

**14 September 2020**

**Agenda Item: 5**

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **LOCAL AUTHORITY TEST AND TRACE GRANT RESOURCE PLAN**

#### **Purpose of the Report**

1. To seek approval for use of the Local Authority Test and Trace Grant, as per the proposed resource plan, for which Nottinghamshire County Council has been allocated £3.8m by Government.
2. To seek approval to establish fixed term staffing posts to support the Public Health Division, as set out in Appendix 1, funded from the Local Authority Test and Trace Grant.
3. To seek approval for the use of media communications in relation to the fulfilment of Local Outbreak Control Plan responsibilities.

#### **Information**

##### Local Outbreak Control Plans

4. The COVID-19 global pandemic is the single greatest emergency facing the country since the second world war. It has already had an enormous impact on health and the economy. The challenge now is to achieve a return to life which is as normal as possible, for as many as possible.
5. In the absence of an effective vaccine this must be done through measures which minimise transmission and which contain outbreaks as they occur.
6. In May 2020 the Government announced that upper tier local authorities will lead new Local Outbreak Control Plans to contain local outbreaks of COVID-19. The objective of this is to keep people safe, safeguard critical services and enable our communities, schools and economy to flourish. The plans build on existing arrangements and envisage close collaboration with NHS Test and Trace, Public Health England, district councils, and other Local Resilience Forum (LRF) partners.
7. Nottinghamshire County Council's Local Outbreak Control Plan was published on 1 July 2020 and is available to view [online](#). It is centred on the seven themes described in **Appendix 3**.

8. Working within the response structure of the Nottingham and Nottinghamshire LRF, Nottinghamshire County Council and Nottingham City Council are working together on local outbreak control arrangements in order to maximise impact, resilience, and value for money for residents. Nottinghamshire County Council has its own plan, and its own Engagement Board through which political oversight is exercised.
9. Existing local governance, partnership arrangements and resources have been utilised to date to develop and implement Local Outbreak Control Plans. More specifically, all of the staff from Nottinghamshire County Council who are resourcing the planning and response work of the Outbreak Cell have been redeployed from their business as usual roles without backfill. The same is also true for colleagues from partner agencies in the county who are contributing to the outbreak cell. This current level of resourcing is not sufficient to sustain the work of the outbreak cell. Furthermore, significant extra capacity and resource will be required to ensure Nottinghamshire is prepared, and able to respond swiftly and comprehensively to emerging concerns or outbreaks. It is anticipated this will be required for at least the next 12 months.
10. Therefore, it is recommended that funding is allocated for the staffing and non-staffing elements of what is required to sustain local outbreak management in Nottinghamshire County through to summer 2021.

#### Local Authority Test and Trace Grant

11. On 11 June 2020 the Government confirmed that upper tier local authorities would be allocated a Local Authority Test and Trace Grant. Funding has been allocated to councils based on need, determined by the formula that is used to allocate the Public Health Grant. Nottinghamshire County Council has received £3,802,915.
12. The grant is ring-fenced for expenditure in relation to the mitigation and management of local outbreaks of COVID-19. Use of the grant funding therefore represents no additional burden to the Authority's Medium-Term Financial Strategy.
13. Use of the grant is also conditional on upper tier authorities working closely with their lower tier partners. In doing so, those partners should be given opportunities to deliver the outcomes of the grant where delivery by those partners would be the most efficient and cost-effective means of delivery.
14. The proposed resource plan for use of the grant in Nottinghamshire is contained in **Appendix 1**. It is based on an understanding of the capacity needed to sustain routine local outbreak control functions as they are currently understood.
15. The plan comprises some direct staff and non-staff elements. The staff costs identify a number of fixed term posts which the Director of Public Health will seek to fill through secondment or recruitment. The non-staff elements include additional capacity (for infection control, swabbing, or contact tracing) which it is more beneficial to host in or commission from other organisations. Therefore the total resources required are greater than, and of a different skill mix and profile, than that identified in the staffing element alone.
16. The staffing element of the resource plan will ensure that sufficient capacity, with the appropriate skills and experience, is in place to maintain routine local outbreak control

functions. It will also support a move to 7-day working and release some staff in the Public Health Division to resume work on other priorities which have been paused or delayed because of limited capacity, but are nevertheless crucial in improving and protecting health in Nottinghamshire.

17. Some of the new posts are proposed to be shared across City and County, as per the information in **Appendix 1 and 2**. This is to maximise value for money for residents.
18. Recruitment to the new posts will present a challenge because of the demand for public health expertise across the country, as all local authorities seek additional capacity for local outbreak control. Officers therefore propose to undertake a multi-pronged and flexible approach to securing individuals with the appropriate level of skills and experience. This will involve external advertisements, secondments from other employers, returns from retirement, backfill, and use of agency staff.
19. In consultation with HR, the Corporate Director Adult Social Care and Health, and Vice-Chair Adult Social Care and Public Health Committee, agreement in principle was reached to begin recruitment ahead of formal committee approval. Taking such an approach, as per the Corporate Director powers set out in the constitution, will minimise any delay in securing the necessary capacity.
20. The non-staffing element of the resource plan is designed to deliver core aspects of the Local Outbreak Control Plan. These include an enhanced Infection Prevention and Control offer, communication and engagement activity, additional testing capacity, support to vulnerable people, and complex contact tracing. It includes a sum of £350,000 to fund implementation of additional contact tracing and local measures.
21. There are three areas of uncertainty. Firstly, these arrangements represent a best estimate of the minimum capacity needed over the next 12 months. Should there be an increase in activity – through multiple outbreaks, an outbreak of significant size, or sustained community transmission – there will be additional surge capacity requirements. One example of this is the coordination of testing for Nottinghamshire. Whilst it is difficult to quantify, a contingency has been budgeted for to manage a variety of scenarios.
22. Secondly, some parts of the Local Outbreak Control Plan will require further development.
23. Thirdly, it is noted that Government has announced the intention that local authorities should assume greater responsibility for some parts of the NHS Test & Trace system. It is unclear exactly what the scope of this new responsibility will be or what additional resource may be provided to discharge it. Any shortfall would also need to be funded from a contingency.
24. A contingency of £594,163 has therefore been identified with respect to these areas of uncertainty.

### **Other Options Considered**

25. No other options were considered because the grant is ring-fenced for expenditure in relation to the mitigation against and management of local COVID-19 outbreaks. Doing so will help

achieve a return to life which is as normal as possible, for as many as possible, in such a way as to ensure there is no impact on the council's MTFS.

### **Reason for Recommendation**

26. The Local Authority Test and Trace Grant received from Government is ring-fenced for expenditure in relation to the mitigation against and management of local outbreaks of COVID-19. The plan outlined in this report is paramount in ensuring a sufficient level of resourcing to deliver against local outbreak control responsibilities in Nottinghamshire.

### **Statutory and Policy Implications**

27. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (Public Health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Human Resources Implications**

28. This report proposes to establish new posts in the Public Health Division, as per the information contained in Appendix 1 and 2. The approach to recruitment is contained in paragraphs 18 and 19.

### **Financial Implications**

29. The financial implications of this report are contained in paragraphs 11-14 and 21-24.

## **RECOMMENDATION/S**

That Members:

- 1) Approve use of the Local Authority Test and Trace Grant, as per the proposed resource plan, for which Nottinghamshire County Council has been allocated £3.8m by Government.
- 2) Approve the establishment of fixed term staffing posts to support the Public Health Division, as set out in Appendix 1, funded from the Local Authority Test and Trace Grant.
- 3) Approve use of media communications in relation to the fulfilment of Local Outbreak Control Plan responsibilities.

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### **Constitutional Comments (AK 13/08/2020)**

30. The report falls within the remit of Adult Social Care and Public Health Committee by virtue of its terms of reference.

### **Financial Comments (DG 17/08/20)**

31. It is proposed that the £3.8m Local Authority Test and Trace Grant will be utilised by incurring staffing costs of £0.777m, non staffing costs of £2.432m and a contingency of £0.594m as detailed in Appendix 1.

### **HR Comments (SJJ 13/08/20)**

32. In order to respond to the requirements and the challenges in securing staff with the appropriate skills several approaches to recruitment will be required, this will be in line with the County Councils policies, procedures and practice. Appointed staff will be issued with either a fixed term contract or a secondment agreement for the duration of their employment where appropriate.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

### **Electoral Division(s) and Member(s) Affected**

- All



## Appendix 1 – Local Authority Test and Trace Grant Resource Plan

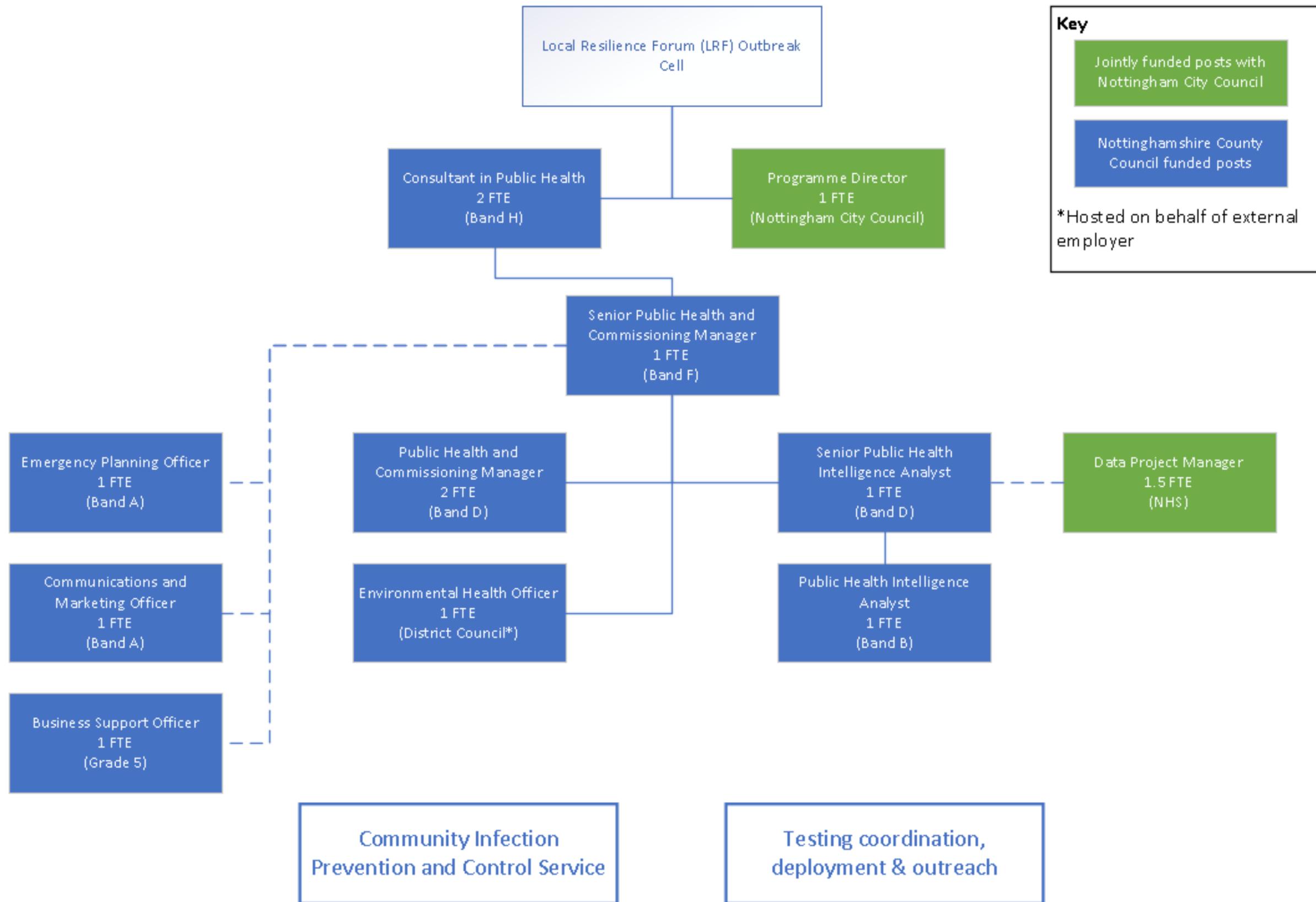
Staffing Costs						
Ref	Post	FTE	Grade/Band	Duration (months)	Total annual cost	City/County joint arrangement
1	Consultant in Public Health or Equivalent	2	Band H*	12	£218,213	
2	Senior Public Health and Commissioning Manager	1	Band F	12	£78,071	
3	Emergency Planning Officer	1	Band A	12	£41,473	
4	Public Health and Commissioning Manager (outbreak cell)	1	Band D	12	£58,189	
5	Public Health and Commissioning Manager (socially vulnerable & complex needs)	1	Band D	12	£58,189	
6	Business Support Officer	1	Grade 5	12	£34,600	
7	Communications and Marketing Officer	1	Band A	12	£41,473	
8	Senior Public Health Intelligence Analyst	1	Band D	12	£58,189	
9	Public Health Intelligence Analyst	1	Band B	12	£47,679	
Employed externally but funded by NCC						
10	Programme Director	0.5	Nottingham City Council	12	£45,676	1 FTE shared across LRF footprint and jointly funded
11	Environmental Health Officer or Equivalent	1	District Council	12	£59,484	
12	Data Project Manager	0.75	NHS	12	£35,516	1.5 FTE shared across LRF footprint and jointly funded
<b>Total staffing costs</b>					<b>£776,752</b>	

\*Secondment arrangement from external employer for 1 FTE

<b>Non-Staffing Costs</b>		
<b>Ref</b>	<b>Item</b>	<b>Total estimated annual cost</b>
13	Infection Prevention Control Service - Covid-19 response	£300,000
14	Infection Prevention Control - Super Trainer model	£682,000
15	Communications & marketing	£150,000
16	Testing coordination, deployment & outreach	£400,000
17	Supporting vulnerable people	£150,000
18	Socially vulnerable people outbreak fund	£150,000
19	Complex contact tracing	£250,000
20	District/Borough Councils - contact tracing & implementation of measures	£350,000
<b>Total non-staffing costs</b>		<b>£2,432,000</b>

<b>Grand Totals</b>	
Test and Trace Grant	£3,802,915
Staffing Costs	£776,752
Non-Staffing Costs	£2,432,000
Contingency	£594,163

**Appendix 2 – Nottinghamshire Local Outbreak Control Staffing Structure**





### **Appendix 3 – Local Outbreak Control Plan Themes**

Nottinghamshire's Local Outbreak Control Plan is centred around seven themes:

1. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
2. Identifying and planning how to manage other high-risk and/or complex places, locations and communities of interest.
3. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations.
4. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, and developing options to scale capacity if needed).
5. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning including data security).
6. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, and planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
7. Establishing governance structures led by the COVID-19 Health Protection Board and supported by existing Gold command forums and a new member-led Board to communicate with the general public.