

<h1>BRIEFING</h1>	TO:	Overview & Scrutiny Management Board
	DATE:	28 April 2020
	LEAD OFFICER:	Sharon Kemp, Chief Executive
	TITLE:	Update on the Council Response to the COVID -19 Emergency
1. Background		
1.1	The Council is working at the national, regional and local level to respond to the COVID-19 emergency and to ensure that critical services are delivered and that the most vulnerable residents are supported.	
1.2	The Council has responded in line with daily Government announcements and guidance. The most significant announcements are as follows:	
	16 March	The Prime Minister advised people should work from home.
	18 March	Government announced school closures to take effect from 20 March.
	23 March	Government announces list of 'shielded' residents and writes advising them to stay at home and avoid all face to face contact for a period of 12 weeks.
	23 March	Government announces UK 'lockdown' with exceptions only for shopping for essential items, one form of exercise a day, medical need or providing care to a vulnerable person or travel to work only if necessary.
	9 April	Government advise it is too early to lift lockdown measures.
	16 April	Government extend the lockdown for a further three weeks.
1.3	Governance, management and control arrangements	
	When the COVID 19 crisis emerged in the UK at the beginning of March, the Council initiated its remote operation of command and control arrangements. These do not replace any established processes and procedures laid out within the Council's Constitution. However, in responding to a major incident, the Council's normal decision-making processes and structures are adjusted in order to respond effectively to any particular emergency. This is dictated by the Council's Major Incident Plan.	
1.4	The provisions of the Council's Constitution must be adhered to and decisions must be recorded publicly if they meet the threshold for Delegated Decision Notices to be published. For example, if a service is being stopped which is widely used, then it is a matter of public interest and a decision notice will need to be published.	

1.5	The command and control structure includes several workstreams, each with a lead officer. Each of the workstreams, the Tactical Group and the Gold Group all represent virtual capabilities and all meetings are Skype enabled. In addition, each directorate has an identified coordinator, who each play a key role in assessing business continuity needs and impact and work alongside the Emergency Planning team through the Business Continuity workstream.																						
1.6	<p>SLT/Gold meetings, chaired by the Chief Executive, take place daily with a review of current information on the latest COVID position for the borough along with further intelligence about critical service delivery. This meeting sets the strategic objectives in line with national policy, regulations. Local priorities. are also reviewed daily and appropriate briefings and actions taken. A daily Tactical meeting, chaired by the Strategic Director of Regeneration and Environment, is responsible for developing actions to achieve the strategic objectives. The workstreams listed below are responsible for delivering the actions which are set out in workstream action plans and raising issues /decisions through the Tactical and GOLD daily meetings.</p> <table border="1" data-bbox="220 703 1329 1160"> <thead> <tr> <th data-bbox="220 703 831 741">Workstream</th> <th data-bbox="831 703 1329 741">Designated Lead</th> </tr> </thead> <tbody> <tr> <td data-bbox="220 741 831 779">Managing the deceased</td> <td data-bbox="831 741 1329 779">Polly Hamilton</td> </tr> <tr> <td data-bbox="220 779 831 817">Housing</td> <td data-bbox="831 779 1329 817">Paul Walsh</td> </tr> <tr> <td data-bbox="220 817 831 891">Rotherham Community Hub (Humanitarian/ Voluntary)</td> <td data-bbox="831 817 1329 891">Shokat Lal / Jackie Mould</td> </tr> <tr> <td data-bbox="220 891 831 929">Communications</td> <td data-bbox="831 891 1329 929">Chris Burton</td> </tr> <tr> <td data-bbox="220 929 831 967">Staff & Workforce</td> <td data-bbox="831 929 1329 967">Lee Mann</td> </tr> <tr> <td data-bbox="220 967 831 1005">Data Collation & Reporting</td> <td data-bbox="831 967 1329 1005">Jackie Mould / Deborah Johnson</td> </tr> <tr> <td data-bbox="220 1005 831 1043">Corporate Incident & Business Continuity</td> <td data-bbox="831 1005 1329 1043">Tom Smith</td> </tr> <tr> <td data-bbox="220 1043 831 1081">Health & Social Care Systems</td> <td data-bbox="831 1043 1329 1081">Ian Spicer / Ailsa Barr</td> </tr> <tr> <td data-bbox="220 1081 831 1120">Rotherham Pandemic Group</td> <td data-bbox="831 1081 1329 1120">Terri Roche</td> </tr> <tr> <td data-bbox="220 1120 831 1158">PPE</td> <td data-bbox="831 1120 1329 1158">Richard Hill</td> </tr> </tbody> </table>	Workstream	Designated Lead	Managing the deceased	Polly Hamilton	Housing	Paul Walsh	Rotherham Community Hub (Humanitarian/ Voluntary)	Shokat Lal / Jackie Mould	Communications	Chris Burton	Staff & Workforce	Lee Mann	Data Collation & Reporting	Jackie Mould / Deborah Johnson	Corporate Incident & Business Continuity	Tom Smith	Health & Social Care Systems	Ian Spicer / Ailsa Barr	Rotherham Pandemic Group	Terri Roche	PPE	Richard Hill
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1.7	<p>Arrangements were put in place to assess the Council's business continuity plans and on 16 March a business impact assessment (BIA) was undertaken to identify the most critical services. A team of directorate co-ordinators meet daily to assess the BIA and to make recommendations to Gold Group about any resource or service delivery issues. The purpose of the BIA is to:</p> <ol style="list-style-type: none"> a) ensure that the council can continue to deliver critical services during staff shortages, b) help the council to prioritise other resourcing decisions (for example: IT and phones) and c) respond to new or emerging critical services (for example the community hub) where additional resource needs to be deployed. 																						
1.8	<p>At the South Yorkshire level, the council reports into the South Yorkshire Local resilience forum (LRF) with a senior officer attending daily conferences. The LRF co-ordinates activity across South Yorkshire and formally escalates issues into national government. There are also several South Yorkshire LRF cells which are supported by RMBC staff. These include:</p> <ul style="list-style-type: none"> • PPE – Sam Barstow • Managing the deceased – Polly Hamilton • Adult Social Care – AnneMarie Lubanski • Intelligence – Terri Roche • Humanitarian Aid – Shokat Lal 																						

1.9	More recently a further cell has been established to look at recovery which will be supported by the Assistant Chief Executive. The COVID 19 Multi-Agency Pandemic Group which is chaired by Terri Roche Director of Public Health co-ordinates multi-agency activity across the Borough.
2. Key Issues	
2.1	This briefing note provides an overview of how the Council is responding to the crisis, what this means for critical services and the critical issues being addressed.
2.2	Rotherham Community Hub As part of the council's response to the COVID crisis the Rotherham Community Hub (RCH) has been established. The RCH call for volunteers was launched on the 25th March; the offer of support to people needing help was launched on the 30th March along with the council Riverside House foodbank. The Rotherham Heroes volunteer Programme is operating across the borough to ensure support is in place for our most vulnerable residents during the Covid-19 outbreak. The Rotherham Community Hub includes Rotherham Council, Voluntary Action Rotherham and other community partners.
2.3	There have been a total of 1,651 requests for support received so far by the Community Hub since its launch. To ensure the right support is put in place each resident is carefully screened to ensure their individual needs can be met. As at midday on the 23 rd April 1,205 of requests had been resolved and 446 were in progress. Support packages can be made up of one or more items. So far 1,032 have received food support, 565 have been helped with prescription collections, 164 are being supported with loneliness, 48 with pet care, 133 have been signposted to other services and a further 297 with other issues.
2.4	The response to the call for community volunteers in Rotherham was immediate. In the first week alone 700 residents had come forward to offer help and since then that figure has grown to 1,211. To ensure the safety of the vulnerable they may be supporting it is important that all necessary checks are carried out. All volunteers are being contacted by the council to ensure that a DBS check has been completed and that they are ready to be deployed. Volunteers that have been vetted are starting to be matched with residents who need support. As at 24 th March 74% of volunteers had completed the online forms and 364 volunteers were cleared and available to support RMBC workers with cases.
2.5	In addition to individuals responding to the Rotherham Heroes scheme 429 business have also pledged their support.
2.6	Finally, a new central Food Crisis Support service has been created. Referrals for this service can be made not only from the Community Hub but by any service or ward member who identifies a person or family struggling to purchase food for whatever reason (i.e. isolation, financial restraints). To date 475 households have been referred to the project resulting in 939 food parcel deliveries which have fed 981 people, 327 of these being children.
2.7	Neighbourhood working Neighbourhood working is crucial in this time of national crisis. The vital community leadership role provided by ward members is central to the Council's response. Ward members are being supported by the thriving neighbourhood's team and continue to

	work with local groups and residents to ensure that help is reaching the people that need it.
2.8	In line with LGA guidelines for councillors, many Rotherham ward members are also providing direct practical support to isolated and vulnerable residents, keeping in touch with vulnerable residents, organising emergency food deliveries and supporting new community groups on the ground. As part of the Council's support for emergency food deliveries ward members can assess and refer cases directly to the food crisis centre or via the community hub. In addition, a leaflet providing vital information about how and where to get help will be delivered by ward members next week. This will ensure that vulnerable people who may not have digital access can get the help they need.
2.9	The neighbourhood team continue to support ward members and virtual ward meetings are taking place to ensure that ward activity such as CAP meetings can continue and to ensure that ward members are supported to invest ward budgets in community activity to support the COVID – 19 crisis.
2.10	Communication and engagement A communication strategy was put in place at the start of the COVID-10 crisis. Its aim is to provide a reliable source of information to all audiences, including residents, businesses, elected members, staff and all partners. This has been achieved by delivering coordinated, frequent and clear public messaging in electronic briefings, COVID-19 specific web pages, printed leaflets for members and a leaflet to be delivered to all households.
2.11	The first electronic briefing to elected members and stakeholders was issued on 5 March 2020 and has been issued almost daily since then. The member briefing contains the latest developments and changes to services, government guidelines, the Community Hub and how members can be involved.
2.12	The first electronic briefing to residents was issued on 20 March 2020 and sent to over 50,000 recipients who had already subscribed to Council news and information newsletters. This briefing was sent three times in the first week and then reduced to twice weekly to avoid over saturation. It includes information about Council services, links to government, NHS and PHE guidelines and signposts to the Rotherham Community Hub and Rotherham Heroes pages on the website. There has been strong engagement with the public briefing with opening rates often exceeding 50 per cent (industry average is 24 percent) and very few unsubscribes.
2.13	A COVID-19 website presence has been created which provides general information pointing to the PHE website and multi-language versions of the World Health Organisation's advice. It also points anyone with concerns to contact NHS 111 and general handwashing advice. Webpages are constantly updated with the latest information.
2.14	Social media activity has seen positive engagement from audiences. A campaign of videos featuring frontline workers sharing messages about their service has been a huge success with each video receiving around 4,000 views and many positive comments of support. Negative engagement has been rare.
2.15	Two printed leaflets have been produced. The first one was information about the Community Hub and how people could ask for help. Each elected member has received 100 copies to give to people who may have been isolating without access to electronic information from the Council. The second leaflet will be distributed to every household from 4 May2020.

2.16	The council continues to remain in contact with community and voluntary groups and faith organisations through skype and zoom and there are weekly VCS liaison meetings with key infrastructure organisations including VAR, REMA and Fareshare.
2.17	Availability and accessibility to PPE The supply of and appropriate use of PPE is critical to the welfare of vulnerable people; critical services and social care staff working across Rotherham, both for the council and the independent sector. A robust framework has now been established across Rotherham and through the South Yorkshire LRF to coordinate stock control, supply and distribution. This includes accessing the governments national supply chains.
2.18	In order to secure enough supplies of PPE several procurement initiatives have been undertaken: <ul style="list-style-type: none"> • Maximising existing Council supply routes by increasing orders • Supporting providers to maximise their existing procurement routes • Undertaking Joint procurement exercise with other Councils' • Sharing supplies across Place (Mutual Aid) • Finding new supply routes • Participation in a South Yorkshire initiative to procure substantial PPE orders which will support us through to the end of June.
2.19	Of note is a joint procurement with other Yorkshire and Humber councils for significant supply sourced internationally of over 400,000 masks and 70,000 visors. This is expected imminently and will provide security of stock for a few weeks.
2.20	Due to scale of use, supplies are currently issued for 3-4 days at a time, the above order and procurement intentions are to allow for a longer supply period. A storage and distribution plan has been implemented to withstand the demands and is proving successful with the cooperation of council departments and the independent sector.
2.21	It is fair to say that as supply is a national issue shared with all other local authorities and the demand has increased exponentially, this remains a critical area of activity. To date we have been able to supply adequate levels of PPE to our own services and also support the independent sector as required.
2.22	Relevant Guidance for Adult Social Care relevant to PPE was first issued by Department of Health and Social Care; and Public health England on the 19th March 2020. The guidance has been regularly updated as the impact of the Pandemic has developed, and the impact becomes clearer. Internal guidance for staff including FAQ's have been issued and are updated as needed.
2.23	The advice we are issuing, follows the national guidance and makes clear the expectations of different roles and circumstances in which the right level of PPE applies.
2.24	The provision of PPE has been mainly focused on the Health and Social care workforce, as has most of the government guidance. There is however the need to provide support and guidance to people who work in other areas of front-line service delivery across the council and for unpaid carers and personal assistants. Guidance and support is now being agreed for such groups.
2.25	Managing the Deceased The Council leads the local cell on Managing the Deceased with local partners in the borough and participates in the SY LRF Death Management Cell. Forecasting on death rates has been undertaken and deaths are tracked daily. Capacity modelling has been

	<p>undertaken across certification, registration, body storage, burials and cremations to understand pressure points. Mitigating actions to reduce pressure on services and ensure that the deceased and their next of kin are treated with dignity and respect at all times are as follows:</p> <ul style="list-style-type: none"> • Death registration capacity has been increased through the training of additional registrars. • Additional body storage is planned for the hospital and work with Funeral Directors and Dignity to remove bodies from the mortuary has helped to increase capacity. • Increased timeslots for funeral services are now available, later in the day and on weekends. Live webcasting, social distancing, increased cleaning schedules and a reduction in the numbers allowed to attend to a maximum of 10 are now in place to ensure that funerals can go ahead and still maintain the measures needed to reduce the risk of transfer of infection. • Equalities issues continue to be monitored and addressed. Regular calls with the Muslim and wider faith communities have been undertaken. Additional arrangements have been put in place to support the continuation of Muslim faith burials, including close working with the hospital to provide training on safe washing of bodies and use of PPE. <p>New guidance to the public has been made available via the Council's website</p>
2.26	<p>The Council has followed the latest Government guidance issued including in relation to the closure and subsequent reopening of burial grounds and the crematorium. The closures instructed by Government on 26 March caused distress to some residents. The Council lobbied via the Local Government Association to get clarity on the instructions, in conjunction with other councils and agencies in the bereavement services sector, and amendments to the legislation were made on 20 and 22 April. These amendments now say that crematoria must remain closed except for funerals, and that burial grounds and gardens of remembrance must remain open so that the public can continue to pay their respects, whilst continuing to follow social distancing guidance. As a consequence, Council-owned burial grounds and the grounds of Herringthorpe Crematorium are now accessible to the public for the purpose of visiting and tending graves.</p>
2.27	<p>Impact on adult care</p> <p>The director of adult social care leads on co-ordination of adult care activity across South Yorkshire as well as within the Borough. National Government guidance has been issued in relation to adult social care. This has been implemented by the council and covers:</p> <ul style="list-style-type: none"> • controlling the spread of infection in care settings • supporting the workforce • supporting independence, supporting people at the end of their lives, and responding to individual needs • supporting local authorities and the providers of care
2.28	<p>It is recognised that as Local Authorities and care providers are facing rapidly growing pressures as more people need support because unpaid carers are unwell or unable to reach them, and as care workers are having to self-isolate or unable to work for other reasons.</p>
2.29	<p>The council is responding to a range of measures by the Government to help the care system manage these pressures. The requirement is that we should do everything we can to continue to meet existing duties prior to the Coronavirus Act provisions coming into force. In the event that we are unable to do so, it is essential we able to streamline existing assessment arrangements and prioritise care so that the most urgent and acute needs are met. The powers in the Act enable us to prioritise more effectively where necessary</p>

	than would be possible under the Care Act 2014 prior to its amendment (referred to in this guidance as the Care Act). In any such situations councils have to apply to national government for social care easements. These measures are time-limited and are there to be used as narrowly as possible.
2.30	The Council is working closely and proactively with its partners across the health system to respond to the new national guidance, increasing care home capacity to enable a more timely discharge from hospital and to help manage hospital resources.
2.31	All Care Homes in Rotherham have a named GP who provides regular support to the establishments. This is funded by the CCG through a Local Enhanced Service (LES) agreement. In addition, the Rotherham Foundation Trust provides community support through the Care Homes team providing expert advice on nursing, medication and infection control, working closely with the Care Home managers and staff to implement best practice.
2.32	Following the government guidance on social distancing and in response to the needs of registered providers, the CQC determined on 16th March 2020 that they would no longer carry out routine inspections of registered providers including Care Homes. They will however continue to inspect where there are any safeguarding issues or pressing requirements to intervene.
2.33	In order to further support care homes the council's recently established Rotherham Skills Academy is training front line staff, new to the care sector, so that they can be matched to an employer in need of additional staffing.
2.34	Impact on Children's services The Council continues to manage the flow of work, seeing children who need to be seen and substantially meeting its statutory duties albeit with some things that usually happen face-to-face being undertaken by phone/skype. Most social work visits to children and their families are still being conducted face-to-face by visits to the home.
2.35	On 3 rd April the DFE published guidance for local authorities on children's social care. The guidance sets out in brief some principles which local authorities should consider. This provides the council with confidence that the measure already taken by children's services in relation to children's social care activity in Rotherham is appropriate and proportionate.
2.36	A pre-visit risk assessment tool is being used to guide social workers in how to establish with families prior to a visit whether a visit is safe or not in the light of coronavirus. Social workers are still visiting all children RAG rated as red or amber if the household isn't symptomatic. Other statutory duties are being delivered virtually. The Directorate is working closely with colleagues in education/inclusion services and key multi-agency partners to ensure that the usual routes for escalation and referral of new information is being maintained and weekly conference calls are held with DFE.
2.37	There are twice weekly multi-agency meetings to reviews the impact on children in the borough from a multi-agency perspective. This group feeds into the health and social care resilience workstream.
2.38	All schools are open individually or have worked in collaboration to form localised 'hubs' to ensure that, where home based education isn't possible, the children of key workers and those who are most vulnerable can continue to attend a school within their local area and have familiar staff supervising them. For some of these children this included attending over the normal Easter break period. Attendance figures can fluctuate daily in

	line with parental/carer work patterns or family circumstances however following the normal Easter break period the numbers have increased to levels of between 600-700 children attending school each day. Of these approximately 75% are the children of key workers and 28% are classed as vulnerable, (please note a child may fall into both categories).
2.39	Vulnerable in this context relates to children with a social worker and/or a high level of special need where there are no other arrangements possible through home-based education.
2.40	<p>Impact on waste services</p> <p><u>Kerbside Waste and Recycling Collections</u></p> <p>The Domestic collection of general waste (pink lidded bin), paper and card (green bin) and plastic, glass and cans (black bin) are operating normally with no disruption to the service. The level of general waste being collected has increased by 19% year on year. Paper and card being up by 3.8% and glass, plastic and cans being up 28.7% compared to the same period last year. The service is therefore working hard to maintain the service within the existing level of frontline resources. However, due to staffing levels, garden waste collections were suspended from Monday 30th March, initially for a period of six weeks.</p>
2.41	Processes have been implemented at Hellaby depot to ensure that social distancing is maintained at the start and end of the day and staff have been deployed appropriately to ensure safety at all times.
2.42	Staffing levels in the service have improved over the last few weeks, and the service is planning to reintroduce the garden waste collection service from 11 th May, in line with the six-week suspension period. It should be noted however, that this is predicated on having the appropriate capacity which is under daily review.
2.43	Household Waste Recycling Centres (HWRCs) have been closed since 12:30 on Friday 27 th March following safety issues to the public and staff due to large numbers of customers using sites. Since then national government advice in relation to waste services has been released. Government classed HWRCs as a medium priority and states that Councils should “Consider whether priority sites can be maintained with restricted access”, if they are used for essentials and that social distancing is maintained on sites.
2.44	Officers from all three Local Authorities are now working on proposals to reopen the sites with appropriate management in place. Whilst social distancing was in place on the sites prior to them being closed, plans to manage traffic around the sites is critical to support the sites to reopen. The Council is identifying resources to manage traffic, and is working with partners, including the Police to ensure this can be done in a safe way.
2.45	<p>Impact on Domestic abuse services</p> <p>The council continues to work with partners through the safer Rotherham Partnership to support victims of domestic abuse. Online help has been improved and enhanced to enable greater promotion of local services and to provide information about the help available. Further work will also be done to ensure that where possible, the provision is multi-platform in terms of phone, online and if possible, contact by text. This is vitally important during the lockdown period. Opportunities have also been identified to promote services in supermarkets, pharmacies and health care settings, many of which have already received training and information.</p>

2.46	In addition, services are making preparations for a potential increase in demand as restrictions are relaxed, which may lead to more victims coming forwards. Planning will continue across agencies to ensure that support is available.
2.47	<p>Impact on Housing Services The COVID crisis has had an impact on Housing services and Housing are responding as follows:</p> <ul style="list-style-type: none"> • Management and administration of Council rent debits – the focus is to ensure we support residents in this area and of rent recovery, advice and support to customers with regards to rent payment, debt and universal credit. There has been significant work activity in response to increased demand for tenancy support, advice and assistance with financial challenges and access to benefits. • Provision of homelessness services and emergency accommodation – the main focus has been on ensuring a sufficient pipeline of properties to maintain adequate emergency provision and sufficient permanent move on accommodation. • Housing services are also undertaking ‘safe and well checks’ by telephone on vulnerable tenants to identify if any support is required. • Providing emergency and critical repairs to Council homes - the Focus has been on the successful mobilisation of the new R & M contract partner arrangements and working with partners to meet the challenges presented by the lockdown restrictions, whilst ensuring sufficient manpower and resources to undertake critical repairs, including to empty homes to support homelessness provision, works to facilitate timely and safe hospital discharges and work to keep our estates safe from immediate risks and hazards. • Management of urgent ASB casework and work to contribute to the maintenance of a safe neighbourhood environment – Effective management of casework with a strong focus on responding to and protecting the most vulnerable, through continued joint locality team working arrangements. • Ensure private rented sector housing standards are maintained – sustaining the selective licensing scheme, working with landlords to ensure compliance and with the Gov directives on suspension of evictions etc. Ensuring that housing and environmental standards are maintained to prevent risks to public health; business regulation and enforcement including in relation to government directions on business closures.
2.48	The council is working with delivery partners, including developers and Homes England to assess current housing programmes and the wider market position, future potential impacts and mitigation and recovery planning.
2.49	<p>Access to data on cases of COVID-19 and deaths A Rotherham health data cell has been established with representation from RMBC, the CCG and Rotherham Hospital Trust. This group work closely together and with colleagues from across South Yorkshire to ensure consistent and up-to-date understanding of the current position and to provide a consistent approach to predictive modelling regarding the timing of the local ‘peak’ and the scale of the impact of the pandemic.. The Managing the Deceased workstream also closely monitors deaths via death registration certification and monitors points of risk across the bereavement pathway including mortuary capacity. Adult social care are closely monitoring those living in local residential and nursing homes and have daily updates regarding both confirmed and suspected cases of Covid-19 and deaths within homes which are either confirmed or suspected to be due to Covid-19.</p>
2.50	Supporting the workforce

	<p>The safety and wellbeing of our workforce is a priority and all guidance issued to staff and managers is aligned to the latest government guidance.</p> <p>As well as usual provision through occupational health and our employee assistance programme, a series of manager and staff briefings have been issued that provide information on what support is available during the current crisis and how managers can best stay in touch and support team members. In addition, work has been undertaken to provide guidance specifically related to working from home arrangements, including a process allowing staff to collect office equipment to support them whilst working from home</p>
2.51	<p>Additional work is being undertaken to assess the impact of coronavirus on sickness absence levels and any impact on staff mental health. In addition, an updated bereavement offer for staff is being developed by HR and PH colleagues.</p>
2.52	<p>As at 20 April 2020, there were 226 open sickness absences equating to a sickness absence rate of 5% across the Council. Sickness rates have traditionally ranged between 3.5% - 4% for the Council's workforce. Of the 226 open sickness absence cases, 20 cases (9% of total sickness) are directly related to coronavirus symptoms with a further 15 cases (7% of total sickness) recorded as virus / infection. The current absence rate (including all absence types) across the Council is currently 11% and has remained static since the beginning of the crisis. Total sickness absence and coronavirus related absence have seen reductions over the last two weeks.</p>
2.53	<p>Recent collation of workforce MI across regional Local Authorities showed average coronavirus absence levels to be between 7% and 9.5%. Based on current data, the Council's current absence rate (measuring those currently absent due to coronavirus symptoms, those who are isolating and off work due to caring or vulnerability issues) equates to 6.2% of the workforce; below the average levels seen across the region.</p>
2.54	<p>Of the 270 staff currently off work due to coronavirus and unable to work from home, 40 staff are vulnerable or in the shielding group. The remaining 230 staff currently categorised as absent and unable to work from home equates to an FTE of 148.42. It should be noted that this includes a significant number of part time posts many of which work for only a few hours a week.</p>
2.55	<p>Work will continue to ensure that current working status is recorded accurately and that all options for working from home have been fully explored. Directorate alternative deployment lists will be reviewed against working status recorded on the HR system.</p>
2.56	<p>Following collation and agreement of critical service lists from directorates, Directorate Leadership Teams, working alongside HR Business Partners, were tasked with gathering additional information to aid deployment activity.</p>
2.57	<p>The identification and collation of staff who could be deployed to alternative roles is being reviewed on a weekly basis by Directorate Leadership Teams and this information is being used to inform deployment of additional capacity across Council services, including deployment to the community hub.</p>
3. Key Actions and Timelines	
3.1	<p>The COVID-19 workstreams will continue to be delivered and reported to GOLD group and Tactical group daily. Any further changes that are needed in response to the current crisis will continue to be reported and mitigating action taken where necessary.</p>

4. Recommendations

4.1 That Overview and Scrutiny Management Board:

- note the management and control arrangements that are in place.
- note the COVID-19 workstreams and the action being taken
- provide feedback in relation to the workstreams and current actions.