


Norfolk County Council

Record of Individual Cabinet Member Decision

Responsible Cabinet Member: Councillor Andrew Proctor, Leader	
Background and Purpose: The Contain Outbreak Management Fund (COMF) provides central government funding to local authorities in England to be used for test, trace and contain activity to: <ul style="list-style-type: none">• reduce the spread of coronavirus in their area• support local economies and public health To date COMF monies have been awarded in two phases, with the Phase 1 expenditure plan agreed at Cabinet in February 2021.	
Decision: To approve the expenditure plan for the COMF phase 2 funding.	
Is it a key decision?	No
Is it subject to call in? If Yes – Deadline for Call in	Yes Date: 1 April 2021
Impact of the Decision:	
Evidence and reason for the decision: as set out in the report	
Alternative options considered and rejected: as set out in the report	
Financial, Resource or other implications considered: as set out in the report	
Record of any conflict of interest: N/A	
Background Documents: <ul style="list-style-type: none">• COMF Report - District Perspective - Final 12 Feb 2021	
Date of Decision:	23 March 2021

Publication date of decision:	25 March 2021
Signed by Cabinet member: I confirm that I have made the decision set out above, for the reasons also set out  Signed: Print name: Cllr Andrew Proctor Date: 23 March 2021	
Accompanying Documents: •	

Once you have completed your internal department clearance process and obtained agreement of the Cabinet Member, send your completed decision notice together with the report and green form to committees@norfolk.gov.uk

Individual Cabinet Member Decision Report

Report title:	COMF Phase 2 – Expenditure Plan
Responsible Cabinet Member	Councillor Andrew Proctor, Leader and Cabinet Portfolio Member for Strategy & Governance
Responsible Director:	Louise Smith, Director of Public Health
Is this a key decision?	No.
Executive Summary/Introduction from Cabinet Member	
<p>This paper summarises the position in relation to the COMF Phase 2 budget, and the Member delegated decision taken to approve the profiled expenditure plan following endorsement through the COVID-19 Engagement Board on 25 February 2021.</p> <p>Government announced a second tranche of COMF, to end 2020/2021, with the value to Norfolk County being circa £11.8m.</p> <p>A Member delegated decision to approve this plan has allowed for rapid progress in expanding the work already underway.</p> <p>Recommendation:</p> <ul style="list-style-type: none">• To approve the expenditure plan for the COMF phase 2 funding.	

1. Background and Purpose

The Contain Outbreak Management Fund (COMF) provides central government funding to local authorities in England to be used for test, trace and contain activity to:

- reduce the spread of coronavirus in their area
- support local economies and public health

To date COMF monies have been allocated in two phases, with the Phase 1 expenditure plan agreed at Cabinet in February 2021.

2. Proposals

The expenditure plan, summarised below, was profiled and compiled by Public Health and the Norfolk Local Outbreak Control Service through a series of meetings with key partners including all District councils, the NHS CCG, New Anglia LEP and various other NCC departments including Adults, Communities, and Education.

The budget was discussed at the Norfolk COVID-19 Engagement Board, following which the District Councils requested time to revisit their specific needs and subsequently presented a single proposal.

At Engagement Board on 25 February 2021, with all district councils signalling agreement, the spending plan was endorsed and represents a balanced approach that serves to expand our local outbreak control programme; including greater levels of testing and control, and monies to support self-isolation and discretionary funds.

Of note, £975k of COMF Phase 2 monies are as yet unassigned to areas of spend.

Phase 2 (Proposed COMF Allocations - 22 Feb 2021)	
Local Outbreak Control Service (including £1m community testing district model)	£2,325,000
Clinical Commissioning Group	£550,000
Norfolk County Council (including additional support to education, care providers and communications)	£750,000
District Councils (direct allocations)	£3,150,000
Other - voluntary sector, and LEP	£301,000
Community Cell, discretionary fund, surge, NAS (includes £1.75m District discretionary funds)	£3,750,000
Contingency	£975,000
Total	£11,801,000

3. **Impact of the Proposal**

Timely approval of the expenditure plan has allowed for immediate action in funds reaching our partners at this critical juncture in our work to drive-down new infections; expand testing; and address work to monitor and contain variants of the virus.

Monies available through COMF Phase 2 are also supporting districts with supporting the people to self-isolate, including through financial recourse.

4. **Evidence and Reasons for Decision**

Given the urgency of this work; that Cabinet decisions were taken in relation to previous expenditure plans in relation to COVID-19 Containment; and that endorsement was received by all partners through the Engagement Board, it was felt that a Member delegated decision was appropriate in this case.

5. **Alternative Options**

The Government has set clear guidelines for the use of the COMF, and the funding could be targeted to other areas; however following engagement with key stakeholders it is felt that the proposed allocation is the most effective use of the fund.

6. **Financial Implications**

The proposed use of the fund is set-out in Section 2 of the report.

There are no direct financial implications for the County Council as the monies in question come from additional funding from central government by way of their Contain programme.

The financial risk would be to have miscalculated the level of resource needed by partners or NCC, however even in such a scenario there are existing mitigations that would serve to limit impact not least that:

- the core cost of the Norfolk Local Outbreak Service establishment is fully funded from other monies to end 2021/22;
- there's a surplus from COMF 1, having received £372k more monies than were profiled in the funding allocations;
- as previously stated, there are £975k of as yet unallocated funds from COMF 2 monies; and
- a further COMF award is to be made in April 2021.

7. **Resource Implications**

- 7.1 **Staff:** For advice on staffing implications you may wish to contact your HR Business Partner.
- 7.2 **Property:** For advice on property implications you may wish to contact Simon Hughes, Head of Property on 01603 973850.
- 7.3 **IT:** For advice on IT implications you may wish to contact Geoff Connell, Head of IMT on 01603 973230

8. **Other Implications**

8.1 **Legal Implications:**

Nothing applicable to this proposal.

8.2 **Human Rights implications:**

Nothing applicable to this proposal.

8.3 **Equality Impact Assessment (EqIA)**

<https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/adults-health/coronavirus/norfolks-response-to-coronavirus/covid-19-equality-impact-assessment>

8.4 **Health and Safety Implications:** (where appropriate)

Nothing applicable to this proposal.

8.5 **Sustainability Implications** (where appropriate)

Nothing applicable to this proposal.

9. **Risk Implications/Assessment** (this must be included in decision-making Cabinet reports only)

- 9.1 The presenting risk is financial, where insufficient resource has been allocated to one or more partners or to the needs of delivery by NCC. As outlined, in such a scenario there are existing mitigations that would serve to limit impact not least that:
- the core cost of the Norfolk Local Outbreak Service establishment is fully funded from other monies to end 2021/22;

- there's a surplus from COMF 1, having received £372k more monies than were profiled in the funding allocations;
- as previously stated, there are £975k of as yet unallocated funds from COMF 2 monies; and
- a further COMF award is to be made in April 2021.

10. **Recommendation**

10.1 To approve the expenditure plan for the COMF phase 2 funding.

Background Papers

- COMF Report - District Perspective - Final 12 Feb 2021 (attached)

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

Peter Taylor, Assistant Director (Public Health Commissioning)
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peter.taylor@norfolk.gov.uk

1. Introduction

Since the start of the pandemic all Councils have been collaborating and working incredibly hard responding to Covid-19, being as pro-active as possible in uncertain times and putting the needs of our residents at the heart of our response. Staff were redeployed from the outset to undertake a range of duties many of which were unfamiliar to the individuals involved. However, there was a concerted multi-agency effort and the District staff were proud to be part of that response.

At a District level from the outset redeployed staff covered a range of duties including:

- Additional call handling including the set-up of a responsive COVID Community Hub and pro-active welfare calling of all Clinically Extremely Vulnerable (CEV) residents in Lockdown 1.0 and Potentially Vulnerable People (PVP) since 31st July 2020.
- Call handling for businesses and administration of business grants.
- Creation of a food hub and food and medicine distribution
- Marshals to support advice and guidance to businesses as well as support to the general public

Much of this work was undertaken through redeploying staff and putting other work on hold.

There was some additional funding through the Norfolk Strategic Fund to assist with making places safe but did not extend to marshalling costs.

Therefore, with so many staff redeployed it was clear that this model of working was not sustainable into a second wave and over the medium term. In recognition of this in November 2020 £250,000 was allocated to each District to assist with the ongoing need for marshals and enforcement to reassure the public and protect lives.

2. November 2020 onwards

Following the initial allocation of £250,000 Great Yarmouth BC began recruiting COVID marshals on a combination of 6 month contracts and a bank of casual staff to ensure that there was a sufficiently high profile presence within the town. Having a bank of staff to deploy became even more critical as we fought to keep numbers under control throughout December, and to maintain our Norfolk position of being in Tier 2.

Since Christmas the recruitment has continued at pace as the needs have changed and now the marshals are undertaking four key activities as well as still responding to emergency welfare needs:

1. **Implementing the Enhanced Track and Trace system** – a 7-day service which is time-intensive activity due to the number of Contacts per day. These require telephone calls and door knocking with travel time. Then there is the responding to needs of those households/Contacts ranging from completion of on-line forms, to securing emergency food to dog walking. Contacts needing to be spoken to are averaging 18-20 per day with numbers requiring additional support fluctuating on a daily basis, currently around the 5 additional requests per day.
2. **Public behaviour /social distancing / business support and compliance** – maintaining a visible public presence particularly in destination areas and ‘hot spots’ as well as responding

to business concerns. This area of work is likely to increase as lockdown restrictions are lifted.

3. **Testing** – targeted asymptomatic testing within the community has required marshals to leaflet drop, meet and greet, manage queues if necessary.
4. **Vaccination Programme** – Marshal presence has been critical and extremely well received. There are currently four vaccination sites being used and the large vaccination centre is yet to come on stream. This role is also being extended to include traffic management.

This now may be an activity that can be recharged to the CCG and therefore the time allocated is being recorded to capture this cost. This funding could then be reallocated back into the COMF budget thereby maximising the total funding available for the Norfolk response.

In addition to the above there remain staff redeployed to support our early help hub and admin staff redeployed to undertake telephony on behalf of the CCG. This is being absorbed within Council budgets.

3. Budget Implications

The only costs being charged to the COMF budget allocation is the additional cost of new staff to create a team who can be deployed to whichever activity is the priority over the following 12 month period. To achieve an agile and responsive position the Council has recruited the following:

11 Full time and 3 part time (1.5FTE) marshals (6 month contracts)

16 casual staff on call off contracts (mostly people who have been furloughed)

1 supervisor and 2 admin staff

This team is designed to operate as an ongoing function over the next 12 months and therefore takes account of peaks and troughs and sickness levels which is to be expected hence the mix of contracts and casuals. This model should allow Heads of Service and Managers to redirect their own workload to more 'business as usual' activity which has suffered over the last 11 months.

Estimated cost over a 12 month period is as follows:

	£000 (12 Months)
Marshalls (12.5 FTE)	321
Casual Marshalls (16)	241
Supervisory and Administration	125
Total	687

Replicate this across 7 Districts and the total budget requirement is £4,809,000. **Therefore recommend a COMF budget allocation of £5.5m to cover pre January 2021 costs and the period from January 2021 to December 2021.**

From phase 1, an allocation of £1,750,000 has already been made to Districts with a further £600,000 allocated from the surge fund (total £2.35m) Each of these have been allocated based upon a 7 way split.

This leaves a sum of £3.15m required to be funded from phase 2.

4. Hard to reach groups / opening the economy

In addition to the above a further identified need is required in building community confidence and in particular supporting hard to reach groups in accessing the vaccine. A programme of community champions and outreach work is being developed within GY and this should be replicated across the County. Otherwise there is a significant risk that the economy will continue to suffer with insufficient vaccine take-up leading to further economic restrictions.

Government-commissioned research ([Disparities in the risk and outcomes of COVID-19, August 2020](#)) indicates that Public Health England data shows the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. The largest disparity found was by age. Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

A programme of engagement would deliver the following:

- Build residents' confidence to integrate and engage more widely in their local communities and mix with people from different backgrounds.
- Adopt approaches to engagement that supports social connection to the local area and builds confidence to use local amenities and services.
- Provide practical solutions to overcome barriers, such as supporting those experiencing digital exclusion.

To achieve this we need to increase capability and capacity to interact and communicate with those residents at greater risk from COVID-19 through an outreach programme in association with specialist VCSE providers.

If this approach was replicated across the County it is estimated that a number of community champion roles would be required in each District with a team to support the wider engagement with a whole range of voluntary and multi-agency groups.

The estimated cost to deliver such a programme over 12 months is £250,000 per annum over 7 Districts equating to £1.75m.

5. Homelessness

Following the 'everyone in' programme District Councils accommodated all of their rough sleepers and continued to offer accommodation to those at risk of homelessness even where they may not in 'normal' times qualify for temporary housing. This was to ensure that they would not be sofa surfing and sharing accommodation inappropriately and hence seeking to contain the virus.

Following the end of the 'everyone in' programme Councils have continued to accommodate individuals, particularly those most vulnerable, for 2 reasons:

To contain the spread of the virus by keeping track of the individuals concerned and secondly to ensure that they are able to access the vaccine. Again measures which should help contain the virus as well as protect the most vulnerable in our society.

Despite government support received in the form of the schemes listed below* there is still a direct cost to the taxpayers of Great Yarmouth of £170,000 in 20/21. Based upon the individual bids the NET cost of accommodating rough sleepers and addressing homelessness has been as follows:

Authority	Net cost £
GYBC	172,718
BCKLWN	371,541
Norwich	170,000
SN/Broadland	
Breckland	81,942
North Norfolk	78,000
Total	874,201

If this sum was met from the COMF budget the recommended earmarked sum from COMF would be £874,201. Please note this only covers 2020/21 impact.

**Funding has been secured in Great Yarmouth from MHCLG – Next Steps Accommodation Fund, MHCLG Rough Sleeping Funding , MHCLG Cold Weather Fund , Protect Plus and Rough Sleepers Initiative Fund.*

Summary

In summary the District need is as follows:

Test, track, trace, vaccinate, support for the economy £5.5m

Hard to reach groups – vaccination programme/testing £1.75m

Homelessness / rough sleeping £0.9m

Total £8.15m (£2.35 already allocated)

This report draws on the experience of GYBC and represents the views of the Leaders and Chief Executive's of:

Breckland DC

South Norfolk and Broadland DC

King's Lynn and West Norfolk BC

North Norfolk DC

Great Yarmouth BC

Norwich City Council

