



**Author/Lead Officer of Report:**

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**Tel:** 0114 2734755

**Report of:** Interim Chief Executive

**Report to:** Cabinet

**Date of Decision:** 20<sup>th</sup> May 2020

**Subject:** **Covid-19:**  
**Sheffield's Response and Recovery**

Is this a Key Decision? If Yes, reason Key Decision:-

Yes  No

- Expenditure and/or savings over £500,000

- Affects 2 or more Wards

Which Cabinet Member Portfolio does this relate to? Leader of the Council

Which Scrutiny and Policy Development Committee does this relate to?  
Overview and Scrutiny Management Committee

Has an Equality Impact Assessment (EIA) been undertaken?

Yes  No

If YES, what EIA reference number has it been given?

Does the report contain confidential or exempt information?

Yes  No

**Purpose of Report:**

The Covid-19 pandemic has had a major impact on the city, our communities and our economy. Over the weeks since transmission was detected in the UK, the public, voluntary, community and faith and private sector organisations in Sheffield have worked together to protect and support Sheffield's communities in the face of Covid-19 and tackled the immediate challenges posed by the crisis.

This report sets out an overview of the Sheffield response to date by reviewing the available information on how Sheffield City Council, with its partners, has responded since the onset of the crisis in March. The report also sets out the initial plans for recovery from the Covid-19 crisis.

While this is a report of the City Council, Sheffield's recovery and renewal can only be successful if it is a whole-city approach; co-created and led by and with the city's communities, anchor institutions, businesses, community and voluntary sector organisations and firmly alongside Sheffield City Region and fellow South Yorkshire councils.

**Recommendations:**

That Cabinet:

- Recognises the commitment and dedication from employees in Sheffield City Council, Sheffield's public sector, Voluntary Community and Faith Sector and private sector who have worked tirelessly to support communities across the city
- Thanks Sheffield's citizens and communities for the support they have offered to each other and for following the vital public health guidance
- Notes the specific actions that have been taken by the City Council and partners to respond to the Covid-19 emergency
- Note the steps that have been taken to start the city's recovery from the Covid-19 pandemic
- Approves the Council's five priorities to underpin our recovery plan in the short-to-medium term
- Notes the work that Sheffield is supporting alongside the South Yorkshire Local Resilience Forum (SYLRF), Sheffield City Region, and the Core Cities.
- Agrees to receive further updates on the city's response and the development of the recovery and renewal plan.

**Background Papers:**

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	<b>Finance:</b> Ryan Keyworth (Director of Finance and Commercial Services)
		<b>Legal:</b> Gill Duckworth (Director of Legal and Governance)
		<b>Equalities:</b> James Henderson (Director of Policy, Performance and Communications)
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>EMT member who approved submission:</b>	<b>Charlie Adan</b> Interim Chief Executive
3	<b>Cabinet Member consulted:</b>	<b>Cllr. Julie Dore</b> Leader of the Council
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> Laurie Brennan	<b>Job Title:</b> Head of Policy and Partnerships
	<b>Date:</b> 15 <sup>th</sup> May 2020	

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# Covid-19

## Sheffield's response and recovery

### Purpose

1. This paper provides a summary of Sheffield's response to the Covid-19 (Coronavirus) pandemic which has presented a series of rapid and unparalleled challenges for the country and for the city. The ongoing and unfolding emergency has necessitated both a quick transition to new ways of working to meet our ongoing statutory commitments and maintain 'business as usual' as far as possible across our operations, as well as developing a set of bespoke actions to respond to the new and unique hardships and issues arising for our residents and communities as a direct consequence of the pandemic.
2. The emergency response to date has been broad and large-scale, including a complex and far-reaching set of community operations, a range of support for business and the economy, new approaches to maintaining our processes for democratic decision-making and accountability, and continuing (in some cases extending) the provision of social care and other services for the elderly and vulnerable in the face of unprecedented crisis.
3. The Appendix provides more comprehensive detail on the specific steps and actions we have undertaken with partners to support communities and businesses.

### Covid-19: Sheffield's response, recovery and renewal

4. Covid-19 emergency is unlike any other we have faced in recent history. Since March, Sheffield's communities, services and businesses have pulled together in unprecedented ways; supporting the city's most vulnerable people and finding solutions to keep the city running within the necessary restrictions that have been introduced tackle Covid-19.
5. There is no doubt that as a city, we will need to continue to respond to the emergency for some time and take careful steps, in line with Government guidance, to begin Sheffield's recovery from the Covid-19 crisis.
6. As we move into the coming phases over the short and medium term, our approach will always be focused on maintaining the safety and wellbeing of Sheffield's citizens who have, as ever, done so much to follow the public health advice and support others at an incredibly challenging time. A rapid health impact assessment
7. Our approach and the decisions we make in the city's recovery will be based on five core principles:

**1. Keep people safe and well**

**2. Protect the most vulnerable people**

**3. Support people to get back to school and work safely when the time is right**

**4. Follow Government and scientific lead and help people with the difficult decisions they are having to make**

**5. Support the city's economic recovery**

8. Our response to the crisis could only have been possible by working together across the public, private and voluntary sector in Sheffield; a collaborative response that has rapidly co-ordinated solutions to the challenges facing the city.

9. If we are to establish a successful recovery from the Covid-19 crisis, collaboration in a whole-city approach will be critical and central to our approach. There will be some initial and short-to-medium term steps that we need to put in place as a city in order to adapt to the ongoing impact of Covid-19 and reduce the transmission of the virus in our communities. We will work with communities and partners to develop these proposals over the coming weeks while we continue our response to the emergency.

10. We will collaborate closely with partners in the city region and through our wider networks to lead the recovery of the economic area and maximise the city's influence on Government's approach. This includes:

- **South Yorkshire Local Resilience Forum** – continuing to work with local authorities and statutory partners in South Yorkshire to co-ordinate recovery for all our communities
- **Sheffield City Region Combined Authority** – leading the City Region's economic recovery alongside the Mayor and our neighbouring councils in SCR
- **Core Cities** – as a member of the Core Cities Cabinet, we will continue to support the development of intelligence and policy propositions for the future of cities in the UK.

11. But the scale and likely long-term impact of Covid-19 ensures that we need to take a more fundamental approach to looking at the city's future, reassessing our plans and strategies to set out a renewed shared vision and purpose for Sheffield over the next decade. This will need to consider:

- the challenges that Covid-19 has presented;
- the city's resilience, strengths and assets that have shone through in response to the crisis;
- learning, innovations, collaborations that have been developed in response to Covid-19 and can be useful in future;
- how we make sure that our recovery and renewal tackles deep rooted inequalities in everything that we do; and
- how Sheffield can become an inclusive and sustainable city, seeing solutions to the climate emergency as a fundamental part of our recovery and our future.

## Development of Covid-19 and impact in Sheffield

12. At the end of December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. On the 12<sup>th</sup> January 2020, it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19 (named by the WHO as Coronavirus Covid-19).
13. As of the 11<sup>th</sup> May 2020, there have been 30,640 potential Covid-19 cases identified in Sheffield via NHS 111 or 999. There have also been 2,354 cases confirmed by test.
14. As of 10<sup>th</sup> May 2020, there were 194 confirmed Covid-19 patients in Sheffield Teaching Hospitals NHS Foundation Trust receiving oxygen/ventilation support. Hospitalisations for Covid-19 are reducing slowly which means although demand remains high, bed capacity including for those requiring oxygen or ventilator support, is sufficient.
15. There had been 304 deaths from COVID-19 registered in Sheffield up to Tuesday 5<sup>th</sup> May 2020. Of these deaths, 161 deaths had occurred in hospital and 143 in the community (the majority of which were in care homes). The rate of hospital deaths is slowing.
16. Approximately 95% of those people that have died from Covid-19 had at least one underlying condition (in most cases Ischaemic Heart Disease; Dementia and Alzheimer's Disease; Chronic Lower Respiratory Diseases; Influenza and Pneumonia; and Diabetes).
17. Almost 30,000 people identified by the NHS as shielded, have been identified and are being contacted with an offer of support through a combination of SCC, NHS, Voluntary, Community and Independent sector services. The main types of support required are for food deliveries, medicines and social contact for those who live alone.

### Contact Tracing / Test, Trace and Isolate (TTI)

18. A national and regional contact tracing system is being set up primarily by DHSC, it's still not well described, and Directors of Public Health (DsPH) are still trying to influence how it's being set up, to make sure all parts of it connect. PHE are the contact tracing experts and we will need to work closely with them locally. There is an NHS mobile app, but we are expecting the bulk of the work to be done by contact tracers talking directly to people with symptoms, using tried and tested long standing contact tracing methods.
19. Our response in Sheffield therefore will be to augment and support the national and regional system. We are expecting to support our local PHE health protection team with contract tracing as part of local outbreak management, particularly amongst high

risk or vulnerable individual or communities, and in particular settings eg. care homes or homeless hostels.

20. We will use our local reach into communities and local expertise in contact tracing to do this, including utilising the skills and knowledge of the VCFs. We will also need to make sure our wraparound community response continues, as more people will be asked to self isolate and therefore may need support with accessing food and medicines. We may need to occasionally use our enforcement powers, but only as a last resort. We are aware that asking people to stay at home when others have gone back to work will be very challenging, particularly for those in the greatest financial difficulty. We will also need to do communications work proactively and reactively with communities. We have set up a contact tracing programme group to coordinate all this locally, working closely with our local PHE health protection team. We are expecting to need to have this in place for at least 12 to 18 months.

Broader implications of the Covid-19 and the lockdown

21. The Covid-19 pandemic has had profound implications for people, communities, businesses and organisations in Sheffield. The nature of the rapidly transmitting virus and responses from governments across the world have ‘locked down’ economies, brought enforced social distancing, stopped non-essential travel and required ‘shielding’ of some of the most vulnerable people in communities (including people aged over 70, those with underlying conditions and pregnant women).
22. Intelligence on the socioeconomic impact of the virus and measures to control it is constantly developing but the evidence available to date emphasises that the scale of that impact is likely to be unprecedented.

<p><b>People</b></p>	<ul style="list-style-type: none"> <li>• <b>Communities</b> – significant impact on the most vulnerable people – particularly older people, those with underlying conditions, BAME communities.</li> <li>• <b>Inequality</b> - national data from the ONS suggests that the mortality rates from Covid-19 in the most deprived communities are double those in the least deprived communities (ONS, April 2020 <a href="#">here</a>).</li> <li>• <b>Health and wellbeing</b> – there is evidence that the impact of covid-19 and the lockdown has deterred people from seeking medical support for non-covid-19 health concerns and that demand that will have consequences for people’s health and service provision in the medium to long term. Further there may be wider the mental wellbeing impacts of isolation, social distancing and the socioeconomic effects of the lockdown on people and communities.</li> <li>• <b>Major urban areas</b> – the evidence from the ONS on the impact of covid-19 on places in England demonstrates that major urban conurbations are particularly affected, with mortality rates significantly higher in big cities compared to all other areas (64.3 deaths per 100,000 population compared to 34.3 deaths per 100,000 in smaller urban conurbations).</li> </ul>
<p><b>Economy &amp; jobs</b></p>	<ul style="list-style-type: none"> <li>• <b>GDP</b> – the OBR projected that impact could cut GDP by 35% (Apr-Jun) with a significant impact on education, hospitality, retail and construction. <a href="https://obr.uk/coronavirus-analysis/">https://obr.uk/coronavirus-analysis/</a>.</li> </ul>

- **Long term impact** - the National Institute of Economic and Social Research has estimated the total economic effects could be up to £800 billion nationally over the next ten years.
- **Business** – the lockdown has brought enormous uncertainty for business with reductions in supply and demand. For those businesses that have continued to operate and as we move out of the lockdown, there have been significant impacts on how they go about their business and working practices (ie. How businesses can continue to operate within ongoing social distancing requirements).
- **Jobs** – likely to be significant unemployment and the OBR project that this could be as high as 2 million people (10%) in the second quarter of 2020.
- **Welfare** – over the months of March and April, we have seen a 20,000 increase the number of people claiming Universal Credit in Sheffield. (largely in line with national trend).
- **Those impacted** – the Resolution Foundation<sup>1</sup> have produced a number of reports on the impact of the lockdown on jobs and work, finding that:
  - Key workers who have been on the frontline dealing with the emergency ('facing the greatest health risks') are disproportionately likely to be female
  - Those on lower incomes, those with limited job security (eg. zero hours contracts) and younger people much more likely to have lost jobs or be in shutdown sectors
  - Working from home been doable for many people – but this is weighted to higher earners
- **City economies** – Covid-19 and the measures to reduce its impact pose a specific challenge for cities because of the density and concentration of people, jobs, businesses, culture and mass transit of large numbers of commuters. Also the concentration of certain types of businesses and workplaces (large offices, retail, hospitality, leisure, education institutions) in city centres bring unique challenges for how those businesses operate as the lockdown is eased and for the foreseeable future.

## Co-ordinating Sheffield's response to Covid-19

### A whole city response

23. The pervasive impact of Covid-19 on communities, services and businesses is unprecedented but Sheffield's response from the public, private and voluntary, community and faith sector has demonstrated real innovation, collaboration and commitment in the face of such a challenge.
24. The city has pulled together to tackle some of the major issues that have resulted from Covid-19, supporting communities and the city in a number of vital ways:

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<sup>1</sup> Resolution Foundation (2020) *Risky Business: Economic impacts of the coronavirus crisis on different groups of workers*, <https://www.resolutionfoundation.org/app/uploads/2019/10/Risky-business.pdf>



- **Locality response** – we have set up seven Locality Community Response Teams (LCRTs) with involvement from the VCF sector, Communities, Housing, Adults, Children & Families, Commissioning & Inclusion Services, plus Police, Fire Service, Schools, Health who co-ordinate the locality response between agencies and help ensure that people are kept safe, well and supported.
- **Access to food** – we've delivered emergency parcels of food to Sheffielders that most need them and worked with Sheffield's foodbanks. We have also worked with Sheffield's schools to ensure that Free School Meal options have been available across the city and SCC has delivered 4,500 food hampers to some of our most vulnerable children and families.
- **Supporting Sheffield's businesses** – 6,198 businesses in Sheffield have been allocated grants totalling over £74m and providing expert advice to businesses through the Sheffield Business Gateway answering over 200 calls a day.
- **Dedicated 0114 2734567 contact line** – single route for people across the city to get the support they need. The line has handled 8,000 calls (up to 10<sup>th</sup> May) helping get people access food parcels, shopping, medication or advice and guidance.
- **Community Hubs** – 18 community hubs have been identified by Voluntary Action Sheffield (VAS). These Hubs are charities and organisation helping vulnerable people across the city, co-ordinating volunteers.
- **Supporting education and learning** – 123 Sheffield schools have remained partially open with teachers and school staff working hard to support some of the most vulnerable children and young people in the city. 17% of Sheffield's vulnerable children have attended school compared to 5% nationally.
- **Supporting learning at home** – the Sheffield Star and Learn Sheffield have collaborated to produce a home learning supplement which is being made available in the Star, online and with targeted distribution to families who have limited online access.
- **e-Library** – we've invested an extra £20k in our e-library and have seen over 2,000 *new* applicants to Sheffield's e-library since the lockdown. Plus, around 2,000 *existing* Sheffield library members have started using the e-library service.
- **Supporting the VCF** – we have provided additional funding of over £156k to our vital voluntary, community and faith organisations, working with VAS to help those organisations most at risk.
- **Helping Sheffielders access the information they need** – established a dedicated Covid-19 website with a email alert to make sure people and businesses have a simple way to find out the information they need
- **Supporting active travel** – developed and identified a number of schemes to support active travel and support social distancing. These include temporary cycling measures, temporary footway widening, and reducing pedestrian wait times at crossings.

- **Continued vital People Keeping Well (PKW) services** – the VCF organisations that support some of the city’s most vulnerable people moved rapidly to find innovative ways to continue to deliver their services, support and activities by virtually.
  - **Waste collection** – throughout the lockdown, we have been one of the few councils that have kept our Household Waste Sites open to mitigate the risk of fly-tipping and maintained our universal bin collections (green waste collections were temporarily paused and restarted on Monday 6<sup>th</sup> April 2020).
  - **Universal Credit and welfare** – an additional 20,000 people in Sheffield have applied for UC and SCC, DWP, Citizens Advice, Shelter and South Yorkshire Police have been working together to make sure that people are accessing the financial support they need.
25. As with all places in the UK, Sheffield has been dealing with a number of complex challenges resulting from the Covid-19 pandemic.

#### Personal Protective Equipment (PPE)

26. Throughout the Covid-19 emergency, access to and availability of PPE has been a prominent issue in the national response.
27. From the start of the lockdown in March, SCC worked initially to understand the demand for PPE across its in-house delivered services and those we commission on behalf on Sheffield citizens including care homes and home care. Doing this work to understand demand for PPE in Sheffield meant we had a good picture of the PPE we needed, with the biggest areas of demand coming from the Independent Care sector.
28. Our response was then able to focused on key areas of PPE supply and how we could distribute it across the city. Sheffield City Council is managing and procuring the supply of PPE across South Yorkshire on behalf for the Local Resilience Forum (SYLRF).
29. **PPE Supply** – while we do receive an allocation of PPE stock through South Yorkshire Local Resilience Forum (SYLRF), this was found to only be supplementary against the demand required in the city. In early April we were already seeing Independent Care Providers struggling to get access to supplies of PPE that was good value, compliant to safety standards and delivered in a timely manner. SCC Commercial teams have sourced compliant PPE from a number local, UK and international sources. By mid-May we had secured a 4-6 week supply of PPE across the main items required.
30. **Distribution** – we have set up a dedicated warehouse for PPE items which distributes to range of services across the city via our in-house transport fleet. We are currently delivering to 220 sites across the city including special schools, care providers and children’s homes. We distribute around 400,000 items of PPE per week with 85% of this going to Independent Care Providers. We have set up a dedicated email address for Care Providers to contact the council for emergency support, receiving 7 days’ supply. Where a regular supply is required, providers are

set up to access an online form where they can place a weekly order with supplies delivered the next day.

### Care homes

31. The Covid-19 crisis has brought significant pressure to a care sector that has been stretched by a decade of government reductions to council budgets.
32. In Sheffield, there are 111 care homes of which 75 (2,991 beds) are for older adults. From the week before lockdown started, the council's Adult Social Care commissioning team put in place a comprehensive provider support response based on the following principles:
  - Monitoring of the whole sector (including non-contracted provision)
  - Early identification of issues emerging by sector or in individual providers
  - Single point of access for all provider related enquiries
  - Regular communication and distribution of policy and practice guidance and FAQs
  - Support, guidance and problem solving including access to other services
33. The nature of the Covid-19 virus and impact on older people and those with underlying conditions has meant that care homes are facing exceptional circumstances. Therefore, we have proposed significant investment to ensure all care homes in the Sheffield can be supported financially because of the unexpected costs caused by the Covid-19 pandemic.
34. We have provided an initial, interim payment of 5% for standard rate beds which recognises the fact that providers are already experiencing financial pressures.
35. This allows us to continue to work with care homes on an individual basis to assess the costs that they have experienced and agree the financial support available to each one.
36. The City Council has provided hundreds of hours of support to care homes in the city by seconding staff to provide vital relief and resilience to the existing care home workforce.
37. Sheffield's CCG have been working with St. Luke's to provide support to care home residents, families and care home staff. This includes delivering training and support to care homes and wraparound support for end of life care.

### How Sheffield's response is being co-ordinated

38. Planning for and responding to emergencies is a critically important role of government at all levels. The formal responsibilities of national and local government and other agencies (such as the Police, Fire Service, NHS, utilities etc.) is set out in

the Civil Contingencies Act 2004<sup>2</sup>. Each area has a Local Resilience Forum (LRF) in place that brings together all of the key organisations (known as Category 1 responders) to coordinate plans for responding to an emergency or major incident.

39. The LRF is a partnership body that has no formal legal status of its own but is the place where the Category 1 responders work together to ensure that they can respond to and recover from incidents in a consistent and coordinated way. It is important to note that each organisation within the LRF retains responsibility for its own decisions and actions. Our LRF works across South Yorkshire and involves all four local authorities along with the other responders set out in the Act. There is a large body of statutory guidance which must be adhered to during emergency response and recovery – this is available on the Government’s website here: <https://www.gov.uk/guidance/emergency-response-and-recovery>.
40. When an incident occurs, the SYLRF establishes a Strategic Coordinating Group (SCG) to coordinate the response across agencies. Each district in South Yorkshire has a multi-agency Tactical Coordinating Group (TCG), which ensures that the arrangements to respond to the emergency are properly coordinated at a more local level – this is important because the size and diversity of South Yorkshire means that it is impossible to try to do all of this on a sub-regional footprint. In Sheffield, the city-wide TCG is chaired by the Director of Public Health.
41. Each organisation will also have its own arrangements for managing the response to the emergency. These must be informed and led by the overall strategy that the SCG has put in place. Within Sheffield City Council, a TCG has been established bringing together key officers from across the organisation to ensure a joined-up and coordinated response. Because of the magnitude of the crisis, a subset of the TCG, known as the Incident Management Group has been working full time on the overall management of the response.
42. The Incident Management Group has itself established a number of internal groups to support its work, including on Personal Protective Equipment (PPE), workforce, data and analysis, excess deaths, and communications. A decision making framework for Covid-19 related decisions has been put in place. This framework delegates responsibility for most Covid-19 related decisions to members of the Incident Management Group, but for the most critical or significant issues, these must be decided by the Leader or Chief Executive in consultation with the City Council’s Executive Management Team and Cabinet.
43. Sheffield City Council’s Covid-19 decision making framework is available here: <http://democracy.sheffield.gov.uk/ecSDDisplayClassic.aspx?NAME=SD1210&id=1210&sch=doc>
44. There are four categories of decisions, ranging from those that have minimal implications, to those that are highly critical.

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<sup>2</sup> Civil Contingencies Act 2004: <http://www.legislation.gov.uk/ukpga/2004/36/contents>

### Sheffield City Council's workforce

45. Council services have by and large been maintained with large numbers of staff successfully working from home using digital technologies. The majority of council staff were asked to work from home on 24<sup>th</sup> March and are using a number of remote access IT solutions to carry out their work. Employees are using virtual meeting technologies (eg. Zoom, MS Teams and Google Hangouts) which have proved excellent in enabling pan-city and organisation collaboration.
46. At the present time only a small number of staff have been temporarily deployed into new roles. such as the Local Community Response Teams (LCRTs). However a process for more proactive temporary deployment has been developed and a temporary deployment protocol has been agreed with the Trade Unions. Employees whose roles mean that they are unable to work from home have been supplied with the required PPE and have been carrying out a range of incredibly important roles to keep Sheffield safe and functioning as near to normal as possible during this crisis.
47. We are actively working with teams across the organisation (HR, FM, Public Health, etc) to ensure our workplaces and safe systems of work are COVID secure – this activity this extends to all workplaces and not just our buildings. We are operating to our principle of 'keeping people safe and well' and our messaging has remained that staff should work from home where they are able to do so.
48. We have established and communicated formal processes in the event that there is no other reasonable option than for staff to return to the workplace, which includes the completion of formal risk assessments and which explores options in accordance with COVID secure guidance eg shift working and rotas. Returns to the workplace at present are by the explicit agreement of IMG, once relevant tests are met, and implementation takes place in consultation with the joint trade unions.
49. All staff within the workplace have the appropriate PPE for the role they are undertaking, this has been agreed and documented, in accordance with Public Health guidance, for all roles within our organisation in accordance with scenario criteria.
50. We are aware of the pressures and challenges that dealing with the emergency has brought to SCC employees and we have established a new employee web page on mental health and wellbeing which signposts to all the resources, training and support available our staff.
51. We meet with the Joint Trade Unions on a daily basis to ensure that effective industrial relations prevail through the duration of this incident.

### Managing the impact of Covid-19 on the Council's finances

52. Our initial estimate in early May of the financial impact of Covid-19 is that additional costs and potential lost income will total around £70m if the pandemic lasts until July 2020. However this estimate is being revisited on a regular basis as more costs are identified, and it is likely to increase.

53. £27.2m of these costs relate to forecast lost business rates and council tax income which is accounted for in our Collection Fund in 2020/21, and so will not hit our General Fund (GF) until 2021/22. Consequently the forecast GF hit for 2020/21 is £43.3m.
54. In early April we received £18.2m of funding from Central Government for 2020/21 to cover the Council's extra costs responding to the virus. This funding is intended to strengthen care for the most vulnerable, and the Ministry of Housing, Communities and Local Government had stated that to avoid boundary issues, an appropriate portion should be placed in a pool with the CCG. Further guidance on the NHS funding is expected shortly and we are working closely with our Sheffield CCG on this.
55. On 18<sup>th</sup> April 2020 the Local Government Secretary announced a further £1.6bn of un-ring-fenced COVID support for LG. This support was distributed on a per capita rather than needs basis, so the Council's share is £16.1m. This brings total support from Government thus far to £34.3m.
56. Consequently our current estimate of the Council's funding gap for 2020/21 is £9.0m, but with anticipated further costs to be identified. SCC's Strategic Finance Team are working on proposals to cover this gap.
57. The longer term impact of the pandemic brings risks and implications for future years, and we will need to refresh our Medium Term Financial Strategy to reflect the immediate and ongoing impact of Covid-19.

#### Democracy and accountability

58. Regulations which came into force on 4<sup>th</sup> April 2020 provide greater flexibility in relation to the way local authority meetings are organised. They apply to local authority meetings held before 7<sup>th</sup> May 2021. The regulations mean that the Council may hold meetings without all, or any, of the members physically present in a room. The regulations allow for meetings to be held by remote means, including telephone conferencing, video conferencing, live webchat and live streaming. The Council can make arrangements for this so meetings are held remotely to suit its own circumstances.
59. Over recent weeks, we have held a number of Licensing Committee and Planning Committee meetings and in addition to Cabinet, we will be using a virtual approach to Overview and Scrutiny Policy Committee meetings. Public participation forms part of these meetings.

### **Risk analysis and implications of the decision**

#### Financial and Commercial Implications

60. As set out in the above, our initial estimate in early May of the financial impact of Covid-19 is that additional costs and potential lost income will total around £70m if the pandemic lasts until July 2020. However this estimate is being revisited on a regular basis as more costs are identified, and it is likely to increase.

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64. Consequently our current estimate of the Council's funding gap for 2020/21 is £9.0m, but with anticipated further costs to be identified. SCC's Strategic Finance Team are working on proposals to cover this gap.
65. In addition to the un-ringfenced grant to support vulnerable people, Central Government have announced a number of ring-fenced grants to support businesses and those struggling with council tax. These grants are all intended to compensate the Council for reduced business rate income, or to be paid out to people who need support, and current assumptions are that our costs will be contained within grant limits.
  - a. Council Tax Hardship fund - £6.1m
  - b. Small Business and Retail, Hospitality and Leisure grants - £113.1m
  - c. Expanded Retail Relief - £109m
  - d. Nursery Relief - £1.7m
66. Additional discretionary business support grants announced early May. Further guidance is awaited but this is expected to be between £3.7m and £6m, depending on how the Government decides to calculate the allocation to local authorities.
67. The exact impact on the Council's services at this stage is unknown, and with uncertainty around the costs of joint work with the CCG, it is difficult to predict an accurate figure at this stage. The estimated cost of £70.5m is based on an assumed 4 month response to the pandemic.
68. The longer term impact of the pandemic brings risks and implications for future years, and we will need to refresh our Medium Term Financial Strategy to reflect the immediate and ongoing impact of Covid-19.

### Legal Implications

69. There are no legal implications arising out of this report. The actions described are within the City Council's existing statutory powers and duties or are a response to the emergency coronavirus legislation that has come into force since March.

### Equality and diversity implications

70. Equality implications have been considered as part of the specific decisions within the context of the Emergency Response.
71. The nature of the Covid-19 virus has not been felt evenly across all communities and our knowledge of this is continuing to develop. This will be a key focus of our recovery activity.