



Doncaster Council

Report

Date: 07 July 2021

To the Mayor and Cabinet

Key Decision: COVID-19 Control Monies 2021/22

Relevant Cabinet Member(s)	Wards Affected	Key Decision
The Mayor Cllr Nigel Ball	All	Yes

EXECUTIVE SUMMARY

1. Ongoing financial support to local authorities through the COVID-19 Test and Trace Contain Outbreak Management Fund Grant was confirmed in May 2021. This is an extension to the previous Contain Outbreak Management Funds received in 2020/21. The Fund supports proactive containment and intervention measures.
2. Doncaster has also received financial allocations from an additional Contain Outbreak Management Fund allocation for 2020/21, additional support for those who are Clinically Extremely Vulnerable and Local Authority practical support. In total this amounts to one-off funding of £4.066 million for 2021/22.
3. A range of legitimate categories of spend are outlined in paragraph 12 and the proposed allocation is in paragraph 15. The allocations were arrived at by considering the needs of those groups most at risk from and impacted by COVID-19 together with a consideration of the risk areas in the COVID control plan as at paragraph 14.
4. This report demonstrates how the COVID-19 control monies will be deployed up until March 2022.

EXEMPT REPORT

5. Not applicable

RECOMMENDATIONS

6. It is recommended that Cabinet:-
 - 6.1 Notes the receipt of £4.066m specific COVID-19 Control Monies from central government.
 - 6.2 Agrees to allocate the £4.066m COVID-19 Control Monies against the resourcing plan for Doncaster outbreak plan in paragraph 15.
 - 6.3 Delegates to the Director of Public Health, in consultation with the Director of Corporate Resources and the Portfolio Holder for Public Health future decision making regarding the grants, detailed in this report and associated Doncaster outbreak plan.
 - 6.4 Agrees to carry forward any underspends from the specific COVID-19 Control Monies to 2022/23, detailed in this report, subject to grant conditions to continue to support containment and intervention measures

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

7. The COVID-19 control monies from the government will help support measures to mitigate and manage outbreaks of COVID-19, and to build resilience ahead of winter 2021/22.

BACKGROUND

8. The 2019–20 coronavirus outbreak was confirmed to have spread to the United Kingdom on 31 January 2020 from China when the first two cases with the respiratory disease COVID-19 were identified. COVID-19 typically appears within seven days of exposure and people typically present with a new continuous cough, a high temperature or loss of or change to their sense of taste or smell. Older people in particular may progress to symptoms of a viral pneumonia and require admission to hospital. The mortality rate in people over the age of 80 is 10%.
9. The United Kingdom along with the rest of Europe has seen a consistent increase in cases of COVID since early September following the first 'peak' of the pandemic in the spring of 2020.
10. In October 2020 the government introduced Local COVID Alert Levels. From the 12th October 2020, Local Authorities became eligible for a series of payments from the Contain Outbreak Management Fund to support proactive containment and intervention measures.
11. On 2nd December, Doncaster along with the rest of South Yorkshire entered the Tier 3 VERY HIGH COVID alert level. On 6th January, Doncaster

entered into the national lockdown and has subsequently followed the steps on the national roadmap.

12. Financial support for Local Authorities for 2021/22 are outlined in the Contain Outbreak Management Guidance. It is expected to include activities such as (this list is not exhaustive):
 - a. Targeted testing for hard-to-reach groups out of scope of other testing programmes.
 - b. Additional contact tracing.
 - c. Additional resource for compliance with, and enforcement of restrictions and guidance.
 - d. Enhanced communication and marketing e.g. towards hard-to-reach groups and other localised messaging.
 - e. Targeted interventions for specific sections of the local community and workplaces.
 - f. Harnessing capacity within local sectors (voluntary, academic, commercial).
 - g. Extension/introduction of specialist support (behavioural science, bespoke communications).
 - h. Targeted support for school/university outbreaks.
 - i. Additional non-financial support for those who are self isolating
 - j. Community-based support for those disproportionately impacted such as the BAME population.
 - k. Support for engagement and analysis of regional areas to assess and learn from local initiatives.
 - l. Providing initial support, as needed, to vulnerable people classed as Clinically Extremely Vulnerable

13. In addition there are three other funds that the Council has received recently relating to COVID. These include an additional Contain Outbreak Management Fund allocation for 2020/21, additional support for those who are Clinically Extremely Vulnerable and Local Authority practical support, details outlined in the table below:

2021/22 Contain the Outbreak Funding	£2.527M
2020/21 Contain the Outbreak Funding (additional payment in March 2021 not included in previous key decision)	£0.356M
LA Practical Support Grant	£0.326M
Clinically Extremely Vulnerable Grant	£0.857M
Funding Total	£4.066M

The Clinically Extremely Vulnerable funding is a Section 31 grant from the Ministry of Housing, Communities and Local Government. Whilst the grant is not ring-fenced it is intended to support the development of plans and services by all councils to prepare for the event of a short-notice decision to reintroduce shielding at any geographical level. While it gives flexibility to councils to provide appropriate support to those that are Clinically Extremely Vulnerable who need it, guidance does not prescribe the specific actions that councils should take.

The Local Authority Practical Support funding is from the Department of Health and Social Care and is ring-fenced for public health purposes to tackle COVID-19. The funding is expected to be used to help councils ensure people self-isolating have access to practical, social or emotional support.

14. The activities outlined above should align the Contain Outbreak Management Fund with the key activities in the Doncaster outbreak control plan.

- Prevent the occurrence and spread of COVID-19
- Respond promptly to any new cases of COVID-19
- Identify any new cases of COVID-19
- Reduce the impact of any new cases, clusters or outbreaks of COVID-19
- Build public confidence in the local approach to COVID-19 control
- Disease surveillance

15. Proposed allocation of Contain Outbreak Management Fund 2020/21.

a. Targeted testing for hard-to-reach groups out of scope of other testing programmes. - £70,000

To develop second mobile testing facility to complement community testing offer and increase testing availability for residents and communities with low access to national testing sites.

b. Enhanced Contact Tracing - £455,000

To continue the enhanced contact tracing service including the provision of a bank of contact tracers, interpretation support, increase in customer services and support for home visiting. Backfill for public health team 2 days a week supporting locality silvers, bronzes and outbreak control meetings.

c. Compliance - £362,000

Continue team to undertake intelligence led and announced visits to local premises – will operate every evening, 7 days/week until the end of

March 2022. Develop Town Centre offer and extend to March 2022.

d. Enhanced communications and marketing - £270,000

Develop further communications materials on and off line including to hard to reach groups/translation/targeted advertising requirements. Extending specialist communications support, develop support for health and wellbeing recovery.

e. Targeted Interventions - £205,000

Develop a coordinated approach and increase internal capacity to provide consistent advice and guidance for COVID secure events. Funding of event management diplomas and the purchase of an online event booking system. (£75k)

Continue with additional support to the 'care sector' including adult social care contracts Monitoring Officer (Grade 8) and a Contracts and Quality Assistant (Grade 5) (£60k).

Health specific domestic abuse support for children and families (RDaSH) (£70k) to complement previous investments in domestic abuse.

f. Harnessing capacity within local sectors (voluntary, academic, commercial) - £1,030,000.

VCSE and faith sector, £630k to development a range of Local Solutions Partners with the aim the aim to support their capacity to strengthen their economic, social, environmental impact and to address health inequalities and create an Intermediate Labour Market for the sector.

Locality commissioning £100k per locality (£400k) to support resilience and recovery with residents and communities most at risk of and impacted by COVID.

g. Extension/introduction of specialist support - £668,000

Combining different data sets, micro-surveys and predictive analytics (£187k)

Initiate a 'compassionate' approach to weight management (£70k)

Allied Health Professional support (£150k) to reduce health inequalities

Public Mental Health – Big White Wall or equivalent (£50k)

Adult Social Care Academy (£82k)

Strategic Procurement Support to maintain effective supplies of Personal Protective Equipment (PPE) (£51k)

Occupational Health Support for the workforce to boost capacity during recovery to remedy backlogs incurred during the pandemic, most notably health surveillance, to ensure services can deliver effectively (£34k)

Targeted workforce interventions. Specific focus on recovery of the

workforce in key areas i.e. health and wellbeing, ways of working, leadership and management. Additional resource for 9 months (£44k)

h. Targeted support for school/university outbreaks - £150,000

Educational psychology – support to school leaders and additional EP support for recovery group and wellbeing group. 0.5 Educational Psychologist time £25k

Additional language support, welfare calls, health and wellbeing interpretation and translation services £5K

Special Educational Needs and Disability (SEND) service – ongoing support to schools for SEND issues and individual pupil support i.e. risk assessments. Demand on service due to complex cases impacted by Covid and requiring Alternative provision or tuition. Demand on services for children and young people with SEND in foundation stage and requirement for bespoke packages of support.

Welfare calls, additional support for Clinically Extremely Vulnerable children and young people.

Vaccine roll out support to schools and Early Years settings (£80k)

Funding to allow the Early Years Inclusion team to continue to provide advice, guidance and support to all Early Years providers on COVID infection prevention control alongside ongoing improvement activity (£40k)

i. Additional non-financial support for those who are self isolating - £400,000

Resource for local assistance scheme for local residents in hardship.

j. Community-based support for those disproportionately impacted - £210,000

Non-staff budget for Community Connectors (£50k)

Non staff budget for locality Bronze groups (£60k)

Top up the Humanitarian aid funding to Doncaster Culture and Leisure Trust (DCLT) to increase support around Clinically Extremely Vulnerable. Self-isolation and Covid 19 recovery (£100k).

k. Support for engagement and analysis of regional areas to assess and learn from local initiatives - £140,000.

Additional resource for programme management, finance overheads, evaluation, capturing learning and contingency. Developing community insight model and develop proposals for external resources

l. Providing initial support, as needed, to vulnerable people classed

as Clinically Extremely Vulnerable - £30,000

Personal Protective Equipment (PPE), Self-Isolation communications, text and leaflets when required

M. Programme Contingency - £76,000

OPTIONS CONSIDERED AND REJECTED

16. Not to take receive the Grant and fund the Outbreak control plan from existing service budgets.

REASONS FOR RECOMMENDED OPTION

17. The £4.066m of COVID-19 Control Monies will increase the funding to the Doncaster COVID control plan that allows the Council and partners to respond to and mitigate cases, clusters and outbreaks of COVID-19.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

18.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none">• Better access to good fulfilling work• Doncaster businesses are supported to flourish• Inward Investment	<p>Effective prevention and management of COVID-19 outbreaks will increase the ability of Doncaster businesses to operate in a COVID secure way and reduce the need for widespread local lockdowns of Doncaster businesses</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none">• The town centres are the beating heart of Doncaster• More people can live in a good quality, affordable home• Healthy and Vibrant Communities through Physical Activity and Sport• Everyone takes responsibility for keeping Doncaster Clean• Building on our cultural, artistic and	<p>Effective prevention and management of COVID-19 outbreaks will increase the ability of Doncaster people to access a range of broader opportunities and reduce the need for widespread local lockdowns of hospitality and leisure sectors.</p>

	sporting heritage	
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Effective prevention and management of COVID-19 outbreaks will increase the ability of learning in Doncaster to return to a new normal and reduce the need for widespread local lockdowns of education settings.</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Effective prevention and management of COVID-19 outbreaks will support our most vulnerable residents.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>The prevention and management of COVID-19 outbreaks needs to be intelligence, insight and intelligence led, focussing on people and places, whilst building community resilience.</p>

RISKS AND ASSUMPTIONS

19. The COVID-19 Control Monies may be needed for longer than March 2022 and there may be future additional burdens linked to this grant.

LEGAL IMPLICATIONS [Officer Initials...SRF Date 09.06.21.]

20. Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do. Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services.
21. The Public Health (Control of Disease) Act 1984 (as amended by the Health and Social Care Act 2008) contains powers to deal with pandemics and to manage an infection which presents or could present “significant harm to human health.
22. Data must be collected and used in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2018.
23. The Council will almost certainly be required to enter into a legally binding funding agreement in relation to the ring fenced funding which will detail how monies are to be spent. Failure to comply with any funding terms will lead to claw back of the funding. Further specific and bespoke legal advice on any funding agreement will be required as this project progresses.
24. For the staffing requirement S112 of the Local Government Act 1972 allows a local authority to appoint such officers as are necessary for the proper discharge of its functions, on such reasonable terms and conditions as it thinks fit. Salary grade should be determined by job evaluation. When recruiting to these posts consideration should be given to establishing them as temporary contracts for a fixed term and appropriate advice sought from HR and Legal. If the length of the contract exceeds 1 year upon termination the Employee may be entitled to be placed on the redeployment register and after 2 years may be entitled to a redundancy payment.
25. It is important that sight is not lost of the Council’s recruitment, retention, and vacancy management policies, which should be followed.
26. Any requirement for procurement of external goods and services should be carried out in accordance with Contract Procedure Rules. Any funding of external organisations including the voluntary sector should meet the requirements of Financial Procedure Rules.

FINANCIAL IMPLICATIONS [HR 16/06/21]

27. As per Financial Procedure Rule E9 this decision is required to accept the funding identified in the table in paragraph 13.

Both Contain the Outbreak and LA Practical Support funding streams are ring-fenced for public health purposes to tackle COVID-19 working to break the chains of transmission and protecting people. The monitoring process for Contain the Outbreak funding is currently a monthly return to demonstrate how funding has been allocated against headings outlined in para 15. The LA Practical Support grant also requires monthly returns demonstrating spend and data on numbers of people supported. The

Clinically Extremely Vulnerable Grant is not ring-fenced and there is no requirement at present to provide returns on spend against the grant.

The planned spend against the grants identified in the table above is set out in the body of the report. Any unspent funds by end March 2022 will be required to continue to support containment and intervention measures identified in this report subject to terms and conditions set out within the individual grants. Approval to be carried forward into 2022/23 is also sought from this decision.

Approval of this decision also delegates any further decisions on spending this funding to the Director of Public Health in consultation with the Director of Resources and the Portfolio Holder for Public Health, and would therefore not require any further key decisions.

HUMAN RESOURCES IMPLICATIONS [Officer Initials PM Date 09/06/21]

28. Contract Monitoring Officers and Contract Quality & Monitoring Assistants are established posts and have been through the Council's GLPC system and therefore do not need re-evaluating:

Contract Monitoring Officer @ Grade 8 JE ID5429

Contract Quality and Monitoring Officer @ Grade 5 JE ID5520

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 10/06/21]

29. Any additional technology requirements to support proactive containment and intervention measures (including online event booking, combining different data sets, micro-surveys and predictive analytics and a case management system to support the Social Care Academy) would require consultation with Digital & ICT and further reports for consideration by the Technology Governance Board (TGB), where applicable.

HEALTH IMPLICATIONS [Officer Initials...RS Date...02/06/21.....]

30. The effective resourcing of the COVID-19 Outbreak plan is crucial to prevent and identify cases, clusters and outbreaks of COVID. The proposal provides additional support until March 2022.

EQUALITY IMPLICATIONS [Officer Initials...RS..... Date...02/06/21.....]

31. COVID-19 has had a greater impact on more deprived communities and people from ethnic minorities. The allocation of resources in this decision take this into account and go some way to address this. These allocations also support other local responses to the recommendations in the Public Health England 'health disparity' report:
- Mandate comprehensive and quality ethnicity data collection and recording as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification, and ensure that data are readily available to local health and care partners to inform actions to mitigate the impact of COVID-

19 on Black, Asian and Minority Ethnic (BAME) communities.

- Support community participatory research, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of COVID-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
- Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.
- Accelerate the development of culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19, especially for key workers working with a large cross section of the general public or in contact with those infected with COVID-19.
- Fund, develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.
- Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.
- Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

CONSULTATION

32. This proposal has been developed with the COVID control board, council directors and Team Doncaster.

BACKGROUND PAPERS

33. None

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

n/a

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