

14 June 2021**Agenda Item: 7****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****SUSTAINING DELIVERY OF THE LOCAL OUTBREAK MANAGEMENT PLAN****Purpose of the Report**

1. To describe the service arrangements required to sustain the delivery of the Local Outbreak Management Plan and to seek approval for a COVID-19 response service comprising of 41.3 FTE (including 5.0 FTE expected to be employed by Nottingham City Council and 1.0 FTE hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group, both of which will be jointly funded by Nottingham City and Nottinghamshire County Council).
2. To seek approval for the use of the Test and Trace Grant and Contain Outbreak Management Fund to fund these arrangements for 24 months until September 2023, at an estimated total cost of £6,480,277.
3. To seek approval for the use of Public Health Grant reserves to fund arrangements past March 2022, if conditions attached to the Contain Outbreak Management Fund do not permit its use for this purpose after this point. This would avoid any direct negative impact on the Council's Medium-Term Financial Strategy.
4. To seek approval for the establishment and continued employment of 100 FTE agency posts (including 50 FTE expected to be hosted by Nottingham City Council), required to flexibly support the operation of asymptomatic testing sites and for which costs are directly recharged to the Department of Health and Social Care (DHSC).
5. To agree that Adult Social Care and Public Health (ASCPH) Committee receive an update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund in Autumn 2021.

Information**COVID-19 Recovery Framework**

6. The service and funding arrangements which are the specific focus of this paper sit alongside the Council's wider approach to recovery. That wider approach will be set out in a COVID-19 Recovery Framework which will be presented to Policy Committee in July 2021, and will address recovery priorities, oversight of the ongoing COVID-19 response and use risk-based scenarios to inform high level planning, business continuity and service delivery priorities.

7. Accordingly, the Framework will give an overview of ongoing service changes to support residents and protect the most vulnerable through the pandemic. Departmental responses include the future role and development of the Coronavirus Community Support Hub, the PPE Logistics Team, Adult Social Care's ongoing COVID-19 response (including the Care Home Support Hub, Care Home and Home Care Task Force, digital isolation and discharge planning and safe and well checks), and mental health support teams in schools.
8. Therefore, the important response and recovery roles played by the aforementioned functions, together with those for which district and borough councils and the local NHS are responsible, fall outside the scope of this paper. The Authority will continue to collaborate with these partner organisations to ensure coordination of the collective effort.
9. The focus of this paper are the arrangements which are already known to be required to sustain the delivery of the Local Outbreak Management Plan for Nottinghamshire County.

Local outbreak management

10. The Local Outbreak Management Plan for Nottinghamshire County Council was first published in June 2020, following notification that upper tier local authorities would take on responsibility for the management of local outbreaks. The Plan was refreshed in March 2021 in response to publication of the national roadmap for easing of lockdown restrictions and the updated national Contain Framework. The refreshed Plan was approved by the COVID-19 Resilience, Recovery and Renewal Committee in March 2021.
11. To fund the Plan, the Government confirmed that upper tier local authorities would be allocated a Local Authority Test and Trace Grant, to be utilised to support the mitigation and containment of local outbreaks of COVID-19. Nottinghamshire County Council was allocated £3,802,915 and a resource plan for the grant was approved by ASCPH Committee on 14 September 2020.
12. From 12 October 2020, local authorities became eligible to receive a series of payments from the Contain Outbreak Management Fund, which is a separate fund allocated to support proactive containment and intervention measures in relation to COVID-19. Initial allocation of the Contain Outbreak Management Fund to support key outbreak control measures and activities was approved by ASCPH Committee in January 2021.
13. The updated Local Outbreak Management Plan outlines how the local authority will discharge key elements of the local outbreak response in accordance with the national Contain Framework, including:
 - a. Outbreak management in higher-risk settings, communities, and locations e.g. care homes, prisons, hospitality, hospitals, education, and homelessness settings.
 - b. Responding to variants of concern (VOC)/variants under investigation (VUI).
 - c. Data and surveillance.
 - d. Community testing.
 - e. Contact tracing and enhanced contact tracing, in partnership with Health Protection Teams.
 - f. Support for self-isolation.
 - g. Support for vulnerable people and underserved communities, including the clinically extremely vulnerable (CEV).
 - h. Compliance and enforcement.

- i. Communications and engagement, including community resilience.
 - j. Interface with the vaccine roll out, including plans to tackle disparities in vaccination take-up.
14. The following proposal set out in this paper will deliver the Authority's refreshed Local Outbreak Management Plan, in accordance with the Council's and Director of Public Health's duties to plan for and respond to emergencies which present a risk to public health. In addition to protecting health and minimising avoidable disruption to the local economy, schools and civic life, the proposal will also enable the Nottinghamshire County Council Public Health Team to re-engage with key agendas, which ASCPH Committee previously agreed would have to be temporarily suspended.

Current COVID-19 response arrangements

15. The current resource deployed to COVID-19 response activities falling within the scope of this paper is **51.8 FTE**, which is provided through a variety of arrangements including informal deployment, secondments, fixed-term appointments and use of agency staff. It comprises:
- 19.0 FTE redeployed from within the public health division.
 - 16.5 FTE appointed to fixed term roles (approved by ASCPH Committee on 14 September 2020 and 11 January 2021).
 - 4.0 FTE deployed from other Council departments on a temporary basis.
 - 12.3 FTE jointly funded by Nottingham City Council.

Proposed service model (COVID-19 response)

16. The proposal is to establish a core COVID-19 response service, which will be sufficient to sustainably deliver the full range of outbreak response elements during periods where incidence of cases and outbreaks remain relatively low. It will offer formal employment arrangements for the COVID-19 response resource, which has mainly been provided informally to date. Surge capacity will be accessed from within the public health division and other teams if the incidence of cases or outbreaks increases, in order to maintain an effective response.
17. The principles and assumptions underpinning the service model are set out in **Appendix A**.
18. The service will operate Monday to Friday (core business hours) alongside a range of related support services, provided both from within the Council and through external partners. The majority of the resource will be hosted within the public health division, although some roles and their primary line management arrangements may remain embedded in other teams within the Council.
19. A significant proportion of the work will continue to be undertaken on a collaborative basis across the Local Resilience Forum (LRF) footprint (Nottingham City and Nottinghamshire County). For example, the day-to-day operations of the core COVID-19 response service will be overseen by a COVID-19 Programme Director. The Director and the service will be accountable to the two Directors of Public Health across Nottingham and Nottinghamshire, who are responsible for chairing the LRF Outbreak Cell and Tactical Coordinating Group (TCG), through which LRF partners ensure the pandemic response meets objectives set by the Strategic Coordinating Group (SCG).

20. At the point at which the emergency moves out of the response phase, a Recovery Coordinating Group (RCG) will be stood up to lead on multi-agency recovery across the system and will be responsible for LRF oversight of residual response arrangements that transition to business as usual.
21. The staffing establishment for the proposed service model is **41.3 FTE** (including 5.0 FTE expected to be employed by Nottingham City Council and 1.0 FTE hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group, both of which will be jointly funded by Nottingham City and Nottinghamshire County Council):
- 22.5 FTE in a core COVID-19 response service (including 1.0 FTE jointly funded by Nottingham City and Nottinghamshire County Council and employed by Nottingham City Council).
 - 8.8 FTE in other County Council departments/hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group, which fall within the scope of support services (including 1.0 FTE jointly funded by Nottingham City and Nottinghamshire County Council and hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group).
 - 10.0 FTE managing the provision of testing, which is a fully joint service (and jointly funded) across Nottinghamshire County and Nottingham City, working closely with NHS and LRF partners (including 4.0 FTE expected to be employed by Nottingham City Council).
22. Plans for the deployment of asymptomatic testing in community settings were approved by the COVID-19 Resilience, Recovery and Renewal Committee on 25 January 2021 and an estimated 100 agency staff (of which it is anticipated 50 will be hosted by Nottinghamshire County Council) will need to continue to be employed flexibly (dependent on service need) to operate asymptomatic community testing sites going forward. Therefore, this report seeks approval to establish these posts for which the testing approach was approved in January.
23. The operating costs associated with asymptomatic testing are recharged directly to the Department of Health and Social Care (DHSC), and therefore are excluded from this paper. A further national steer regarding testing is expected in Autumn 2021 and a further proposal may need to be brought to ASCPH Committee regarding ongoing service need as and when any future responsibilities for local authorities are clarified further.
24. It is proposed that posts outlined within paragraph 21 are recruited to for 24 months, in order to attract the right skills and build longer term resilience in public health and related professions, such as infection prevention control, environmental health and public health intelligence. A review will take place every 6 months to assess the current situation and likely ongoing need. A formal annual review will be completed and reported to ASCPH Committee to provide an update on the current situation. A full list of posts to be established is included in **Appendix C**.

Support Services

25. In addition to the core response team, there are a range of support services whose contributions will remain critical to the Nottinghamshire local outbreak response. These include:

- Infection, prevention and control hosted by the Nottingham and Nottinghamshire, and Bassetlaw Clinical Commissioning Groups (CCGs).
- Supported swabbing services hosted by Sherwood Forest Hospitals and Nottinghamshire Healthcare Trust.
- Doorstep contact tracing services hosted by NSL parking partnership.
- Homeless health services hosted by City Care and Sherwood Forest Hospitals Trust.
- LRF data analysis hosted by Nottingham and Nottinghamshire Clinical Commissioning Group (1 FTE).

And from within the County Council, 7.8 FTE defined posts included in the establishment:

- Customer Service Centre contact tracing.
- Communications and engagement support provided by three fixed term communications and engagement posts (3 FTE).
- Emergency planning support provided through an Emergency Planning Officer (1 FTE).
- Logistics support for testing provided by a core logistics team (2.8 FTE).
- Schools COVID Coordinator provided by the Schools Health Hub team (1 FTE).
- Enforcement support provided by Trading Standards.

26. The total cost over 24 months for the above support services is £2,985,920 and is detailed in **Appendix B**.

Surge Capacity

27. There will be a need for the service to access surge capacity if case and outbreak incidence increases significantly and resources may be drawn from within the public health division and other teams.

28. In addition to this, an informal bank may be created from local workforce known to the LRF, that will have flexible capacity to support the local outbreak response. If required, Directors discretion will enable a quick response. However, if this resource is envisioned to be required longer term, a proposal will be included in the update to ASCPH Committee proposed for Autumn 2021.

29. Regional and national support may also be sought dependent on the nature of the situation and available capacity.

Funding

30. The financial implication of establishing the proposed COVID-19 response service is **£6,480,277** over two years:

- Staffing Costs: **£3,494,357 (Annual Cost: £1,747,178)**
- Support Services (including 8.8 FTE): **£2,985,920 (Annual cost: £1,492,960)**

31. A full breakdown of costs is included in **Appendix B** (services) and **Appendix C** (staff). The funding is based on the current level of resource required to sustain delivery of the Local Outbreak Control Plan and will be funded by the Test and Trace Grant and Contain Outbreak Management Fund. As further needs are identified, they will be considered as part of ongoing dialogue on the use of the Contain Outbreak Management Fund.

32. Currently it is anticipated that the Contain Outbreak Management Fund allocated to upper tier local authorities must be spent by 31 March 2022. The need for longer term funding to secure an ongoing COVID-19 response has been escalated to Government by Directors of Public Health across the country. In the absence of guidance, or if conditions attached to the Contain Outbreak Management Fund do not permit its use past March 2022, funding required past this will be underwritten using Public Health Grant reserves.

Implementation

Recruitment

33. Existing deployments, secondment and fixed term contract arrangements will be considered and may be extended where appropriate.

34. Recruitment to new posts will be undertaken in line with the Authority's recruitment procedures. It is anticipated that recruitment will present a challenge due to the demand for public health expertise across the country, as many local authorities continue to seek capacity for local outbreak control. Each role will be assessed to identify the skills and experience genuinely critical to each role and to explore options for recruiting people for whom the role may be an opportunity to develop new skills and experience in public health.

35. This will include external recruitment as well as promoting secondment opportunities, looking to backfill internal secondments as part of the recruitment process. The proposed structure also includes an apprentice position and two graduate trainee posts in conjunction with the Council's graduate scheme, which will further support the development of the Authority's future workforce.

36. As it is proposed that posts are established for 24 months, this may mean that successful recruits accrue certain employment rights during this term. The implications of this will be managed in line with the Authority's employment procedures.

37. Recent experience has demonstrated that use of agency staff will be required pending recruitment or if recruitment is not possible. The Authority's managed service contract for agency staff provision will be utilised should agency staff be required.

Risks and dependencies

38. Aside from risks associated with securing and mobilising this resource, the main risk is that the pandemic takes a trajectory either locally or across the country which requires a stronger response than can be sustained by the proposed resource.

Timescale

39. Preparatory work to undertake the necessary recruitment is under way already. It is unlikely that the full complement of resource will be in place before end of September 2021 at the earliest.

Other Options Considered

40. Continuation of the current COVID-19 response using the current model of staff redeployment, with the extension of existing fixed term posts and continuation of support services. This option is not recommended as it will not meet the requirements of the Local Outbreak Management Plan and will prevent delivery of core public health agendas and services provided by partners, who are currently contributing to the COVID-19 outbreak response.
41. Establishing a COVID-19 response service model that can respond to a worst-case scenario. This option is not recommended as the model required to deliver such a service is unlikely to be value for money and will likely be unattainable due to the limited availability of skilled staff. It would also likely require longer-term significant funding post March 2022.
42. Establishing a longer-term health protection service model. This option will allow greater resilience to the workforce and will support future planning as the health protection landscape evolves. This option will require longer term funding post March 2022 and further work will be required to define this resource in light of the evolving landscape. This will be the subject of a separate proposal in due course.

Reason for Recommendation

43. A sustainable COVID-19 response service model needs to be established in order to deliver on the commitments outlined within Nottinghamshire's Local Outbreak Management Plan. The establishment of a service model (including support services) that allocates additional resource to allow response to a medium level of COVID-19 activity will provide capacity to respond to the most likely optimistic recovery scenario.

Statutory and Policy Implications

44. 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.

Financial Implications

45. The financial implications are included in paragraphs 30-32 of this report.

Human Resources Implications

46. HR implications are included in paragraphs 21-24 and 33-37 and Appendices B and C of this report.
47. The proposal to establish and recruit to the posts has been shared, for information purposes, with the relevant recognised trade unions.

RECOMMENDATION/S

That committee:

- 1) Approves the establishment of a COVID-19 response service until September 2023, which will include 41.3 FTE fixed term staffing posts, as set out below and in Appendix C of the report:
 - a. 22.5 FTE in a core COVID-19 response service (including 1.0 FTE jointly funded by Nottingham City and Nottinghamshire County Council and employed by Nottingham City Council).
 - b. 8.8 FTE in other County Council departments/hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group, which fall within the scope of support services (including 1.0 FTE jointly funded by Nottingham City and Nottinghamshire County Council and hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group).
 - c. 10.0 FTE managing the provision of testing, which is a fully joint service that will be jointly funded by Nottinghamshire County and Nottingham City Council (including 4.0 FTE expected to be employed by Nottingham City Council).
- 2) Approves the use of the Test and Trace Grant and Contain Outbreak Management Fund to fund these arrangements for 24 months until September 2023, at an estimated total cost of £6,480,277.
- 3) Approves the use of Public Health Grant reserves to fund arrangements past March 2022, if conditions attached to the Contain Outbreak Management Fund do not permit its use for this purpose after this point.
- 4) Approves the establishment and continued employment of 100 FTE agency posts (including 50 FTE expected to be hosted by Nottingham City Council), required to flexibly support the operation of asymptomatic testing sites and for which costs are directly recharged to the Department of Health and Social Care (DHSC).
- 5) Approves that an update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund will be brought to ASCPH Committee in Autumn 2021.

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Constitutional Comments (EP 20/05/21)

48. The Adult Social Care and Public Health Committee is the appropriate body to consider this report and approve the recommendations.

Financial Comments (DG 21/05/21)

49. The following costs will be funded by the Contain Outbreak Management Fund or public health reserves. £3,494,357 core staff, £727,914 support services staff and £2,258,006 Support services costs as detailed in Appendix B and C. Total cost £6,480,277.

HR Comments (WI 27/05/21) The newly established posts will be subject to full job evaluation where necessary and recruited to on a fixed term basis, for the duration as outlined in the report, in line with the Authority's grading policy and recruitment procedures. The authority's managed service contract for agency provision will be utilised where necessary. Additionally, in relation to paragraph 25, there will need to be engagement with services where staffing may be impacted.

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.

Electoral Division(s) and Member(s) Affected

- All