

Leeds City Council's response and recovery to the coronavirus (Covid-19) pandemic

Date: 21st September 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

Brief summary

This report is anticipated to be the last Covid-19 update report. It reflects the various phases of the pandemic, following the national approach, and the more recent Leeds 'Living with Covid' report discussed at Executive Board in July 2022.

This report provides a brief update on the current estimated position of Covid-19 in the city and its ongoing impact; a brief review of the pandemic since March 2020 and the city's journey; an overview of the seven Response & Recovery Plan's (R&R Plan) themes; and consultation, financial and risk implications.

Recommendations

Members of Executive Board are asked to:

- a) Note the ongoing key issues and their continual progression as part of regular working arrangements.
- b) Recognise and remember the tragedy of lives lost to Covid-19 and to all those who have been impacted both personally and professionally.
- c) Thank all Council staff and partners for their relentless efforts, which ensured the system-wide partnership supported communities and organisations as far as possible with the resources and information available at the time.
- d) Note the lessons learnt and how they have been incorporated into wider work, such as the Best City Ambition, and note that the series of Covid Executive Board papers will inform any response required as part of the upcoming [UK Covid-19 Inquiry](#).

What is this report about?

- 1 This report outlines ongoing work within the Council and across the partnership working largely under business-as-usual arrangements. Covid-19 response reports have regularly been submitted to Executive Board since March 2020, noting the Covid-19 response, ongoing service impacts, pressures and recovery activity across the city.

- 2 Due to mainstreaming this work through implementing the recommendations from July 2022's [Living with Covid-19 Executive Board Report](#), we expect this to be the last update report for Executive Board.

What impact will this proposal have?

- 3 This update report formally concludes the regular updates made to Executive Board around Covid-19 activity and work. Wider economic and health impacts on residents is outlined and continues to be considered through the majority of our planning and decision making, alongside impacts to Leeds City Council and the partnership system. Tackling these impacts is now being picked up largely under business-as-usual arrangements and so will continue to be a feature of key pieces of work as they are reported to Executive Board.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 4 It was clear in early 2020 that the risks from coronavirus (Covid-19) were extensive and were going to impact our three strategic pillars in numerous different ways. These implications continue to be assessed and reported to Executive Board particularly in the upcoming strategy reviews and development work across three pillars, and reports on the Best City Ambition.

Leeds current position

- 5 The latest ONS infection survey, dated 2 September and covering data up to week ending 23 August 2022, reports a continued decrease in the people testing positive for Covid-19 in England. In England, 1.64% (around one in 65) would test positive for Covid-19, which is a decrease from 2.22% (around one in 45) in the previous report. In Yorkshire and the Humber the estimated rate is 1.3%, which is a decrease from 2.6% in the previous report. There is a higher degree of uncertainty in estimates for English regions compared with England overall and therefore comparison should be made with caution.
- 6 Throughout the Covid-19 pandemic, from the first confirmed case in Leeds to 'Living with Covid-19', the health protection system, under the governance of the Health Protection Board, provided solid and consistent leadership to the local system in the response to outbreak control, infection prevention, management and response. The Leeds Health Protection Board reporting through to the Health and Wellbeing Board, continues to monitor the health status of our population in relation to key health protection priorities, including Covid-19.
- 7 The Leeds Health and Social Care System continues to experience significant demand on services. This is not unique to Leeds or West Yorkshire. Workforce across the health and care sector remains one of the key risks to sustainable service delivery and the system remains very challenged. Leeds is experiencing the tail-end of our sixth Covid-19 wave following the recent peak of inpatient numbers in late July 2022, with several additional patients still in hospital beds who have Covid-19. Driven nationally by the 'Living with Covid' approach, the national incident level was lowered on 25 March 2022, but is still at Level 3 due to significant pressures across the national system. Hospital occupancy has sustained at or above 99% across recent months and includes additional capacity which would normally have only been required in the winter.
- 8 From 5 September 2022, NHS England started vaccinating home-bound patients and residents in care homes as part of the [next phase of the Covid-19 vaccination programme](#). The newly approved [Moderna vaccine](#), that targets multiple variants, will be utilised and [the booking system](#) will be opened ahead of the wider rollout due for the 12 September 2022 at the time of writing. In Leeds, there are approximately 312,000 people in cohorts 1-9 and 70,000 health and social care staff who are eligible for the autumn booster. A preliminary workshop has taken place to review lessons learnt from the last 18 months of the vaccine programme and to

prepare for the next phase of the vaccine roll out, with an Action Plan for the autumn booster roll out being developed to ensure there is continued equitable access to the vaccine across the city. Our work on vaccine inequalities continues alongside this planning.

- 9 NHS England has requested that local health and care systems should maximise opportunities to co-promote and co-administer vaccinations where possible and clinically advised (e.g., Covid-19, flu and pneumococcal), especially where this improves patient experience and uptake, but this should not unduly delay administration of either. The flu programme will begin as usual from 1 September 2022 with sites vaccinating when locally procured vaccine allows. Visits to care homes will begin from 5 September 2022, with formal launch of the winter/autumn campaign on 12 September 2022.
- 10 In terms of support for businesses, currently, eligible rate paying businesses are still able to get further support from a scheme which ends on 30 September 2022; this includes 75% rates relief in 2021/22 (capped at £105,000) or 100% rates relief for the first three months of 2021/22 (uncapped), followed by 66% relief for the remaining nine months of 2021/22 (capped at £105,000), whichever is most generous. Since February 2022, the Council has supported over 300 businesses with nearly £6 million in the final stages of Covid-19 support. More details are available on [the Council's website](#).

A summary of governance, reporting, our response and lessons learnt during the pandemic

- 11 In March 2020, we stood up governance and control arrangements for the city. The Response and Recovery Plan (R&R Plan) and our Local Outbreak Management Plan were at the heart of our planning, with both regularly updated with national and local developments as the focus shifted through the phases over the course of the pandemic, with progress reported through the Covid-19 Dashboard.
- 12 There have been 18 Covid-19 update reports to Executive Board from March 2020 to date, including the dedicated Covid-19 Dashboard, the R&R Plan, public health key messages and regular information around testing, vaccinations, self-isolation, support and restrictions. Frequent updates and reports have been made in other meetings and wider forums, such as the Health and Wellbeing Board, the West Yorkshire Resilience Forum, Full Council and dedicated Covid-19 seminars for all Members, as well as Covid-19 featuring in other reports such as financial monitoring, community reports, performance reports and plans. More information on the Member, Staff, Public and Partner updates that were also sent during this period can be found in a [later section of this report](#).
- 13 The Leeds Covid-19 R&R plan was developed in March 2020 alongside the first Executive Board report, with a clear ambition to set out the comprehensive nature of the likely response and recovery through seven interrelated themes: Local Outbreak Management (managing the virus in the city); Health & Social Care (including vaccine deployment); Business & Economy; Citizens & Communities (including education implications); Infrastructure & Supplies (including PPE stocks and supporting vaccine deployment); the Organisational Impact (including workforce, financial, digital, business continuity, and use of estates); and Communications & Media.
- 14 We recognised that this was not a typical emergency with a short response phase and a prolonged recovery phase, but that the two would run alongside each other. We drew on national and local best practice and experience to develop this approach, working with partners. A particular focus once it was clear this was a pandemic was through our Local Outbreak Management Plan, to try and contain the virus where possible and drive down infection rates in the city to reduce risk. The R&R plan was reviewed and updated regularly, especially as new issues and challenges emerged, with new actions required to mitigate these. Nobody could have predicted the full extent of the prolonged nature of both response and recovery, or the

significant impacts the virus would have on all three pillars (the Council's priorities of Health and Wellbeing, Inclusive Growth and Zero Carbon) and our residents who were most vulnerable to the virus. At all times, our focus was on providing the best possible response with the information and resources available.

- 15 We also refined our approach to planning and reporting over the period, incorporating governance, risk and metrics through the Covid-19 Dashboard, to complement the narrative explaining activity and impact. Periodically the Executive Board reports included a forward look around key issues that might take a long-term view to overcome.
- 16 A multi-agency lessons learnt exercise was conducted and concluded in July 2021 and was previously submitted to Executive Board. This focused on internal council working arrangements and broader partnership arrangements. These lessons and ways of working have been incorporated into the Best City Ambition, as well as in other policy and operational aspects. The lessons included the importance of strong place leadership; effective partnership working and commissioning; a clear focus on delivering high quality, locally integrated public services; an asset-based approach, supporting the people and places most in need; ongoing engagement with communities and individuals; and making the best use of our resources including our people, money, digital capabilities, land and buildings, evidence and insights and communications.
- 17 The Council's Scrutiny Boards have explored specific aspects of the local response to the Covid-19 pandemic and continue to examine the city's ongoing recovery. A specific summary of scrutiny activity during the Covid-19 pandemic was provided in the [2020/21 Annual Report](#) to Full Council. Remote Scrutiny meetings were quickly established in the early stages of the pandemic, which allowed Board Members to receive regular updates from senior officers and Executive Members on the immediate pandemic response and key decisions that were being taken. Further information has been scrutinised as part of regular performance monitoring activity across all Scrutiny Boards. The long-term impacts of the Covid-19 pandemic continue to be reflected in Scrutiny Board work programmes, particularly regarding the way in which the pandemic has exacerbated long-standing social, health and economic inequalities. Each of the Scrutiny Board has carried out focused scrutiny of specific issues that have emerged during the period of the pandemic, as summarised below.
 - a) Adults, Health and Active Lifestyles Scrutiny Board: explored the impact of the Covid-19 pandemic across Leeds' local health and care system, including specific workforce challenges that developed across the city's health care system. There has been a focus on care homes, infection control and the learning from the pandemic experience about how best to balance health protection measures with the need to ensure vulnerable people retain physical access to family support. Other areas of scrutiny have included tackling health inequalities, levels of participation in active lifestyles and an examination of the pandemic's impact on the Leeds Health and Wellbeing Strategy and across wider determinants of health. The Board has also maintained oversight of services changes needed as part of the immediate response and will continue to oversee proposals to make services more resilient in the event of similar circumstances in the future. (2021/22 Summary [report](#)).
 - b) Children and Families Scrutiny Board: received regular updates on recovery planning relating to schools in Leeds and support for children learning at home during the immediate response to the pandemic. Subsequently, the Scrutiny Board has considered the long-term impact of the pandemic on child poverty, early years provision, school attendance and children's social care. (2021/22 Summary [report](#)).
 - c) Environment, Housing and Communities Scrutiny Board: focused on understanding the pandemic experience of Third sector partners and explored how that experience might inform future partnership working in order to strengthen the resilience of Third sector

networks in Leeds. The Board also considered the impact of the pandemic on financial inclusion, welfare support and fuel poverty. (2021/22 Summary [report](#)).

- d) Infrastructure, Investment and Inclusive Growth Scrutiny Board: considered the impact of the pandemic on the Council's ambitions to deliver Inclusive Growth and improve digital inclusion. Members explored the support provided to businesses in Leeds, including the distribution of Government grants to the Retail, Leisure and Hospitality sectors. The data that emerged from the pandemic period provided evidence of the impact of reduced traffic volumes on the number of people killed and seriously injured on the roads in Leeds, which informed wider work by the Board in this area. (2021/22 Summary [report](#)).
- e) Strategy and Resources Scrutiny Board: examined the impact of the pandemic on the financial position of the Council and received updates on the forecast budget position throughout the pandemic period. The impact on resilience and emergency planning was considered. With the pandemic accelerating changes in working practices, the Scrutiny Board explored the immediate impact of rapidly enabling thousands of staff to work from home, options for future ways of working, the impact of these changes on staff wellbeing and the potential impact of those changes on the organisation's estate. (2021/22 Summary [report](#)).

Leeds' journey through the pandemic

- 18 For a two-year period, we all lived with restrictions on our lives to bolster protections from the virus and help keep everyone safe, especially those more vulnerable. Leeds City Council worked with partners and was tested in terms of wider capacity and service delivery. The section below briefly looks back on the city and organisation's journey through those two years, alongside our accomplishments, challenges and milestones.
- 19 The first phase (early 2020 to around June 2020) saw the first national lockdown introduced with stay-at-home messaging driven from national Government. The first case of coronavirus was reported in the UK at the end of January 2020, after significant media focus on the situation abroad and advice from the World Health Organisation. Government grants and schemes were introduced to help businesses, including [the Furlough scheme](#). More locally, our governance control arrangements were stood up, with the first case and, tragically, the first death, both recorded in the city in March. The NHS faced significant pressures and council services [were impacted](#) significantly and adjusted quickly and flexibly, with many front-line services being delivered as far as possible in a Covid-19-secure manner (such as care homes and waste services), with anyone who could work from home doing so to deliver services (including the Contact Centre and back office services). [Numerous events](#) in the city were cancelled as basic public health and hygiene messages were continually issued.
- 20 Testing and tracing became a whole new language and set of local delivery requirements, as did shielding the most vulnerable in the country. Food parcels and medicine delivery through local hubs and volunteers was a huge feature of this phase. Education settings were closed other than for children of key workers, with settings challenged to set up delivery of online learning. The Local Outbreak Control Board met for the first time and some additional funding (the [Contain Outbreak Management Fund](#)) was received from Government.
- 21 From June to October 2020, restrictions were eased for the nation, but self-isolation requirements, working from home and social distancing measures were still legal requirements. In Leeds we continued to help businesses and charities [with grant awards](#) and national interventions were introduced such as the [Eat out to Help out scheme](#). Infection rates remained relatively stable in this period, but the risks remained and infection rates eventually increased in the colder autumn months. [Household support bubbles](#) were introduced enabling two separate households to link and enable some mixing, although [Leeds faced additional restrictions during this period as rates increased locally](#). This was a complex phase for services and communities

with legislation and guidance rapidly being implemented locally (e.g., according to the Government's watchlist) and with communications particularly complex, but with everyone doing their best to engage and deliver good local communications to help keep infection rates as low as possible. The national self-isolation payment scheme was launched in this period and administered locally as an additional pressure.

- 22 The national tier system was [introduced in October 2020](#), with local areas being placed in Tier 1 (less stringent restrictions) to Tier 3 (most stringent restrictions). Leeds was placed in Tier 2, where hospitality venues could continue to operate and help boost the local economy, but moved into [Tier 3](#) due to rising infection rates and concerns about pressures on the NHS. Ahead of the Christmas 2020 period, the Government implemented a national [one month 'circuit breaker' lockdown](#). We continued to engage and help [support the city's businesses](#) and indeed communities and those shielding through what was a further complex period.
- 23 On 2 December 2020, the UK medicines regulator (the MHRA) gave [approval for use of the Pfizer/BioNTech vaccine](#) to be administered to older people over the age of 80, marking the UK as the first country in the world to do so. The first ever vaccine was later [given on 8 December 2020](#) to a 90-year old grandmother in Coventry, whilst the first person in Leeds to receive the vaccine was given at St James's University Hospital later that same day. Meanwhile, we were busy providing [free school meals](#) during the Christmas break, recognising that families were under significant pressure.
- 24 January 2021 saw the tier system extended, with the introduction of Tier 4, mainly in response to the high infection numbers and in particular concerns about pressures on the NHS. Infections were mainly clustered in urban city areas. Tier 4 restrictions were increasingly stringent and in-line with full lockdown measures. Eventually England was [placed in Tier 4, including Leeds](#). On 8 February 2021, Elland Road [vaccination centre opened its doors](#) to the people of Leeds. During this phase, other vaccines were also approved, including the [Oxford/AstraZeneca jab](#) and [Moderna vaccine](#). The Delta variant (thought to have originated in India) was identified as a variant of concern and was noted to be particularly infectious. Delta eventually overtook Alpha as the dominant variant in the UK. It was during this period that the local system had to step up to deliver [surge testing in some areas of the city](#), a significant challenge but one that all partners and the community rose to. Leeds also paused to [reflect and remember](#) the 100,000 lives Covid-19 had claimed, including 1,300 in Leeds.
- 25 The Government introduced a national easing of restrictions for all areas of England in March 2021, otherwise referred to as the [Government's roadmap to easing restrictions](#). This included reopening of non-essential shops, hospitality and self-care premises such as gyms and hairdressers; allowances for outdoor gatherings; and a slow, safe, relaxing of gatherings indoors. The roadmap was introduced in line with the rollout of the vaccine programme and a high number of the population came forward to get a jab. However, full reopening which was planned for June 2021 was postponed to mid-July 2021 due to the high infection rates across England. This was reflected in Leeds. Vaccination age prioritisations were also brought forward to boost protection and immunity. During this phase, the World Health Organisation also started to name [variants of the coronavirus](#) using letters of the Greek alphabet. Enhanced 'surge' testing was also introduced more widely to try and identify variants of concerns in local areas with national comms reflecting which local areas were undertaking surge testing using localised postcodes. Enhanced 'surge' testing [was again deployed in parts of the city](#) by services operated by Leeds City Council and partners.
- 26 19 July 2021 saw most legal restrictions removed and the economy fully reopening, including nightclubs and other indoor premises, some of which had not been fully operating since March 2020. Self-isolation requirements were still in force and the vaccination programme was still encouraging those to come forward for a vaccine who had not already done so, administering the first, second and booster jabs in large numbers.

- 27 As Leeds city centre started to [see increased footfall](#), on 14 September 2021 the Government published its [2021 Autumn and Winter Plan](#) that included a Plan A and a Plan B. It stated that Plan B would only be implemented to protect the NHS from significant and unsustainable pressure. Plan B measurements included: mandatory face masks in most indoor settings; an expansion of booster jabs available for a wider cohort of people dependent on age; enhanced testing in local areas and use of rapid Lateral Flow Devices tests to gain entry into some high-risk premises and events; and the announcement that the NHS Covid Pass via the NHS App would be used to gain entry into nightclubs (and other settings with larger crowds). The UK Health Security Agency (UKHSA) [was also launched on 1 October 2021](#), replacing Public Health England.
- 28 A new variant – designated Omicron – was identified in South Africa in early November 2021. Omicron was noted to be far more transmissible than the previous Alpha and Delta variants, although early indications suggested the variant produced less serious illness. Plan B was stood up [on 8 December 2021 for England](#) in response to Omicron and rising infection rates across England, which was [mirrored in Leeds](#).
- 29 The Government published its living with [Living with Covid-19 safely strategy](#) on 21 February 2022, with an emphasis on vaccines being the first line of defence. Other key dates include: the [end of all legal restrictions in England](#) on 24 February 2022 (including the legal requirement to self-isolate), the end to [all travel restrictions removed in the UK](#), and [the end of free Covid-19 testing](#) for the general public in England on 1 April 2022. In February 2022, we lit up landmark buildings in Leeds to mark the tragic milestone of [2,000 Covid-19-related deaths](#) in the city since the start of the pandemic and in March 2022, we paused to remember the impact Covid-19 had on the city and communities on the [National Day of Reflection](#).
- 30 Since then, Covid-19 infection rates have continued to be monitored in Leeds and across the UK, with variations seen nationally and locally and indeed internationally. However, no further restrictions have been introduced given the large number of people who are now fully vaccinated and may have also caught the virus which has boosted immunity and protection, with the public's focus and approach shifting to living with the virus safely. Additional advice is provided to those who face significant additional risks because of health conditions. The more worrying post-pandemic issue is the cost-of-living impact, as reported to Executive Board in July 2022, and the impact that is having on both physical and mental wellbeing. This will also be picked up in the upcoming reviews of the Leeds Inclusive Growth and Leeds Health and Wellbeing strategies.

Key issues and Living with Covid-19 safely

- 31 The Covid-19 cumulative Dashboard (**Appendix A**) provides an overview of the city response over the pandemic.

Outbreak Management

- 32 At July 2022's Executive Board, Members agreed to the proposals put forward in the [Living with Covid report](#), which outlined how as a city we will safely live with Covid-19 whilst protecting the most vulnerable. 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 the common cold which often are related to seasons ('winter illnesses').
- 33 The health protection system has scaled up and strengthened systems to be able to provide a sustainable and robust response to living with Covid-19 whilst also maintaining a safe and resilient response to existing, new and emerging infectious diseases (such as Monkeypox). Our Leaving No one Behind Health inequalities Covid-19 Vaccination programme also helps to support health inequalities, by focusing on mitigating risks and ensuring underserved populations have access to vaccines in Leeds by increasing vaccination uptake in areas of

deprivation and for groups at increased risk of illness and mortality from Covid-19 through enhanced community outreach. Large community vaccine sites, hospital hubs, GP practices, community pharmacies, and community venues utilising a roving bus, were all stood up to help support the greatest mass vaccination programme in the city and in the country's history.

- 34 Going forward, the Leeds Local position will continue to be closely monitored by Leeds Public Health working with the UKHSA, the Office for National Statistics ONS, Covid-19 hospital in-patients and admissions in intensive care units, closely monitoring any variants of concern which may drive rates and mortality numbers upwards. These will continue to be communicated to all Members and relevant partners when relevant and the Health Protection Board will continue to receive regular updates. We will continue to ensure people are supported as we move forwards living with Covid-19, responding with compassion and kindness, whilst continuing to build community resilience and confidence managing the virus. This is not the end of Covid-19 and we will remain vigilant through robust surveillance and outbreak management processes and continuing to work closely with partners. Balancing the risk of Covid-19 will be key, but we are in a positive position with high levels of immunity from vaccination and natural infections. We will also continue to monitor the risk of social isolation and mental health and those who are more vulnerable if they catch the virus. Engaging with the [UK's Covid-19 Inquiry](#) will also provide a good chance to reflect on our work and enhance the numerous lessons learnt exercises which we have undertaken.

Health and Social Care

- 35 All partners have plans for continued recovery and the ability to maximise activity to treat people whose care has been delayed over the past years since the pandemic began, as part of NHS England's annual operational planning for 2022/23. There remains a focus on addressing barriers to the system and on increasing capacity that will improve the health of the population, or at least prevent further deterioration where this can be avoided.
- 36 Bed occupancy for both mental health and general beds remains high and flow through to home care and care homes remains challenging, as has been the position prior to 2022 linked to shortages of care staff including social workers. There remains higher than normal unallocated caseloads, despite resource and contingency plans in place. A System Flow programme has been established to try to address some of the major barriers, but market and workforce pressures play a major part in these issues both locally and nationally. We continue to seek to maximise 'home first' options wherever possible. It is still the case that pressures on staff and citizens may increase in coming months linked to delayed access to care during the pandemic, increased pressures on household budgets and the ongoing impact on mental health of the pandemic and subsequent other pressures such as cost-of-living and fuel and food poverty.
- 37 Work is ongoing to maximise flow out of hospital settings and to maintain same day response services across all providers. Across a wide range of services, and particularly within mental health services, we are seeing an increase in cases which are more complex and require longer lengths of stay, higher intensity of staffing and higher volumes of people needing help which add to staffing challenges. This increased demand comes in the context of existing staffing pressures linked to sickness absence and vacancy rates. The need to deliver the vaccination programme from September 2022 will add further staffing pressures onto an already stretched workforce. Work is going into protecting elective capacity for our highest priority patients – such as those who have cancer – and other patients also. Across the NHS very long waits have been broadly eliminated except for a minority of specific instances. All providers continue to prioritise work daily to balance reactive and proactive work.

Business and Economy

- 38 This year continues to be challenging as businesses grapple with the impact of inflation, adjustments from Brexit and supply chain problems, whilst consumers are facing higher living costs as we head into winter. Early signs indicate that the job market is slowing, with vacancies beginning to reduce nationally and online job postings between March and April 2022 decreasing 27% in Leeds and remaining broadly static since then. Business liquidations are beginning an upward trend. Ill-health and a large proportion of older people leaving the workforce is keeping the labour market tight.
- 39 There are positives signs; Leeds city centre night-time footfall returned to pre-pandemic levels in April 2022, with weekends still seeing a stronger recovery. Occupancy rates in Leeds hotels are showing strong signs of recovery and are comparable with 2019. Progress is being made in conferencing, with Conference Leeds forecast for the 2022/23 financial year at 66% of 2019 levels, and conference bookings for 2024 onwards are good. The latest edition of the Leeds Crane Survey showed 2021 was a record-breaking year with 10 new residential developments and the highest amount of education space delivered in a single year in the city centre. In May we hosted UKREIFF (UK's Real Estate Investment & Infrastructure Forum), with over 5,000 delegates including the largest developers and investors from across the UK and globe aiming to accelerate the Levelling Up Agenda, whilst unlocking sustainable, inclusive and transformational investment across the UK.
- 40 The Leeds Claimant Count continues to fall, although at a slower rate from its peak during the pandemic, and the Employment and Skills team helped a further 532 people into work during April and May 2022. Earlier this month we launched our Future Talent Plan, developed to help the city respond to a rapidly changing labour market, address employment and skills demands of the transition to Net Zero, as well as new responsibilities and policies arising from West Yorkshire Devolution and a changing national skills and training policy landscape. Actions that the Council is undertaking include the new [Leeds Digital Careers Festival](#), a week-long roadshow of activities across Leeds to inspire young people to embark on a career in digital culminating in a recruitment event at Leeds First Direct Arena. A similar festival to highlight career opportunities in the Cultural and Creative sector is planned for November 2022.
- 41 Since the start of the pandemic the Council has processed over 50,000 grants to businesses with a combined value around £300 million. Of this, £30 million has been discretionary funding where the Council has been able to target support to those business that need it most. This equates to nearly 5,000 businesses and charities through numerous grant programmes with the intention of protecting jobs, livelihoods and ensuring that some of the worst affected sectors were in a position post pandemic to stage a full economic recovery. From analysing the data, we can see that beneficiaries have predominantly been micro and small businesses based in the city centre and the immediate surrounding neighbourhoods. This reflects the significant impact felt by city centre businesses due to the reliance of many businesses on passing trade dependent upon high levels of footfall and activities associated with office employment and leisure activities. Further information can be found in the Dashboard (**Appendix A**).

Citizens and Communities

- 42 Prior to the pandemic, the combined impact of austerity measures with sustained Public sector funding reductions, welfare reform and an increase in low paid and insecure employment all contributed to increasing and deepening levels of poverty and health inequalities in Leeds. Despite the numerous supportive measures implemented during the pandemic there was increased pressure on low-income households and the most vulnerable in society. Wider households also experienced financial uncertainty and hardship for the first time. In 2022, the financial pressure on households has intensified. Inflation and the cost-of-living continues to rise, including the prices of food, fuel and energy particularly affected, all of which has disproportionately impacted low-income households. The immediate concern is for winter 2022,

which, coupled with the rising prices, is also likely to see impacts of winter illnesses. The work undertaken throughout the pandemic built on the existing strong partnerships approach the Council has with partners and we will utilise these relationships going forward to best support residents and communities.

- 43 Since the start of the pandemic over 70,000 Leeds residents have been told at some point that they are clinically vulnerable (CV) or clinically extremely vulnerable (CEV) to Covid-19 and to take extreme care to prevent contact with the virus including through the use of shielding. Our ambition at the outset was that all CEV and CV people would have the right support to follow shielding advice and to stay as happy and healthy as possible whilst at home, recognising the impact this would have on mental health and wider wellbeing. As a council we were well positioned to lead the city partnership response, working with all parts of the NHS and the Third sector, to co-ordinate providing those most vulnerable to Covid-19 with the practical and emotional support. From the early days these included supporting testing sites and later helping to support the local vaccination effort.
- 44 Covid-19 had a significant impact on service delivery, especially from the start of the pandemic when everyone was coming to terms with the 'new normal'. Specific examples include Environmental Health tackling a significant backlog of food premises inspections – 2,083 premises required inspections when they resumed in July 2021. Staff in Parks and Countryside adopted a flexible approach, with some redeployed to supplement other services including Bereavement, Children and Families and Adults and Health. Housing repairs and voids was also significantly affected, which resulted in similar challenging backlog numbers. These have now reverted under business-as-usual arrangements, but the longer-term impact of the pandemic means the new business-as-usual differs significantly from pre-pandemic; these include Brexit and Russia's invasion of and the war in Ukraine impacting supply chains. There has been a well-documented rise in for support for children and young people being referred into Children and Families services, including those with special educational needs, wider educational attainment stalling due to learning backlogs, mental health provisions and additional safeguarding support. These have all been linked to the pandemic and lockdown measures and have also been affected by ongoing recruitment and retention challenges.
- 45 Volunteering was a key component in supporting all citizens and communities, especially those who were CV or CEV. The Third Sector Community Care Hubs were officially stood down on 31 March 2022; however, work is ongoing to build a positive legacy from this response through the development of the Leeds Community Anchor Network, supported by Voluntary Action Leeds (VAL). VAL continues to take a strategic lead around volunteering activity within the city, building on the renewed focus on volunteering and the overwhelming civic response brought about by the pandemic and the planned development of a new Volunteering Strategy for the city. The Community Champions volunteering programme (funded through Public Health and delivered in partnership by VAL and Forum Central) continues and now takes a broader view of health inequalities within identified communities. The ongoing existence of this programme enables us to take a responsive approach in the case of future outbreaks. Third Sector Leeds, as the strategic forum for the Third Sector in the city, are examining the impact of the developing cost-of-living crisis from two perspectives – the impact on people and communities and the impact on organisations, particularly in terms of increasing costs and the impact on organisational sustainability.
- 46 It is also important to recognise wider achievements. The Welfare & Benefits service processed 27,295 applications for Self-Isolation Payments and made 15,248 payments of £500 to support residents who lost income as a result of having to self-isolate. Environmental Health's recovery programme continues, with the number premises requiring an inspection as of July 2022 down to 453. Over 100 reading reviews have been carried out in primary schools by improvement

colleagues to ensure that the reading curriculum is delivered in such a way that all pupils become proficient readers. Environmental Services introduced an innovative booking system that allowed the opening of all eight sites by June 2020 which was a huge success, as it allows hundreds of thousands of visits to be made. Customer satisfaction ratings of the safety and ease of use at the sites is in the high 90%. Ongoing support for vulnerable communities continues, including telephone counselling for people who were classed as CEV. In June 2022, a 'lessons learnt' session was held to reflect on what approaches and models had worked particularly well (such as community anchors and food banks) and can be taken forward under business-as-usual arrangements. One key approach is wrapping support round the physical, financial, emotional and practical needs of vulnerable people and next steps are to develop a project to test this out in a locality facing economic and social challenges. Overall services are now operating under a more usual footing, with a return for some services returning to pre-pandemic operating status taking into consideration local and national pressures.

Infrastructure and Supplies

- 47 The lockdowns and national restrictions posed challenges in terms of maintaining supply chains and labour resource when delivering day-to-day operations and major capital schemes. New ways of working were required in terms of resource deployment and carrying out works, particularly for the in-house Highways teams who continued their important work to keep the city operational for key workers and emergency services. Considerable programmes of works and projects were well underway in March 2020, including the East Leeds Orbital Route and A64 Regent Street flyover reconstruction work, and there was a need to keep all the schemes progressing during the pandemic to manage costs whilst introducing new working practices to always ensure employees were protected. Footways were temporarily widened across the city, often at very short notice as national directives and guidance were issued to ensure safe passage, to enable social distancing and to promote public health safety messages; additional cycle lanes were also provided at times when use of public transport was actively discouraged.
- 48 At the same time, it soon became apparent there were opportunities to progress work at pace and in a different way during these periods to take advantage of reduced traffic and pedestrian flows. Work in the city centre related to the Leeds Public Transport Investment Programme benefited from quieter periods, which included work directly outside business premises. Other opportunities include the extensive licenses given to businesses to operate outdoors on paved areas, which were introduced in response to public health safety measures but have been recognised as useful to continue due to the positive impact they have on the local economy, recognising a resource went into ensuring some areas needed additional maintenance.
- 49 Undoubtedly, the principal beneficial outcome of the Silver Infrastructure Group was the increased and improved communications across partners involved, leading to improved joint working. The sharing of information and enhanced working relations between the NHS, Network Rail, the Council, West Yorkshire Combined Authority, Highways England, the bus and train operators and others allowed key initiatives to be progressed, improved problem-solving and messages to be effectively distributed across a wide range of channels when required. This was particularly important when setting up the testing and vaccination sites at the Park and Ride sites and when public transport operations were stepped up at various times throughout the period for the various phased returns to education and work. A good example of this was in August 2020 when Education Partners recorded that up to 70,000 students would arrive in Leeds. Bus operators scaled-up in readiness for the demand in key student hotspots and in addition to this infrastructure teams worked with Safer Leeds and City Centre Management to ensure access across the city was well signposted and encouraged adherence to social distancing practices. The cross-working and strong communication meant that as each phase changed a coordinated approach ensured this was well managed and communicated via our colleagues in Corporate Communications and our partners' Communications teams. A strong working relationship developed across the infrastructure team allowing the team to meet the

challenges and pressures which came from announcements and written guidance from national government with very challenging timescales.

50 Currently, travel demand patterns have changed dramatically, with the morning peak traffic levels consistently around 20-25% below pre-pandemic levels, and the evening peak is also suppressed from previous levels but to a lesser extent. Time will tell if this will be a sustained change or one that will slowly return to pre-pandemic patterns. The return to public transport has been variable. Weekday train patronage levels are close to or sometimes at pre-pandemic levels, whilst weekend leisure travel has exceeded previous levels. Bus based patronage levels are in the range 80-85% of pre-Covid-19. Our Park and Ride services have also been significantly impacted, although it is hoped that the following will help approach pre-Covid-19 levels: a campaign push in the near future; a higher return to the office from September; and the annual upsurge that historically occurred in this period each year.

Organisational Impact

51 The organisational impact of the pandemic has been significant and wide-ranging, requiring extensive adaptation and effective leadership. The Silver Organisational Group was very effective at dealing with the full range of these issues throughout the pandemic and we recognised that this group was also best placed to assess the new hybrid working arrangements in the context of service delivery and corporate estate management. The group – which was renamed Transition to Future Working Group – was eventually stood down in May 2022 once working patterns and service delivery was confirmed. However, some themes set out below continue to be a challenge but are being managed by the relevant service, regular governance and through frequent manager communications.

52 Throughout the pandemic, half of employees continued to attend their workplace and deliver services. The other half performed their roles working from home reflecting Government advice or regulations. During 2021, recognising the new way of working, 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. This meant investing resource into updating technology and digitalisation including Microsoft Office 365, including the Microsoft Teams. Hybrid technology kit in meeting rooms have also been introduced and public meetings (including Executive Board) were streamed using social media platforms such as YouTube – an arrangement that has continued.

53 From March to May 2022, engagement with staff, Members, Staff Network groups and Trade Union partners was carried out to reach agreement about expectations for future working arrangements in the office. For most services this is a hybrid arrangement prioritising service delivery for the public, while providing the right balance of office and home-based working for colleagues. Staff who are delivering services in communities may touchdown in a variety of spaces and all leadership teams are meeting in person. TeamZones have also been created across the estate to ensure teams have space to collaborate and work together. We continue to use the opportunities arising from the new ways of working to right size our estate, which is an important part of our short-term budget savings and medium-term financial strategy.

54 Another significant challenge throughout the pandemic has been managing staff sickness. Although this broadly stabilised in mid-2020, as a compassionate employer we recognised that catching Covid-19 should not go on an employee's sickness record. This arrangement carried on for most of the two years during the pandemic. We also had to ensure that all staff in a public-facing role needed access to the most up-to-date information on restrictions and how to operate and deliver a service safely, including access to quality PPE. We undertook regular 'pulse' surveys to assess employee wellbeing and continue to have an extensive wellbeing offer available, as well as support being available through staff networks and Trade Unions.

- 55 Recruitment and retention of staff continues to be significantly challenging, especially in some system areas such as Adults and Care, Children and Families, IDS, business administration and other professional services. It is well known that a much larger number of people over the age of 50 have left the UK workforce than predicted, coupled with the many EU workers that have returned to their countries of origin during the pandemic years. These factors have significantly contributed to a tighter labour market and a decreasing talent pool that we and other sectors are facing. The situation is also growing a competitive nature in the labour market. There is also evidence of skills mismatch, with high growth in skilled roles rather than entry level positions. Within this challenging context, it is recognised that many employers have responded assertively to ensure the attraction and retention of workforce talent.
- 56 In addition to the contextual and environmental labour market challenges, Leeds City Council is also faced with other interdependent workforce issues. Local recruitment challenges in a range of key roles and services, notably impacting on the Care sector (Home Care Assistants, Care Assistants, Social Workers) but also LGV and HGV drivers, Administration, Hospitality and Catering services. Several more specialist and technical roles have also been impacted. We also have an aging workforce, with 42.7% over 50 years old and a growing customer demand in many services, adding pressure on service delivery.
- 57 Alongside improved advertising, services have identified a range of hard to recruit posts where additional support is necessary to attract and secure candidates. Discussions have commenced around creation of a Recruitment Agency Framework that could provide a range of additional support for services to access, where short-term agency or executive recruitment support is not appropriate. Further partnership opportunities are being considered, for example the recent Indeed recruitment event that was run in partnership with our Health partners. Detailed analysis of recruitment data continues to be collected prioritising hard to recruit posts. Both Adults and Health and Children's and Families have developed and launched recruitment pages; streamlined application processes have been tested; the number of assessment centres by the We Care Academy have been increased; information session through social media, with business administration recruiting through Job Shops.
- 58 The Council's budget has also significantly been impacted by the pandemic with additional costs, lost income and some funding from Government, which Executive Board has regularly informed about through standing reports. Please refer to the relevant reports on September 2022's Executive Board agenda.

Communications and Marketing

- 59 Communications and marketing have scaled down the amount of resource needed to support the Covid-19 pandemic management in line with the Leeds City Council and the Government's 'Living with Covid' approach. As the Council has returned to a more business-as-usual footing, work to support the organisation's other priorities has greatly increased.
- 60 Work does continue to prioritise promotion of the vaccine, along with the 'Evergreen' offer to encourage take-up across as much of the local population as possible. This includes promoting the mobile vaccination clinics and focusing on hard-to-reach communities and groups. Work is particularly targeted at identified cohorts of people where there may be low take-up, for example pregnant women or in communities like Harehills. This is supported by ongoing 'low-level' promotion of 'Living with Covid' messages, such as how to reduce risk, what to do if you have symptoms or advice on safe behaviours. The approach can be scaled back up to adapt around changes in behaviour of the virus should it be needed.
- 61 A bigger emphasis is being put on working with Health and Public Health partners to plan support for their winter health work. This includes the autumn booster rollout and flu vaccination campaigns; producing a winter communications toolkit for the Weather and Health Impact

Group; a Winter Friends campaign; and local support for national campaigns to reduce system pressures, such as Help Us Help You, Pharmacy First and accessing support through the NHS's 111 service. There is also a return to broader communications and marketing health-related work, which is focused on other public health priorities, including childhood immunisations, TB, mental health and the Better Health and One You campaigns. Alongside this is the ongoing communication and campaign work to provide information to help people and communities manage the cost-of-living crisis.

What consultation and engagement has taken place?

Wards affected:

Have ward Members been consulted? Yes No

- 62 To date, there have been almost 250 email updates to Members and Leeds MPs from March 2020 to date. These emails have been an invaluable tool in reflecting the rates Covid-19 and wider health position in the city and updating Councillors and MPs on a variety of topics, events, meetings, consultations and information. Updates will continue going forward and further engagement with all Members will continue through other avenues, such as wider Governance Boards.
- 63 Regular established partner emails also provided an excellent platform to stay in touch. More than 40 updates have been sent since March 2020, updating on Leeds City Council's Covid-19 workstreams and wider key updates that affected businesses and organisations in the city. Currently these are sent roughly monthly and have been broadened out in terms of content. Our lessons learnt review indicated that partnerships had been strengthened due to extensive engagement avenues. Other specific incidents where we supported partners included dedicated FAQs, which deciphered the complex restrictions during the tier phase in the pandemic (late 2020 to early 2021). Likewise, there have been more specific communications with businesses and with education settings on a very regular basis.
- 64 Around 70 Coronavirus Support for people and communities email bulletins were sent to members of the public who subscribed between March 2020 and March 2022. These were sent weekly up to May 2021 (after the third and final lockdown), after which bulletins were sent where significant updates such as changes to restrictions, testing or vaccinations were made. There were many Covid-19-related news items were published on the [Leeds City Council newsroom](#).
- 65 Extensive staff and manager communications also took place throughout the period. Over 100 emails were sent to managers weekly and over 100 weekly staff update emails from the Chief Executive. These communication avenues were useful to both update on council resources and budgets, reflect Government guidance and restrictions, receive feedback from all colleagues and, crucially, signpost staff to support available.

What are the resource implications?

- 66 Executive Board continues to receive updates on the Council's budget and associated impact of the pandemic and other pressures, including at item 16 (the standing Financial Health Monitoring report), and at item 17 (the Medium-Term Financial Strategy 2023/24 – 2027/28) on September's Executive Board agenda.

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

- 67 Coronavirus-associated risks remain, most particularly as we head into winter and there are pressures across the full range of health and social care services and many broader services that support the vulnerable or health and wellbeing in its broadest sense, so the impact of this

and pressures on the NHS will continue to play a part in planning across the strategy and response for some time to come. [July 2022's living with Covid report](#) has full details of potential risks going forward and how we plan on mitigating these. Coronavirus remains on the corporate risk register with a high rating and will be kept under review and more details can be found at **Appendix A**. Specific risks relating just to Covid-19 are outlined below:

- A. Another coronavirus wave will always remain a risk to public health, wellbeing and mortality rates. This risk is especially significant for those more vulnerable or when combined alongside other contagious illnesses, some of which are seasonally linked such as the flu or respiratory diseases.
- B. The upcoming winter period and the significant pressure on the health and care system. An additional programme of work is being done to assess readiness for winter across the full range of services alongside what is already underway across health and social care.
- C. Vaccine efficacy remains a significant risk, especially if a new Covid-19 variant of concern is identified that evade the vaccines. We will continue to work closely national health partners such as the UKHSA around this.
- D. Other national concerns pushing the risk of coronavirus to the back of people's priorities, increasing complacency– for example the cost of living, war in Ukraine, and Monkeypox and other infectious diseases.
- E. Supply chains impacting much needed resources, such as medicine, PPE, food and fuel. We will call upon experience gained from the pandemic and our Brexit planning to work through these if affected.
- F. Further restrictions are introduced and the impact this will have on businesses and the economy.

What are the legal implications?

68 None.

Options, timescales and measuring success

What other options were considered?

69 Given the response was nationally driven by the Government, and how Covid-19 was a public health emergency the likes of which most of us had never seen, decisions taken often had to be quick in the interest of public safety and responding to the fast-changing situation, and within the governance framework established. During this period, the partnership system was tried and tested, and delivered an effective response that served the people of Leeds and kept them as safe as possible with the resources and information available, with relationships with partners also strengthened. Executive Board Members were updated on our [Learning Lessons from Covid-19 review](#) in July 2021 where the recommendations were agreed and have since been implemented along with other lessons on business continuity and emergency planning situations. Going forward, our plans and lessons we have learnt mean that we will be as ready as possible to deal with similar challenges.

How will success be measured?

70 Looking ahead, the [Best City Ambition](#) and associated strategies, plans and key performance indicators will help measure this, along with the Council's Annual Performance report and other annual reports such as Equality priorities, Inclusive Growth and Health and Wellbeing.

What is the timetable and who will be responsible for implementation?

71 No further Covid-19 update reports to Executive Board are proposed going forward, unless the local situation changes significantly. Members will continue to receive email updates around the local position and if national guidance is updated.

Appendices

A. The Covid-19 cumulative Dashboard.

Background papers

- None.