

Public Report Cabinet

Committee Name and Date of Committee Meeting

Cabinet – 25 January 2021

Report Title

Update on the Council response to the COVID-19 emergency

Is this a Key Decision and has it been included on the Forward Plan?

Strategic Director Approving Submission of the Report

Sharon Kemp, Chief Executive

Report Author(s)

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Ward(s) Affected

Borough-wide

Report Summary

This report provides an update on how the Council is currently responding to the COVID-19 global pandemic and outlines proposals to introduce a local self-isolation support payment scheme.

Recommendations

- a) That the proposed Local Self-Isolation Support Payment be approved with an initial budget of up to £100k if demand requires it; funded from the Contain Outbreak Management Fund.
- b) That the discretionary Self-Isolation Support Payment fund be topped up by up to £100k if demand requires it; funded from the Contain Outbreak Management Fund.
- c) That authority be delegated to the Strategic Director of Finance and Customer Services to adjust the allocations provided to the discretionary scheme and the Local Self-Isolation Support Payment scheme, between the schemes, as demand requires.
- d) That Cabinet note the ongoing impacts of COVID-19, including local outbreaks.
- e) That Cabinet note the arrangements in place to respond to COVID-19.

List of Appendices Included

Appendix 1 COVID-19 timeline of key announcements

Appendix 2 Initial Equality Screening Assessment – Local Self Isolation Payments

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory PanelNone

Council Approval Required

No

Exempt from the Press and Public

No

Update on the Council response to the COVID-19 emergency

1.	Background
1.1	Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The ongoing pandemic of coronavirus disease spread to the United Kingdom in late January 2020.
	This report provides an overview of how the Council is responding to the crisis, what this means for critical services and the critical issues being addressed.
	The Council is working at a 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. An overview of the key announcements throughout the pandemic and the Council's response to these announcements is outlined within Appendix 1.
1.3	A second national lockdown was in place from 5 th November-2 nd December 2020. On 23 rd November, the Government announced the end of this second lockdown and released the COVID-19 Winter Plan, which included the reintroduction of the regional tiered approach from 2 nd December 2020 onwards. From the end of the second lockdown to 4 th January 2021, Rotherham was placed in Tier 3.
1.4	In December, a new strain was identified, which spread rapidly, particularly in London, the South East and the East of England. This led to a fourth tier being introduced from 19 th December, which included a stay at home order. From 30 th December, most of the population in England moved into Tier 4, but Rotherham remained in Tier 3.
1.5	On 4 th January 2021, a third national lockdown was announced which is expected to be in place until at least mid-February. Restrictions include that:
	 People cannot leave their homes except for certain reasons, like the first lockdown last March. These include essential medical needs, food shopping, exercise and work for those who cannot do so from home. Clinically extremely vulnerable (CEV) residents should only go out for medical appointments, exercise or if it is essential. CEV residents should not attend work.
	 People cannot meet socially with anyone outside of their household or support bubble (if they are legally permitted to form one). All schools and colleges will close to most pupils from Tuesday 5th
	January with remote learning until February half term. Early years settings such as nurseries will stay open. End-of-year exams will not take place this summer as normal.
	Elsewhere, university students should not return to campuses and will

be taught online (with the exception of certain courses.) Hospitality venues such as cafes, restaurants, pubs, bars and social clubs must close, with the exception of providing food and nonalcoholic drinks for takeaway (until 11pm), click-and-collect and drivethrough. All food and drink (including alcohol) can continue to be provided by delivery. Leisure centres and outdoor sports venues and - such as golf courses. tennis courts and outside gyms - must close. Outdoor playgrounds will • People are permitted to exercise on their own, with one other person, or with their household or support bubble. People must stay 2 metres apart from anyone not in their household or support bubble. 1.6 The Council continues to work at a 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. This includes providing practical and financial support for residents in insecure employment and who need to self-isolate. The Council's primary aims are to work with partners across the health system, the VCS and the business community to reduce the spread of infection in the borough and to support the roll out of the vaccination programme. An update on the Council's ongoing response is outlined below, including proposals to further enhance the test and trace self-isolation payments with a local self-isolation payment support scheme. 2. **Key Issues** 2.1 **Test and Trace Support Payments** 2.2 From 28 September 2020, individuals have been entitled to a Test and Trace Support Payment of £500 if they: Have been told to stay at home and self-isolate by NHS Test and Trace, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive. They should have a unique NHS Test and Trace ID number that have to provide for the application process. Are employed or self-employed Are unable to work from home and will lose income as a result Are currently receiving Universal Credit, Working Tax Credit, income-Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit.

2.3	The payment is designed to support people on low incomes, who will lose income as a result of self-isolating and to encourage them to get tested if they have symptoms. This is seen as important to help stop the transmission of COVID-19 and avoid further economic and societal restrictions. At the time of writing, this scheme will last until 31 January 2021, no information has been provided by government at the current time with regards to any extension. However, it is anticipated that government will take steps to extend the self-isolation support payment scheme, as such the proposals put forward within this report are on this basis.
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2.4	Local authorities are also be able to make a discretionary £500 lump sum payment in exceptional circumstances to an individual who meets the main qualifying criteria for the Test and Trace Support Payment (i.e. they are a low-income worker who is unable to work because they are self-isolating) but is not in receipt of qualifying benefits and could suffer financial hardship as a result of not being able to work.
2.5	Discretionary Payments
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2.6	Government guidance provides the criteria that must apply for the Council to make a discretionary award. Effectively, the applicant must meet all the main scheme criteria apart from being in receipt of a qualifying benefit.
2.7	Local authorities can make a £500 discretionary payment to individuals who:
	 have been told to stay at home and self-isolate by NHS Test and Trace, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive; are employed or self-employed; and are unable to work from home and will lose income as a result.
2.8	In addition, the discretionary payment is for people:
	 who are not currently receiving Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit; and who are on low incomes and will face financial hardship as a result of not being able to work while they are self-isolating.
2.9	On receipt of an application of this nature, Council officers who specialise in the review of benefits claims and financial hardship claims for areas such as Discretionary Hardship Payments, assess the information provided. Officers then use that information to make an informed decision as to the level of financial hardship that the applicant will experience, with the result being either a discretionary payment of £500 or a rejection of their application. The officers dealing with these cases have been kept to a small team to aid consistency of approach.
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2.10	Any rejected discretionary applications will have the right to appeal. The appeal will be reviewed by a manager within the Council's Revenues and Benefits section, to ensure a specialist in this kind of assessment carries out the review of the Council's treatment of the case.
2.11	Self-Isolation Support & Discretionary Payments update
2.12	Government provided the Council with the following funding support to cover the costs of the scheme:
	 Test and Trace Support Payments £136,500.00 Administration £40,311.20 Discretionary Payments £82,081.80
	Due to the volume of eligible claimants coming forward for approval, the funds available for the Test and Trace Support Payments have already been exceeded by grant payments, though Government have confirmed additional funding will be provided to cover the cost of grants provided.
2.13	However, for the discretionary payments, Government will not be providing an additional funding allocation. Instead, councils must manage their allocation by making smaller payments, stopping payments once the fund is utilised or looking to fund discretionary payments through another route. The Council's discretionary payments fund is expected to be fully utilised by early January 2021.
2.14	In order to address the likely shortfall on the discretionary payments, it is proposed to provide an additional discretionary payments fund, with an allocation of up to £100k from the Council's allocation for the Contain Outbreak Management Fund (COMF), £2.123m. The COMF is provided to further support the Contain Strategy with a focus on increasing the test and trace activity, learning from the different pilots and good practice, supporting businesses to implement COVID secure operating procedures, support self-isolation and to continue to deliver against the national Contain Strategy.
2.15	Utilising this fund would allow the Council to continue to process discretionary payments to applicants who meet the scheme criteria. It would also prevent the Council having to reduce payments or cease making payments at a time when it is vital to promote the need for individuals self-isolating as required. The additional capacity will also allow for an extension to the self-isolation support discretionary payments scheme, should the scheme be extended from its current end date of the 31 st January 2021.
2.16	Local Self-Isolation Support Payment
2.17	To further support the Contain Strategy, to support and encourage self-isolation where required, the Council proposes to introduce a local self-isolation support payment scheme. The scheme will broadly follow the same principles of the Government's self-isolation support payment scheme, but it will not be based on financial hardship. The aim of the scheme is to

encourage and incentivise individuals to self-isolate if they are required to do so and have been unable to access the Government's self-isolation payments or the discretionary payments. The payments will be for £250 and will be funded from the COMF, £2.123m, with a maximum allocation of £100k to potentially fund 400 applications. It must be noted that it is not possible to estimate the volume of applications the Council may receive. The scheme will go live should it receive Cabinet approval. As such, claims 2.18 can be made by individuals whose period of self-isolation, as confirmed by NHS Test and Trace, started on 25 January 2021. The base criteria are for applicants who: Have been told to stay at home and self-isolate by NHS Test and Trace, either because they have tested positive for coronavirus or have recently been in close contact with someone who has tested positive. They should have a unique NHS Test and Trace ID number that have to provide for the application process. Started a period of self-isolation on or after the 25th January 2021. Have not been able to access the Government's self-isolation support payments or discretionary payments. Are employed or self-employed; and Are unable to work from home and will lose income as a result. Note, this scheme will not be applied retrospectively to applicants who have been rejected for the Government's self-isolation support scheme or for discretionary payments, where the commencement of their period of selfisolation was prior to 25 January. 2.19 Updates on the Council's ongoing response to COVID-19 pandemic 2.20 The remaining sections of this report provide an update on the Council's ongoing response to the COVID-19 pandemic. 2.21 **Outbreak control** The Outbreak Control Plan was peer reviewed, agreed by the Local Outbreak 2.22 Engagement Board and published online in June – (accessible via https://www.rotherham.gov.uk/coronavirus.) The plan covers interventions across the main themes as directed nationally. The themes have now been updated in light of developments to include communications, equality and vaccinations. The themes are as follows: Workplace, Education, Care High Risk places Local Testing Contact Tracing

2.23	 Data Integration Vulnerable People Local Boards Communications Equalities Vaccinations The 7-day infection rate is 219.7 per 100,000 (as of 29 th December). This
2.20	compares with 476.9 per 100,00 for England for the same period. Rotherham has the 274 th highest rate out of 339 lower tier local authorities. The infection rate remains significantly higher than the rate over the summer, but lower than the peak of the second wave in Rotherham. As of early January, evidence suggests that the prevalence of the new variant in Yorkshire and Humber remains very low.
2.24	For people aged 60 and over, the overall rate is 171.4 per 100,000 as of 29 th December. This is significantly lower than the rate in the lead up to Christmas.
2.25	Testing sites continue to run 7 days a week in Rotherham at Midland Road old bus depot and Forge Island. Action is being taken to expand testing provision. In November, additional local testing sites were opened in Dinnington and Maltby, which has increased geographical access to testing and increased overall testing capacity in Rotherham. All testing site facilities have been winter-proofed and have been included in gritting routes to ensure accessibility.
2.26	Riverside House Café was selected as the location for the roll out of the DPH lateral flow tests (LFTs) – a new rapid testing programme for asymptomatic frontline workers. The ground-floor café was one of several Council locations to be risk assessed and was found to be the best place for this testing programme. A one-way system will be in place to ensure that any staff who visit Riverside House for other reasons will avoid the café area. People attending for tests will use separate entry and exit doors. Testing at the site started in the week commencing 4 th January and is by invitation and appointment only. These tests are for frontline and community workers only.
2.27	Provider services have received initial supplies of LFT kits and the relevant information regarding delivery schedules, training, the means of uploading results, and the process of ordering more test kits. The use of LFTs has been implemented in care homes, to enhance existing COVID safe visiting policies and practice.
2.28	Rotherham's care homes have developed robust visiting policies which are based on the latest Government guidance and the situation within the local community. Visits are being facilitated in a COVID safe manner, with registered managers having the overall responsibility to allow visiting if deemed as appropriate action and in line with national guidance. It is also being ensured that:

	 All residents have personalised visiting plans in place Visiting is not permitted in a care home with an outbreak or where outbreaks are ongoing.
2.29	Intelligence from services across the borough is fed into the daily Bronze meeting to identify any areas of concern for action. A watchlist of infection rates in Rotherham Middle Layer Super Output Areas (MSOAs) is presented twice weekly to Bronze. The operational group which feeds into Bronze also meets daily and reviews all live incidents and outbreaks to enable a timely response. A single point of contact inbox has also been set up to capture intelligence relating to incidents or outbreaks.
2.30	Rotherham has a 7-day local contact tracing service in place, to contact residents who have not been successfully contacted by the national NHS Test and Trace service.
2.31	Communications and engagement
2.32	A communications strategy has been in place since the start of the COVID- 19 crisis. Whilst the principles remain the same, some messages have been updated in line with the changes to restrictions. The plan has been reviewed on an iterative basis, with seven published versions.
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2.33	The core message across communications has been to 'Help Keep Rotherham Open'. However, this has now been elevated to 'Stay at Home', in line with the national lockdown messages. Whilst government advice and guidelines continue to change on a regular basis, the fundamental key messages remain the same. This includes promoting:
	Staying two metres apart wherever possible
	Regular and thorough handwashing Colf including and matter to stand when a support and the standard an
	 Self-isolating and getting tested when symptomatic Wearing a face covering where appropriate
	Getting tested if you have symptoms.
2.34	The COVID-19 website continues to be updated to show the most current information. New and pertinent links are highlighted on the landing page, such as financial support for businesses.
2.35	Social media activity has seen positive engagement from audiences.
2.00	Enhanced use of video messaging has also been a feature of the approach to COVID communications, with some excellent reach and engagement being achieved. This has included sharing local people's lived experiences of COVID-19 through the 'COVID stories' series.
2.36	In line with the communications strategy to reach all audiences including those who are digitally excluded, printed information such as leaflets continue to be produced and distributed throughout the community. This has included a targeted leaflet for older people to signpost them to support services and helplines.

2.37	Due to the broad base of the infections, engagement work is now focussed in areas with high footfall, with an aim to raise awareness and have a presence in as many places as possible. This approach is commensurate with the current nature of the infection rates in the borough.
2.38	Communications are taking place in culturally appropriate ways recognising that, in some communities, English is not their first language. This has included utilising local community groups and faith leaders. Key messages have been provided through community influencers such as specific messages by Imams at Friday prayers. A toolkit of resources that has been translated into six languages is available for free by placing a request with the comms team. Uptake from stakeholders including community groups and health colleagues has been strong. This toolkit is now being refreshed to ensure that it is up to date. Local mosques also created a short video for sharing through their own social media networks to amplify key messaging. Work is ongoing at grassroots level to connect with hard-to-reach audiences.
2.39	Innovative work has been carried out to connect with all audiences in the form of a video campaign displayed on the side of an LED display truck. Videos include RUFC manager Paul Warne and former England goalkeeper David Seaman reiterating the key messages, as well as local COVID stories and an informative walk-through the test site. The success of this communication channel is based largely on its mobility; specific audiences can be targeted; messages can be updated immediately and there is the ability to respond quickly.
2.40	One of the key communications priorities in the lead up to Christmas was ensuring that the rules and restrictions were fully understood. Communications support for enforcement activity continues.
2.41	Based on data received from the Community Hub, which has seen an increase in the numbers of people calling for help with loneliness and isolation, additional communications were created to promote the support available and encourage people to look out for one another throughout the winter and the festive period.
2.42	Another key focus of communications currently is testing and vaccinations. While this is a rapidly changing landscape, the Communications Team are working with Public Health and NHS colleagues to provide clear messages and to avoid confusion, so that local people understand the 'what, when, where, how and who.' Further detail is outlined in the vaccinations section of this report.
2.43	Rotherham Community Hub and support to CEV residents
2.44	During the second lockdown, the Council had a responsibility to proactively contact residents on the Clinically Extremely Vulnerable (CEV) list. In Rotherham, 11,518 residents are considered to be CEV.

	Phone calls to CEV residents commenced on 11 th November and were made on a priority basis as follows:
	 Those registering for support New residents on the CEV list Those people who received support last time and still appear on the CEV list Those people who received support previously but are no longer on the list
	In total, these cohorts consist of 1,871 residents.
2.45	During the second lockdown, 1,311 residents were called, including all residents who registered that they required support during wave 2. These calls generated 93 referrals to the Rotherham Community Hub. In cases where the Council is unable to get in contact with CEV residents, 'safe and well' visits are arranged.
2.46	Since lockdown ended, calls have continued to be made to residents new to the shielding list, and a further 164 contacts have been made, with 2 referrals made to the hub. In response to the third lockdown, operations will now be stepped up to contact those requesting support through the national website, residents new to the CEV list and those that requested support during the second lockdown.
2.47	The Rotherham Community Hub has continued to operate throughout the pandemic and stepped-up capacity to support vulnerable residents through the second lockdown period. Capacity will be stepped up again to respond to any increased demand associated with the third national lockdown.
	From the 26/03/20 to the 03/01/21, a total of 5,040 residents have contacted the hub. With some residents having multiple issues, this has led to 6,305 separate support requests. At the close of the 3 rd January 2021, 4,811 requests had been resolved and 229 were in progress. So far, there have been 1,752 requests for food shopping support, 1,734 for help with prescription collections, 421 support with loneliness, 115 with pet care, 616 have been signposted to other services and a further 1,667 with other issues.
2.48	During the last few months there has been a significant increase in contacts from residents experiencing financial hardship. This currently accounts for around 50% of cases received each day, a rise from the third of cases seen prior to the second lockdown. To respond to this, referral processes have been strengthened to ensure that residents are able to access advice and support. In addition, steps have been taken to increase capacity within crisis support partner organisations and to the Council's advocacy and appeals team.
2.49	Christmas cover arrangements were put in place for the Rotherham Community Hub, ensuring that any urgent cases were picked up.

2.50	Support to businesses
2.51	Support to local businesses affected by the pandemic continues. Grants were made available for businesses impacted by the Tier 2, 3 and restrictions under the second national lockdown. Under the new Local Restrictions Support Grant schemes, over 1,500 businesses have been supported so far, with a total value of payments £3.276m.
	As the country enters a third national lockdown, Government has announced new one off top up grants for businesses in the retail, hospitality and leisure sectors, that will provide up to £9k per property. It is expected that the Local Restrictions Support Grant schemes will run alongside this scheme, but that has still to be confirmed by Government.
	To help support local people whose jobs have been affected, officers are in discussion with the Government's Department for Work and Pensions (DWP) to secure a commitment for work coaches, currently being recruited by the DWP, to be based in local libraries.
2.52	As part of the negotiation to enter Tier 3, SCR agreed a business support
2.02	package of £30m, now known as the Additional Restrictions Grant (ARG). The fund is discretionary and can be used flexibly to support our businesses. So far, the initial phases of this allocation have been used to mirror the Government schemes, providing the same support but to businesses not registered for business rates.
2.53	In addition, two further specific business support packages have been added: support for licensed taxi drivers with a fixed payment of £500 and support for businesses in the supply chain of those impacted due to restrictions.
2.54	An element of ARG has been set aside for each authority to run a discretionary scheme to target any business area missed by the existing schemes. Rotherham's allocation is £664k and will be used to provided business support grant of £500, targeted at small businesses with ongoing business costs but unable to access the existing business grants. Using ARG funding a further 1,334 business grants have been paid, with a
	total value of £1.485m.
2.55	Managing the deceased
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2.56	The managing the deceased workstream continues to operate at a weekly frequency in response to the fast change in infection rates and forecasted planning.
2.57	Forecasting on death rates has been undertaken and deaths continue to be tracked daily to identify any increases or pressures that necessitate the need to act.
2.58	Capacity modelling has been undertaken across certification, registration,
	1 Capacity modelling has been undertaken derese sertinedien, regionation,

body storage, burials and cremations to understand such 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:

• Timeslots for funeral services at the crematorium are now running at

- Timeslots for funeral services at the crematorium are now running at 30-minute slots, which offer families increased availability for services, whilst maintaining a higher attendance of 30 mourners at the service. Additional evening and weekend slots have also been made available at 30 minutes each. The cost has been reduced to reflect the shortened service time.
- Funeral Directors have been sent a joint letter from South Yorkshire
 Police and Public Health to reiterate the importance of adhering to the
 maximum number of mourners and to reinforce the actions that will be
 taken with instances of non-compliance.
- Bereavement Services and Dignity have issued funeral directors with a seating plan and a list of guests expected in the chapel. This will help to aid management of excess numbers and to ensure the correct mourners are permitted to the chapel or graveside in the event that excess mourners present at the funeral.
- Bereaved families dealing with a loss continue to be encouraged to organise the funeral within 14 days of the death wherever possible, and to work with their funeral director to ensure numbers are kept to a safe level, with additional mourners being directed to use the webcast facility where requested.

2.59 **Availability and accessibility of Personal Protective Equipment (PPE)** 2.60 The Council has now received significant deliveries of PPE from the Department of Health and Social Care and will continue to receive these monthly until at least March 2021. This has stabilised the position with regards to PPE stocks and has allowed for 12 weeks' worth of supply to be maintained locally, with further stock held in reserve through the LRF. 2.61 Digital ordering systems have been designed and implemented to allow for a more efficient and sustainable process. The system also makes the process more accessible for external organisations who are now supplied by the Council, with increases already being seen in the number of supported living and housing related support services that are now requesting stock. 2.62 All residential and domiciliary care providers are eligible to receive all demand of PPE from the Government's PPE portal. Therefore, the Council should now have no reason to supply to this sector until at least March 2021. 2.63 DHSC have also requested that the Council, through the LRF, support education settings with PPE where required. This has now been agreed through the South Yorkshire LRF and schools and educational settings are

now able to request PPE through the Council's online ordering process. This

	has been communicated via Children's and Young People's Services.
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2.64	Vaccinations
2.65	The NHS COVID-19 vaccination programme has been commenced in Rotherham, with this first being rolled out in Anston. Two centres have also been opened in Montgomery Hall in Wath and the St Anne's Rotherham Leisure Centre. Two additional sites in Rawmarsh and Oak House are on track to be opened by the end of the week commencing 4 th January.
2.66	The Council is playing a proactive role in support of the NHS in the rollout of vaccinations. The Council's role includes engagement, using existing channels to communicate key messages, particularly to groups that are harder to reach. A key focus of the messaging is reassuring residents that they will be contacted when it is their turn to be vaccinated and reinforcing positive messages around vaccinations.
2.67	Regular updates around vaccinations have been included in briefings to residents and members, and the Council is promoting information relating to vaccinations through social media and the Digivan.
2.68	Target groups are being vaccinated first, namely 80+ age groups, the housebound, care home residents and the health workforce. Subject to availability, a further rollout to other age groups will be undertaken from January onwards.
0.00	Dath orbins in seasing the first batch of the Oxford consists in the consist
2.69	Rotherham is receiving the first batch of the Oxford vaccine in the week commencing 4 th January. Due to the advantages of more easily transporting and storing the Oxford vaccines, this is initially being targeted in care homes, with the continued use of the Pfizer vaccine in the vaccination sites.
3.	Options considered and recommended proposal
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3.1	 a) That the proposed Local Self-Isolation Support Payment be approved with an initial budget of up to £100k if demand requires it; funded from the Contain Outbreak Management Fund. b) That the discretionary Self-Isolation Support Payment fund be topped up
	by up to £100k if demand requires it; funded from the Contain Outbreak Management Fund.
	c) That authority be delegated to the Strategic Director of Finance and Customer Services to adjust the allocations provided to the discretionary scheme and the Local Self-Isolation Support Payment scheme, between the schemes, as demand requires.
	d) That Cabinet note the ongoing impacts of COVID-19, including local outbreaks.
	e) That Cabinet note the arrangements in place to respond to COVID-19.
4.	Consultation on proposal
1.	- Concumulation on proposal
4.1	The proposal has been developed in consultation with the Leader of the

	Council and in response to the covid emergency and the national lockdown announced on 4 th January 2021.
5.	Timetable and Accountability for Implementing this Decision
5.1	The proposal has been developed in response to the covid emergency and the national lockdown announced by the Government on 4 th January 2021. Due to the urgent nature of the proposal it will be implemented immediately.
6.	Financial and Procurement Advice and Implications (to be written by the relevant Head of Finance and the Head of Procurement on behalf of s151 Officer)
6.1	As indicated in the latest financial monitoring report for 2020/21, to 25 January Cabinet, the Council's current forecast overspend is £0.9m after taking account of the emergency COVID-19 funding provided to date by Government.
6.2	Further funding will be provided as continued compensation for lost income from sales and fees and charges due to the impact of COVID-19. However, it is anticipated that the total of Government support announced to date will not cover all of the Council's additional costs and lost income and further financial support will be needed.
6.3	The financial impact of COVID-19 will therefore need to be monitored as part of the Council's financial management arrangements and considered in the context of the Council's overall financial position.
6.4	The proposed allocations from the Contain Outbreak Management Fund of £100k towards supporting the Councils Discretionary Self-Isolation payments scheme and £100k for establishing a new Local Self-Isolation Support Scheme are included within the £2.123m available within this grant allocation.
6.5	There are no direct procurement implications associated with this report. Procurement continue to offer support and guidance to directorates in their response to COVID-19, ensuring compliance with the Public Contracts Regulations 2015 (as amended) and the Council's own financial and procurement procedure rules.
7.	Legal Advice and Implications (to be written by Legal Officer on behalf of Assistant Director Legal Services)
7.1	The payments which are being made and proposed as set out in the body of report are in line with Government Guidance and are made for the purposes anticipated by the Government when providing this funding.
7.2	Further the Council's response to the COVID-19 emergency, as set out above, has been in accordance with Government guidance and relevant legislation, in particular the Coronavirus Act 2020 and the various health

	protection regulations introduced from the start of the pandemic. Legal services are consulted on the legal implications of any decisions made during the response by the Tactical and Gold groups and these implications are considered as part of the decision-making processes. Legal services have supported and advised the individual Directorates and associated workstreams at each stage of the pandemic and continue to do so.
8.	Human Resources Advice and Implications
8.1	Workforce information regarding staff absences, including those self-isolating due to illness, contact or for health reasons, continues to be monitored on a weekly basis to identify capacity issues. Additional tailored interventions from HR have been put in place to support recruitment activity where services have been impacted (e.g. Facilities Services). Staff resilience remains a key issue and a range of wellbeing initiatives will run through to April 2021. The second Health and Wellbeing Pulse Survey closed on 18 th December and the results will be shared across directorates in January.
9.	Implications for Children and Young People and Vulnerable Adults
9.1	All children and families and vulnerable people are affected by the COVID-19 crisis. No services were stood down by either Children and Young People's Services or Adult Social Care during the second national lockdown, and support continues to be provided to children and vulnerable adults. Further support is also available through the Rotherham Community Hub, including support for vulnerable people identified on the CEV list, as set out in 2.43-2.49.
10.	Equalities and Human Rights Advice and Implications
10.1	COVID-19 impacts on the whole population, with those who are older and with pre-existing health conditions particularly at risk. The report sets out the Council's approach to delivering critical services for the vulnerable, including those with protected characteristics.
11.	Implications for Ward Priorities
11.1	The COVID-19 emergency affects all residents across the borough. Ward members are working with residents to ensure that people receive the help they need.
12.	Implications for Partners
12.1	The Council is working closely with partners across the public, private and voluntary and community sector on the response to COVID-19.
13.	Risks and Mitigation
13.1.	There are significant and serious risks associated with the COVID-19 crisis. Individual COVID-19 workstreams have undertaken risk assessments,

	including mitigating actions to be taken. The risks are reviewed regularly by workstream leads, as well as Gold and Tactical.
14.	Accountable Officers
	Jackie Mould, Head of Policy, Performance, and Intelligence
	Chief Executive's Directorate
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Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	Sharon Kemp	11/01/21
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	07/01/21
Head of Legal Services (Monitoring Officer)	Bal Nahal	08/01/21

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