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Report of: Greg Fell, Director of Public Health
Eugene Walker, Executive Director, Resources

Report to: Cabinet

Date of Decision: 23rd September 2020

Subject: COVID-19 Test, Track & Isolate Programme Funding

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? Cabinet Member for Children and Families and Cabinet Member for Finance, Resources and Governance and Deputy Leader		
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? EIA Attached at Annex B.		
Does the report contain confidential or exempt information?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Annex A: Investment Plan is not for publication because it contains exempt information under Paragraph (3) of Schedule 12A of the Local Government Act 1972 (as amended).		

Purpose of Report:

This report:

- advises Cabinet of the current position regarding COVID-19 in Sheffield;
- describes the Programme established to implement the Outbreak Control Plan and the estimated costs of implementing that programme;
- informs Cabinet of Government funding received to assist with the costs of preventing, mitigating against and managing local outbreaks of COVID-19; and,
- seeks approvals and delegations to continue this work.

Recommendations:

It is recommended that Cabinet:-

- a) Recognises the hard work and the achievements of council employees, partner organisations and the VCFS in preventing, mitigating and managing local outbreaks of COVID-19 to date, an enormous effort that began in March 2020.
- b) Notes that in June 2020, Sheffield City Council (SCC) was allocated a ring fenced grant of £3,101,989 from DHSC towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19.
- c) Notes that Sheffield City Council, along with 6 other Local Authorities, has written to the Secretary of State for Health and Social Care to request further funding of approximately £2m to implement Integrated Local Arrangements for Test, Trace and Support.
- d) Notes that in July 2020, SCC was allocated a grant of £774,649 from DEFRA to support those struggling to afford food and other essentials due to COVID-19. This grant is not ring fenced but is expected to be used in accordance with DEFRA guidance.
- e) Notes and approves the Investment Plan described in Annex A of this report, including noting the expenditure already approved through the Category 1 IMG Decision making process, as set out in this report.
- f) Establish a fund as described in Annex A: Investment Plan of this report, sourced from Department for Health and Social Care (DHSC) funding received, for the purposes of providing grants to and purchasing services, as appropriate, from the VCFS.
- g) To the extent not covered by existing delegations, delegates authority to the Executive Director Resources, in consultation with the Director of Public Health, to:
 - i. Award grants; and
 - ii. Approve procurement strategies and award contracts

funded from the fund established in accordance with recommendation (f) above.. Cabinet is also asked to note that a Steering Group will be established to provide advice and guidance as to the broad criteria for funding. The Steering Group will include the Executive Director Resources, the Director of Public Health, the Executive Director of People Services and appropriate Cabinet Members.

- h) Notes that the DEFRA grant for Food and Essential Supplies will be administered through the Local Assistance Scheme.
- i) To the extent not covered by existing delegations or the specific delegations

outlined above, delegates authority to the Executive Director, Resources, in consultation with the Director of Public Health to take such other decisions as may be necessary to achieve the outcomes set out in this report.

Background Papers:

The Sheffield Local Outbreak Control Plan

https://www.sheffield.gov.uk/content/dam/sheffield/docs/your-city-council/coronavirus/Sheffield%20Local%20Outbreak%20Control%20Plan_V1_30June2020.pdf

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.	Finance: Liz Gough
		Legal: Sarah Bennett
		Equalities: Adele Robinson
<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	EMT member who approved submission:	Greg Fell, Director of Public Health Eugene Walker, Executive Director Resources
3	Cabinet Member consulted:	Councillor Jackie Drayton, Cabinet Portfolio: Cabinet Member for Children and Families Councillor Terry Fox, Cabinet Member for Finance, Resources and Governance and Deputy Leader
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.	
	Lead Officer Name: David Oliver	Job Title: City Connectivity Strategy Lead and Test, Track & Isolate Programme Manager
	Date: 14 th September 2020	

1. Introduction

1.1 Sheffield City Council, alongside our partners in the statutory, business, education and VCFS, has been working since the outset of the COVID-19 pandemic to keep people safe, protect the vulnerable, re-open Sheffield when possible, and to follow Government guidance.

1.2 At the end of May 2020, every upper tier local authority was asked by central government to develop an Outbreak Control Board and an Outbreak Control Plan. The purpose of the Sheffield Board and Plan is to:

- Prevent COVID-19 from spreading;
- Know what is happening in our communities;
- Respond to outbreaks if and when they do occur; and,
- Create confidence in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19.

1.3 The Outbreak Control Plan (OCP) is being implemented through the Prevention, Test, Trace and Isolate programme of work. This is discussed in more detail in Section 7 of this report.

1.4 The work we are doing and the support we are providing to people continues to evolve through different stages of the pandemic. After the peak wave of hospitalisations passed in May, we now view the pandemic as a smaller number of local outbreaks - these are increasing to become more widespread, with positive cases rising both in Sheffield and across the country.

2. Current COVID-19 Epidemiology in Sheffield

2.1 At the time of finalising the paper, the 7 day incidence was approaching 50 / 100,000. This is increasing continually, in line with the trend being observed nationally. It should be noted that currently most of the transmission is within the working age people and there is very little hospitalisation. Again, this is in line with the national trend. It is very unlikely that we will be able to contain this spread only to working age people and there is a strong possibility we will start to see spread again amongst older groups. The epidemiology is changing continually.

2.2 We are now seeing the majority of infections in people of working age (the average age of infection is now around 40, compared to 60 in March/April). This is mainly because working age people are more likely to be exposed to the virus (particularly people who cannot do their job from home), and also because older people are still being more cautious (which brings its own risks to physical and mental health). This means we are not seeing any increase in hospital admissions, because younger people are less likely to be seriously ill and in need of hospital treatment.

2.3 People from Black, Asian, and Minority Ethnic (BAME) communities in Sheffield remain disproportionately affected by COVID-19 infections.

However, in the last four to six weeks we have seen a rising proportion of infections in the White British population and also in younger working age people. All neighbourhoods in Sheffield are affected by COVID. We are seeing household clusters across the city, but a higher proportion associated with areas of deprivation.

- 2.4 The majority of infections are community and household transmission. This means we are not seeing workplaces as being significant drivers of transmission. It also means that what people do in their own time, at home and in their community, is the main driver for infection, so it remains crucial to keep reminding people to follow guidance on social distancing and gatherings of people, particularly indoors. We are also seeing cases in schools. However, currently this reflects people who have caught the infection in the community rather than in school. Many people of all ages are behaving in line with social distancing guidance, but some are not.

3. COVID-19 What We Should Expect in the Coming Months

- 3.1 Our strategy is still the right one – keep people safe, protect the most vulnerable, re-open Sheffield, and follow Government advice. In implementing our strategy we are seeking to avoid direct harm from COVID-19 in individuals and seeking to avoid an externally imposed lockdown that does further social and economic harm.

- 3.2 We will be reviewing our OCP in September/October 2020, but it is unlikely the basics will change. We are continually seeking to shift our interventions across each of the domains of the outbreak management plan. This is continually moving as the situation develops. The key parts of our plan are:

- Push our prevention interventions (including the basics: wash your hands, stay 2m apart, stay at home if you have symptoms);
- Making testing more accessible in our communities e.g. through Local Testing Sites;
- Managing cases and clusters;
- Implementing contact tracing in line with any national ask; and,
- Re-starting shielding of the vulnerable, if this is needed.

- 3.3 We also need to heavily promote flu vaccinations, so we don't have a double whammy of high levels of flu as well as COVID-19.

- 3.4 Communications and engagement remains a key pillar of our programme. We are aware of the need to stop hoaxes, as well as avoid 'communication fatigue'.

4. The Test, Trace and Isolate Programme

- 4.1 We are delivering the Outbreak Control Plan ambitions through six Workstreams which are described in Table 1 below.

- 4.2 The first four Workstreams collectively make up our 'Test, Trace and Isolate' (TTI) programme. The remaining two workstreams make up the cross-cutting

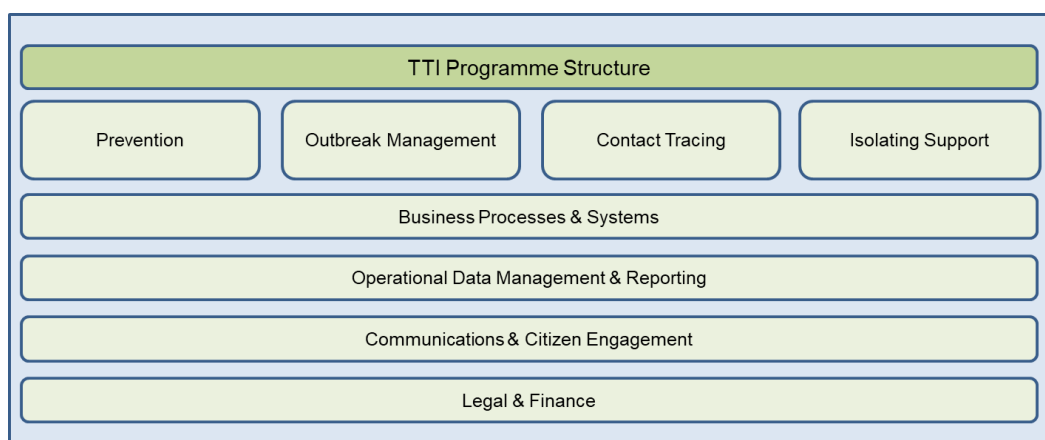
programme of Surveillance & Intelligence; and Governance, Programme Coordination & Resourcing. The success of this programme relies on the combined partnership efforts of all the city's organisations.

4.3 Table 1: Sheffield OCP Workstreams

	Work stream	Government theme and additional priorities
Test, Trace and Isolate Programme	1. Preventing COVID-19 from spreading	<ul style="list-style-type: none"> • Coronavirus Prevention and Management Board • Comms and engagement
	2. Outbreak management including testing	<ul style="list-style-type: none"> • Care homes • Schools • Vulnerable people • High risk settings • Local testing capacity
	3. Contact tracing	<ul style="list-style-type: none"> • Contact tracing
	4. Support to isolate	<ul style="list-style-type: none"> • Vulnerable people
Cross-cutting programmes	5. Surveillance, intelligence and data	<ul style="list-style-type: none"> • Data and intelligence
	6. Governance, Programme Coordination & Resourcing	<ul style="list-style-type: none"> • Coronavirus Prevention and Management Board • OCP Strategy Board • Programme Management Arrangements • Effective Delivery • Assurance and Evaluation • Links to LRF • Co-ordination of Capabilities

4.4 The Test, Trace and Isolate' (TTI) programme is summarised in the following table and explained further below.

4.5 Table 2: The TTI Programme



4.6 **Prevention:** Define preventative measures across high risk places, locations and communities of interest. Ensure appropriate preventative measures are in

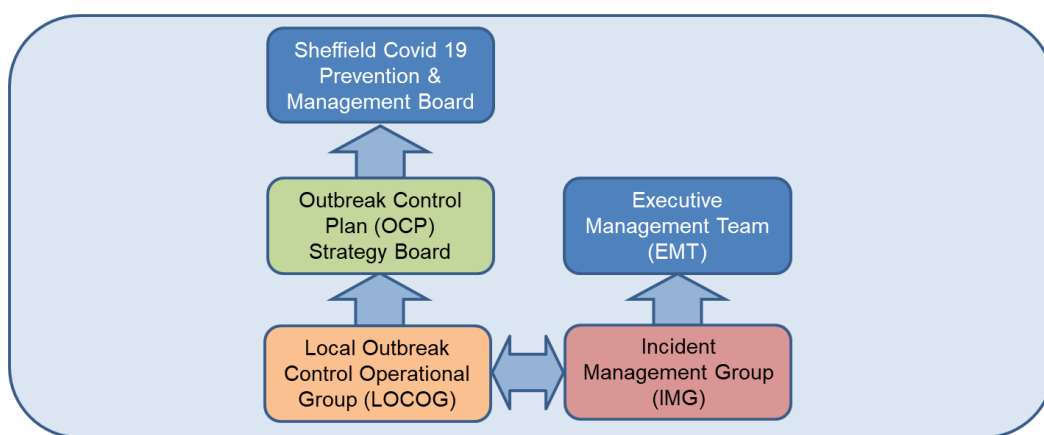
place to prevent spread of infection (e.g. social distancing, hygiene, across all settings, including 'hard to reach' groups).

- 4.7 **Outbreak Management:** Receive notification of a local outbreak, mobilise a coordinated multi-agency response (including enforcement action where necessary), own and manage that outbreak to a conclusion.
- 4.8 **Contact Tracing:** Outbound telephone calls to individuals that need to be traced, provide advice and guidance, commission further support for those individuals where necessary. Includes in-person visits to settings such as factories to prevent, mitigate and manage local outbreaks. Potentially includes 'reverse contact tracing' to identify the locations where outbreaks may have occurred, and in-person visits to households to support improved health and well-being within communities.
- 4.9 **Isolating and Shielding Support:** Provide humanitarian support to isolating and shielded people who are in need of assistance with food, medication and/or social contact. Provide other forms of support such as accommodation and potentially financial support where appropriate.
- 4.10 **Business Processes and Systems:** Work across the whole of the programme and with operational services to develop and maintain end to end business processes to ensure that all local COVID-19 outbreak management functions, and the support provided to shielded and isolating people, are discharged efficiently and effectively.
- 4.11 **Operational Data Management & Reporting:** Manage the flow of data that is essential to the day to day operation of the outbreak management functions and the support provided to shielded and isolating people.
- 4.12 **Programme and Project Management (including support to the South Yorkshire Local Resilience Forum):** Establish the programme described, deliver the agreed outputs, transition to a sustainable 'business as usual' service capable of preventing, mitigating and managing local outbreaks in the long term.
- 4.13 The Programme maintains strong links with Finance (to manage budgets and procurement activity in line with SCC processes and procedures), Communications (to develop communications strategy and commission work) and with Legal Services (regarding the use of enforcement powers as a preventative and reactive control).

5. **Test, Track and Isolate Programme Governance**

5.1 The governance of the TTI Programme is summarised in the following diagram and explained further below.

5.2 [Table 3: TTI Programme Governance Arrangements](#)



5.3 Sheffield COVID-19 Prevention & Management Board

5.3.1 This is a member-led Board that aims to develop reach and understanding across the whole city. The Board gives a view and it sets the overall tone and strategy for the city, which the OCP Strategy Board then puts into place. It is cross party and covers a very wide range of stakeholders and constituencies.

5.3.2 Reflecting this, its membership includes: cross-party elected members; key response services, including Public Health, South Yorkshire Police and South Yorkshire Fire & Rescue; voluntary and community organisations; faith, BAMER, disability, carer and business groups; and, specific groups of interest or concern, such older people or student groups.

5.3.3 In line with the Outbreak Control Plan, the Board's role is to: prevent the disease from spreading; know what is happening in our communities; respond to outbreaks if and when they do occur; and, create confidence in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19.

5.3.4 To achieve this, the Board will need to undertake the following:

- Strategic oversight and coordination of the city's work around COVID-19 control including both the prevention and management of COVID-19 outbreaks, as set out in the plan;
- Scenario planning for the approach the city might take in different sets of circumstances (e.g. if we have a greater number of cases than might otherwise be expected);
- Communication with residents, businesses and stakeholders in the city generally in relation to outbreak prevention and management, including an understanding of the interventions that might be required for different types/scales of outbreak;
- Engagement with communities and groups where outbreaks may be more likely or where they have occurred, with a particular focus on strategies to effect shifts in behaviour to limit the spread of the disease;
- To build confidence within the community that the city has a clear path and means of keeping COVID-19 transmission low and can safely reopen our economy; and
- Assuring progress towards the delivery of the Outbreak Control Plan.

- 5.4 Local Outbreak Control Operational Group (LOCOG)
- 5.4.1 Conceptually, LOCOG provides a 'Programme View' of Outbreak Management. Its scope is the operational arrangements that need to be established by SCC to create a functioning test, track and isolate service. Its purpose is to consult and keep informed all operational leads and to ensure the smooth running of the TTI programme by identifying and removing barriers to progress and by identifying risks at an early stage.
- 5.5 Incident Management Group (IMG)
- 5.5.1 Conceptually, IMG provides a 'Council View'. Its scope is a 360 degree view of all operational activity relating to Outbreak Management. It has a particular focus on SCC's contribution and performance. Its purpose is assurance, challenge, escalation, and resolution on behalf of the Council's Executive Management Team (EMT). Its members provide: accountability for SCC's operational contribution towards Outbreak Management; Decision making authority for SCC; Ensures that Outbreak Management is managed and resourced effectively, that performance meets expectations, that barriers are removed.
- 5.6 Outbreak Control Plan (OCP) Strategy Board
- 5.6.1 Conceptually, the OCP Strategy Board provides a 'City Wide View' of Outbreak Management. It consists of representatives from SCC, Health and the VCFS. Its purpose is to provide city wide leadership and direction to: Keep cases of COVID-19 low; Spot trends early and identify clusters of cases quickly to reduce transmission; Ensure robust contact tracing as part of outbreak management processes; Ensure those who are isolating are provided with the support that they need; Help the city return to a degree of normality until a vaccine is found.
- 5.7 Executive Management Team (EMT)
- 5.7.1 The Executive Management Team (EMT) comprises the Chief Executive, Executive Directors and the Directors of Public Health and Policy, Performance and Communications, and provides strategic direction.
- 5.7.2 It deals with key corporate issues and strategic service issues. It makes decisions, formulates recommendations for the political leadership, and gives a steer on policy issues where this is necessary.
- 5.7.3 EMT can make managerial decisions on how we operate or on the application of policy that has already been politically agreed, but not set new policy which is the role of elected members.
- 5.7.4 Please note that the TTI Programme Governance arrangements are currently being reviewed to ensure that they remain fit for purpose for the longer term and some changes may be made to the arrangements described above.

6. Decision Making

- 6.1 The Leader of the Council and the Cabinet are responsible for leading Sheffield City Council and its response to COVID-19. However, as the COVID-19 crisis is classified as a Public Health Emergency, it has been necessary to establish revised decision making arrangements in order to comply with the Civil Contingencies Act 2004 and the Leader's Scheme of Delegation - this is a Leader of Council led response with the Chief Executive and Director of Public Health acting as key officers.
- 6.2 The Leader of the Council together with the Chief Executive and the Director of Public Health have been forced to respond to the pandemic in ways that are unprecedented – rapid decision making, ever changing circumstances, outbreaks and interventions that develop in hours and days.
- 6.3 Consequently, the way the Council takes decisions relating to the COVID-19 major incident is different to how it normally takes them. We have four types of decision ranging from those that have minimal implications to those that are highly critical.
- 6.4 Category 1 decisions are for the most significant issues. They are likely to be decisions to terminate or significantly curtail the delivery of critical services (usually those services that had been identified as business critical). They are likely to have an impact on the welfare of vulnerable people or on the economic wellbeing of the city. They may have human rights or other legal implications. There may also be substantial financial implications.
- 6.5 These decisions are referred from the IMG and will be made by either the Leader or the Chief Executive and published online.
- 6.6 The Leader and relevant Cabinet Member(s) will have been briefed by the Chief Executive and Executive Director in advance of making the decision and Cabinet Members are also briefed on these decisions which will often require extensive and sensitive communication with the public, staff and stakeholders.
- 6.7 To date, it has been necessary to take the following Category 1 Decisions:
- Approval to recruit additional Environmental Health Officers;
 - Approval to fund a city wide mail out from the Director of Public Health communicating key outbreak prevention messages; and,
 - Approval to procure local testing services.
- 6.8 This expenditure will be contained within the Investment Plan described in Annex A of this report.
- 6.9 This report sets out as far as possible how the council plans to prevent, mitigate and manage future local outbreaks together with the costs associated. However, it is not possible to rule out the need to follow the Category 1 IMG Decision making process route again in the future. For example, a major city wide outbreak resulting in a re-imposition of restrictions

or a national outbreak resulting in a second lock down could have a major impact on costs incurred.

- 6.10 The COVID-19 Pandemic is unprecedented and unpredictable. The City's response must be agile and flexible in order to deal with changes in infection and in government policy. This has been illustrated perfectly during the drafting of this Cabinet report. In a matter of days, and with little or no warning: the UK's reproduction, or R, number escalated to between 1 and 1.2 for the first time since March 2020; a further 3,330 positive cases were recorded in the UK on Sunday 13th September (the third consecutive day with more than 3,000); five more deaths were reported; the government introduced 'the rule of 6' imposing restrictions of indoor and outdoor gatherings; the government announced that COVID-secure marshals will be introduced in towns and city centres in England to help ensure social distancing rules are followed (the implications of this for Sheffield are being considered); and, the reintroduction of Shielding is a distinct possibility. This demonstrates why we need to be responsive, agile and flexible - and why it's very difficult to plan and budget in detail or with certainty.

7. Test, Track and Isolate Programme Costs

7.1 The TTI Programme Investment Plan

- 7.1.1 The estimated costs of the TTI Programme to 31st March 2021 are summarised in Annex A: Investment Plan and explained further below. The Investment Plan has been developed in consultation with Public Health, Environmental Health, and Communities. Business Change and Information Solutions, HR, Finance and Commercial Services have also been consulted.

7.2 Programme Management

- 7.2.1 The purpose of Programme Management is to develop the new processes and systems that are needed to prevent, mitigate and manage outbreaks of COVID-19. This translates the outbreak control plan into a series of related projects that collectively deliver a coherent, consistent and joined up solution across the council and its partner organisations. This includes for example, establishing the local track and trace service, establishing local testing facilities and providing humanitarian support for those who are isolating. The Programme is a temporary organisation that will exist only until it has delivered its agreed outputs and handed those over to sustainable 'business as usual' operational services.
- 7.2.2 Programme Management costs cover the traded resources from Business Change and Information Solutions (BCIS) and Capital Delivery Services (CDS) deployed on the TTI Programme. These resources include: Programme Management; Project Management; Support for South Yorkshire LRF; and Workstream Leads and Workstream Support for Prevention, Outbreak Management, Contact Tracing, Isolating Support, Business Processes & Systems, Operational Data Management and Reporting and Local Testing.

7.2.3 This cost heading includes third party ICT costs associated with configuration of the Contact Centre System and the Customer Relationship Management System.

7.2.4 The TTI Programme has been designed to establish new capabilities, processes and systems, and to bolster the resources of existing council services, in order to enable the council to implement its Outbreak Control Plan. When the TTI Programme has completed this work, it will hand over to a sustainable 'business as usual' operational function that is able to prevent, mitigate and manage outbreaks in the longer term. This will enable project managers, business analysts and other BCIS professionals to be redeployed to help deliver the councils other priority programmes and projects. It will also enable the Council to establish a new operational service responsible for managing the councils COVID-19 response for as long as necessary. The transition from programme to operational service will be carefully managed so that we don't accidentally create gaps in our capability and capacity.

7.3 Staff Resources

7.3.1 Additional staff are required to deliver services or to provide backfill to enable others to deliver services.

7.3.2 These costs cover Contact Tracing (Team Managers and Call Handlers), Outbreak Management (Public Health Consultants, Health Improvement Workers and Business Support Officers), Outbreak Management and Contact Tracing (Environmental Health Protection Officers), Public Health Resilience (Public Health Officers) and Community Response Work (Community Interpreters and Community Support Workers).

7.3.3 The Investment Plan is short term and covers the period to 31st March 2021. This does not therefore cover the costs of longer term operational support for any council service.

7.3.4 DHSC has not yet announced whether or not there will be any further funding for Local Authorities towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19 beyond this financial year.

7.4 Communications

7.4.1 Sheffield has an overarching communications plan for COVID-19. This plan balances the need to keep people safe and reduce transmission of COVID-19 with the need to also ensure that businesses can reopen. A detailed communications plan for the Test, Trace and Isolate programme has also been developed. This includes the use of Public Health England communications assets as well as locally tailored messages particularly in relation to support for people to enable them to self-isolate. Partners across the city are willing and able to share communications messages to amplify the messages. A key message is 'don't be a contact' as we recognise that being asked to self-isolate for 14 days is a very difficult thing for many people and that preventing being a contact, by for example maintaining social distance, is

a key part of avoiding that.

7.4.2 Communications costs cover the communication of key programme messages and include: behavioural change research/insights; design, print and distribution; outdoor advertising and signs; social media & digital advertising; and, local radio adverts.

7.5 Local Testing Services

7.5.1 As part of the city's response to the COVID-19 pandemic, Primary Care Sheffield (PCS) provided a testing and swabbing service to help manage localised outbreaks in the city in complex situations. This was put in place as an emergency measure with no formal agreement in place.

7.5.2 The city continues to experience localised outbreaks and there is an urgent need to continue the local testing team when there are small localised outbreaks, in a homeless hostel or care home for example, in order to fulfil our duties to protect public health and manage and prevent COVID-19 outbreaks.

7.5.3 Predicting the size, frequency and number of outbreaks is difficult and the time it would take to work up a formal specification, conduct a full tender process and mobilise a service would be measured in months and is prohibitive.

7.5.4 For example, there is an increased risk of an outbreak when face-to-face teaching in universities restarts. It is necessary to formally establish local testing services now - to help prevent, mitigate and manage local outbreaks. Waiting until after a procurement process lasting several months has been completed could have dire consequences for the city.

7.5.5 Therefore, in August 2020 a Category 1 IMG Decision (i.e. an Urgent COVID-19 Decision) was sought and provided as an Emergency Decision by the Leader, for the Council to work with PCS to develop a scalable solution which can be sized based on demand and to procure this solution for an interim period of 12 months as an emergency measure before considering whether a wider tender is needed for the longer term.

7.5.6 PCS are a 'not for profit' company led and owned by 75 GP practices across Sheffield. PCS currently deliver a number of contracted services for Sheffield City Council and Sheffield Clinical Commissioning Group (CCG) including the community Sexual Health Service and the NHS Health checks service.

7.6 Voluntary, Community and Faith Sector Services

7.6.1 The Invaluable Support From The VCFS To Date

7.6.1.1 Since the outbreak of COVID-19, the Voluntary, Community and Faith Sector has provided tremendous support and resilience to communities in Sheffield. The connections, knowledge and understanding that these organisations have of their local areas has helped us to be more effective in communicating messages that in turn have allowed us to help to prevent the spread of

COVID-19 and respond to outbreaks.

7.6.2 The Value That VCFS Can Continue To Add

7.6.2.1 The VCFS is potentially well placed to provide further support to the City in the following ways:

7.6.2.2 **Intelligence:** The VCFS has well established, long lasting, trusted relationships in communities. It is in contact with many people who are vulnerable – economically, socially or in other regards. It hears and sees patterns and trends which may not otherwise be visible. Harnessing that intelligence, so that communication and support can be targeted, could make a vital addition to the system.

7.6.2.3 **Communications:** The first phase of the pandemic demonstrated the ability of VCFS organisations to connect and communicate with communities who were not otherwise accessing information. It was distilled into messages which could be readily shared and understood, increasing reach in a wider range of communities. The need in this next phase is around enabling people to understand the different categories of risk with simplicity and clarity; being very clear about what the restrictions allow and don't allow; and helping people to manage the risk for them and their household.

7.6.2.4 **Tracing:** The VCFS can recruit, train and deploy community volunteers to support the TTI Programme for neighbourhood and 'seldom heard' communities. Local VCFS organisations could compliment public health and environmental health professionals to help with various aspects of prevention, outbreak management, testing, tracing and isolation support. SCC or PHE staff will be responsible for the content and quality assurance of any training provided and will be responsible for the delivery of most of it.

7.6.2.5 **Support:** Many vulnerable people in Sheffield will require support to isolate for 14 days. That will include persuading people of the ongoing need to isolate, as well as reassurance, emotional, practical and financial help. Community organisations are well placed, to use the relationships and trust already in place to work with communities. They have the infrastructure and skills to use volunteers to work with people locally and the flexibility to adapt and provide what is needed. This support could cover the practical, emotional and financial aspects of isolating. This support would need collating with the DEFRA funded humanitarian support being implemented by Council Officers.

7.6.2.6 Critically this VCFS support will need to be funded, and provision has been made within the estimated costs of the TTI Programme to 31st March 2021.

7.6.2.7 The procurement process will ensure that VCFS organisations are appropriately qualified to provide support.

7.6.3 Funding Support For Contact Tracing

7.6.3.1 The estimated costs for VCFS support include the provision of support with contact tracing. At this stage we believe that contact tracing could potentially

require personalised welfare visits; that is the ability to visit people in person in communities and in settings where there are cases of infections. The purpose of the personalised welfare visits would be: to check on people's wellbeing; to encourage those infected to self-isolate; to encourage their friends, family members, colleagues and other contacts to take a test at a local test site and to then self-isolate should they also test positive.

7.6.3.2 We think that VCFS organisations could potentially support this contact tracing function in some way.

7.6.3.3 For example: VCFS organisations may be able to better communicate our advice and guidance, and encourage people to test and self-isolate, where they are embedded within their communities/demographics/settings – such as specific faith, language or age groups. There is more to be done on engaging the views and voices of young people. There will be other groups of stakeholders we will need to engage with as this develops.

7.6.3.4 Contact Tracing requirements are kept under regular review. The need for VCFS support for personalised welfare visits may change in the future.

7.6.4 Funding Other COVID 19 Support from VCFS

7.6.4.1 From discussions with representatives of the VCFS, we are aware that VCFS organisations have an immediate, urgent need for investment to support current ongoing work around COVID-19; and, they require more sustainable, longer term support.

7.6.4.2 It is therefore proposed that as part of the COVID-19 Test, Track and Isolate Programme the Council also provides VCFS organisations with immediate, short term funding, to help them continue to assist with the prevention and management of outbreaks.

7.6.4.3 However, we were conscious that we didn't know the extent of the support that might be needed and were also mindful that we may not be aware of all of the groups that are active in this area as many are new and do not have an existing relationship with the Council. These gaps in knowledge would therefore make it difficult to make any concrete recommendations.

7.6.4.4 We have therefore estimated an amount of funding that could be required to help VCFS in the next 3 to 6 months, and included that within the total cost estimate for VCFS Support as described in the Investment Plan.

7.6.5 Process for Allocating Short Term Funding

7.6.5.1 VCFS organisations have been-asked to complete and return an expression of interest form as part of a purely information gathering exercise to provide us with information about the work that the sector is doing (or could be doing with support) around 3 specific outcomes.

7.6.5.2 Our intention is that the information gathered through this exercise will allow us to make recommendations about how short term funding could be

allocated to VCFS organisations that can demonstrate that they are supporting the TTI Programme to support the delivery of one or more of the following outcomes:

- **Preventing the spread of COVID-19.** For example: educating, encouraging and supporting people to adopt and maintain COVID safe practice to reduce the spread.
- **Testing and outbreak management.** For example: working in the community to encourage people to be tested, to understand what is happening, and to promote communication.
- **Supporting people to isolate.** For example: using good relationships and trust to support people with the practical, emotional and financial support they need. In making decisions we will ensure the right mix of activity and focus on the outcomes we need to achieve. In the process we will also try to engage very local groups.

- 7.6.5.3 It is proposed that the application process for funding is developed in consultation with a Steering Group that includes appropriate Cabinet Members, The Director of Public Health, The Executive Director for Resources, The Executive Director for People Services, Voluntary Action Sheffield and representatives of the faith sector.
- 7.6.5.4 Subject to the information gathered through the EOI process, we anticipate that a light-touch application process will be used for smaller awards and a more in-depth process will be used for larger awards. This ensures that different types and sizes of organisation are able to access funding whilst still ensuring effective use of public money. We envisage that the process will focus on distributing funds quickly while still ensuring fairness and transparency. It is possible that a combination of grants and contracts for services will be used, as appropriate.
- 7.6.5.5 It is proposed that the Steering Group will provide advice and guidance as to the broad criteria for funding. The Steering Group will not have decision making authority regarding the procurement of support from the VCFS. It is also proposed that the final decision on distribution of funding should be made by the Executive Director of Resources, in consultation with the Director of Public Health, and a delegation of decision making is sought to facilitate this. All usual processes and approvals will be followed for the allocation of the VCFS funds under the delegation given to the Executive Director of Resources.
- 7.6.5.6 The aim is to work with and through local community organisations that have the links, knowledge and understanding to support communities most effectively in helping to prevent and respond to COVID-19 – some of these are small organisations with little bidding capacity/capability – but these organisations could be the ones that we need to get the money to the most as they may potentially have greatest influence and impact with the communities that are most affected. The aim is also to make sure that we can quickly channel funding towards organisations working in different parts of the city and with different communities as new outbreaks emerge.

7.6.5.7 If VCFS representatives who sit on the Steering Group are interested in bidding for funding, once the expression of interest have been received their intent to bid will be factored into the design of the proposed application process to ensure there is no conflict of interest.

7.6.6 Longer Term Funding of the VCFS

7.6.6.1 The Investment Plan described in Annex A includes an estimate of the funding required for both the cost of VCFS support for contact tracing and also the cost of VCFS support for Prevention, Testing and outbreak management and Supporting people to isolate. The estimate will be reviewed following the conclusion of a consultation exercise with the VCFS administered through an Expression of Interest (EOI) process as described above.

7.6.6.2 In addition, we intend to develop proposals for longer term funding of VCFS support for the broader city wide response to COVID-19. These proposals will be developed by the Steering Group, with a paper to be presented to Cabinet for consideration in due course.

8. Sources of Funding

8.1 Department for Health and Social Care (DHSC)

8.1.1 In June 2020, Sheffield City Council was allocated a ring fenced grant of £3,101,989 from DHSC towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

8.1.2 Sheffield City Council, along with 6 other Local Authorities, has written to the Secretary of State for Health and Social Care to request further funding of approximately £2m to implement Integrated Local Arrangements for Test, Trace and Support.

8.1.3 The DHSC Grant will contribute £3,101,989 towards these costs, leaving a deficit of £2,003,213.

8.1.4 If successful, the additional request for funding of £2m from DHSC will broadly cover the deficit if received in cash rather than in kind. Officers are optimistic that the funding will be provided because the approach proposed by the 7 Local Authorities to DHSC is believed to be consistent with current government thinking.

8.1.5 However, if unsuccessful, it will be necessary to seek alternative sources of funding or to scale back the Test, Trace and Support services planned. A further report will be produced to present the options available and the implications of those options should this situation arise.

8.1.6 Please note that the costs are estimates to 31st March 2021, are based on a series of assumptions, and have a margin of error.

8.1.7 Furthermore, a significant change in circumstances, such as a major city wide outbreak resulting in a re-imposition of restrictions or a national outbreak resulting in a second lock down could have a major impact on costs incurred.

8.2 DEFRA Grant

8.2.1 The Local Authority Emergency Assistance Grant for Food and Essential Supplies is for local authorities to use to support people who are struggling to afford food and other essentials due to COVID-19. In August 2020, Sheffield City Council received a Grant of £774,649 through this scheme.

8.2.2 DEFRA has set the following objectives and principles for the grant.

- Local Authorities should: use discretion on how to identify and support those most in need; use the funding from July onwards to meet immediate need and help those who are struggling to afford food and essentials due to COVID-19; use the funding for existing schemes and other support which deliver the same outcomes and where the need is greatest; and, work together with other local authorities to provide support and ensure the funding meets its objectives.
- When deciding how to help people, Local Authorities should consider: using cash or vouchers where practical; advising and providing information to people to help them access longer term support they might need, such as benefits.

8.2.3 Further guidance regarding the use of the grant can be found on the DEFRA website at the following address:
<https://www.gov.uk/government/publications/coronavirus-COVID-19-local-authority-emergency-assistance-grant-for-food-and-essential-supplies/coronavirus-COVID-19-local-authority-emergency-assistance-grant-for-food-and-essential-supplies>

8.2.4 It is proposed that this grant will be administered through the Council's Local Assistance Scheme (LAS) - recognising that the LAS may need to be adapted to meet the specific objectives and principles defined by DEFRA.

8.2.5 The LAS is an existing scheme specifically designed to support people in extreme hardship through for example providing food vouchers. It is a ready-made way of allocating the funding to those in need, though some changes may be necessary.

8.2.6 It is further proposed that decision making regarding this grant will be by the Executive Director of Resources, in consultation with the Executive Directors of People and Place, and governed through the Outbreak Control Programme Strategy Board.

8.2.7 The rationale for this being that providing support for food and essential supplies to those affected by COVID-19 fits logically within the Isolating and Shielding Support Workstream of the TTI Programme.

- 8.2.8 This Workstream is responsible for establishing ways of providing humanitarian support to isolating and shielded people who are in need of assistance with food, medication and/or social contact. It is also responsible for establishing ways of providing other forms of support such as accommodation and potentially financial support where appropriate. Furthermore, the Outbreak Control Programme Strategy Board includes members representing Sheffield City Council, the Health Sector and the VCFS. It is ideally placed to oversee decision making regarding the use of this short term grant funding.
- 8.2.9 For the purpose of clarity, the DEFRA Grant will not be used to fund the TTI Programme Investment Plan. The DEFRA grant will be used for the purpose for which it is intended – to support people who are struggling to afford food and other essentials due to COVID-19.

9. Consultations

- 9.1 This report has been written in consultation with the key stakeholders of the Test, Track & Isolate Programme's Outbreak Control Programme Strategy Board.
- 9.2 The Strategy Board includes representatives from Sheffield City Council, including the Director of Public Health and the Executive Directors for Resources, Place and People Portfolios. The Board also includes several representatives from the Health Sector and a representative from the Voluntary, Community and Faith Sector.

10. Risk Analysis and Implications of the Decisions

10.1 Equality of Opportunity Implications

- 10.1.1 The overall proposal is supportive of the aims of the Public Sector Equality Duty, established through the Equality Act 2010, which requires the Council, in the exercise of its functions to have due regard to the need to:
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 10.1.2 It will be particularly effective in reducing discrimination against and victimisation of people who are experiencing more than one disadvantage.
- 10.1.3 The Public Sector Equality Duty (S149 of the Equality Act 2010) requires us to pay due regard when making decisions. An Equality Impact Assessment has been carried out and highlights the impacts of COVID-19 on people with a protected characteristic and how the Test Trace Isolate Programme will have a positive impact in mitigating the impacts of health inequality, poverty and multiple levels of deprivation.

10.1.4 Covid-19 has been shown to have a disproportionate impact on BAMER people, older people and men. The measures in this report will ensure that resources are used to help reduce and control the spread of the virus, and will be targeted to help ensure that the disproportionate impact suffered by those most at risk (including people who share these protected characteristics) are mitigated.

10.2 Financial and Commercial Implications

10.2.1 Financial Implications

10.2.1.1 As highlighted in Section 8, Sheffield City Council has been allocated a ring fenced grant of £3.1m from the Department of Health and Social Care (DHSC) towards the mitigation against and management of local outbreaks of COVID-19 and a grant allocated of £775k from the Department for Environment and Rural Affairs (DEFRA) to support those struggling to afford food and other essentials due to COVID-19.

10.2.1.2 Annex A: Investment Plan of this report sets out the estimated costs of delivering an effective TTI process but may be subject to change as the situation in Sheffield develops. The current forecast exceeds the grant allocation by £2.003m and a bid for further funding has been submitted and confirmation is awaited.

10.2.1.3 The Council's latest financial forecast does not reflect this potential overspend and should the bid for additional funding be unsuccessful then the programme will need to be reviewed in light of this and will be subject to a further report. It should be noted at this stage the proposals are not committing the Council to ongoing costs but depending on changes in circumstances, as a result of COVID-19, may result in financial pressures into 2021/22 if the Council still has a level of responsibility for TTI. This would be an additional financial pressure if Government funding is not secured.

10.2.1.4 The DHSC grant of £3.1m is subject to clawback if terms and conditions are not complied with. The DEFRA grant is not ring fenced but is expected to be used in accordance with DEFRA guidance.

10.2.2 Commercial Implications

10.2.2.1 Primary Care Sheffield Direct Award

The Contract will be awarded in line with the Public Contract Regulations under Regulation 32.2.c which allows authorities to award without competition in the case of extreme urgency and where the time-limits around a competitive process cannot be followed.

Due diligence has taken place both on the financial proposals and the proposed staffing model to ensure that PCS's offer is both reasonable and represents value for money.

If this service is still required after 12 months and there are no further restrictions on the market place (e.g. there is not another lockdown in effect that makes a competitive process prohibitive) the contract will be tendered competitively in line with normal procurement processes. Should a further lockdown occur during the period the service would be tendered a further option to extend for 6 months has been included.

10.2.2.2 VCFS Funding

All usual processes and approvals will be followed for the allocation of the VCFS funds under the delegation given to the Executive Director of Resources.

10.3 Public Health Implications

10.3.1 The purpose of the Test, Track and Isolate Programme is to protect the health of people in Sheffield. It will do this by delivering the city's Outbreak Control Plan, the purpose of which is to prevent the spread of COVID-19 and respond promptly and efficiently to any incidents, clusters of cases and outbreaks. The Investment Plan outlined in this report will enable the successful delivery of the TTI Programme.

10.4 Legal Implications

10.4.1 The Council has a number of powers and duties relevant to the matters outlined in this report. To the extent that anything that the Council proposes to do is not covered by these specific powers and duties, and to the extent not restricted by them, the Council has a general power of competence to do anything that an individual may do under the Localism Act 2011. The specific legal implications of individual elements of implementation will be considered as further delegated decisions are made.

10.4.2 All grants will need to be made in accordance with applicable state aid law and contracts will need to comply with Contract Standing Orders and, to the extent applicable, the Public Contracts Regulations.

11. **Alternative Options Considered**

11.1 The Test, Track and Isolate Programme has been established to implement the Outbreak Control Plan and to prevent, mitigate against and manage local outbreaks of COVID-19.

11.2 The Programme is organisationally complex (it involves multiple council services and partner organisations), it is technically complex (requiring new processes and systems to be established and incorporated into new and existing council services), it provides a new and complex range of services (prevention, testing, track and trace, isolation support), and it exists in a complex environment that changes from week to week - based on the spread of the virus and changes in government policy.

11.3 This report describes what officers believe to be the best way of preventing,

mitigating and controlling the virus in Sheffield. However, this will be kept under review and the approach described may need to change. The TTI Programme is agile and responsive, and is capable of adapting to changes in epidemiology and policy, in order to protect the health of the people of Sheffield.

- 11.4 There are also constraints over what the grants can be used for. The DHSC grant of £3,101,989 is ring fenced towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19.
- 11.5 The DEFRA grant of £774,649 is not ring fenced but has been provided to support those struggling to afford food and other essentials due to COVID-19, and is expected to be used in accordance with the associated guidance and within 12 weeks of receipt.
- 11.6 Alternative options that have been considered and rejected include:
- 11.7 Implement Without Programme Management
 - 11.7.1 This option was rejected because without the capability and capacity of the BCIS business change resources deployed on the project, it would not have been possible to translate the outbreak control plan into a consistent and coherent programme of activity, capable of delivering the additional processes and systems needed to prevent, mitigate and manage outbreaks of COVID-19 in Sheffield.
- 11.8 Implement Without Additional Staff Resources
 - 11.8.1 This option was rejected because without additional resources to backfill existing staff or to provide additional knowledge, skills and capacity, then it is not possible to deliver the on the ground prevention, mitigation and outbreak management services needed to manage COVID-19 in Sheffield.
- 11.9 Implement Without Communications
 - 11.9.1 This option was rejected because without regular communications to people and businesses, providing advice and guidance about how to prevent infections, how to behave if there is an infection, and the support available, all of which is designed and delivered in ways that will achieve maximum impact, including translations into foreign languages, then we believe the virus will spread quickly across the city resulting in damage to public health and economic prosperity.
- 11.10 Implement Without Local Testing
 - 11.10.1 This option was rejected because without a local testing service we would not be able to manage small localised outbreaks, in a homeless hostel or care home for example, and fulfil our duties to protect public health and manage and prevent COVID-19 outbreaks. A scalable solution has been designed so that we only pay for what we need (recognising there are some structural/set up costs), and that testers will be asked to help with other response related

work when not engaged in testing activity. This could be prevention work or communications activity for example.

11.11 Implement Without VCFS Assistance

11.11.1 This option was rejected because since the outbreak of COVID-19, the Voluntary, Community and Faith Sector has provided tremendous support and resilience to communities in Sheffield. The connections, knowledge and understanding that these organisations have of their local areas will help us to be more effective in future prevention, outbreak management, testing, tracing and isolation support.

12. Reasons for Recommendations

12.1 The recommendations described in this report will enable Sheffield City Council to implement a Test, Track & Isolate Programme that will help to deliver the Sheffield Local Outbreak Control Plan and to prevent, mitigate against and manage local outbreaks of COVID-19.

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