds Health Protection Board on the recommended approach. The Executive Member for Public Health & Active Lifestyles has also been consulted on this approach.

What are the resource implications?

8 This report is fundamentally concerned with Living with Covid, potential resource implications are set out within the main body of the report above.

What are the legal implications?

9 The approach outlined in this paper supports the statutory role of the Director of Public Health to protect the health of the population of Leeds working closely with UKHSA, NHS and other partners across the city.

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

10 There are significant risks associated with the preparedness and management of future surges, variants of concern and other emerging infectious diseases as well as future pandemics. The main body and recommendations of this report are fundamentally focused on implementing an approach that builds on existing systems, providing effective preparedness and management of these risks. Due to the unpredictable nature of Covid-19, infectious diseases, new variants of concern and surges and their impact on global political, economic and other factors, the Council's strategy involves strengthening resilience, services and systems and communities to respond.

Does this proposal support the council's 3 Key Pillars?

☐Inclusive Growth ☒Health and Wellbeing ☒Climate Emergency

11 Although this report is primarily concerned with 'Living with Covid', this clearly forms part of the Council's health and wellbeing strategy recognising also the impact of climate change on increased frequency of infectious disease outbreaks, new and emerging infections connected to global warming

12 There is an appreciation that the infectious diseases challenges of today will be amplified by the extensive movement of people caused by climate change, making pandemics more likely and which will require an increased state of preparedness. The Leeds health protection system has robust arrangements in place to prevent and manage all infectious disease outbreaks of concern including those that are new and emerging.

13 UK Health Security Agency, working closely with Leeds City Council Public Health, closely monitor new and emerging infectious diseases related to climate change, running surveillance and monitoring programmes to understand infectious disease activity, including the distribution of ticks and mosquitoes. UKHSA are engaged in ongoing research to assess the impact of climate change on mosquito and tick distribution and the diseases they can transmit. This will support the work to raise awareness of strategies for managing the problem, including how the public can reduce their own risks.

Options, timescales and measuring success

a) What other options were considered?

14 The main options considered are detailed through the approaches outlined above.

b) How will success be measured?

15 Success will be measured through monitoring surveillance for Percentage of the population infected with Covid, numbers of Covid related admissions to hospital, numbers of people in intensive care with Covid related illness and vaccination levels particularly in those most vulnerable to the effects of Covid. other measures of success will be the ability for the system to respond to any surges and Variants of Concern.

c) What is the timetable for implementation?

16 The approach will be implemented immediately following Executive Board approval.

Appendices

17 Leeds Health Protection Board Report 2022.

18 Equality Assessment.

Background papers

19 None.