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PUBLIC

To: Members of Cabinet

Wednesday, 22 July 2020

Dear Councillor,

Please attend a meeting of the **Cabinet** to be held at **2.00 pm** on **Thursday, 30 July 2020.** This meeting will be held virtually. As a member of the public you can view the virtual meeting via the County Council's website. The website will provide details of how to access the meeting, the agenda for which is set out below.

Yours faithfully,

Simon Hobbs
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. To receive apologies for absence

2. To receive declarations of interest (if any)

3. To consider Minority Group Leader questions (if any)

4. To confirm the minutes of the meeting of Cabinet held on 9 July 2020 (Pages 1 - 14)

5. To receive minutes of Cabinet Member Meetings as follows:

5 (a) Adult Care - 25 June & 9 July 2020 (Pages 15 - 22)

5 (b) Young People - 7 July 2020 (Pages 23 - 24)

5 (c) Health & Communities - 8 July 2020 (Pages 25 - 26)

5 (d) Clean Growth & Regeneration - 9 July 2020 (Pages 27 - 28)

5 (e) Highways, Transport & Infrastructure - 9 July 2020 (Pages 29 - 32)

To consider non-exempt reports as follows:

6 (a) Revenue Outturn 2019-20 (Pages 33 - 62)

6 (b) Budget Monitoring 2020-21 (as at 31 May 2020)

6 (c) Budget 2020-21 (Pages 63 - 68)

6 (d) Revised Financial Regulations (Pages 69 - 174)

6 (e) Delivering the Climate and Carbon Reduction Manifesto (Pages 175 - 184)

6 (f) Voluntary Community Sector Grants Review (Pages 185 - 236)

6 (g) Covid-19 Outbreak Management Plan and Track and Trace Communications Strategy (Pages 237 - 358)

6 (h) Award of Grant Funding to Active Partners Trust for the provision of Funding to Active Derbyshire (Pages 359 - 362)

6 (i) Reimbursement of Stop Smoking Pharmacotherapy Product Costs (Pages 363 - 366)

6 (j) Review of Officer Decisions (Pages 367 - 536)

6 (k) Reshaping and Reconfiguring the Direct Homecare Market - Transferring Long Term Packages of Care from Direct Care to the Private Homecare Sector (Pages 537 - 540)

6 (l) Support Centre Funding (Pages 541 - 546)

6 (m) The Big Consultation (Pages 547 - 568)

6 (n) Schools Forum Constitution (Pages 569 - 574)

6 (o) Children's Services Capital Programme 2020-21 Capital Programme

Allocations (Pages 575 - 582)

7. Exclusion of the Public

To move “That under Regulation 21 (1)(b) of the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph(s)… of Part 1 of Schedule 12A to the Local Government Act 1972”

PART II - EXEMPT ITEMS

8. To receive declarations of interest (if any)

9. To confirm the exempt minutes of the meeting of Cabinet held on 9 July 2020 (Pages 583 - 586)

10. To receive exempt minutes of Cabinet Member Meetings as follows:

10 (a) Adult Care - 25 June 2020 (Pages 587 - 588)

10 (b) Highways, Transport & Infrastructure - 9 July 2020 (Pages 589 - 592)

To consider exempt reports as follows:

11 (a) Corporate Property Delivery - Joint Ventures update (Pages 593 - 602)

11 (b) Approval to Award a contract for the construction of the Ashbourne Business Park Link Road (Pages 603 - 608)

11 (c) Review of Officer Decisions - Exempt matters (Pages 609 - 612)

11 (d) Care Leavers Discount for Care Leavers living outside Derbyshire (Pages 613 - 618)

11 (e) (Children's Services) Care Leavers Employment Opportunities - Paid Internships and Apprenticeships (Pages 619 - 624)

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PUBLIC

MINUTES of a meeting of **CABINET** held on 9 July 2020.

PRESENT

Councillor B Lewis (in the Chair)

Councillors A Dale, A Foster, C A Hart, T King, S A Spencer and J Wharmby.

Declarations of Interest

There were no declarations of interest made.

107/20 MINORITY GROUP LEADERS' QUESTIONS

Councillor P Smith asked the following question:

Agenda item 6(a) – Council Plan Refresh 2020-21

Following the announcement made by Cabinet last month re: Care Home closures, are there any developments yet on the revised plans for Older Peoples Housing strategy, or has the strategy not changed which seems to be the case according to today's Cabinet papers?

Further to the Peer Review outcome, what amendments have been made and to which areas of the Council Plan to take account of the input and feedback received?

Now that we are in the fourth year of the current administration, are you happy with progress made so far?

Councillor B Lewis, Cabinet Member for Strategic Leadership, Culture and Tourism and Leader of the Council responded in respect of the revised plans for care home and the Older People's Housing Strategy, the Improvement and Scrutiny Committee - People would be undertaking a review of the present position and it was important that all parties were involved in this discussion. Councillor J Wharmby, Cabinet Member for Adult Care advised that a discussion on homes for older people had been scheduled for the Improvement and Scrutiny Committee – People at its meeting on 22 July.

Councillor A Foster, Cabinet Member for Corporate Services reported that the Council were in the middle of an ambitious transformation programme, but implementation had been frustrated somewhat by the Covid-19 situation. Value for money was a key target as was asset management to

ensure that the Council's portfolio was best suited to its needs. From the perspective of the Peer Review, one of the key targets was about achieving the One Council approach and since 2017, this had been very much part of the Council's priorities and this is evident in the Council Plan Refresh.

In response to the question about whether the Council was happy with what it had achieved so far, Councillor Lewis indicated that £6m had been put back in to the road maintenance budget, 70,000 potholes had been filled in 2018-19 which was three times the yearly average and £2.8m had been put back in to Community Transport when there was no budget at all. The Council had successfully campaigned to keep Chesterfield within Derbyshire. Plans to introduce parking charges in various places such as Matlock Bath had been scrapped. £300k had been saved in senior management costs without incurring any golden handshake payments. Plans to introduce tip charges and to close three recycling centres had also been scrapped.

In terms of Peer Review feedback, all councillors would be aware that the Council's budget monitoring processes were now very different and were much more transparent. The transformation of the organisation had been critical and very much around the Enterprising Council approach and One Council approach that we now had in Derbyshire, which demonstrated a 21st century way of working. Notwithstanding the dislocation that Covid-19 had brought to Derbyshire, he was immensely proud of the progress that had been made over the last three years.

108/20 **MINUTES** **RESOLVED** that the non-exempt minutes of the meeting of Cabinet held on 4 June 2020 be confirmed as a correct record.

109/20 **CABINET MEMBER MEETINGS - MINUTES** **RESOLVED** to receive the non-exempt minutes of Cabinet Member meetings as follows:

(a) Young People – 2 June 2020
(b) Health and Communities – 5 and 24 June 2020
(c) Adult Care – 11 June 2020
(d) Strategic Leadership, Culture and Tourism – 18 June 2020

110/20 **COUNCIL PLAN REFRESH 2020-21** (Strategic Leadership, Culture and Tourism) The Executive Director – Commissioning, Communities and Policy recommended the Authority's revised Council Plan refresh 2020-21 for approval by Full Council.

The Council Plan sets out the future direction of the Council, the outcomes that the Authority was seeking to achieve and priorities to focus effort and resource. In May 2019, Council approved a substantially revised Council Plan for 2019-21, which sets out a smaller number of focused priorities, supported by key deliverables. A review and refresh of the Plan

takes place each year to ensure the Plan remains up to date and is fit for purpose. Cabinet recommended the Authority's Council Plan refresh 2020-21, on 16 March 2020 for approval by Full Council.

However, the outbreak of coronavirus and the ensuing pandemic has had a significant impact on the work of the Council and as a result, a further review and refresh of the Council Plan had now taken place. Key changes to the Plan reflected the vital community leadership role the Council had played and would continue to play over the next twelve months, in ensuring work with partners and local communities addresses both the challenges and opportunities presented by Covid-19 and climate change.

In particular, the Plan looked to harness the positive changes resulting from the recent disruption and would ensure the Council continued to:

- Work alongside local communities, partners and businesses, providing strong leadership, support and the reassurance needed to direct people through the crisis. Build on our Derbyshire Spirit and harnesses the increased number of local volunteers who have mobilised during the current pandemic, supporting local communities and the voluntary and community sector to thrive.
- Maximise the opportunities presented by the increase in remote home working and the reduction in travel to accelerate our asset management proposals and reduce our carbon footprint.

- The revised Council Plan refresh 2020-21 was attached at Appendix A to the report. The Plan was supported by a more detailed delivery plan, which had been updated and is attached at Appendix B to the report. The delivery plan sets out clear timescales and lead responsibility. The refreshed Plan and delivery plan were recommended for approval by Full Council. The Council would continue to assess progress through regular monitoring of the delivery.

RESOLVED to recommend the Authority's refreshed Council Plan 2020-21 for approval by Full Council.

111/20 DEPARTMENTAL SERVICE PLANS 2017-2021 (2020-21 UPDATE) (Strategic Leadership, Culture and Tourism) The Executive Director – Commissioning, Communities and Policy recommended the 2020-21 updates to Departmental Service Plans 2017-21 for approval by Full Council.

Service Plans set out how each department would contribute to the outcomes and priorities set out in the Council Plan Refresh 2019-21. The Council Plan outcomes, which outlined what the Council was working towards

with partners and local people were detailed along with the five priorities outlined in the Council Plan, which provided a focus for effort and resource.

The Service Plans described how departments would work towards achieving the outcomes and priorities set out above and on 16 March 2020, Cabinet recommended the refreshed departmental Service Plans 2020-21 for approval by Full Council. The outbreak of coronavirus and the ensuing pandemic has had a significant impact on the work of the Council and as a result, a further review and refresh of departmental Service Plans had taken place. The revised departmental Service Plans 2020-21, attached to this report, had now been amended to ensure there was a continued focus on the Council's work with partners and communities to tackle both coronavirus and climate change.

RESOLVED to approve (1) the revised 2020-21 update to Departmental Service Plans 2017-21; and

(2) the Service Plans to be submitted to Full Council for endorsement.

112/20 URGENT OFFICER DECISIONS (Strategic Leadership, Culture and Tourism) The current challenges relating to the Covid-19 virus had necessitated urgent decision-making processes by Executive Directors and Directors to be implemented in order to ensure the welfare of service users and the public and to safeguard the interests of the Council.

The Coronavirus Act 2020 had now been implemented alongside a range of related Regulations. The Regulations included provision for virtual meetings of Council bodies including Cabinet. These regulations took effect on 4 April 2020. Members would appreciate that prior to these Regulations being introduced and Cabinet meetings resuming, it had been necessary for a range of decisions to be made. These decisions had been made under the urgent delegated powers to Executive Directors as set out in the Constitution.

In the main, the decisions related to short-term temporary arrangements which were subject to regular review. This was particularly important where subsequent Government guidance had been issued, notably in areas of Adult Care. As Cabinet was now able to function by meetings being held 'remotely' the need for officers to make urgent decisions would diminish over time.

RESOLVED to note the urgent decisions made under delegated powers arising from the Covid-19 virus pandemic.

113/20 INVESTMENT IN POPULATION NUTRITION AND PHYSICAL ACTIVITY PROGRAMMES (Health and Communities) The Director of Public Health sought approval:

- to extend the physical activity grant funding for Exercise by Referral, Walk Derbyshire and Active Fostering services delivered by district and borough councils from 1st September 2020 to 31st March 2022, to the value of £0.633m
- to extend the grant funding for Jog Derbyshire, delivered by SHIFT from 1 September 2020 to 31 March 2022, to the value of £79,000
- to provide funding of £43,000 to allow district and borough councils to continue to deliver their existing physical activity programmes until August 2020
- to extend the grant funding to The Soil Association for delivery of the Food for Life programme by £0.150m over a period of 2 years from September 2020 to August 2022

Having a healthy and nutritious diet, and taking part in regular exercise are essential in maintaining good physical and mental health and well-being. The causes of obesity were complex and multi-factorial, with an unhealthy diet and being physically inactive both being contributing factors to excess weight gain. Being overweight or obese were major risk factors for a number of chronic conditions including cardiovascular disease, type 2 diabetes, musculoskeletal disorders (particularly osteoarthritis) and some cancers. All these conditions contributed to a significant burden on health and care services, and investing in programmes that support weight loss or maintenance of a healthy weight would assist in reducing future demand.

In June 2018 and February 2019, Cabinet agreed to fund the district and borough councils to a combined value of £0.500m for September 2018 to August 2019, and £0.457m for the period September 2019 to August 2020 to deliver grant funded physical activity programmes. In addition, Cabinet agreed to provide £0.100m to SHIFT to deliver Jog Derbyshire between September 2018 and 31st August 2020. The funding was used by District and Borough councils to deliver a number of grant funded physical activity programmes, including Exercise by Referral, Walk Derbyshire, Community Innovation projects and Active Fostering. SHIFT, a Community Interest Company, delivers Jog Derbyshire, which was also grant funded. All agreements were due to end in August 2020.

Exercise by referral was a 12 week programme for inactive adults with certain health conditions (e.g. following a heart attack or with chronic obstructive pulmonary disease). The programme equipped people with the knowledge, skills, confidence and self-efficacy to be more active in their local leisure centre or through other community-based activity and to continue this longer term. Between November 2018 and September 2019, 1,386 individuals completed a 12-week Exercise by referral course. Many of these have continued to maintain their activity levels after completion of the Exercise by

referral course through purchasing leisure membership with district and borough councils.

Walk Derbyshire was a network of walks that supported people to lead more active lives within their local communities. From September 2018 funding had focussed on growing the network of supported walks for inactive people across Derbyshire, including developing more family-friendly organised walk opportunities, and supporting people with physical and mental health conditions to become more active through walking. In December 2019, there were 108 Walking groups operating across Derbyshire, supporting those new to walking, as well as those wishing to progress to more strenuous walks. There were also groups that support people with physical and mental health conditions, dementia and their carers, and buggy walks that allow new mothers to socialise and be active.

The Community Innovation Fund was established in September 2018 to support the piloting of community-based projects in areas with vulnerable populations, putting local people at the heart of new and creative physical activity opportunities. The fund had provided an opportunity to test new ways of working to support inactive people to become active. Ways to encourage children and families to be active together had been a priority.

Active Fostering supported initiatives to engage Looked After Children and their families in physical activity, including leisure centre access but also new and diverse activity opportunities. This was a priority area given that physical activity was one of the ways to support children to develop skills and confidence to allow them to achieve their full potential. Approximately 300 fostering households in Derbyshire have a pass (over 85% of all fostering households). 90 of these households say they accessed activities through the scheme on a weekly basis, and over 20 Children in Care had learnt to swim in the last 12 months. In the annual fostering survey over 90% of the respondents gave Active Fostering the highest possible rating.

Jog Derbyshire was a programme that worked with people in communities to support them to become more active through jogging. The groups cater for everyone, regardless of age or ability, and were all led by qualified jog leaders. As of September 2019 there were 51 Jog Derbyshire groups established across Derbyshire, including groups affiliated to GP practices and workplaces.

Food for Life (FFL) was a national programme run by The Soil Association bringing schools and their surrounding communities together around the core ethos of healthy, tasty and sustainable food. The programme was about more than just food on the plate, the intervention works to change food culture, by considering where food comes from, how it was grown, cooked and experienced, and contributing to a community-wide whole

systems change that could impact on education, sustainability, inequalities, communities and health.

The programme had operated across Derbyshire for six years. In September 2019, Cabinet Member approval was given to fund the programme for another 12 months, to August 2020.

FFL worked in schools and their wider communities to embed lasting changes in positive food culture, through school meals, cooking, growing and farm visits in the curriculum, engaging parents, staff and the community in food-related training and activities. It supported schools to take a whole school approach encouraging everyone to get involved in FFL. Details of the latest independent evaluation of locally-commissioned FFL programmes, such as Derbyshire's, had demonstrated how FFL contributed to giving children the best start in life and details were presented in the report. Latest research had shown that the social return on investment of FFL commissioned programmes exceeded £4 for every £1 invested. Additionally, one of the programme's key strengths had been recognised as its ability to work alongside local stakeholders to add value to existing programmes of work.

Within Derbyshire, the programme was delivered by staff from The Soil Association providing one to one support to schools, engaging the wider local community, Derbyshire-based food networks and groups, plus directly supporting school caterers. In addition, schools have access to the FFL Awards framework, resources and HQ support for 2-3 years, a full suite of training programmes for teaching staff in cooking, food growing, farm visits and schools farmers' markets, plus cooks' networks. The year culminates in a celebration event and also provides regular reporting and monitoring of impacts.

Since the start of the Derbyshire programme in 2013, it had made a significant impact across schools as well as across the Council's Catering Services. There is continued demand for the FFL programme in Derbyshire and desire from schools to create a positive change in "good food" culture at schools.

Public Health was proposing to explore options for changing the physical activity commissioning model from April 2022. The drivers for this were to ensure commissioning intentions were in line with strategic objectives for increasing rates of physical activity, and reducing rates of inactivity; deliver a more integrated approach to physical activity commissioning across the County and enhance the reporting mechanisms. Extending the funding for current service provision as outlined would enable continuation of services that supported local residents to become more physically active, while engaging with stakeholders to develop a future model. In addition, similar

engagement work with partners would allow Public Health to commission an integrated programme of obesity interventions by 2022.

During the current social distancing requirements there had been a shift in physical activity attitudes and habits. Sport England's Insight Report suggested that the Government's messages about exercise may be having a positive impact. 53% of adults in England agree that they had been encouraged to exercise by the Government's guidance. 59% of adults walked in the last week, 44% did online fitness, offline fitness or informal physical activity in the home.

Derbyshire physical activity providers had recognised this and started to explore different ways of facilitating physical activity. Providers had adapted quickly to current circumstances and restrictions and had focussed on delivering online content, developing home based programmes, providing 1:1 support via telephone and video and developing and trialling online training. The Council would work with the providers to capitalise on the positive changes in attitudes towards physical activity and continue to embed new ways of working.

The closure of schools as part of the national social distancing requirements had impacted on delivery of Food for Life in local schools, but had not required complete suspension of the programme. In April 2020 Alfreton Park Special School received its FFL Silver Award, the culmination of 18 months of work by the school community, working alongside the local FFL programme co-ordinator.

It was proposed that physical activity grant funding to District and Borough councils be extended from 1 September 2020 until 31 March 2022. The total cost for extending the grants would be £0.633m, details of which were presented. The financial allocation to physical activity programmes delivered by district and boroughs was £43,000 less between September 2019 and August 2020 compared to September 2018 to August 2019. An additional investment of £43,000 would allow district and borough councils to deliver their existing physical activity programmes up to August 2020.

RESOLVED to (1) approve funding of £0.633m to district and borough councils to continue delivery of Exercise by Referral, Walk Derbyshire and Active Fostering from September 2020 to March 2022;

(2) approve funding of £43,000 to district and borough councils to continue to deliver existing physical activity programmes until August 2020
 Approves funding of £79,000 to SHIFT to continue to deliver Jog Derbyshire from September 2020 to March 2022;

(3) approve funding of £0.150m to support continued delivery of the Food for Life programme from September 2020 to August 2022; and

(4) note the proposals for the development of a new commissioning model for physical activity and population nutrition interventions

114/20 CHILDREN'S SERVICES CAPITAL PROGRAMME 2019-20 FURTHER ALLOCATIONS AND S106 PROJECT ALLOCATIONS (Young People) The Executive Director – Children's Services informed Cabinet of capital allocations and of Section 106 contributions approved either for projects or to repay the Capital Programme under delegated powers by the Executive Director for Children's Services and the Children's Services Head of Development.

On 13 February 2020, Cabinet approved and noted further allocations to the Children's Services Capital budget which left an unallocated balance of £2,388,658. The report included in error an allocation of £38,000 from the budget for a project at Holmesdale Infants School. The funding was in fact met from savings from the 2016-17 Capital Programme which would be the subject of a future report. The corrected unallocated balance was therefore £2,426,658.

Approvals made under delegated powers by the Executive Director - Children's Services and the Children's Services Head of Development to top up previously approved allocations were set out in Appendix A to the report The allocations total £127,180 leaving an unallocated balance of £2,299,478. Capital Refunds from Section 106 Developer Contributions. Appendix B to the report detailed Section 106 Developer contributions totalling £1,376,111.63 that had been received or were available to claim. The Executive Director - Children's Services and the Head of Development had approved under delegated powers for the funds to be either allocated to projects or, in the case of £982,911.94 Section 106 funding, to be repaid to the Children's Services Capital budget that originally funded the expansion projects at the schools. They would be added to the overall balance once a full reconciliation of the individual financial years has been completed.

On 20 September 2018, Cabinet approved a Section 106 Developer contribution of £59,246 (Land off Old Derby Road 13/00911/OUT) for Ashbourne Hilltop Primary School to be used to repay the Capital budget (basic need) which funded the expansion project at the School. The contribution was reported again in the Cabinet paper of 18 April 2019 in error. To correct the error the unallocated balance was reduced to £2,240,232.

RESOLVED to (1) note the error in the reporting of the £38,000 allocation from the Children's Services Capital budget and the correction to the unallocated balance;

(2) note the allocations approved under delegated powers by the Executive Director for Children's Services and the Head of Development totalling £127,180;

(3) note that Section 106 Developer contributions totalling £1,376,111.63 have been received or are available to claim and the approvals by the Executive Director for Children's Services and the Head of Development for the monies to be allocated to projects and for £982,911.94 of these monies to be repaid to the Children's Services Capital budget which funded the expansion projects at the schools; and

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(4) note the error in the reporting of a £59,246 Section 106 Developer contribution and the correction to the unallocated balance.

115/20 <u>NEW SECONDARY SCHOOL IN SOUTH DERBYSHIRE</u> (Young People) The Executive Director – Children's Services updated Cabinet on the progress with the new secondary school for South Derbyshire and seek agreement to progress aspects of the planning should the Wave 14 Free School application be unsuccessful.

On 20 September 2016, Cabinet received a report detailing the outcome of the consultation on the potential sites for a new secondary school in South Derbyshire and agreed to notify sites at Boulton Moor (Thurlston Fields) and Lowes Farm in the South Derbyshire District Council (SDDC) Local Plan Part 2. At the subsequent examination of the SDDC Local Plan however, the Thurlston Fields site was considered to be unacceptable as it lay within the greenbelt and could only be considered in exceptional circumstances. As a result, the remaining Lowes Farm site formed part of the approved Local Plan.

The Authority had commenced discussion with the developer and land owners of the site however, those discussions were placed on hold on the advice of the Department for Education (DfE) when the Wave 13 application was submitted. In the early discussions with the DfE over the Wave 14 application, there was concern about the fact that the site had not been secured and therefore, there would be merit in re-commencing the negotiations with the developer to agree heads of terms regardless of who develops the school in the future.

The consultation had taken place in response to the level of housing growth in the south of the County. The Derby Housing Market Area which comprises of Derby City, South Derbyshire District Council and Amber Valley Borough Council was set to deliver 33,338 dwellings between 2011 and 2028. Joint planning was in place between the three planning authorities with South

Derbyshire and Amber Valley meeting a significant amount of unmet housing need from Derby.

South Derbyshire Adopted Local Plan Parts 1 and 2, South Derbyshire Core Strategy (March 2016) identifies 12,618 dwellings between 2011 and 2028. There are a total of 9,378 dwellings proposed on Local Plan sites in the South Derbyshire district which were in close proximity to Derby City and would be expected to yield a total of 1,407 secondary and 563 post-16 aged children. The majority of these developments already had planning approval. The latest anticipated trajectories model a total of 3,766 dwellings being completed within the five year period up to 2024, with a total of 7,480 dwellings remaining to be delivered within the plan period up to 2028.

The Amber Valley Local Plan was currently under review but identified 9,770 dwellings between 2011 and 2028 whilst Derby City Core Strategy (January 2017) lists 11,000 dwellings between 2011 and 2028. The tables at Appendix B to the report showed the anticipated pupil yields from development across the three districts. The calculation of pupil yields was tested regularly during the early stages of developments and to date, were in line with the calculations used. Intake at the new primary schools had also been analysed. The fact that around 50% of the September 2019 intake to Chellaston Fields Spencer Primary Academy is currently resident in Derby City strongly supports the belief that a new secondary school would fill from demand both within Derbyshire and Derby City.

Sufficiency of education infrastructure had been a key consideration within the development of Local Plans and Derbyshire County Council had been successful in securing five additional primary schools (two that opened in 2019, one opening in 2020, one due to open in 2021 and one in the Wave 13 pre-opening stage, all funded principally through Section 106 agreements. Planning obligations under Section 106 of the Town and Country Planning Act 1990 (as amended), commonly known as S106 agreements, were a mechanism which made a development proposal acceptable in planning terms, that would not otherwise be acceptable. They were focussed on site specific mitigation of the impact of development. S106 agreements are often referred to as ‘developer contributions’ along with highway contributions and the Community Infrastructure Levy.

The provision of a new secondary school was a fundamental element of the master-planning for the largest strategic development, Infinity Park (1,950 dwellings) but joined up with the wider demand in the area. The cost of a new secondary school was likely to be in the region of £27M so at present there was a shortfall and, as the Section 106 developer funds were tied to triggers through the duration of the developments, the funds were unlikely to be received in the timescale needed to deliver the school. A summary of the likely receipt of funding

was provided at Appendix C to the report.

On 25 February 2018, Cabinet approved the use of £16.5M in Section 106 funding for the new secondary school, however the approval of borrowings to meet the shortfall was postponed as the date of opening was not clear at that stage. The new secondary school would be an academy and the process for establishing and funding the school would take place through one of two routes. The first was through the Department for Education (DfE) direct free school route. In this instance, the DfE advertised through a wave for multi-academy trusts (MATs) to apply to operate a new school. In that instance, the DfE funds and manages the capital project (with the transfer of approved Section 106 funding) and agreed a funding agreement with the MAT which included a decision on the date and method of opening. Any shortfall in capital funding and the revenue funding were managed by the DfE. In 2018, a MAT applied to open the new secondary school under Wave 13. Unfortunately that application was unsuccessful as the DfE did not consider that the demand for places was adequately demonstrated. In 2019, the MAT re-applied under Wave 14 and that application was currently being considered with a decision likely in the Summer of 2020. Wave 14 appeared to be considering schools opening around 2024.

The second route was through the Free School Presumption process which involved the Authority managing and funding the capital scheme using available Section 106 funding. The Authority would advertise for a MAT to apply to sponsor the school. Whilst the Authority would interview applicants and provide recommendations, the decision on the choice of sponsor rested with the DfE. In that instance, the Authority was responsible for the revenue support funding as well as any shortfall in capital funding. The proposed opening date is likely to be in line with that of the Wave 14, but would be determined by the demand for places. In preparation for a Presumption process, it would be necessary to undertake consultation with interested parties and it was proposed that that consultation is initiated once it was considered appropriate given the Covid 19 emergency.

In addition to the capital expenditure on a new school, it was necessary to provide revenue support, which came in three forms. Under the LA presumption process the successful MAT would receive support equivalent to the Project Development Grant (PDG) and Post Opening Grant (POG) paid under the Government's central programme. The PDG supported the costs of planning and developing the school in advance of its opening e.g. employing key personnel. The maximum amount payable for a secondary school was currently £0.300m.

Second, the POG provided additional resources over and above

the school's budget determined by the LA's funding formula. POG funding was in two parts. A per pupil resources element was paid each year that the school builds up to capacity for each new pupil expected to be on roll. The current secondary school rate was £500 per pupil which equates to £0.625m for an 11-18 school with 1,250 children.

In addition, the POG had an annual leadership element based on the number of year groups that the school will ultimately have that do not yet have pupils. The amount paid to mainstream schools with pupils aged 5 to 15 each year depended on how many year groups (cohorts) were empty. The amount payable would depend on the profile of admissions, however, the maximum secondary school sum payable is £0.312m.

The third element was in-year formula support. The school would be funded by the local authority's approved mainstream funding formula, in Derbyshire this was effectively the National Funding Formula. Due to timing issues, children starting in each September would not trigger DSG funding until the following April.

The estimated average pupil led funding of a child at Key Stage 3, including an element for deprivation and additional educational needs in 2020-21, for a seven month period, was £2,800. Thus the formula cost of 210 children being admitted for the first time each September would be £0.588m which would also be met from the Schools Block.

The combined annual cost of the above support would be circa £0.765m. Some additional funding should be available via the Pupil Growth fund element of the Schools Block which looks at year on year increases in pupil populations as measured for each Middle Super Output Area. However, it was not possible at this stage to calculate what the impact of the new school would have on this calculation and thus the grant for Derbyshire.

RESOLVED to (1) note the progress on the provision of a new secondary school in South Derbyshire;

(2) to continue to support the Wave 14 application through lobbying the DfE;

(3) to approve the resumption of negotiations over the site for the new school;

(4) to initiate further consultation on the provision of a new secondary school in South Derbyshire; and

(5) to identify the revenue funding resource that would be required should be new school be established through the Presumption route.

116/20 EXCLUSION OF THE PUBLIC FROM THE MEETING RESOLVED that the public be excluded from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of the kind of exempt information detailed in the following summary of proceedings.

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC HAD BEEN EXCLUDED FROM THE MEETING

1. To consider Minority Group Leaders' Questions (if any).

2. To confirm the Exempt Minutes of the meeting of Cabinet held on 4 June 2020.

3. To receive exempt minutes of Cabinet Member meetings as follows:

   (a) Health & Communities – 5 June 2020
   (b) Adult Care – 11 June 2020
   (c) Strategic Leadership, Culture & Tourism – 18 June 2020

4. To consider the exempt report on TS15046A – ICT Hardware E-Action – Direct Award (Contains Information Relation to the financial or Business Affairs of a Particular Person (Including the Authority Holding the Information).

5. To consider the exempt report on the Extension of Block Payments for the Derbyshire Integrated Health Service (Contains Information relating to the financial or business affairs of any particular person (including the Authority holding that information).

PUBLIC

MINUTES of a meeting of the **CABINET MEMBER – ADULT CARE** held on 25 June 2020.

PRESENT

Councillor J Wharmby (in the Chair)

Also in attendance were Councillors C Dale, and S Swann.

20/20 MINUTES RESOLVED that the minutes of the meeting held on 11 June 2020 be confirmed as a correct record.

21/20 REVIEW OF URGENT OFFICER DECISIONS TAKEN TO SUPPORT THE COVID-19 RESPONSE The Cabinet Member was provided with an update in relation to those actions which were the subject of Officer's Decisions utilising emergency decision making powers as detailed in the constitution and to provide assurance in relation to the reviews which had been undertaken.

In the main, the decisions related to short-term temporary arrangements which were subject to regular review. This was particularly important where subsequent Government guidance had been issued. It was intended that as Cabinet was now able to function by meetings being held 'remotely' the need for officers to make urgent decisions would now diminish. However, it was important that officer decisions were kept under regular review by elected members and officers. At the 4 June 2020 Cabinet meeting it was agreed that Cabinet would formally delegate review decisions to the relevant Cabinet Member meeting.

In Table 1 to the report, was an update on the reviews that had taken place since the last Cabinet Member meeting on 11 June 2020. All review decisions to date had been discussed with the Executive Director and Cabinet Member following review by SMT. A further report in relation to decisions taken in relation to exempt matters was on the agenda as a separate item.

A copy of the most up to date version of the Officer Decision Records was attached at Appendix 1 to the report.

The Executive Director provided clarification on the review relating to the closure of day centre provision for older people. It was considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. Clients who would normally attend a day centre had had their care package reviewed and it was continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support was required as an alternative to the

support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association was also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans were being offered.

Officers were actively scoping options to see whether individuals who would normally attend a day centre could be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needed to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this was feasible as individuals in the shielded group had greater restrictions still in place.

RESOLVED to (1) note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and

(2) agree that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

22/20 DISCRETIONARY PAYMENTS IN ORDER TO MAINTAIN OUR SHARED LIVES CARER CAPACITY THROUGHOUT THE COVID-19 PERIOD The Cabinet Member was asked to note the urgent decision taken by Corporate Management Team on 22 May 2020 to make discretionary payments in order to maintain our Shared Lives carer capacity and reliance, with effect from 1 April 2020 to support placements.

From 1 April 2020 it had been agreed to:

- Pay full-time Shared Lives carers an additional £40 per week.
- Pay short break and day support Shared Lives carers the amount which they ordinarily would have earned.

Due to the lack of day and residential short breaks being available to Shared Lives carers they were in effect being asked to provide unpaid care for three days per week 9am until 5pm, plus the 4 weeks 28 days per year (pro rata). Over the two months since the suspension of day and residential services this equated to a total of 27 days unpaid work.

This proposal would be initially implemented for a period of eight weeks, after which a review would take place on a fortnightly basis with the service manager responsible for Shared Lives and the appropriate Group Manager with Assistant Director oversight. The review would ascertain whether the additional payments needed to continue for a further period of time. This would be a delegated decision.

Shared Lives carers provided family based 24-hour accommodation and supported primarily for people with learning disabilities. Some Shared Lives carers also provided both day care and overnight short break opportunities in order that carers of people who continued to live in a family home could have a break from their caring roles. In order to sustain what could be a demanding role, the current offer to Shared Lives carers who provided family type accommodation included the following regular short breaks from their caring role

- Three days daytime breaks per week between 9am to 5pm
- Four weeks residential short breaks

This was typically, though not exclusively, accessed through Direct Care Day Services and residential short breaks provision. The COVID-19 pandemic had resulted in closure of all day and short break services including those run by DCC and the NHS health trust. Consequently, this had curtailed available breaks for Shared Lives carers forcing them to undertake care on a 24/7 basis for the foreseeable future.

Those Shared Lives carers who provided regular short breaks for the families/carers of people with learning disabilities and breaks during the day were currently unable to do so due to both the closure of day services and the rules on social distancing. Consequently, they had seen a significant drop in their income. These Shared Lives carers were not able to take advantage of government schemes for the self-employed throughout the lock down period and were therefore financially disadvantaged unless DCC made an additional payment.

RESOLVED to note the urgent decision taken by Corporate Management Team on 21 May 2020 to make discretionary payments in order to maintain our Shared Lives carer capacity and reliance with effect from 1 April 2020 to support placements.

23/20 **INFECTION CONTROL FUND** (The Cabinet Member agreed to consider this report as an urgent item due to the imminent deadline for allocation and distribution of the monies) Approval was sought to distribute the remaining 25% of the first tranche of the infection control fund which had been allocated to home care and care home providers.

On the 22 May 2020, the Minister of State for Care wrote to local authorities setting out details of how a new Infection Control Fund should be used. This funding would be paid as a Section 31 grant ring fenced exclusively for actions which supported care homes and domiciliary care providers which must only be used by them to tackle the risks of COVID-19 infections. For Derbyshire the total fund was £9.741m, with the first tranche of two instalments equating to £4.870m.

75% of each instalment was to be paid to care homes providers on a “per bed” basis with no distinction to be made whether the local authority had a contract with the provider or not. Payments had already been made and providers were now submitting their declarations that they would use the funds in line with the grant criteria.

The local authority had the discretion to target the allocation of the remaining 25% of the funding to care homes or to domiciliary care providers and to support wider workforce resilience. The funding must only be used for infection control purposes. It should not be used for fee uplift.

Payment was subject to the Provider having completed the Capacity Tracker at least once and being committed to completing the Tracker on a consistent basis. The local authority must remain satisfied at all times that the funding was being used for infection control purposes. Providers must account for all payments paid out of their allocation and keep appropriate records which must be produced to the local authority upon request. The first tranche of funding had to be allocated by the Council by 26 June 2020.

The Chairman of the Improvement & Scrutiny Committee - People had been consulted and had agreed that the report was urgent and could not reasonably be deferred until the next meeting in light of when the measures were announced, the steps that local authorities were required to take, and the pending deadline. It was also agreed that the Call-in provision could be waived in relation to this decision.

It was proposed to apportion the remaining 25% of the fund as follows:

- Care Homes - allocated on a registered CQC bed basis at £75.73 per bed. This would mean that the whole care home market was treated the same. As with the 75% the fund must be used on Covid-19 infection control measures and may be used towards cleaning and the provision of PPE

- Home Care and Supported Living – whilst the majority of the market was contracted for by the Council, it was proposed to pay all providers a flat rate of £183.87 per client. This would mean that the whole market was treated the same. Providers would be advised that this funding must be used on Covid-19 infection control measures; and may be used towards cleaning and the provision of PPE

The Executive Director of Adult Social Care and Health noted that following discussion and agreement with the Director of Finance & ICT and the Cabinet Member for Adult Care, it was agreed to make additional temporary payments of 10% on fee rates for May and June 2020. This decision was made following Cabinet approval on the 23 April 2020 to make temporary payments of 10% extra to care homes and home care providers to cover additional costs associated with the impact of Covid-19. Cabinet had also agreed at that time

that the Executive Director of Adult Social Care and Health would have delegated powers to make a decision about additional temporary funding for May and June 2020 following discussion and agreement with the Director of Finance and ICT and Cabinet Member for Adult Care. The total payment over the three months was £4.238m.

RESOLVED that the Cabinet Member agrees to distribute 25% of the first tranche of the nationally distributed adult social care infection control fund to the following:

- £75.73 per care quality commission registered care bed
- £183.87 per home care client including non-contracted care

24/20 EXCLUSION OF THE PUBLIC RESOLVED that the public be excluded from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of the kind of exempt information detailed in the following summary of proceedings:-

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC WERE EXCLUDED FROM THE MEETING

1. To confirm the exempt minutes of the meeting of the Cabinet Member for Adult Care held on 11 June 2020 (contains exempt information)

2. To consider the report of the Executive Director for Adult Social Care & Health on the review of urgent officer decisions taken to support the Covid-19 Response (contains information relating to the financial or business affairs of any particular person (including the Authority holding that information)

PUBLIC

MINUTES of a meeting of the **CABINET MEMBER – ADULT CARE** held on 9 July 2020.

PRESENT

Councillor J Wharmby (in the Chair)

Also in attendance were Councillors C Dale, and S Swann.

27/20 MINUTES RESOLVED that the minutes of the meeting held on 25 June 2020 be confirmed as a correct record.

28/20 REVIEW OF URGENT OFFICER DECISIONS TAKEN TO SUPPORT THE COVID-19 RESPONSE The Cabinet Member was provided with an update in relation to those actions which were the subject of Officer's Decisions utilising emergency decision making powers as detailed in the constitution and to provide assurance in relation to the reviews which had been undertaken.

In the main, the decisions related to short-term temporary arrangements which were subject to regular review. This was particularly important where subsequent Government guidance had been issued. It was intended that as Cabinet was now able to function by meetings being held 'remotely' the need for officers to make urgent decisions would now diminish. However, it was important that officer decisions were kept under regular review by elected members and officers. At the 4 June 2020 Cabinet meeting it was agreed that Cabinet would formally delegate review decisions to the relevant Cabinet Member meeting.

In Table 1 to the report, was an update on the reviews that had taken place since the last Cabinet Member meeting on 25 June 2020. All review decisions to date had been discussed with the Executive Director and Cabinet Member following review by SMT.

A copy of the most up to date version of the Officer Decision Records was attached at Appendix 1 to the report.

Two of the decisions taken previously relating to the Integrated Community Equipment Service contract had ended as the temporary arrangements no longer needed to be in place and therefore were not included in this report.

RESOLVED to (1) note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and

(2) agree that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

29/20 EXCLUSION OF THE PUBLIC RESOLVED that the public be excluded from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of the kind of exempt information detailed in the following summary of proceedings:-

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC WERE EXCLUDED FROM THE MEETING

1. To confirm the exempt minutes of the meeting of the Cabinet Member for Adult Care held on 25 June 2020 (contains exempt information)

30/20 EXEMPT MINUTES RESOLVED that the exempt minutes of the meeting held on 25 June 2020 be confirmed as a correct record.

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PUBLIC

MINUTES of a meeting of the **CABINET MEMBER – YOUNG PEOPLE** held on 7 July 2020.

PRESENT

Cabinet Member - Councillor A Dale

Also in attendance – Councillors J Coyle and J Patten

31/20 MINUTES **RESOLVED** that the minutes of the meetings of the Cabinet Member for Young People held on 2 June 2020 be confirmed as a correct record and signed by the Cabinet Member.

32/20 CONFIRMATION OF NOMINATIONS OF SCHOOL GOVERNORS

RESOLVED to approve the nomination of the following person to serve as Local Authority Governors:-

S Flint	-	Herbert Strutt Primary School
T Holmes	-	Lons Infant School
C Furness	-	Bradwell Infant School
L Killer	-	Wirksworth Junior School

33/20 ESSENTIAL HAMPERS FOR FOSTER CARERS There were more pressures on Derbyshire County Council foster carers due to the Covid 19 pandemic. In order to recognise the contribution foster carers were making, the County Council wanted to make as a good will gesture by providing essential hampers. It was hoped this project would maintain good relations amongst the County Council's foster carers.

The hampers were produced by the school catering service and included donations from community partners, Operation Orphan and Excel Printing. Economy, Transport and Environment staff members spoke to taxi companies contracted to the County Council for school transport who were not being utilised and planned the logistics of 219 individual drops-offs. Input on Data and Risk assessment was provided by the Fostering Team and Commissioning, Communities and Policy department.

The feedback has been overwhelming. And a selection of comments were detailed in Appendix 1 to the report.

Members thanked staff for all their efforts and working together to achieve this project.

RESOLVED to note the positive impact the project has had on relations with Derbyshire County Council foster carers, the feedback received in Appendix 1 to the report and the example of cross council working.

PUBLIC

MINUTES of a meeting of the **CABINET MEMBER FOR HEALTH AND COMMUNITIES** held on 8 July 2020 virtually on MS Teams

PRESENT

Councillor C Hart – Cabinet Member

Also in attendance: Councillors G Wharmby and D Allen

24/20 MINUTES RESOLVED that the non-exempt minutes of the meeting of the Cabinet Member for Health and Communities held on 24 June 2020 be confirmed as a correct record.

25/20 REVIEW OF URGENT DECISION OF CHANGES TO DELIVERY OF PUBLIC HEALTH DELIVERED SERVICES The Cabinet Member was updated on changes made to Public Health-delivered services due to the COVID19 pandemic.

Live Life Better Derbyshire - Stop Smoking, Weight Management, Physical Activity and the National Child Measurement Programme (NCMP) remained on pause, with support available to existing and new clients through phone and video-call support. Smokers and specific clients were prioritised for support due to their increased risk of serious illness as a result of COVID19. NHS guidance on prioritisation of community health services during the COVID19 pandemic had been provided from NHS England and NHS Improvement. In line with this guidance, the NCMP programme was paused with a recommendation to apply until 31st July at the earliest.

School Crossing Patrols – 99 sites were being assessed, to resume from 1 June 2020. 11 of these sites could not re-open as the risks to the staff were unacceptable, limited information from schools was impacting the re-opening of 27 sites and 13 sites had staff who were either shielding or had concerns about their return to work. These had been provided with support from their Area Supervisor in engaging them back to work. In anticipation of further changes in schools in the next school term, work was being completed to encourage schools to communicate their planning over the summer holiday to allow the service to adapt and respond accordingly.

Also mentioned within the report were Time Swap, Safe Places, Local Area Co-ordination, Disability Employment Service, First contact, 50+ Forums and the Pension Credit Project offer a variety of means of help and support to vulnerable people within the community. The majority of 50+ Forum members were aged over 70 years old, and therefore were recommended to implement stringent social distancing and social isolation practices due to their increased risk of more severe illness from COVID19. Pension Credit Support remained available to older people through the work of the Welfare Rights Service but not on the scale achievable by the project.

RESOLVED That the Cabinet Member note the report.

26/20 **EXCLUSION OF THE PUBLIC** **RESOLVED** that the public, including the press, be excluded from the meeting during consideration of the remaining item on the agenda to avoid the disclosure of the kind of exempt information detailed in the following summary of proceedings:

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC, INCLUDING THE PRESS, WERE EXCLUDED FROM THE MEETING

1. **EXEMPT MINUTES** **RESOLVED** that the non-exempt minutes of the meeting of the Cabinet Member for Health and Communities held on 24 June 2020 be confirmed as a correct record.

PUBLIC

MINUTES of a meeting of the **CABINET MEMBER FOR CLEAN GROWTH AND REGENERATION** held virtually on MS Teams on 9 July 2020

PRESENT

Cabinet Member – Councillor T King

Also in attendance – Councillors G Hickton and R Mihaly

06/20 MINUTES RESOLVED that the minutes of the meeting held on 19 March 2020 be confirmed as a correct record and signed by the Cabinet Member.

07/20 REGENERATION OF THE FORMER COALITE CHEMICALS SITE Cabinet agreed, on 11 October 2016, to approve grant funding of £2.0022m towards the £21.8m regeneration of the former Coalite Chemicals site. Bolsover Land Ltd (BLL) also secured £5,797,800 Local Growth Fund (LGF) grant funding from Derby, Derbyshire, Nottingham and Nottinghamshire (D2N2) towards the costs of the regeneration works. The purpose of the report was to approve the revised Grant Confirmation Document, dated 5 May 2020 issued by D2N2 and the programme of payments for the previously agreed Derbyshire County Council grant contribution as set out in the attached appendix.

The business case required BLL to achieve a series of spend target dates and outputs: these were achieved but BLL had not yet claimed the Council contribution of £2.0022m towards the costs of the infrastructure. BLL had achieved the target of 28.2ha of land remediated, but not the other output targets.

As a result of HS2 Ltd announcing a revised alignment for the proposed High Speed HS2 route through the site, BLL, D2N2, North East Derbyshire District Council and Bolsover District Council, sought to revise the planned layout and use of the site, resulting in the removal of all the proposed housing land to be replaced with a greater area of commercial development. These design revisions and the process of securing the necessary regulatory approvals took longer than originally anticipated.

BLL had secured full planning permission from both NEDDC and BDC for completing the remediation of the site for employment use. A Masterplan for the whole site development had also been agreed, along with a design framework. Work was underway to complete the remediation of the site following the completion of Phase 1 in 2017. BLL had also agreed a revised programme for completing the highway infrastructure and approached D2N2 to seek a revised funding approval based on the revised outputs of:

New Jobs	2,253
Area of commercial development:	42.49ha

D2N2 agreed BLL's revised funding request and issued the revised Grant Confirmation Document on 5 May 2020. Appendix 1 set out revised target dates for the completion of the works and illustrated the key milestones that claims for payment of the Council's contribution towards the infrastructure costs would be assessed against prior to the authorisation of stage payments.

RESOLVED that the Cabinet Member (1) accept and sign the revised Grant Confirmation Document, dated 5 May 2020, issued by Derby, Derbyshire, Nottingham and Nottinghamshire (D2N2); and

(2) agree to delegate responsibility to the Executive Director – Economy, Transport and Environment to agree a programme of payments with Bolsover Land Ltd (BLL) for the previously agreed Derbyshire County Council grant contribution, as BLL achieve the revised outputs and target for completing the infrastructure for the regeneration of the former Coalite Chemicals site.

PUBLIC

MINUTES of a meeting of the **CABINET MEMBER FOR HIGHWAYS, TRANSPORT AND INFRASTRUCTURE** held at County Hall, Matlock on 9 July 2020

PRESENT

Cabinet Member - Councillor S Spencer

Also in attendance – Councillors G Hickton and M Wall

29/20 PETITIONS **RESOLVED** (1) to receive the under-mentioned petition:-

Location/Subject	Signatures	Local Member
Request for New Parking Area at Hady Primary School, Hady Lane, Chesterfield	211	Councillor S Blank
Request to keep b_line cards and travel discounts for Young People in Derbyshire	355	All County Councillors
Breaston, Festival Avenue – Request for Maintenance to the Public Highway and Footpath	30	Councillor R Parkinson
Matlock, Smedley Street – Request for Traffic Calming	50	Councillor S Burfoot
Froggatt New Bridge - Request for Traffic Lights and Associated Traffic Management Measures	297	Councillor J Atkin

(2) to note that the Hady Lane, Chesterfield petition has also been received by the Cabinet Member – Young People; and

(3) that the Executive Director – Economy, Transport and Environment investigates and considers the matters raised in the petitions.

30/20 MINUTES RESOLVED that the Minutes of the meeting of the Cabinet Member for Highways, Transport and Infrastructure held on 9 April 2020 be confirmed as a correct record and signed by the Cabinet Member.

31/20 SECTION 278 AGREEMENT – ELDER WAY, CHESTERFIELD

Chesterfield Borough Council has secured funding to undertake public realm improvements at Elder Way, Chesterfield, under Section 278 Agreement of the Highways Act 1980. The works included new paving and surfacing along with new traffic signal equipment and street furniture.

There was a bond requirement of £1,317,236.45, however as the developer was a local authority, the County Council was able to waive the requirement for a Guarantee Bond as the risks of default or financial insolvency were considered negligible.

RESOLVED that the requirement for a Guarantee Bond with regard to proposed works at Elder Way, Chesterfield, undertaken by Chesterfield Borough Council under a Section 278 Agreement of the Highways Act 1980 be waived.

32/20 PROPOSED DEMOLITION OF THE GLOSSOP WASTE TRANSFER STATION Following the commencement of a new waste disposal contract in 2019, condition surveys have been undertaken at most of the Council's Household Waste Recycling Centres (HWRCs) and Waste Transfer Stations (WTSs).

The survey at Glossop WTS identified significant levels of repairs/defects and an internal structural surveyor's report was recommended and commissioned. The report recommended that the building be demolished as it was no longer safe.

The WTS, which was a strategic facility in the High Peak area providing disposal facilities, was closed on 26 March 2020 and contingency arrangements were immediately put in place and High Peak Borough Council was directed to deliver its waste to the County Council's WTS at Waterswallows near Buxton. The Council's contractor, Renewi UK Services Ltd, was currently making provision for a secondary disposal point, the details of which are not yet confirmed. Adjacent to the WTS was the Council's HWRC and arrangements have been put in place to ensure that the Council's contractor could continue to operate this facility for the benefit of the public in a safe manner.

A six-month timetable to demolish the structure has been proposed by the Council's Property Services Division with anticipated costs of £110,000. Subject to approval, these activities were proposed to commence from 16 July 2020 and would be expected to be completed in January 2021. The demolition might require the temporary closure of the existing HWRC to enable utility services to be disconnected and reconnected, taking 5-10days.

A review of the longer term options for the Glossop WTS and HWRC has commenced. This work would require a feasibility and design study that could assess

ground conditions and develop potential options for the site's long-term use. The engagement of suitable professionals would cost up to £25,000.

RESOLVED that (1) the funding of up to £110,000 for the demolition of the Glossop Transfer Station be approved; and

(2) the funding of up to £25,000 for a feasibility and design study for future site options be approved.

33/20 EXCLUSION OF THE PUBLIC **RESOLVED** that the public, including the press, be excluded from the meeting during consideration of the remaining items on the agenda to avoid the disclosure of the kind of exempt information detailed in the following summary of proceedings:-

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC, INCLUDING THE PRESS, WERE EXCLUDED FROM THE MEETING

1. To consider the exempt Report of the Executive Director – Economy, Transport and Environment on Continuation of Temporary Payment Arrangements to Bus, Coach and Taxi Operators for Contracted Transport Services and Concessionary Fares Reimbursement. (contains information relating to the Financial or Business Affairs of a Particular Person (including the Authority Holding that Information))

2. To consider the exempt Report of the Executive Director – Economy, Transport and Environment on Award of Contract for Emergency Event Management Resource to Enable the Re-opening of Household Waste Recycling Centres. (contains information relating to the Financial or Business Affairs of a Particular Person (including the Authority Holding that Information))

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Agenda Item No 6(a)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Director of Finance & ICT

REVENUE OUTTURN 2019-20
(STRATEGIC LEADERSHIP, CULTURE AND TOURISM)

1 Purpose of the Report

To set out the Council's final revenue outturn position for 2019-20, identify significant variations from the final net budget and identify commitments already agreed against the underspend, together with proposals for the further use of underspends. To also identify the impact of the 2019-20 outturn on future years and any action proposed. The report also sets out the Council's Earmarked Reserves position.

2 Information and Analysis

Financial Context

The Council has been making significant budget savings since 2010. The Council's Five Year Financial Plan (FYFP) was updated and reported to Full Council in February 2020 (Appendix Six of the Revenue Budget Report 2020-21), requiring further budget savings until 2024-25. Since then, the Covid-19 pandemic has resulted in significant financial instability. Whilst the Government has provided funding to local authorities to support these financial pressures, there is no certainty that the full implications will be fully funded by the Government. The recovery from the pandemic will add further cost pressures over and above those currently identified in the Council's FYFP. Furthermore, implementation of Business Rates Retention Reform and the Fair Funding Review have been further delayed by the Covid-19 crisis.

A comprehensive multi-year Spending Round was expected in 2020, however, it now seems likely that the Spending Round will cover the 2021-22 financial year only, until the full economic consequences of the pandemic are clearer, with a multi-year Spending Round announcement expected during 2021.

The local government sector has responded swiftly to the Covid-19 outbreak, to ensure that it is supporting residents and businesses throughout the pandemic. On 4 June 2020, Cabinet received a report outlining details of Covid-19 cost pressures, including loss of income and savings slippage for the

period April to June 2020. The three month cost pressures are estimated to be approximately £33m. A total of £38m of Government funding has been received, however, the Council will have exhausted the current funding received in mid-July. Neither, does it take into account the financial impact of a second outbreak or additional funding to support the private care market.

The Council's 2020-21 Revenue Budget has been revised and will be reported to this Cabinet meeting. The FYFP will be updated over the Summer, when details of any further Government financial support should become clearer.

The Council incurred portfolio costs amounting to £0.224m in 2019-20 in respect of the Covid-19 pandemic. Portfolios have received funding in the year for these costs from the Council's General Reserve, which will be reimbursed from the additional Covid-19 funding received from Government in 2020-21. Due to the timing of Covid-19 reaching the UK, the pandemic has only had a small impact on the Council's financial performance and position in 2019-20, however this impact is expected to be substantially greater in 2020-21, with the extent depending on a number of factors, such as the duration and success of measures to counter the virus, the resilience of the economy and the scale of the financial support provided to the Council by the Government.

In 2019-20, additional costs of £1.413m were incurred as a result of the incident at Toddbrook Reservoir Whaley Bridge (£0.566m) and flooding in November 2019 and February 2020 caused by Storms Ciara and Dennis (£0.847m). It is expected that a claim under the Bellwin Scheme will contribute £0.028m. Until payment is received, all these costs have been funded from the General Reserve and the Derbyshire Hardship Funds for Business and Residents, so do not impact on portfolio outturn positions below.

The Council set its net budget requirement for 2019-20 on 6 February 2019 and originally planned to spend £519.532m, with funding coming in the form of Government non-ring-fenced grants of £161.444m, Council Tax of £329.430m, business rates collected locally of £19.195m and the use of Earmarked Reserves of £9.463m. The Council's final net budget for 2019-20 was £543.440m, an increase of £23.908m. The increase in net budget is because of additional net transfers from Earmarked and General Reserves of £10m, additional grant income of £12m (including Business Rates Relief Grant £6.357m, Winter Pressures Grant £3.627m and Independent Living Fund Grant £2.534m) and £2m additional business rates income.

The table below summarises the Council's 2019-20 outturn position, against its final net budget, highlighting the Cabinet Member Portfolio net overspend and Corporate net underspend. The overall Council underspend for the year is £3.857m, after the use of one-off funding of £2.000m to support the Highways, Transport and Infrastructure portfolio and £1.382m to support the Young People portfolio. The Adult Care portfolio reported a break-even position after its underspend of £3.807m was transferred to earmarked

reserves. This followed a £5.000m virement of budget in-year from the Adult Care portfolio to the Risk Management Budget.

Spending on schools is funded by the Dedicated Schools Grant (DSG), from Government. The Council received £359.020m in 2019-20. The Council also has responsibility for Public Health funding. A total of £39.477m was received in 2019-20 in the form of a ring-fenced grant from Government to pay for Public Health services. There was an overspend against the balance of the grant of £0.022m. The outturn table shows the positions net of the impact of these grants, other ring fenced grants and income from other third parties and their associated spend.

	Budget	**Actuals**	**Outturn**
	£m	**£m**	**£m**
Adult Care	246.730	246.730	0.000
Clean Growth and Regeneration	5.603	5.638	0.035
Corporate Services	45.136	43.439	(1.697)
Health and Communities	4.433	4.171	(0.262)
Highways, Transport and Infrastructure	79.888	78.069	(1.819)
Strategic Leadership, Culture and Tourism	13.175	13.153	(0.022)
Young People	110.700	117.555	6.855
Total Portfolio Outturn	**505.665**	**508.755**	**3.090**
Risk Management	6.155	0.000	(6.155)
Debt Charges	28.833	29.327	0.494
Interest and Dividend Income	(4.900)	(6.050)	(1.150)
Levies and Precepts	0.332	0.335	0.003
Corporate Adjustments	7.355	7.216	(0.139)
Total	**543.440**	**539.583**	**(3.857)**

The reasons for the under/overspends are set out later in the report.

The Council continues to look at ways to save money and generate income, whilst trying to protect and deliver services suitable for the residents of Derbyshire. Significant consultation and planning timeframes are required to achieve many of these savings. Delays in agreeing proposals could result in overspends by departments, which would then deplete the level of General Reserve held by the Council, decreasing its ability to meet short term, unforeseeable expenditure. Progress against budget savings targets will be closely monitored, however there is a heightened risk of not achieving a balanced budget, as a result of both cost pressures and savings slippage as a result of the Covid-19 pandemic.

Portfolios have requested use of underspends to help manage the budget savings in 2020-21 to 2024-25.

The delivery of the Council's FYFP is heavily dependent on an adequate level of General Reserve. The underspend generated in 2019-20 was anticipated

when the Council took decisions at its budget setting meeting in February 2020. The need to maintain an adequate, risk assessed level of reserves has been a key part of the Council's success in both maintaining its financial standing and continuing to deliver high quality services.

Revenue Outturn

Turning to the position for each portfolio:

Adult Care

The portfolio reported a breakeven position. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
Unallocated Budgets	(1.978)	Budgets not allocated in the year.
Purchased Services	1.450	Increased cost of complex care packages and a reduction in Continuing Health Care funding.
Assistive Technology and Equipment	(0.727)	More targeted issuing has ensured that only the most appropriate equipment is supplied, reducing spend within the Integrated Community Equipment Service.
Social Care Activity	(0.695)	High levels of unfilled vacancies in Social Work teams.
Commissioning and Service Delivery	(0.662)	Vacancy control in the Finance team.
Information and Early Intervention	(0.412)	As a consequence of lower than expected activity in the Housing Related Support service.
Housing Related Support	(0.306)	Lower than expected activity.
Prevention	(0.271)	Unfilled vacancies in the Welfare Rights team. Lower spend with third parties from the Derbyshire Discretionary fund.
Other - Net Underspend	(0.206)	-
Total before transfer to earmarked reserve	**(3.807)**	

Transfer to Better Lives Project earmarked reserve	3.807	On 9 April 2020, Cabinet approved the transfer of the underspend in Adult Care to an earmarked reserve to part fund consultancy services to be provided by Newton Europe.
TOTAL	**0.000**	

Although the outturn was a breakeven position, there were two significant year-end adjustments: a £2.222m increase in the allowance for irrecoverable debt due to Covid-19 influencing the expected likelihood of recovery of amounts owed and a £3.807m transfer to an earmarked reserve to fund the Better Lives Project, a joint initiative with Newton Europe in which Adult Care is reviewing and revising its work processes, especially around the assessment of need and selection of the most appropriate care packages for Derbyshire's residents. Before these two adjustments were made, the portfolio had an underlying underspend of £6.029m.

The budget savings target for 2019-20 was £5.671m. Of this target, £6.098m was achieved by the end of the financial year.

Savings were achieved in 2019-20 in the following areas:

Description	**£m**
Reduction in Finance Team Costs	0.200
Block Contracts and High Cost Placements	1.016
Use of Improved Better Care Fund	4.882
Total Savings Achieved 2019-20	**6.098**

Clean Growth and Regeneration

The portfolio overspent by £0.035m. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
Employment and Skills	0.074	Salary overspend, resulting from a budget deficit when the Head of Employment and Skills post was established.
Economic Development	(0.035)	Match funding for interventions sourced from earmarked reserves rather than the revenue budget, unfilled vacancies as recruitment to the Enterprise and Investment function is not yet complete and business support investment is not yet fully rolled out.
Other - Net Underspend	(0.004)	-
TOTAL	**0.035**	

No budget savings target was allocated to this portfolio for 2019-20.

Corporate Services

The portfolio underspent by £1.697m. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
Finance and ICT	(1.071)	Vacancy control. This will assist in managing the planned restructure of the ICT service, aiming to deliver significant savings over the three years from 2020-21. Also, higher value of income was achieved within the Procurement team and a higher amount of costs were recharged to other services by the Pensions, Investments and Exchequer teams than anticipated.

Human Resources	(0.556)	Vacancy control. Departmental Human Resource functions are currently being centralised. Holding vacancies will assist in managing a planned restructure of the function as a whole which is expected to deliver significant savings in 2020-21 and 2021-22.
Strategic Management	(0.480)	Savings arising from previous restructures of senior management.
County Property	0.426	Under achievement of the income target for industrial estate properties. Increased cost of utilities and cover for staff absences. Cost of vacant buildings awaiting sale.
Other - Net Underspend	(0.016)	-
TOTAL	**(1.697)**	

The budget savings target for 2019-20 was £1.435m, with a further £0.379m brought forward from previous years. Of this total £1.814m target, £1.279m was achieved by the end of the financial year.

Savings were achieved in 2019-20 in the following areas:

Description	**£m**
Reduction in Contribution to IT Reserve	0.100
Reduction in Contribution to ICT Hardware	0.100
ICT Vacancy Control	0.150
Digital Team Reduction	0.027
Insurance	0.166
Exchequer	0.050
Corporate Accountancy	0.045
Business Centre	0.050
Members' PAs Reduction	0.050
Planned Maintenance Programme Reserve	0.350
Property Income	0.191
Total Savings Achieved 2019-20	**1.279**

One-off factors which supported the 2019-20 outturn position were as follows:

One-Off Funding/Savings	**£m**
Legal Services (Service Pressure)	0.300
Learning Management System (Service Pressure)	0.083
Shared Service Centre - HR SAP Development (Service Pressure)	0.045
One-Off Funding/Savings 2019-20	**0.428**

Health and Communities

The portfolio underspent by £0.262m. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
Trading Standards	(0.191)	Vacancies. Additional income. Progress towards future planned savings and one-off funding yet to be committed to support older people in respect of scams and doorstep crime.
Community Safety	(0.050)	-
Coroners	(0.039)	-
Registrars	0.036	-
Emergency Planning	(0.018)	-
TOTAL	**(0.262)**	

The budget savings target for 2019-20 was £0.207m. All these savings were achieved by the end of the financial year.

Savings were achieved in 2019-20 in the following areas:

Description	**£m**
Emergency Planning	0.057
Registrars	0.050
Community Safety Projects	0.050
Trading Standards Restructuring	0.050
Total Savings Achieved 2019-20	**0.207**

One-off factors which supported the 2019-20 outturn position were as follows:

One-Off Funding/Savings	**£m**
Trading Standards - Older People Support (Service Pressure)	0.048
Community Safety - Digital MOT (Funding from Proceeds of Crime Act)	0.014
One-Off Funding/Savings 2019-20	**0.062**

Highways, Transport and Infrastructure

The portfolio underspent by £1.819m. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
Waste Management	(3.250)	Lower than expected waste tonnages and savings under the service continuity arrangements.
Unallocated Budget Savings	3.234	Savings targets not yet allocated to specific services, therefore an overspend.
Highways Maintenance	1.656	After the application of £2.000m of funding from the Budget Management reserve, this budget underspent by £0.344m. The intention is to realise savings to Highways Maintenance in a future financial year.
Public and Community Transport	(1.122)	Reduced demand for the Gold Card service and reduced support to local bus operators as progress towards savings planned for future years.

Winter Maintenance	1.061	The budget for winter maintenance is £1.473m and spend this year was £2.534m. Despite the mild winter, the Council had to build up a large stockpile of grit salt to comply with Department of Transport recommendations, based on an average year, prior to the onset of winter. The vehicles associated with gritting are a high fixed cost overhead, irrespective of the severity of the conditions.
Council Fleet Services	(0.922)	Unfilled vacancies, additional income from vehicle sales and income from vehicle maintenance.
Planning and Development	(0.666)	Over recovery of additional inspection fee income, paid to the Council by building developers, under agreements arising from Sections 38 and 278 of the Highways Act (1980).
Highway Management and Land Reclamation	0.573	Mainly due to a collapsed culvert at Chapel which caused additional unbudgeted costs. Also, delays in recruiting operational employees has led to an under recovery on the recharge to capital budgets.
Resources and Improvement	(0.515)	Unfilled vacancies.
Other - Net Underspend	0.132	-
Total before support from the Budget Management reserve	**0.181**	

Transfer from Budget Management earmarked reserve	(2.000)	Use of the Budget Management reserve was approved in the Revenue Budget reported to Council on 6 February 2019, to meet the shortfall in the Economy, Transport and Environment department's identified savings target. This funding has been applied to the Highways Maintenance budget.
TOTAL	**(1.819)**	

The budget savings target for 2019-20 was £2.593m, with a further £3.321m brought forward from previous years. Of this total £5.914m target, £0.680m was achieved by the end of the financial year.

A savings target of £2.000m has been allocated to the Highways Maintenance budget, however this is planned only to be achieved in a future year and has been funded from the Budget Management reserve in 2019-20 as approved in the Revenue Budget reported to Council on 6 February 2019.

Savings were achieved in 2019-20 in the following areas:

Description	**£m**
Gold Card Concessionary Fares	0.250
Safe and Active Travel	0.240
Countryside Services	0.100
Parking Management	0.090
Total Savings Achieved 2019-20	**0.680**

One-off factors which supported the 2019-20 outturn position were as follows:

One-Off Funding/Savings	**£m**
Budget Management Reserve	2.000
Highways Maintenance (Service Pressure)	1.000
Water Body (Service Pressure)	0.100
HS2 Co-ordination Officer (Service Pressure)	0.064
Street Lighting Energy (Service Pressure)	0.048
One-Off Funding/Savings 2019-20	**3.212**

Strategic Leadership, Culture and Tourism

The portfolio underspent by £0.022m. The main variations were:

Service	(Under)/Over Spend £m	Main Reason for Outturn Position
Libraries	0.186	Reduced hours for Branch Libraries since October, the full year impact of these savings has not yet been realised. Increased business rates for the Records Office. Cost of sickness cover at Buxton Museum. Residual costs of the School Library Service after decommissioning.
Policy and Research	(0.083)	Vacancy control.
Tourism	(0.059)	Festival of Derbyshire cancelled due to the Covid-19 pandemic.
Call Derbyshire	(0.052)	Staff vacancies
Heritage	0.034	-
Communications	(0.033)	-
International Relationships and Trade	(0.015)	-
TOTAL	**(0.022)**	

The budget savings target for 2019-20 was £0.515m, with a further £0.245m brought forward from previous years. Of this total £0.760m target, £0.599m was achieved by the end of the financial year.

Savings were achieved in 2019-20 in the following areas:

Description	£m
Call Derbyshire - Staffing	0.135
Policy - Staffing	0.100
Libraries HQ ICT	0.040
Mobile Libraries	0.050
Materials Fund	0.140
Library Service - Reduction in Hours	0.134
Total Savings Achieved 2019-20	**0.599**

One-off factors which supported the 2019-20 outturn position were as follows:

One-Off Funding/Savings	£m
Community Managed Libraries (phased implementation funding)	0.742
One-Off Funding/Savings 2019-20	**0.742**

Young People

The portfolio was overspent by £6.855m. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
Placements for Children in Care (or unable to remain at home)	7.411	Placement numbers have continued to rise steadily during the year in line with increases in the number of children in care. There are currently more placements required than can be funded from the allocated budget. The needs of individual children and the availability of placements has also meant that there are an increased number of children placed in both more expensive fostering arrangements and more expensive residential provision.

Unallocated Budgets	(4.051)	Budget released as a result of changes to the early help offer. It is being held to cover the anticipated loss of £1.767m of grant income that the Government has signalled would be withdrawn in stages from 2020-21 and to reduce the reliance on funding from the Troubled Families Grant which is currently £1.900m. This budget remains uncommitted in the interim to mitigate the department's overspend against its current budget. Also included is a release of £0.819m from the Troubled Families reserve. The remaining balance of this reserve is now earmarked to fund the Early Help transition team until its cessation in 2022.

Children's Safeguarding Services	1.917	Reliance on more expensive agency social workers to meet an increasing caseload and payment of a market supplement to employed staff. Increased child protection team staff costs due to the number of children with child protection plans. Increased non-placement support costs for children in care and preventative support for children and families in need due to an increasing number of children in care, the cost of accommodating children whilst court proceedings are concluded and short term financial support provided to families and carers pending commencement of Universal Credit payments.
Home to School Transport	1.698	Increase in the number of journeys provided to children with Special Educational Needs (SEN) and an increase in the cost of those journeys, driven by economic factors and the need to provide more specialised vehicles.
Education Support Services	0.834	An increase in the number of children with SEN driving demand for the Psychology and the Planning and Assessment teams. Also, a growing number of children who are electively home educated is increasing the cost to the Council undertaking its statutory duties in respect of these children.
Support to Children with Disabilities	0.733	Increased demand for support and complexity of some individuals' needs.

Other Grant Income	(0.360)	A Section 31 (Local Government Finance Act 2003) grant was awarded, by the Department for Education (DfE), to enable the Council to participate in a pilot scheme to encourage wider family involvement in supporting children in need. The grant was received shortly before the end of March 2020. The programme has been paused due to the Covid-19 pandemic. It is requested that the remaining grant which remains unspent (£0.302m) is noted as a commitment at the financial year-end and allocated to the portfolio's earmarked reserves to fund this programme when it restarts.
Pensions Payable to Former Staff	0.193	Enhanced pension obligations payable to staff who left under efficiency programmes during the early 1990s.
Other - Net Underspend	(0.138)	-
Total before support from the Budget Management reserve	**8.237**	
Transfer from Budget Management earmarked reserve	(1.382)	Use of the Budget Management reserve was approved in the Revenue Budget reported to Council on 6 February 2019, to meet the shortfall in the Children's Services department's identified savings target.
TOTAL	**6.855**	

The budget savings target for 2019-20 was £2.972m. Of this target, £2.143m was achieved by the end of the financial year.

Savings were achieved in 2019-20 in the following areas:

Description	**£m**
Children's Centres	1.241
Care Leavers Employment Programme	0.086
Early Help	0.318
Business Support Functions	0.498
Total Savings Achieved 2019-20	**2.143**

£1.382m of one-off funding has been provided in 2019-20 to this portfolio from the Budget Management reserve to support the shortfall in the Children's Services department's identified savings, as approved in the Revenue Budget reported to Council on 6 February 2019. The intention is to allocate £1.382m of savings to Children's Services budgets in a future financial year.

One-off factors which supported the 2019-20 outturn position were as follows:

One-Off Funding/Savings	**£m**
Funding from reserves (including £1.382m from the Budget Management Reserve) and other temporary reductions in spend, offset by one-off spend	1.604
Social Worker recruitment (Service Pressure)	2.600
Placement Demand (Service Pressure)	5.000
Care Leavers (Service Pressure)	0.402
Children's Participation (Service Pressure)	0.080
Complex Case Pooled Budget (Service Pressure)	0.250
Mobile Working (Service Pressure)	0.260
Children in Care Legal Proceedings (Service Pressure)	1.050
One-Off Funding/Savings 2019-20	**11.246**

At the 2019-20 financial year-end the following ring-fenced commitments relating to this portfolio existed:

Description	**£m**
Remainder of Section 31 (Local Government Finance Act 2003) grant, from the DfE, received shortly before the end of March 2020 to enable the Council to participate in a pilot scheme to encourage wider family involvement in supporting children in need. The programme has been paused due to the Covid-19 pandemic.	0.302
Total Commitments	**0.302**

Corporate Budgets

Corporate budgets were underspent by £6.947m. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
Risk Management	(6.155)	Additional funding received in-year and a virement of £5.000m of budget from the Adult Care portfolio.
Interest and Dividend Income	(1.150)	During most of 2019-20 the Bank of England's base rate of interest was 0.75%. The base rate was reduced from 0.75% to 0.25% on 10 March 2020, with a further cut, to 0.10%, later in the month. However the Council utilises a range of investments to maximise its interest and dividend income on balances. Interest income includes interest accrued on the loan advances to the Buxton Crescent Hotel and Thermal Spa Company. Dividend income on the Council's investments in pooled funds remains robust and these investments have been held for the whole financial year.
Debt Charges	0.494	This reflects interest payments, the Capital Financing Requirement (CFR), a Minimum Revenue Provision (MRP) of 2.5% and a £4.500m one-off reduction in the Council's Capital Adjustment Account Reserve. This reduction is made on the basis that the amounts set aside to repay debt over the last ten years are well in excess of what is required to ensure the Council can repay its debts.
Corporate Adjustments	(0.139)	-
Levies and Precepts	0.003	-
TOTAL	**(6.947)**	

As part of the Council's budget setting for 2020-21, the vast majority of any ongoing underspend on these budgets was allocated to fund significant service pressures in other areas, principally around services to children.

Dedicated Schools Grant (DSG)

The DSG is a ring-fenced grant comprising four individual blocks: Schools Block, High Needs Block, Early Years Block and Central Block. Allocations of the blocks are governed by the Schools and Early Years Finance Regulations. Any underspend or overspend on the grant is carried forward to future years, within the accumulated balance of the DSG Earmarked Reserve.

There was an overspend on DSG of £3.137m. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
High Needs Block (exc. LA Schools)	5.338	£0.892m overspend due to the increased costs of the team supporting children and young people who have been permanently or temporarily excluded or are being supported as part of a preventative measure, due to increased numbers of these children. £2.279m overspend due to additional support paid to primary schools for pupils with high needs, reflecting the increased number of pupils being supported over the past three years. £2.367m overspend due to additional support for pupils with special needs in other local authorities and independent and non-maintained schools, reflecting the increase in numbers and costs of placements.

Schools Growth funding including KS1	(1.520)	Allocations to support schools to meet KS1 pupil/teacher ratios were lower than anticipated. In addition, £1.002m of the growth funding received in 2019-20 has been earmarked, with the approval of School Forum, for future pre- and post- opening grants for new schools.
Dedicated Schools Grant Income	(0.401)	Additional funding drawn from reserves to cover a shortfall in the grant receivable compared to that estimated when the budget was set, plus an additional small grant receipt in respect of Early Years 2018-19 funding received during 2019-20.
Re-pooled school funding	(0.291)	Contingency payments to primary schools were lower than expected. This was partially offset by support to secondary schools, which was greater than anticipated. The net underspend is ring-fenced to schools.
Other - Net Overspend	0.011	-
TOTAL	**3.137**	

Public Health Grant

The Public Health Grant is a ring-fenced grant. Any underspend or overspend on the grant is carried forward to future years, within the accumulated balance of the Public Health Grant Earmarked Reserve.

There was an overspend on the Public Health Grant of £0.022m. The main variations were:

Service	**(Under)/Over Spend £m**	**Main Reason for Outturn Position**
Live Life Better Derbyshire service	(0.714)	Unfilled vacancies. Also, activity did not meet anticipated levels due to the in-house service not yet operating at full capacity.

Sexual Health Contract	(0.228)	Activity based elements did not meet anticipated levels.
Health Checks	(0.123)	Activity did not meet anticipated levels.
Substance Misuse Tier 2 service	(0.106)	Funding suspended in 2019-20 because plans submitted by Medication Assisted Treatment (MAT) teams did not meet Public Health key outcomes.
Spend on one-off items	1.272	Additional support for Children's Early Years' service, Action Grants Programme, Local Communities, Obesity interventions and the Raising Aspirations programme. Additional funding towards the Citizens Advice Bureau service in Community Wellness Hubs.
Other - Net Underspend	(0.079)	-
TOTAL	**0.022**	

General and Earmarked Reserves

The balance on the General Reserve is £53.547m as at 31 March 2020, however there are commitments held against the balance, which are detailed in the summary below.

Earmarked Reserves are held to meet known or predicted liabilities and the funds should be used for the item for which they have been set aside. Any funds no longer required are returned to the General Reserve. The Council reviews the level of Earmarked Reserve at least annually.

The Council will undertake a review of reserves later in the year and report the outcomes to Cabinet in due course.

A summary of outstanding balances on Earmarked Reserves as at 31 March 2020 are shown in Appendix Two.

Summary

All Portfolios achieved underspends or broke even in 2019-20, with the exception of Clean Growth and Regeneration (£0.035m overspent) and Young People (£6.855m overspent).

There continue to be pressures on social care, which has resulted in a significant overspend in the Young People portfolio. The overspend in Young People was, in the main, driven by increased demand for Social Care support, such as placements for children in care, alternative arrangements for children unable to live with parents and increased numbers of children whose safety and well-being requires monitoring, through child protection plans and associated social worker support. The Council does not have the capacity to meet all of this increased demand from its internal resources so is placing increasing reliance on more expensive external services and service provision outside the Derbyshire locality.

The overspend on the Young People portfolio will be met from the General Reserve.

The underspend in the Highways, Transport and Infrastructure portfolio has resulted from waste management expenditure being less than expected, mainly because of lower waste tonnages and savings arising under the new service continuity arrangements, as well as from reduced demand for Gold Card and support to local bus operators. Significant overspends in highways maintenance and winter maintenance and from budget savings which have yet to be identified and allocated to specific service areas were mitigated only by utilising one-off support from the Budget Management reserve.

The underspend on the Corporate Services portfolio has arisen primarily due to planned actions, such as vacancy control in the ICT and Human Resources services, to manage restructures which aim to deliver savings over the next three years.

There have also been underspends on corporate budgets, in Risk Management and Interest and Dividend income. The underspend on the Risk Management budget largely relates to a budget virement from the Adult Care portfolio. The Council utilises a range of investments to maximise its interest and dividend income on balances. Interest income included interest accrued on the loan advances to the Buxton Crescent Hotel and Thermal Spa Company. Dividend income on the Council's investments in pooled funds remains robust and these investments have been held for the whole financial year.

The Adult Care portfolio achieved a breakeven position, following a year-end transfer of its underspend to an earmarked reserve to fund the Better Lives Project.

A summary of the achievement of budget savings in the year for each portfolio is provided in Appendix Three.

Departments have continued to look for ways of working more efficiently and effectively to reduce costs or generate additional income. To provide flexibility in meeting budget pressures and reduction targets it is proposed that portfolio underspends, capped at a total of the Council's overall underspend after

providing for specific commitments, will be carried forward in departmental Earmarked Reserves. In addition, the process of detailed review of Earmarked Reserves will continue and any available balance will be returned to the General Reserve, as appropriate. Any decisions on the use of departmental Earmarked Reserves containing underspends will continue to be subject to appropriate approvals, either by Executive Director or Cabinet Member.

The age profile of debts owed to the Council and the value of debts written off is disclosed in Appendix Four. This information is collected on a departmental, rather than a portfolio, basis.

The General Reserve stands at £53.547m in the Council's Pre-Audit Statement of Accounts as at 31 March 2020. There are commitments held against this balance as follows:

General Reserve at 31 March 2020	
	£m
Balance in Pre-Audit Accounts	**53.547**
Less: Allocations to Portfolios*	
Adult Care	0.000
Clean Growth and Regeneration	0.000
Corporate Services	(1.588)
Health and Communities	(0.245)
Highways, Transport and Infrastructure	(1.701)
Strategic Leadership, Culture and Tourism	(0.021)
Young People	(0.302)
Balance After Commitments	**49.690**
Anticipated Balance Expected as part of FYFP in Revenue Budget Report 2020-21	**42.686**

* Use of departmental Earmarked Reserves containing underspends subject to appropriate approvals, either by Executive Director or Cabinet Member.

3 Financial Considerations

As outlined above.

4 Other Considerations

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property, transport and social value considerations.

5 Background Papers

Papers held electronically by Technical Section, Room 137, Finance & ICT.

6 Key Decision

No

7 Is it necessary to waive the call-in period?

No

8 Officer's Recommendations

That Cabinet:

- Notes the departmental outturn position for 2019-20;
- Notes the position on General and Earmarked Reserves;
- Approves the allocation of underspend amounts and commitments to Portfolios;
- Notes that requests for use of underspends in departmental Earmarked Reserves will be subject to appropriate approval, either Executive Director or Cabinet Member.

PETER HANDFORD

Director of Finance & ICT

Summary of Underspends

	Budget £m	Actual £m	Overspend/ (Underspend) £m	Commitments £m	Balance after Commitments £m	Allocation for use of Underspends £m	Balance to remain in General Reserve £m
Adult Care	246.730	246.730	0.000	0.000	0.000	0.000	0.000
Clean Growth and Regeneration	5.603	5.638	0.035	0.000	0.035	0.000	(0.035)
Corporate Services	45.136	43.439	(1.697)	0.000	(1.697)	1.588	0.109
Health and Communities*	4.433	4.171	(0.262)	0.000	(0.262)	0.245	0.017
Highways, Transport and Infrastructure	79.888	78.069	(1.819)	0.000	(1.819)	1.701	0.118
Strategic Leadership, Culture and Tourism	13.175	13.153	(0.022)	0.000	(0.022)	0.021	0.001
Young People	110.700	117.555	6.855	0.302	7.157	0.000	(7.157)
PORTFOLIOS TOTAL	**505.665**	**508.755**	**3.090**	**0.302**	**3.392**	**3.555**	**(6.947)**
Risk Management	6.155	0.000	(6.155)	0.000	(6.155)	0.000	6.155
Debt Charges	28.833	29.327	0.494	0.000	0.494	0.000	(0.494)
Interest and Dividend Income	(4.900)	(6.050)	(1.150)	0.000	(1.150)	0.000	1.150
Levies and Precepts	0.332	0.335	0.003	0.000	0.003	0.000	(0.003)
Corporate Adjustments	7.355	7.216	(0.139)	0.000	(0.139)	0.000	0.139
TOTAL	**543.440**	**539.583**	**(3.857)**	**0.302**	**(3.555)**	**3.555**	**0.000**

* the ring-fenced Public Health overspend of £0.022m has been funded from the Public Health Reserve

Earmarked Reserves

	31 Mar 2019	Transfers		31 Mar 2020
		In	Out	
	£m	£m	£m	£m
Adult Care				
Older People's Housing Strategy	(22.676)	(7.324)	0.000	(30.000)
Pump priming	0.000	(5.966)	2.159	(3.807)
Other reserves	(0.283)	(0.016)	0.253	(0.046)
Sub Total	**(22.959)**	**(13.306)**	**2.412**	**(33.853)**
Clean Growth and Regeneration				
D2 Growth Fund	(0.200)	0.000	0.000	(0.200)
Markham Environment Centre	(0.114)	0.000	0.000	(0.114)
Other reserves	(0.519)	(0.013)	0.150	(0.382)
Sub Total	**(0.833)**	**(0.013)**	**0.150**	**(0.696)**
Corporate Services				
Revenue Contributions to Capital	(17.081)	(11.703)	0.489	(28.295)
Loan Modification Gains/Losses	(28.440)	0.000	2.316	(26.124)
Insurance and Risk Management	(20.070)	(0.143)	0.128	(20.085)
Budget Management	(30.792)	(0.187)	14.548	(16.431)
Business Rates Relief Grant	0.000	(5.000)	0.000	(5.000)
Planned Building Maintenance	(6.282)	(1.008)	2.015	(5.275)
Business Rates Pool	(4.716)	0.000	0.044	(4.672)
Prior Year Underspends	(0.521)	(4.035)	0.570	(3.986)
Uninsured Financial Loss	(3.500)	0.000	0.000	(3.500)
Computer Purchasing	(3.215)	(0.570)	0.957	(2.828)
Property Insurance Maintenance Pool	(2.836)	(1.553)	1.676	(2.713)
PFI reserves	(1.981)	(0.420)	0.060	(2.341)
Property DLO	(1.701)	(2.324)	1.915	(2.110)
Change Management	(2.379)	0.000	0.572	(1.807)
Business Rates Strategic Investment Fund	(4.889)	(0.961)	4.837	(1.013)
Other reserves	(6.701)	(2.796)	3.862	(5.635)
Sub Total	**(135.104)**	**(30.700)**	**33.989**	**(131.815)**

	31 Mar 2019	Transfers		31 Mar 2020
		In	Out	
	£m	£m	£m	£m
Health and Communities				
Public Health Grant	(7.601)	0.000	0.177	(7.424)
Domestic Abuse	(2.000)	(0.142)	0.000	(2.142)
S256/External Funding	(0.254)	0.000	0.010	(0.244)
Trusted Trader	(0.071)	(0.030)	0.000	(0.101)
Other reserves	(0.366)	(0.076)	0.089	(0.353)
Sub total	**(10.292)**	**(0.248)**	**0.276**	**(10.264)**
Highways, Transport and Infrastructure				
Prior Year Underspends	(9.286)	(1.453)	0.929	(9.810)
Winter Maintenance	(2.000)	0.000	0.000	(2.000)
Commuted Highways Maintenance	(0.121)	(1.016)	0.000	(1.137)
Road Safety Public Service Agreement (PSA)	(1.182)	0.000	0.103	(1.079)
Derby and Derbyshire Road Safety Partnership Reserve	(0.585)	(0.132)	0.085	(0.632)
Waste Recycling Initiatives	(0.391)	(0.207)	0.000	(0.598)
IT Reserve	(0.559)	0.000	0.036	(0.523)
Other reserves	(5.609)	(0.233)	4.382	(1.460)
Sub Total	**(19.733)**	**(3.041)**	**5.535**	**(17.239)**
Strategic Leadership, Culture and Tourism				
Policy & Research	(1.054)	0.000	0.339	(0.715)
Community Managed Libraries	0.000	(0.742)	0.000	(0.742)
Derbyshire Challenge Fund	(0.566)	(0.084)	0.119	(0.531)
Library Restructure	(0.429)	0.000	0.000	(0.429)
Derwent Valley Mills World Heritage Site	(0.193)	(0.016)	0.033	(0.176)
Other reserves	(1.509)	(0.029)	0.968	(0.570)
Sub Total	**(3.751)**	**(0.871)**	**1.459**	**(3.163)**

	31 Mar 2019	Transfers		31 Mar 2020
		In	Out	
	£m	£m	£m	£m
Young People				
Schools Balances	(26.043)	(5.595)	7.741	(23.897)
Tackling Troubled Families	(4.083)	(1.960)	2.149	(3.894)
Standards Fund (Schools)	(1.220)	0.000	0.494	(0.726)
School Rates Refunds	(0.600)	(0.121)	0.000	(0.721)
Childrens Services IT Systems	(0.746)	0.000	0.040	(0.706)
Youth Activity Grants	(0.330)	0.000	0.047	(0.283)
Foster Carer Adaptations	(0.262)	(0.163)	0.130	(0.295)
Dedicated Schools Grant (DSG)	(5.603)	(1.943)	7.359	(0.187)
Other reserves	(1.894)	(0.603)	1.097	(1.400)
Sub Total	**(40.781)**	**(10.385)**	**19.057**	**(32.109)**
Overall Totals	**(233.453)**	**(58.564)**	**62.878**	**(229.139)**

Budget Savings Monitoring 2019-20

	Budget Savings Targets			Ongoing Savings Initiatives	Target not Identified	Actual Savings	Savings Shortfall
Portfolio	**Not yet achieved Brought Forward Prior Year**	**Current Year**	**Total Target**	**Total Identified**	**(Shortfall)/ Additional Identified Savings**	**Achieved by Financial Year End**	**Actual (Shortfall)/ Additional Achievement of Savings Target**
	£m	**£m**	**£m**	**£m**	**£m**	**£m**	**£m**
AC	0.000	5.671	**5.671**	5.671	0.000	6.098	0.427
CS	0.379	1.435	**1.814**	1.437	(0.377)	1.279	(0.535)
CGR	0.000	0.000	**0.000**	0.000	0.000	0.000	0.000
HC	0.000	0.207	**0.207**	0.207	0.000	0.207	0.000
HTI	3.321	2.593	**5.914**	0.680	(5.234)	0.680	(5.234)
SLCT	0.245	0.515	**0.760**	0.760	0.000	0.599	(0.161)
YP	0.000	2.972	**2.972**	2.802	(0.170)	2.143	(0.829)
Total	3.945	13.393	**17.338**	11.557	(5.781)	11.006	(6.332)

AC = Adult Care ; CS = Corporate Services ; CGR = Clean Growth and Regeneration ; HC = Health and Communities ; HTI = Highways, Transport and Infrastructure ; SLCT = Strategic Leadership, Culture and Tourism ; YP = Young People

Age profile of debt, relating to income receivable, at 31 March 2020

0 - 30 Days £m	31 - 365 Days £m	1 - 2 Years £m	2 - 3 Years £m	3 - 4 Years £m	Over 4 Years £m	Total £m
Adult Social Care and Health						
5.609	3.228	1.231	0.714	0.297	0.656	**11.735**
47.8%	27.5%	10.5%	6.1%	2.5%	5.6%	**100.0%**
Children's Services						
1.076	0.565	0.058	0.036	0.009	0.018	**1.762**
61.1%	32.1%	3.3%	2.0%	0.5%	1.0%	**100.0%**
Economy, Transport and Environment						
1.465	2.330	0.967	0.252	0.015	0.014	**5.043**
29.1%	46.2%	19.2%	5.0%	0.3%	0.3%	**100.0%**
Commissioning, Communities and Policy						
3.471	0.913	0.704	0.196	0.079	0.173	**5.536**
62.7%	16.5%	12.7%	3.5%	1.4%	3.1%	**100.0%**
All Departments						
11.621	7.036	2.960	1.198	0.400	0.861	**24.076**
48.3%	29.2%	12.3%	5.0%	1.7%	3.6%	**100.0%**

The value of debt written off in the 12 months up to 31 March 2020

Department	**£m**
Adult Social Care and Health	0.291
Children's Services	0.042
Economy, Transport and Environment	0.012
Commissioning, Communities and Policy	0.031
All Departments	**0.376**

Agenda Item No 6(c)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Director of Finance and ICT

BUDGET 2020-21
(STRATEGIC LEADERSHIP, CULTURE AND TOURISM)

1 Purpose of the Report

To provide Cabinet with details of the financial consequences in respect of the Revenue Budget 2020-21.

2 Information and Analysis

Background
On 5 February 2020, Council approved the Revenue Budget 2020-21 including details of service pressure allocations, savings targets and Council Tax levels.

Since that time, local authorities have been faced with the financial consequences of responding to the Covid-19 pandemic. Details of the estimated cost of the pandemic were reported to Cabinet on 4 June 2020. There is a further report for consideration at this meeting which sets out details of the revenue budget monitoring position for 2020-21, including Covid-19 costs up to the end of May 2020, together with projections up to the end of the current financial year.

Budget 2020-21
The Council set a net revenue budget of £560.211m which included substantial budget increases for both adults and children's social care, which are summarised below:

- An extra £20.7m for children's services to fund increased demand and costs including placements, support for care leavers, safeguarding, special educational needs and more social workers;
- An extra £18.9m for adult social care to cover growing demand due to an ageing population, winter pressures and the implementation of a transformation programme to promote greater independence for older people;

- An extra £4m to develop measures to address the threat of climate change, with an on-going £0.200m each year to co-ordinate and plan activity to reduce the council's and county's carbon footprint;
- An initial sum of £0.270m to begin planning to tackle ash dieback.

In setting its budget, the Council set a 2% Council Tax rise utilising the Government's legislation to raise much needed income to support services for older people. There was no additional increase in Council Tax for other services, resulting in one of the lowest council tax rises in the country compared to similar authorities.

Covid-19

To date, the financial costs of Covid-19 to the local government sector are significant. Analysis undertaken by the Local Government Association (LGA) in respect of the DELTA Covid-19 returns for June, shows a total projected cost, loss of income (including council tax and business rates) for local government totalling approx. £11bn.

The Government, to date, has provided a number of funding streams to local authorities, which includes:

- £1.6bn of additional funding to support local authorities. This was in addition to £1.3bn being allocated to clinical commissioning groups (CCGs) and the NHS to support discharge from hospitals (£22.996m allocation for the Council).
- a further £1.6bn was allocated to local government to support the immediate impacts of COVID-19. Individual allocations were announced on 28 April 2020 (£14.111m allocation for the Council).
- £600m infection control fund was allocated to local government, which is ringfenced to social care and is intended to support care homes to implement measures to reduce transmission of COVID-19 (£9.740m allocation for the Council, however, the funding is to be passported to the social care sector).
- £300m was allocated to local authorities to support test and trace services in their areas (£3.859m allocation for the Council).
- £63m was allocated for local welfare assistance schemes for local authorities to use 'at their discretion' to help the most vulnerable families affected by the pandemic (£0.808m allocation for the Council).
- £500m to respond to spending pressures (details still awaited).

In addition to the above funding the Government has also announced a scheme to reimburse lost income during the pandemic.

Despite the above funding measures, the budget monitoring report which appears as an agenda item earlier in the meeting serves as a stark reminder of the potential in-year Covid-19 costs which may result in an overspend of £45.382m. However, the £4.000m from the Business Rates Pilot may be utilised to reduce the overspend. It must be recognised that the estimates

are based on a number of assumptions, which have a high degree of volatility, but the range of potential outcomes will start to narrow in later periods of the financial year as budget monitoring is completed. Any significant variations will be reported to Cabinet.

It is important to note that the projected costs, as set out in the budget monitoring report, for the remainder of the financial year, include an estimate of the amount the Council may wish to spend on recovery. Additional costs, over and above normal operating costs, will be incurred in ensuring that the Council is operating its services safely and in accordance with Government guidelines. For example, if social distancing measures are to be maintained as pupils return to school in September 2020, the provision of additional home to school transport will be required. Furthermore, several of our services will incur additional costs in transitioning to safe and risk assessed operating activities.

The forecast overspend does not reflect the potential for further funding support from the Government. Therefore, it is hoped that the funding gap will not be as significant.

Lobbying

The Council continues to lobby for additional funding through special interest groups such as the Local Government Association and County Council Networks. The Council's Director of Finance & ICT has expressed his concerns in a recent call with officers from the Local Government Finance Directorate at the Ministry of Housing, Communities and Local Government.

Whilst there was no explicit promise of additional funding, it is hoped that additional funding support will be allocated to local government, particularly in the event of a second wave of the pandemic which may occur later in the financial year.

There are a number of uncertainties at this stage and these are set out in more detail in the Risk section below. On the basis that local authorities will be appropriately funded for both response and recovery costs, the Council should be able to manage and balance the budget in-year, however, there may be a call on the general reserve to meet any unfunded costs.

The financial position will be closely monitored throughout the year and reported to CMT/Cabinet in accordance with the Council's Budget Monitoring Policy.

Future Years Impact

The key issue and concern of the Council is the impact in future years and the Director of Finance & ICT was explicit in expressing his concerns during the conversation with MHCLG. There are several unknowns in respect of local authority funding over the medium term which are hindering the financial planning of local authorities. Without the certainty of funding allocations, the sector will have to make decisions on how it will deliver its services in a post

Covid-19 environment, without the foresight of a fiscal plan from Government on which to base its plans and priorities.

These funding uncertainties include:

- A comprehensive spending round that will cover the 2021-22 financial year only. Until recently, spending rounds have tended to provide a funding envelope spanning three financial years, thereby providing the funding certainty that local government needs;
- Fair funding and business rates retention reviews have been delayed.

Budget 2021-22
The loss of Council Tax and Business Rates income will have a significant impact on the Council's budget for the next financial year. Early indications suggest that loss of Council Tax income will impact the collection funds with an estimated deficit as much as £10m expected. This loss of income will be challenging against the backdrop of bids for service pressures which are expected as the Council looks to invest in recovery whilst maintaining and delivering Council Plan objectives.

Risks
The key risk to the Council's finances are the continuing costs of the first waive of the pandemic and the potential for a second wave of the pandemic, which will unquestionably give rise to additional costs such as increased demand for social care.

Further risks include:

- **Hospital Discharge Scheme**
  The current Covid-19 Hospital Discharge Scheme has health funding for the cost of any care packages for clients leaving hospital and for prevention admissions. To date this has totalled approximately £2m. This funding will cease at some point. Whilst cases will still attract Continuing Healtchare funding and client contributions, there will still be a cost which is currently unquantifiable at this stage.

- **Home to School Transport**
  Work is ongoing to understand the implications of pupils returning to school in September as the Government releases further guidelines for local authorities.

- **Loss of Income**
  A second wave is likely to see lockdown measures imposed and therefore there is likely to be further losses of income which are not reflected in current projections.

Summary
At the time of setting the Revenue Budget 2020-21 in February 2020, there were a number of unknowns such as the cost of independent sector fees and the pay award. There is sufficient funding set aside in the contingency budget to meet these costs.

A further sum of £5.000m was set aside to meet in-year demand for the costs of social care. The Young People portfolio currently has an overspend of £0.519m, whilst Adult Care shows an underspend of £0.324m. It is not proposed to allocate any of the £5.000m contingency to departments at this time. This will be reviewed later in the financial year.

The costs of Covid-19 are substantial and this is reflected in the Budget Monitoring Report 2020-21 as at the end of May 2020. The Council expects Government to provide sufficient funding to meet the costs of Covid-19 and will continue dialogue with Government in expressing the concerns of the Council.

With sufficient financial support from Government to meet the costs of Covid-19, the Council should be in a position to manage the in-year budget.

A number of Section 151 Officers in England have indicated that they may be inclined to issue a Section 114 Notice. The Director of Finance & ICT does not consider that this is appropriate at this stage.

The concern is the Council's ability to set a balanced budget in 2021-22 and subsequent years. Local authorities need the funding certainty of a three-year settlement from Government to plan the delivery of its services, whilst seeking assurance that any Covid-19 related costs will be fully funded.

3 Considerations

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property, transport and social value considerations.

4 Background Papers

No

5 Key Decision

Yes

6 Is it necessary to waive the call-in period?

No

7 Officer's Recommendation

That Cabinet notes:

i. The additional costs of Covid-19 and the projected funding gap;
ii. The financial risks and uncertainties associated with Covid-19.

PETER HANDFORD

Director of Finance & ICT

Agenda Item No 6(d)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Director of Finance & ICT

REVISED FINANCIAL REGULATIONS

1 Purpose of the Report

To consider the proposed amendments to the Council's Financial Regulations and commend approval of these amendments to Council.

2 Information and Analysis

A detailed revision of the Council's Financial Regulations took place in 2014 and 2017 with a further review during the latter part of 2018.

It is good financial management practice to review the Regulations and Standing Orders on a regular basis to ensure that they are fit for purpose and accord with the Council's Constitution.

Many of the titles and references to policies referred to the in the current regulations have changed and these have been updated where appropriate.

These changes will be underpinned by revised schemes of Departmental financial delegations which will set out the requirements required to ensure compliance with the revised Financial Regulations and Standing Orders relating to Contracts.

The revised Financial Regulations are appended to this report.

The key areas that are being recommended for change are:

- Requirement for all Council staff to furnish information to the Chief Financial Officer with information required for the financial administration of the Council's affairs.
- Addition of the role and responsibilities of the Deputy s.151 Officer in the Statutory Officers section.
- Recognition that financial management standards should be in accordance with the principles of The CIPFA Financial Management Code.

- Clarity on where and whom to submit a Declaration of Interest
- Running costs of surplus assets to remain the responsibility of the transferee for a period of 18 months or until the asset is either sold or brought into new usage. After such time the running costs become the responsibility of Property Services.
- Authorisation of write offs reflect the latest OJEU thresholds.
- Clarification that requests for payment in advance should be made to the Chief Financial Officer.
- A requirement to review the Council's Tax Strategy at least annually.

The Standing Orders Relating to Contracts is also being reviewed and any amendments will be reported to Cabinet and Council for approval. Audit Committee will receive a subsequent report with details of the changes.

3 Considerations

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property, transport and social value considerations.

4 Key Decision

No.

5 Call-In

Is it required that call-in be waived in respect of the decisions proposed in the report? No.

6 Background Papers

Papers are available from the Technical and Procurement Sections, Finance & ICT Division.

7 Officer's Recommendation

That Cabinet commends the approval of the proposed amendments to the Financial Regulations to Council.

PETER HANDFORD
Director of Finance & ICT

APPENDIX

Derbyshire County Council

FINANCIAL REGULATIONS

To: All Members and Employees

The Chief Financial Officer has legal responsibilities for the financial administration of the Council's affairs and for determining the procedures and systems (whether electronic or not) to achieve this.

The Director of Legal Services as Monitoring Officer has responsibilities for legal compliance/probity.

Financial Regulations and Procedures apply to all Members and employees and to all transactions.

There are separate regulations under the Derbyshire Scheme for Financing Schools.

Where supplementary rules are made subsequent to these Regulations, these will be published. It has not been possible to foresee every eventuality so, should any doubt arise, you should consult the Chief Financial Officer. The Council Tax payers and citizens will expect everyone involved with the Council's affairs to treat the Council's resources with care and seek to obtain value for money - economy, efficiency and effectiveness - at all times.

The Regulations deal with the control of resources by Executive Directors in their Departments. The responsibilities of other officers are separately listed throughout the document and supplemented by Scheme of Delegations.

It is important that all employees are familiar with the detail that applies to their daily role. The regulations relating to procurement matters have been amended including changes in thresholds, evaluating for risk, increased requirement for transparency and the use of frameworks. These changes will allow increased flexibility for officers whilst maintaining the focus on delivery of value for money and accountability.

Barry Lewis
Leader of the Council

Simon Spencer
Deputy Leader of the Council

Peter Handford
Director of Finance & ICT
(Chief Financial Officer)

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A INTRODUCTION

FINANCIAL REGULATIONS

1 To conduct its business efficiently a local authority needs to ensure that it has sound financial management policies in place and that they are strictly adhered to. Part of this process is the establishment of financial regulations, which set out the financial policies of the Council.

2 The County Council has produced this updated set of financial regulations, which reflects best practice and provides a practical source of advice to assist the Council to deliver its services.

3 The financial regulations provide clarity about the accountabilities of individuals - Cabinet Members and officers including the Monitoring Officer, the Chief Financial Officer and Executive Directors. Each of the financial regulations sets out the overarching financial responsibilities.

4 Departments should link the financial regulations with other internal regulatory frameworks which form part of the Council's constitution - for example - contract standing orders, schemes of delegation, the role of both Audit and Improvement and Scrutiny Committees and Employee Codes of Conduct, which include specific issues such as hospitality and gifts. Departments may also wish to supplement this handbook with their own more detailed financial procedures, guidance and instructions. Each of these additional publications must be approved by the Chief Financial Officer.

There is a separate version of financial regulations for Schools which is approved by Audit Committee.

5 Derbyshire County Council is one of the largest local authorities in England. It serves a population of 764,000 and an area of 255,071 hectares. It provides a diverse range of services to its residents. It works in partnership with 8 district councils, parish and town councils and a number of other organisations.

The Council provides the following services:

- learning and development
- social care
- strategic planning
- economic development
- roads and highways
- cultural and community including libraries, museums & archives
- public transport facilities
- public health
- public protection
- countryside services
- environmental management
- registration of births, deaths and marriages
- coroners
- emergency planning
- asset management

6 The Council's governance structure is laid down in its Constitution. This document contains the:

- Articles of the Constitution

- Responsibility for Functions
- Rules of Procedure
- Codes and Protocols
- Members' Allowances Scheme
- Management Structure

FINANCIAL PROCEDURES

7 Each section of the financial procedures follows the format set out below;

- why is this important?
  - this sets the context for the financial procedures.
- key controls
  - this explains the key internal controls which set the framework for ensuring financial regulations are operating effectively.
- responsibilities of the Chief Financial Officer and Monitoring Officer.
- responsibilities of Executive Directors.
  - these last two sections clarify the responsibilities of operational managers in relation to financial management. This is distinct from the role of finance employees. Executive Directors are, of course, free to delegate functions within their Departments as set out in their Scheme of Delegation, in which case the responsibilities as stated apply to their managers.

B STATUS OF FINANCIAL REGULATIONS

1 Financial regulations provide the framework for managing the Council's financial affairs. They apply to every Member and Officer of the Council and anyone acting on behalf of the Council. As Financial Regulations are part of the constitution any change must be agreed by Council after being reported to Audit Committee.

2 The regulations identify the financial responsibilities of the Council, Cabinet, Audit Committee, Improvement and Scrutiny Committees, the Monitoring Officer, the Chief Financial Officer and Executive Directors. Cabinet Members and Executive Directors should maintain a written record where these responsibilities have been delegated to their employees including devolved employees. Where responsibilities have been delegated or devolved to other responsible officers, such as governors, references to the Strategic Director in the regulations should be read as referring to them.

3 All Members and Officers have a general responsibility for taking reasonable action to provide for the security of the assets under their control, and for ensuring that the use of all Council resources is legal, properly authorised and provides Value for Money (VfM).

4 The Council's Audit Committee is responsible for ensuring a continuous review of the financial regulations and for advising the Cabinet and Council of any additions or changes necessary. The Chief Financial Officer is responsible for reporting, where appropriate, any breaches of the financial regulations to the Council and/or to the Cabinet Members.

5 The Council's detailed financial procedures setting out how the regulations will be implemented are contained in the Annexes to the Financial Regulations.

6 Executive Directors are responsible for ensuring that all employees in their Departments are aware of their responsibilities according to the financial regulations and other internal regulatory documents and comply with them.

7 The Chief Financial Officer is responsible for issuing advice and guidance to underpin the financial regulations which Members, Officers and others acting on behalf of the Council are required to follow.

8 Throughout this document all references to authorisation/signatories apply to both hardcopy and electronic records. A digital signature/authorisation carries no less weight and imposes no less responsibility on the authorising officer than a handwritten signature. Designated authorising officers must ensure that they maintain the security of their personal user identity and password details as these identifiers will be taken as the equivalent of a personal, handwritten signature for the purposes of authorisation.

9 Employees are reminded that, under the Code of Conduct for Employees, orders and contracts must be awarded on merit and in accordance with Financial Regulations and Standing Orders in relation to contracts. Breaches of these requirements must be reported to the Assistant Director of Finance

(Audit), and may result in action being taken under the Council's disciplinary procedures.

C FINANCIAL REGULATIONS FOR DERBYSHIRE COUNTY COUNCIL

C(1) FINANCIAL REGULATION 1 - FINANCIAL MANAGEMENT & CONTROL

Overview of financial accountabilities in relation to:

The Council

1 The Council is responsible for adopting the Council's Constitution and Code of Conduct for Employees and for determining the budget and policy framework within which the Cabinet operates. It is also responsible for setting and monitoring compliance with the Council's overall framework of accountability and control. The framework is set out in a written Constitution. Together with the Cabinet, the Council is responsible for monitoring compliance with policies and Cabinet decisions.

The Cabinet

2 The Cabinet is responsible for proposing to the Council the policy framework and budget, for delivering services and discharging functions in accordance with the policy framework and budget.

3 The extent to which decisions of the Cabinet can be delegated is set out within the body of these regulations. Joint Committees or responsible Cabinet Members have authority to decide certain matters.

4 Together with the Council, the Cabinet is responsible for monitoring compliance with policies, Cabinet decisions and the framework of accountability and control.

Committees

Improvement and Scrutiny Committees

5 The Council has Improvement and Scrutiny Committees whose role is to scrutinise Cabinet or individual decisions before or after they have been implemented. These Committees are also responsible for making recommendations on future policy options and reviewing the general policy and service delivery of the Council.

6 The Improvement and Scrutiny Committees have a right to be involved in the budgetary process of the Council.

Audit Committee

7 The Council has an Audit Committee, part of whose role is to independently contribute to the Council's overall process for ensuring that effective internal control systems are adequately maintained.

Audit Matters

8 The Council's Auditors, both Internal and External act in an independent advisory capacity and report to the Audit Committee, Cabinet and Council. The Audit Committee have rights of access to obtain all the information they consider necessary and to consult directly with internal and external auditors. The Audit Committee is responsible for reviewing the external auditor's statutory report and the Assistant Director of Finance (Audit)'s annual report.

Standards Committee

9 The Standards Committee is responsible for promoting and maintaining high standards of conduct amongst Councillors. In particular, it has responsibility for advising on the adoption of the Code of Conduct for Employees, for its operation and its updating.

Other Committees

10 Regulatory functions such as planning and licensing together with the administration of the County Council's Pensions Fund are not the responsibility of the Cabinet and are exercised through committees which report to the Council.

Officers

11 It is the duty of all Officers of the Council to serve all Members of the Council equally.

The Statutory Officers

Head of Paid Service

12 The Head of Paid Service is responsible for:-

(a) The manner in which the discharge by the authority of their different functions is co-ordinated;
(b) The number and grades of staff required by the authority for the discharge of their functions;
(c) The organisation of the authority's staff; and
(d) The appointment and proper management of the authority's staff

Monitoring Officer

13 The Director of Legal Services, in the capacity of Monitoring Officer, is responsible for promoting and maintaining high standards of conduct and therefore provides support to the Standards Committee. The Monitoring Officer is also responsible for reporting any breaches of the law to the Council and the Cabinet.

Scrutiny Officer

14 The Scrutiny Officer is responsible for administering the Council's Improvement and Scrutiny Committees and providing support to these Committees and the Members of them. In addition, the Scrutiny Officer provides support and guidance to:

(a) Members of the Council,
(b) Members of the Executive of the Council, and
(c) Officers of the Council,

in relation to the functions of the Council's Improvement and Scrutiny Committees.

The Director of Finance & ICT

15 The Director of Finance & ICT is the Chief Financial Officer of the Council, and has statutory duties in relation to the financial administration and stewardship of the Council. This statutory responsibility cannot be overridden. The statutory duties arise from the:

- **Local Government Act 1972 - Section 115 Accountability of Officers**

Every officer employed by a local authority, whether under this Act or any other enactment, shall at such times during the continuance of his office or within three months after ceasing to hold it, and in such a manner as the local authority direct, make out and deliver to the Council, or in accordance with their directions, a true account in writing of all money and property committed to his charge, and of his receipts and payments, with vouchers and other documents and records supporting the entries therein, and a list of persons from whom or to whom money is due in connection with this office, showing the amount due from or to each.

Every such officer shall pay all money due from him to the proper officer of the local authority or in accordance with their directions.

- **Local Government Finance Act 1988 - Section 114 - Functions of Responsible Officers as regards reports**

The Chief Financial Officer is also the responsible officer under Section 114 of the Local Government Finance Act 1988 for reporting to Council if the Council: -

(a) has made or is about to make a decision which involves or would involve the Council incurring expenditure which is unlawful;

(b) has taken or is about to take a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency on the part of the Council, or

(c) is about to enter an item of account the entry of which is unlawful.

In addition, the Chief Financial Officer is under a duty to report to Council if it appears to him that the expenditure of the Council incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure.

- **Local Government Act 1972 - Section 117 Disclosure by Officers of Interest in Contracts**

Employees should be aware of the provisions of Section 117(1) of the Local Government Act 1972, which provides that "if it comes to the knowledge of an officer employed whether under this Act or any other enactment by a local authority that a contract in which he/she has any pecuniary interest whether direct or indirect (not being a contract to which he is himself is a party), has been or is proposed to be entered into by the authority or any committee thereof, he/she shall as soon as practicable give notice in writing to the authority of the fact that is interested therein."

An indirect pecuniary interest for these purposes is as follows: -

(a) if the officer or any nominee of the officer is a member of a Company or other body with which the contract was or is proposed to be made,

(b) if the officer is a partner or is in the employment of a person with whom the contract is or is proposed to be made,

(c) in the case of married persons living together the interest of one spouse, if known to the other, is deemed to be the interest of the other spouse.

Section 117(2) states that "an officer of a local authority shall not, under colour of his office or employment, accept any fee or reward whatsoever other than his proper remuneration".

Any officer who has direct or indirect interest in any contract, or who is offered any fee or reward shall write to the Monitoring Officer immediately. Any person who fails to comply with Section 117(1) and/or (2) may render themselves liable to a fine of £1,000**.**

- **Local Government Act 1972 - Section 151**

Under Section 151 "Every local authority shall make arrangements for the proper administration of their financial affairs, and shall secure that one of their officers has responsibility for the administration of those affairs".

The County Council have appointed the Chief Financial Officer as the responsible officer.

No item having financial consequences shall be placed on a Council meeting agenda without obtaining the Chief Financial Officer's financial assessment. Any report containing new proposals shall include an independent financial assessment by the Chief Financial Officer.

- **Local Government Act 2003**

The Local Government Act 2003 requires that the Chief Financial Officer has:

(a) a statutory duty to advise the Council on Cabinet proposals in accordance with their responsibilities under Section 151 of the Local Government Act 1972 and the Local Government Act 2003;

(b) responsibilities in relation to the level of the Council's reserves and protocols for their use;

(c) responsibilities to take into account matters as specified in CIPFA's Prudential Code for Capital Finance in Local Authorities (2003);

(d) robustness of estimates included in the budget and the adequacy of the reserves for which the budget provides.

The annual investment strategy is an annual statement prepared in accordance with the Local Government Act 2003. Section 15(1), states that all Authorities must "have regard to guidance on investments issued by the Secretary of State", when investing surplus cash.

16 The Chief Financial Officer will support these financial regulations by the issue of more detailed instructions to Executive Directors from time to time.

All Council staff shall furnish the Chief Finance Officer with such information as he/she may from time to time require for financial administration of the Council's affairs. In the case of any dispute or difference of opinion on whether provision of information is necessary, the decision of the Chief Finance Officer will be final.

Deputy s.151 Officer

This role is currently held by the Assistant Director of Finance (Financial Management) and deputises for the Chief Financial Officer in relation to the statutory requirements of Section 151 of the Local Government Act 1972 (as set out above).

Responsibilities of Executive Directors

17 All Executive Directors shall be responsible for ensuring that all employees of their Departments comply with financial regulations and any other financial instructions the Chief Financial Officer may issue from time to time. They also have delegated powers to take such actions deemed necessary and expedient in matters requiring urgent consideration and because of the timescale involved, or the need to safeguard the interests of the Council, cannot be dealt with by submission to the next Council or Cabinet Member Meeting.

18 They shall also ensure that:

(a) existing and new employees are informed of their responsibilities under financial regulations and are familiar with these documents,

(b) all financial regulations or contracts and award procedures are followed by officers in their Department,

(c) relevant records are maintained and retained,

(d) particular care is necessary to ensure that Officers whose responsibilities extend to routine aspects of budgeting, record keeping, ordering, income and payments are fully aware of the detailed requirements of the relevant Appendices to these regulations.

19 To consult the Chief Financial Officer on any matter which is liable to materially affect the finances of the Council before any provisional or other commitment is incurred.

20 To be responsible for securing VfM in relation to their activities and for achieving financial performance targets.

The Decision Making Process

21 The Cabinet is responsible for establishing protocols to ensure that individual Cabinet Members consult with relevant Officers before taking a decision within his/her delegated authority. In doing so he/she must take account of advice as to legal and financial liabilities and risk management issues which may arise from the decision.

22 The Monitoring Officer must ensure that Cabinet decisions and the reasons for them are made public. He/she must also ensure that Council Members are aware of decisions made by the Cabinet and of relevant decisions made by Officers under the terms of any specifically delegated Cabinet responsibility.

23 The Monitoring Officer is responsible for advising the Council, Cabinet and Officers regarding who has authority within the Council to take a particular decision.

Key Decisions

These decisions are subject to the access to information requirements for open government. A key decision is defined as a decision that affects two or more electoral wards or saves/costs more than £500,000.

24 The Monitoring Officer and Chief Financial Officer, in consultation with the Head of Paid Service, are responsible for advising the Cabinet or Council whether a decision is likely to be considered contrary to, or not wholly in accordance with, the policy framework or budget. In this context “contrary to the budget” may be as a result of:

(a) initiating a new policy,

(b) committing expenditure in future years to above the budget level.

25 It is ultimately the responsibility of Executive Directors to consult with the Chief Financial Officer on any matter which is liable to materially affect the Council's finances before any commitments are incurred. The Chief Financial Officer has a legal duty to provide financial advice to the Council. Executive Directors should not, therefore, appoint financial consultants or outside advisers without consulting the Chief Financial Officer.

Virement

26 The Council is responsible for agreeing procedures for virements (transfer of funds between budgets).

27 Executive Directors are responsible for agreeing in-year virements within delegated limits, as set out in Annex1, paragraph 2(b).

Treatment of year-end balances

28 Cabinet is responsible for agreeing procedures for carrying forward under or overspendings on budget headings.

C(2) FINANCIAL REGULATION 2 - FINANCIAL PLANNING

Introduction

1 The Council is responsible for approving the following, which will be proposed by the Cabinet:

- the policy framework,
- the Council Plan,
- the Revenue Budget and Five Year Financial Plan,
- the Capital Programme and Treasury Management Strategy.

The Council is also responsible for approving procedures for agreeing variations to approved budgets, plans and strategies.

3 The Council is also responsible for determining when a decision will be deemed contrary to the budget and should therefore be referred to the Council by the Chief Financial Officer and/or Monitoring Officer.

4 The Cabinet is responsible for taking in year decisions on resources and priorities in order to deliver the budget within the financial limits set by the Council.

Preparation of the Council Plan

5 The Corporate Management Team, is responsible for proposing the Council Plan to the Cabinet for consideration before its submission to Council for approval.

BUDGETING

Budget guidelines

6 The Chief Financial Officer will issue guidelines on budget preparations to Members and Executive Directors in accordance with Council and Cabinet requirements. The guidelines will take account of:

- legal and consultation requirements,
- medium term planning prospects,
- available resources,
- spending pressures,
- relevant government guidelines,
- cross-cutting issues (where relevant).

Budget preparation

7 The Chief Financial Officer is responsible for ensuring that a revenue budget is prepared on an annual basis for consideration by the Cabinet before 8 February, and subsequent submission to the Council. The Council may amend the budget, or ask the Cabinet to reconsider it before approving it. The budget must, however, be approved and precepts notified to billing authorities prior to 1 March in accordance with the Local Government Act 1992.

8 The Chief Financial Officer is responsible for preparing a report in accordance with the Local Government Act 2003 which the Council must consider when it is making its statutory calculations required to determine its precept. The report must deal with the robustness of the estimates included in the budget and the adequacy of reserves for which the budget provides. The Ministry of Housing, Communities and Local Government advises that the professional advice of the Chief Finance Officer is required on these two questions, and that they are connected with matters of risk and uncertainty.

9 The Cabinet is responsible for issuing guidance on cash limits and the general content of the budget in consultation with the Chief Financial Officer as soon as possible following approval by the Council.

10 It is the responsibility of Executive Directors to ensure that annual revenue estimates reflecting agreed service plans and including all necessary resource plans and financial estimates are prepared in consultation with the Chief Financial Officer and are reported to the Cabinet.

Preparation of the Capital Programme and Treasury Management Strategy

11 The Chief Financial Officer, in consultation with the Corporate Management Team, is responsible for ensuring that a capital programme is prepared on an annual basis in accordance with the requirements of CIPFA's Prudential Code for Capital Finance in Local Authorities (2017) for consideration by the Cabinet, before submission to the Council.

C(3) FINANCIAL REGULATION 3 - CONTROL OF RESOURCES INCLUDING EMPLOYEES

Internal control

1 Internal control refers to the system of controls devised by management to help ensure the Council's objectives are achieved in a manner which promotes effective, efficient and economical use of resources and that the Council's assets and interests are safeguarded.

2 The Audit Committee is responsible for reporting to Cabinet and Council on matters arising from its review of internal control and governance and the Annual Governance Statement.

3 It is the responsibility of the Executive Directors to establish sound arrangements for planning, appraising, authorising and controlling their operations in order to achieve effectiveness, efficiency and economy and for achieving their financial performance targets.

Employees

4 The Head of Paid Service is responsible for providing overall management of employees. He/she is also responsible for ensuring that there is proper use of the job evaluation or other agreed systems for determining the grade and remuneration of a job.

5 Executive Directors are responsible for controlling total employee numbers by:

- adjusting the employee numbers to that which can be funded within approved budget provision, varying the provision as necessary within that constraint in order to meet changing operational needs and in line with the Council's HR Strategy.

- the proper use of appointment procedures as defined in the Recruitment and Selection Guidelines.

Budget monitoring

6 The Chief Financial Officer is responsible for providing appropriate financial information to enable budgets to be monitored effectively. He/she must monitor the control of income and expenditure against budget allocation and report to the Cabinet on variances in line with the requirements of the budget monitoring policy.

7 It is the responsibility of Executive Directors to control income and expenditure within their area and to monitor performance and provide information to the Chief Financial Officer to ensure reporting is in line with the Budget Monitoring Policy. They should also take any action necessary to avoid exceeding their financial allocation.

8 Meetings between the Chief Financial Officer and Executive Directors are held monthly, to discuss the projected outturn, in accordance with the Budget Monitoring Policy.

Register of Members' interests

9 The Monitoring Officer is responsible for ensuring that the procedures agreed by Council for the registration of Members' interests comply with statutory requirements.

Risk Management - Code of Audit Practice Requirements

10 The Cabinet is jointly responsible for approving the Council's Risk Management Policy Statement (after receiving a report from the Audit Committee on risk management, internal control and governance and the Annual Governance Statement) and for effecting proper insurance.

11 The Council's Audit Committee considers, at each meeting, a report on the Council's Risk Register and is charged to consider any significant changes in risk and with monitoring the effectiveness with which key risks identified are managed.

12 The Chief Financial Officer is responsible for preparing the Council's Risk Management Policy Statement, promoting it throughout the Council and for advising the Cabinet on proper insurance cover.

13 The Chief Financial Officer shall be responsible for effecting all necessary insurance within the policy determined from time to time by the Council. Executive Directors will be responsible for notifying to him/her changes in any insurable risks and will submit claims in accordance with the approved arrangements.

14 Executive Directors shall consult the Chief Financial Officer and Director of Legal Services before giving any indemnity on behalf of the Council.

15 Executive Directors shall notify the Chief Financial Officer immediately of any loss, liability or damage, which may lead to a claim against the Council.

Security

16 Executive Directors should ensure that appropriate records, whether held in a manual or electronic format, are properly maintained and securely held. They are also responsible for ensuring that all business critical systems are identified, that systems so identified are adequately documented and that sound arrangements for the security and continuity of service in the event of disaster are in place and have been tested in advance where practicable.

C(4) FINANCIAL REGULATION 4 – SYSTEMS AND PROCEDURES

Decision making procedures

1 The Council is responsible for approving procedures for reporting its decision-making processes and the financial information associated with them. The Director of Legal Services should provide a system for the recording of the Council's decisions and for the secure storage of media used to record those decisions.

Income and expenditure

2 It is the responsibility of Executive Directors to ensure that a proper scheme of delegation has been established within their Departments, operating effectively and reviewed and updated annually to a standard determined by the Chief Financial Officer. It should identify employees authorised to act on behalf of the Cabinet, Cabinet Member or the Executive Director, in respect of payments, income collection, for placing orders and the award of contracts, together with the limits of their authority. The Council is responsible for approving procedures for writing off debts as part of its overall control framework of accountability and control.

Financial systems and procedures

3 The Chief Financial Officer is responsible for the operation of the Council's accounting systems, the form of accounts and the supporting financial records. Any proposed changes by Executive Directors to existing financial and/or control systems or the establishment of new systems must be reported to and considered by the Assistant Director of Finance (Audit) who will consider the potential impact on the Internal Control framework and report to the Chief Financial Officer, raising any concerns as appropriate. The Chief Financial Officer will then formally consider the proposed changes. No changes may be actioned without the formal approval of the Chief Financial Officer.

4 Executive Directors are responsible for the proper and effective operation of financial processes and control systems within their own Departments.

5 Any changes to financial instructions and procedure notes by Executive Directors, to meet their own specific service needs, should be agreed by the Chief Financial Officer who will seek Cabinet approval where appropriate.

6 Executive Directors must ensure that they have sufficient, appropriately qualified employees and other resources to meet their responsibilities and must consult the Chief Financial Officer to ensure that such employees have received appropriate financial training.

Data protection

7 Executive Directors should ensure that, where appropriate, classes of information held on computer and other systems are notified to the Information Commissioner in accordance with Data Protection legislation and that employees are aware of their responsibilities under this legislation and the

Freedom of Information Act 2000 and The Environmental Information Regulations 2004.

C(5) FINANCIAL REGULATION 5 – EXTERNAL ARRANGEMENTS

1 The Council provides a distinctive leadership role for the community and brings together the contributions of the various stakeholders.

2 The Cabinet is responsible for approving delegations, including frameworks for partnerships. The Cabinet is the focus for forming partnerships with other local public, private, voluntary and community sector organisations to address local needs. It is responsible for ensuring that the contractual arrangements for any work for third parties or external bodies comply with Corporate Strategy.

3 The Council/Cabinet Members will decide on Member representation and the Corporate Management Team will decide on Officer representation of the Council on partnership and external bodies, as required by statute or the Council.

4 The Monitoring Officer is responsible for promoting and maintaining the same high standards of conduct with regard to financial affairs and governance in partnerships that apply throughout the Council.

5 The Chief Financial Officer must specify the accounting and auditing arrangements to be adopted relating to partnerships and joint ventures and trading relationships and consider the overall corporate governance arrangements when arranging contracts with external bodies. Auditing arrangements should include, as a minimum, guaranteed rights of access for the Council's auditors at all times to all documents, records, employees and premises which relate to, or are provided by, the Council's contributions to the partnership, joint venture or trading relationship. He/she must ensure that the risks have been fully appraised before agreements are entered into with external bodies.

6 Executive Directors are responsible for:

- ensuring that appropriate approvals are obtained before any negotiations are concluded in relation to work with external bodies and third parties,

- maintaining a register of all contracts/partnership agreements entered into with external bodies in accordance with procedures approved by the Director of Legal Services which must include details of :

    - the aims and objectives of the contract/partnership;

    - its approved duration;

    - the Council's commitment in terms of finance and other resources;

    - the framework by which the performance of the contract/partnership is to be monitored;

- exit strategy on completion or termination of the contract/partnership ensuring that before entering into agreement with external bodies, a risk management appraisal has been prepared;

- ensuring that such agreements and arrangements do not impact adversely upon the services provided for the Council;

- ensuring that all agreements and arrangements are properly documented;

- providing appropriate information to the Chief Financial Officer to enable a note to be entered into the Council's Statement of Accounts;

- ensuring that all Council employees designated/seconded to work on the contract/partnership are aware that, throughout such work, they continue to be bound by the policies, contractual requirements and financial regulations of the Council and remain accountable to the Council for their actions.

ANNEX 1: FINANCIAL MANAGEMENT AND CONTROL

1 Financial management standards

2 Managing and controlling spending

(a) revenue budget
(b) scheme of virement
(c) treatment of year end balances

3 Accounting policies

4 Accounting records and returns

5 Format of the accounts

1 FINANCIAL MANAGEMENT STANDARDS

Objectives

1 All Members and Officers have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everyone is clear about the standards to which they are working, and the controls that are in place to ensure that these standards are met.

Responsibilities of Chief Financial Officer

2 To ensure the proper administration of the Council's financial affairs.

3 To set financial standards in accordance with The CIPFA Financial Management Code, and to monitor their compliance.

4 To ensure proper professional practices are adhered to, and to act as head of profession in relation to the standards, performance and development of employees engaged in financial work throughout the Council.

5 To advise on the key strategic controls necessary to secure sound financial management.

6 To ensure that financial information is available to enable accurate and timely reporting of comparisons of national and local financial performance indicators.

Responsibilities of Executive Directors

7 To promote and ensure adherence to the financial management standards set by the Chief Financial Officer in their Departments.

8 To promote and ensure adherence to proper financial practices in relation to the standards, performance and development of employees in their Departments.

2 MANAGING AND CONTROLLING INCOME AND EXPENDITURE

A Revenue Budget

Objectives

a.1 Budget management ensures that resources allocated by Members are used for their intended purposes and that these resources are properly accounted for. Budgetary control is a continuous process enabling the Council to review and adjust its budget targets during the financial year. It also provides the mechanism to call to account managers responsible for defined elements of the budget.

a.2 By identifying and explaining variances against budgetary targets, the Council can identify changes in trends and resource requirements at the earliest opportunity. The Council itself operates within an annual cash limit, approved in setting the overall budget. To ensure that the Council in total does not overspend, each service is required to manage its own income and expenditure within the cash limited budget allocated to it.

Key controls

a.3 The key controls for managing and controlling the revenue budget are:

(i) budget holders will be responsible for the income and expenditure on budget heads for which they have been assigned responsibility;

(ii) all budgeted income and expenditure is allocated to a named budget manager;

(iii) budget managers accept accountability for their budgets and the level of service to be delivered;

(iv) budget managers follow an approved authorisation process for all expenditure;

(v) income and expenditure is properly recorded and accounted for;

(vi) performance levels/levels of service are monitored in conjunction with the budget and necessary action taken to align service outputs and the budget.

Responsibilities of Chief Financial Officer

a.4 To establish an appropriate framework of budgetary management and control which ensures that:

(i) budget management is exercised within annual cash limits unless the Council agrees otherwise;

(ii) each Executive Director has available timely information on income and expenditure on each budget heading, to enable managers to fulfil their budgetary responsibilities;

(iii) all officers responsible for committing expenditure and generating or collecting income must comply with corporate guidance and financial regulations and standing orders;

(iv) each budget head has a single named manager, determined by the Executive Director. Budget responsibility should be aligned as closely as possible to the decision-making which commits expenditure;

(v) significant variances from approved budgets are promptly investigated and the reasons for such variances are pursued with the responsible managers.

a.5 To administer and ensure adherence to the Council's scheme of virement.

a.6 To submit reports to the Cabinet and to Council, in consultation with the Executive Director, where a Executive Director is unable to balance expenditure and resources within existing approved budgets under his or her control.

a.7 To prepare and submit reports on the Council's projected income and expenditure compared with the budget.

Responsibilities of Executive Directors

a.8 To maintain budgetary control within the Department, in adherence to the principles in 2a.4 and to ensure that all income and expenditure is promptly and properly recorded and accounted for.

a.9 To ensure that a single accountable budget officer is identified for each item of income and expenditure under the control of the Executive Director.

a.10 To ensure that spending remains within the service overall cash limit, and is not overspent, by monitoring the budget.

a.11 To ensure that a monitoring process is in place to review performance levels/levels of service in conjunction with the service plan and that any necessary action is taken.

a.12 To prepare and submit to the Cabinet or Cabinet Member, where required, reports on the service's projected income and expenditure compared with its budget, in consultation with the Chief Financial Officer in accordance with the schedule in the Council's Budget Monitoring Policy

a.13 To ensure prior approval by the Council for new proposals* not included in the agreed budget or service plan, which:

(i) create material financial commitments in future years,

(ii) initiate new policy or cease existing policies,

(iii) materially extend or reduce the Council's services,

(iv) create or identify material new sources of income,

(v) where services are to be financed from government grant, sales of goods and services, or other external services, which are time limited, the proposal must contain an exit strategy that does not rely on future finance from Council Tax.

a.14 To ensure compliance with the Council's scheme of virement.

a.15 To consult with the relevant Executive Director where it appears that a budget proposal, including a virement proposal may impact materially on another service or Executive Director's level of activity.

a.16 To ensure that the departmental forward procurement plan, detailing all procurement requirements above £50,000 for the forthcoming 24 months is included as part of the departmental service plan and; where such requirements cannot be identified in the service plan, to seek approval of Cabinet or Cabinet Member (as appropriate) prior to commencing the procurement process.

* A report on new proposals should explain the full financial implications, after consultation with the Chief Financial Officer. Unless the Council has agreed otherwise, Executive Directors must plan to contain the financial implications of such proposals within their cash limit. The proposal must be in line with the requirements issued by the Chief Financial Officer.

2 MANAGING AND CONTROLLING INCOME AND EXPENDITURE

B Scheme of Virement

b.1 The Council's scheme of virement is monitored by the Chief Financial Officer to ensure compliance with guidelines set by Council. Any variation from this scheme requires the approval of Council.

b.2 The Council approves annual budgets for each Department and Executive Directors and the budget holders are therefore authorised to incur expenditure in accordance with those estimates. The rules below cover virement, which is switching income and expenditure between Departments.

b.3 The scheme of virement is intended to enable Executive Directors and their employees to manage budgets with a degree of flexibility within the overall policy framework determined by the Council and, therefore, to optimise the use of resources. Executive Directors are expected to exercise their discretion in managing their budgets responsibly and prudently. In particular, they should aim to avoid supporting recurring expenditure from one-off sources of savings or additional income, or creating future commitments, including full-year effects of decisions made part way through a year, for which they have not identified future resources. Executive Directors must plan to fund such commitments from within their own budgets.

Responsibilities of Chief Financial Officer

b.4 To prepare a joint report, with relevant Executive Directors, to the Cabinet where any virements greater than £100,000 per annum are proposed between Departments.

Responsibilities of Executive Directors

An ExecutiveDirector may exercise virements on budgets under his/her control within their Department. Executive Directors are able to carry out virements within their own budgets as long as it does not involve the following:

(i) a new policy or policy change;

(ii) does not result in an increase in commitment in future years which cannot be met from within existing budgets;

(iii) does not compromise the policy/service objectives in the approved strategic plan (and related service plans).

Any virements not meeting these criteria shall be subject to approval by Cabinet.

b.6 Amounts greater than £100,000 per annum resulting in a virement of funds between Departments requires the approval of the Cabinet, following a joint report of the Chief Financial Officer and the Executive Director which must specify the proposed expenditure, the source of funding and must explain the implications in the current and future financial years.

b.7 No virement relating to a specific financial year should be made after accounting period 14 of that year.

b.8 Where an approved budget heading is designated by the Chief Financial Officer as a lump sum budget or contingency intended for allocation during the year, its allocation will not be treated as a virement, provided that the amount is used in accordance with the purposes for which it has been established.

b.9 Executive Directors must report all interdepartmental virements to the Chief Financial Officer as part of the period end assurance framework.

2 MANAGING AND CONTROLLING INCOME AND EXPENDITURE

C Treatment of end of year balances

Objectives

c.1 The Chief Financial Officer makes proposals to Cabinet on the treatment of balances.

c.2 The rules below cover arrangements for the transfer of resources between accounting years, i.e. a 'carry forward'.

Key controls

c.3 Appropriate accounting procedures are in place to ensure that carried forward totals are correct.

Responsibilities of Chief Financial Officer

c.4 To administer the scheme of 'carry forward' within accounting policies and any other guidelines set by the Council.

c.5 To report the extent of overspends and underspends on service estimates carried forward to the Cabinet.

Responsibilities of Executive Directors

c.6 The Departmental outturn position will be reported to Cabinet after the end of the financial year along with the variances on the budgets that are deemed to be controllable. The Chief Financial Officer will determine which budgets are classed as controllable and non-controllable.

Over/underspends against controllable budgets can only be carried forward with the approval of Cabinet. Requests to carry forward and/or utilise previous years' underspends will normally be through the annual outturn report.

c.7 Each school's surplus shall be carried forward to support the future expenditure of the school concerned. Any deficit will also be carried forward for the individual school to recover, if necessary, via a licensed deficit. Full details of the arrangements are contained within the Derbyshire Scheme for Financing Schools.

3 ACCOUNTING POLICIES

Objectives

1 The Chief Financial Officer is responsible for the preparation of the Council's Statement of Accounts, in the format required by the CIPFA Code of Practice on Local Authority Accounting in the UK, for the financial year ending 31 March. The Audit Committee is responsible for reporting to Cabinet and Council on matters arising from its review of the accounting policies and Annual Accounts of the Council, and will play a pro-active role in promoting discussion on both the content of the Statement of Accounts and ongoing financial statements.

Key controls

2 The key controls for accounting policies are:

(a) suitable accounting policies are selected and applied consistently;

(b) judgements are made and estimates prepared which are reasonable and prudent;

(c) statutory and other professional requirements are observed to maintain proper accounting records;

(d) all reasonable steps have been taken for the prevention and detection of fraud and other irregularities.

Responsibilities of Chief Financial Officer

3 To select suitable accounting policies and to ensure that they are applied consistently. The accounting policies will be set out in the Statement of Accounts which is prepared at 31 March each year, and will cover such items as:

(a) the basis on which debtors and creditors at year end are included in the accounts,
(b) details on substantial provisions and reserves, and contingent liabilities,
(c) fixed assets,
(d) depreciation,
(e) capital charges,
(f) debt redemption,
(g) work in progress,
(h) stocks and stores,
(i) deferred charges,
(j) government grants,
(k) leasing,
(l) pensions,
(m) allocation of central support services.
(n) capital receipts.

4 To identify any significant changes in accounting policies, and to ensure that they are reported to, and approved by, the Audit Committee.

Responsibilities of Executive Directors

5 To adhere to the accounting policies approved by the Chief Financial Officer.

4 ACCOUNTING RECORDS AND RETURNS

Objectives

1 Proper accounting records are one of the ways in which the Council discharges its responsibility for stewardship of public resources. The Council has a statutory responsibility to prepare its Statement of Accounts to present fairly its operations during the year. These are subject to external audit. This provides assurance that the accounts are properly prepared and proper accounting practices have been followed.

Key controls

2 The key controls for accounting records and returns are:

(a) all Cabinet Members, finance employees and budget managers operate within the required accounting standards of the Council;

(b) all the Council's transactions, material commitments, and contracts and other essential accounting information have been recorded completely, accurately and on a timely basis;

(c) procedures are in place to enable accounting records to be reconstituted in the event of failure;

(d) balances and reconciliation procedures are carried out to ensure transactions are correct;

(e) the duty imposed on the Council by the Accounts and Audit Regulations to maintain an adequate and effective audit of its accounting records and its system of internal control.

Responsibilities of Chief Financial Officer

3 To determine all accounting procedures and the form of financial records for the Council.

4 To compile all accounts and accounting records, or ensure that they are compiled under his/her direction.

5 To comply with the following principles when allocating accounting duties:

(a) separating the duties of providing information about sums due to or from the Council and calculating, checking and recording these sums from the duty of collecting or disbursing them;

(b) employees with the duty of examining or checking the accounts of cash transactions shall not themselves be engaged in these transactions.

6 To prepare, certify and publish the pre-audit statement of accounts of the Council for each financial year, in accordance with the statutory timetable, to make any necessary changes as a result of the external audit and for the Audit

Committee to then approve the post-audit Statement of Accounts before the statutory deadline.

7 To ensure that retention periods for financial records are specified and promulgated throughout the Council. The periods for which documents are to be retained are separately specified.

Responsibilities of Executive Directors

8 To consult with and obtain the approval of the Chief Financial Officer before making any changes to the format of the accounting records and procedures.

9 To comply with the principles outlined in paragraph 5 when allocating accounting duties.

10 To maintain adequate records to provide an audit trail leading from the source of income/expenditure through to the accounting statements.

11 To supply the information required to enable the Statement of Accounts to be completed, in accordance with guidelines issued by the Chief Financial Officer.

5 FORMAT OF THE ACCOUNTS

Objectives

1 The format of the budget will determine the level of detail on which financial control and management will be exercised.

Key controls

2 The key controls for the budget format are:

(a) the format complies with all legal requirements;

(b) the format complies with CIPFA's Service Reporting Code of Practice.

Responsibilities of Chief Financial Officer

3 To advise the Audit Committee on the format of the budget.

Responsibilities of Executive Directors

4 To comply with accounting guidance provided by the Chief Financial Officer.

ANNEX 2: FINANCIAL PLANNING

1 Financial Strategy

2 Budgeting

(a) resource allocation
(b) capital programmes
(c) preparing revenue budgets in accordance with the Council's financial strategy

3 Use of reserves

1 FINANCIAL STRATEGY

Objectives

1 The aim of the Financial Strategy is to set out the framework for the financial operation of the Council in support of its strategic and policy objectives as set out in the Council Plan. The Financial Strategy serves to drive (in conjunction with the Council Plan and Service Plans) the Five Year Financial Plan, Capital Strategy, Capital Programme and Annual Revenue Budget. The aim of the Financial Strategy is to maximise, within existing policies, the resources available to the Council and to assist in the continuous improvement of the provision of cost effective and affordable service delivery.

Key Controls

2 The key controls for the Financial Strategy are:

(a) to ensure it is driven by the Council Plan;

(b) to ensure it is reviewed annually;

(c) to ensure the Financial Strategy drives the Five Year Financial Plan, Capital Programme and Annual Revenue Budget.

Responsibilities of Chief Financial Officer

(a) to produce and update annually the Financial Strategy for approval by Cabinet;

(b) to ensure Financial Regulations, the Five Year Financial Plan, Capital Programme and Annual Revenue Budget together with any other financial policies, plans and guidance are consistent with the Financial Strategy.

Responsibilities of Executive Directors

(a) to contribute to the development of the Financial Strategy;

(b) to ensure all financial policies, plans and guidance within Departments are consistent with the Financial Strategy.

2 BUDGETING

A Resource allocation

Objectives

a.1 A mismatch often exists between those resources available and those required. A common scenario is that the available resources are not adequate to fulfil needs/desires. It is, therefore, imperative that resource allocation is carefully prioritised and the resources available are fairly allocated in order to fulfil all legal responsibilities. Resources will include employees, money, equipment (including ICT facilities, vehicles and plant) goods, materials, land and accommodation.

Key controls

a.2 The key controls for resource allocation are:

(a) resources are acquired using an approved authorisation process;

(b) resources are only used for the purpose intended by the Council, to achieve the approved policies and objectives, and are properly accounted for;

(c) resources are secured for use when required;

(d) resources are used with the minimum level of waste, inefficiency or loss for other reasons.

Responsibilities of Chief Financial Officer

a.3 To advise on methods available for the funding of expenditure, such as grants from central government and other income and borrowing requirements.

a.4 To assist in the allocation of income and expenditure to managers.

Responsibilities of Executive Directors

a.5 To work within budget limits and to utilise resources allocated and further allocate resources in the most effective, efficient and economical way.

a.6 To identify opportunities to minimise or eliminate resource requirement or consumption without a detrimental effect on service delivery, such as efficiencies, partnerships and collaborations, applying fees and charges or other commercial arrangements.

BUDGETING

B Capital programmes

Objectives

b.1 Capital expenditure involves acquiring or enhancing assets with a long term value, such as land, buildings and major items of plant and equipment or vehicles. Capital assets shape the way services are delivered for the long term and create financial commitments for the future in the form of financing costs and revenue running costs.

b.2 The Government places controls on the financing capacity of the Council. This means that capital expenditure should form part of a programme, should be carefully prioritised in order to comply with the Council Plan, maximise the benefit of scarce resources and comply with CIPFA's Prudential Code for Capital Finance in Local Authorities (2017).

Key controls

b.3 The key controls for capital programmes are:

(a) specific approval by the Council of its Capital Strategy and Infrastructure Plan;

(b) the preparation of a project and estimates, including associated revenue expenditure, for appraisal and recommendation by the Capital Strategy Group and approval by the Cabinet;

(c) proposals for the purchase, lease of, or improvements and alterations to buildings must be approved by the Director of Property.

Responsibilities of Chief Financial Officer

b.4 To prepare the Capital Strategy jointly with Corporate Management Team who will report the Strategy to the Cabinet for approval. The Cabinet will make recommendations on the capital estimates and on any associated financing requirements to the Council.

The Chief Financial Officer, in conjunction with Executive Directors, will compile the annual Capital Programme. This will contain schemes* (which are designed to meet a particular need or issue) and individual projects. The programme will be approved by Council in February each year. For the purposes of these regulations an individual scheme will be classed as a single project.

b.5 To prepare and submit reports to Cabinet/Council on the projected expenditure and resources compared with the approved estimates on a regular basis.

b.6 To issue guidance concerning capital schemes and controls for example on project appraisal techniques e.g. the Council's project appraisal and management toolkit. The definition of 'capital' will be determined by the Chief

Financial Officer, having regard to Government regulations and accounting requirements.

Responsibilities of Executive Directors

b.7 To comply with guidance concerning capital schemes and projects and controls issued by the Chief Financial Officer.

b.8 To ensure that all capital proposals have undergone a project appraisal in accordance with guidance issued by the Chief Financial Officer currently contained in the Council's project appraisal and management toolkit.

For schemes, an initial report will be taken to Cabinet to commit the scheme budget. Any balance remaining to be allocated at a later date will be dealt with under b.10.

Overspends

b.9 Where there are overspends on a project, virement can take place utilising the capital resources under the control of the Executive Director as follows:

- up to £250,000 by the Executive Director
- from £250,000 to £500,000 to be approved by Cabinet Member
- over £500,000, to be approved by Cabinet.

Where there may be the need to vire from a project that is funded by borrowing, this must be agreed with the Chief Financial Officer.

Any overspend that needs to be funded from an increase in borrowing will require the approval of Cabinet.

New Projects not already approved in the Capital Programme

b.10 Any subsequent projects can be approved as follows:

- up to £250,000 by the Executive Director
- from £250,000 to £500,000 to be approved by Cabinet Member
- over £500,000, to be approved by Cabinet.

Cabinet approval is required for any new Project to be funded from borrowing.

Corporate Contingency Funds

b.11 The corporate contingency budget is funded by borrowing and is under the control of the Chief Financial Officer

The Chief Financial Officer will authorise the use of contingency funds up to £250,000. Over £250,000 will require Cabinet approval.

b.12 The use of capital receipts can only be used with the approval of the Chief Financial Officer.

b.13 To nominate an officer who will act as sponsor for the project and an officer who will be responsible for the financial management of the project.

Where a department requests a feasibility study, then the cost of this will initially be borne by the department. If this then becomes a capital project, then the costs of the feasibility can be charged to the project

b.14 To assist in the preparation of regular reports of the estimated final cost of schemes in line with the timetable set out by the Chief Financial Officer.

b.15 To ensure that adequate records are maintained in respect of all capital contracts.

b.16 To ensure that they do not enter into credit arrangements, such as borrowing or leasing arrangements, without the prior approval of the Chief Financial Officer and, if applicable, approval of the scheme through the Capital Programme.

* Examples of a scheme are Basic Need, Local Transport Plan, Schools Access initiative, Disabled Adaptations.
The Chief Financial Officer will determine which funding streams can be considered to be classed as a scheme for the purposes of these regulations.

2 BUDGETING

C Preparing revenue budgets in accordance with the Council's Financial Strategy

Objectives

c.1 The Council is a complex organisation responsible for delivering a wide variety of services. It needs to plan effectively and to develop systems to enable scarce resources to be allocated in accordance with carefully weighed priorities. The budget is the financial expression of the Council's plans and policies.

c.2 The revenue budget must be constructed so as to ensure that resource allocation properly reflects the spending plans and priorities of the Council. Budgets (spending plans) are needed so that the Council can plan, authorise, monitor and control the way money is allocated and spent.

c.3 Medium term planning (or a 3 to 5 year planning system) involves a rolling planning cycle in which the Council develops its plans. As each year passes another future year will be added to the Five Year Financial Plan. Medium term planning involves a minimum 5 year rolling planning cycle which ensures that the Council is always preparing for events in advance.

Key controls

c.4 The key controls for budget preparations are:

(a) specific budget approval for all expenditure;

(b) budget managers accept accountability within delegations set by the Cabinet for their budgets and the level of service to be delivered;

(c) a monitoring process is in place to review regularly the effectiveness and operation of budget preparation and that any corrective action is taken.

Responsibilities of Chief Financial Officer

c.5 To prepare and submit reports on budget prospects for the Cabinet, including resource constraints set by the Government. Reports should take account of medium term prospects, where appropriate.

c.6 To determine the detailed form of revenue estimates, consistent with the general directions of the Council, and after consultation with the Cabinet and Executive Directors.

c.7 To prepare and submit reports to the Cabinet on the aggregate spending plans of Departments and on the resources available to fund them; identifying, where appropriate, the implications for the level of Council Tax to be levied.

c.8 To advise on the medium term implications of spending decisions.

c.9 To encourage best use of resources and VfM by working with Executive Directors to identify opportunities to improve effectiveness, efficiency and economy, and by encouraging good practice in conducting financial appraisals of development or savings options, and in developing financial aspects of service planning.

c.10 To advise the Council on Cabinet proposals in accordance with his responsibilities under Section 151 of the Local Government Act 1972.

Responsibilities of Executive Directors

c.11 To prepare estimates of income and expenditure, in consultation with the Chief Financial Officer, to be submitted to the Cabinet for approval.

c.12 To prepare budgets which are consistent with any relevant cash limits, the Council's annual budget cycle and guidelines issued by the Cabinet. The Chief Financial Officer shall prescribe the format in accordance with the Council's general directions.

c.13 To integrate financial and budget plans into service plans, so that budget plans can be supported by financial and non-financial performance measures.

c.14 To consult with Cabinet Members and relevant Executive Directors, where it appears that a budget proposal is likely to impact on another service or level of service activity.

c.15 In consultation with the Chief Financial Officer and in accordance with the agreed guidance and timetable to prepare detailed draft revenue and capital budgets for consideration by the Cabinet and Council.

c.16 To have regard to:

- spending patterns and pressures revealed through the budget monitoring process;
- legal requirements;
- policy requirements as defined by the Council;
- initiatives already underway.

3 USE OF RESERVES

Objective

1 Reserves are maintained as a matter of prudence.

Key controls

2 To maintain reserves in accordance with the CIPFA Code of Practice on Local Authority Accounting in the UK, the Council's Reserve Policy and agreed accounting policies.

Responsibilities of Chief Financial Officer

3 To advise on prudent levels of reserves for the Council and to consider the advice of external audit in this matter.

4 To ensure that the nature and purpose of all reserves is clearly identified and that they conform to accepted accounting practice.

5 To ensure all movements to and from reserves receive the appropriate level of authorisation.

6 That the Council's Reserve Policy is reviewed on an annual basis.

7 Where Cabinet/Cabinet Member has approved the budget for a scheme to spend resources in-year and there are commitments against the scheme at year-end, an earmarked reserve should be created for use by the Department in accordance with the Council's Reserves Policy.

8 Other reserves will be created by the Chief Financial Officer in line with accounting policies where necessary.

ANNEX 3: CONTROL OF RESOURCES INCLUDING EMPLOYEES

1 Internal controls

2 Audit requirements

a) internal audit
b) external audit
c) preventing financial irregularities
d) hospitality and gifts

3 Resources: Land, buildings, fixed plant and machinery

a) security
b) inventories
c) stocks and stores
d) intellectual property
e) private use of County Council facilities
f) asset disposal

4 Risk management and insurance

5 Treasury management

a) treasury management and banking
b) investments and borrowing
c) trust funds and funds held for third parties
d) imprest accounts
e) Money Laundering Regulations and Proceeds of Crime Act

6 Employees

1 INTERNAL CONTROLS

Objectives

1 The Council is complex and beyond the direct control of any one individual. It therefore requires internal controls to manage and monitor progress towards strategic objectives.

2 The Council has statutory obligations to meet and, therefore, requires internal controls to identify, meet and monitor compliance with these obligations.

3 The Council faces a wide range of financial, administrative and commercial risks, both from internal and external factors, which threaten the achievement of its objectives. Internal controls are necessary to identify, evaluate and control these risks.

4 The system of internal controls is established in order to provide measurable assurance of:

- efficient and effective operations;
- reliable financial information and reporting;
- compliance with laws and regulations.

Key controls

5 Effective review on a regular basis.

6 Managerial control systems including defining policies, setting objectives and plans, monitoring financial and other performance and taking appropriate anticipatory and remedial action. The key objectives of these systems are to promote ownership of the control environment by defining roles and responsibilities.

7 Financial and operational control systems and procedures, which include physical safeguards for assets, segregation of duties, authorisation and approval procedures and information systems.

8 An effective internal audit function which operates in compliance with the principles embodied in the Accounts and Audit Regulations 2015 (Regulations 3 and 5), the Public Sector Internal Audit Standards and with any other statutory obligations, regulations and professional Best Practice.

Responsibilities of the Chief Financial Officer

9 To assist the Council to put in place an appropriate control environment and effective internal controls which provide reasonable assurance of effective and efficient operations, internal financial controls and compliance with laws and regulations.

10 To ensure that the Council puts in place effective internal financial controls covering codified guidance, budgetary systems, supervision, management

review and monitoring, physical safeguards, segregation of duties, accounting procedures, information systems and authorisation and approval processes.

Responsibilities of Executive Directors

11 To manage processes so as to ensure that established controls are being adhered to, and to evaluate their effectiveness, in order to be confident in the proper use of resources.

12 To update existing controls and establish and implement new ones following consultation with the Assistant Director of Finance (Audit) who will consider the potential impact on the Internal Control Framework, and report to the Chief Financial Officer, raising any concerns as appropriate. The Chief Financial Officer will then formally consider the proposed changes. No changes may be actioned without the formal approval of the Chief Financial Officer.

13 To ensure employees have a clear understanding of the consequences of a lack of proper internal control frameworks or the deliberate breach or circumvention of such frameworks.

2 AUDIT REQUIREMENTS

A INTERNAL AUDIT

Objective

a.1 The Chief Financial Officer has a statutory responsibility for the overall financial administration of the Council's affairs. Under the requirements of the Accounts and Audit Regulations 2015 (Regulation 5) the Council is responsible for maintaining an adequate and effective internal audit.

a.2 Internal Audit is an independent, objective assurance and consulting activity established by the Council designed to add value and improve the Council's operations. It assists the Council accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

Key controls

a.3 The key controls for internal audit are:

(i) that it remains independent in its planning and operation,

(ii) the Assistant Director of Finance (Audit) has direct access to the Audit Committee, Cabinet, Council and Executive Directors.

(iii) Internal Audit officers comply with the requirements of the Accounts and Audit Regulations 2015 (Regulations 3 and 5), the Public Sector Internal Audit Standards and professional Best Practice.

Responsibilities of Chief Financial Officer

a.4 In accordance with Regulation 5 of the Accounts and Audit Regulations 2015, the Council is required to undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account Public Sector Internal Audit Standards or guidance.

Responsibilities of Assistant Director of Finance (Audit)

a.5 The Assistant Director of Finance (Audit) or his/her authorised representative, shall have a right of access at all times to such records and documents, including computer data, and premises (in accordance with the protocol approved by Cabinet) of the Council as appear to him/her to be necessary for the purposes of the audit and shall be entitled to require from any Officer or Member of the Council such information and explanation as he/she thinks necessary for that purpose. The Assistant Director of Finance (Audit) shall provide relevant reports and advice to the officers concerned.

a.6 The Assistant Director of Finance (Audit) is authorised to appraise the adequacy of procedures employed by Executive Directors to secure effectiveness, efficiency and economy in the use of resources.

a.7 All cases of suspected fraud, misappropriation or misuse of money, materials or equipment, or any mismanagement of money or other assets, or any other irregularities, must be reported immediately to the Assistant Director of Finance (Audit) who will investigate all cases of suspected fraud and other irregularities. He/she will, on conclusion of the audit investigation, report to the appropriate Executive Director who will consider any legal proceedings and/or disciplinary action in consultation with the appropriate Executive Director(s), Director of Legal Services, Chief Financial Officer and Assistant Director of Finance (Audit).

a.8 The Assistant Director of Finance (Audit) must maintain Strategic and Annual Audit Plans which take account of the characteristics and relative risks of the activities involved which he/she will report to the Audit Committee annually for approval. He/she should liaise with Executive Directors on the audit strategy and cover required. In addition to the statutory requirement this takes account of the need to seek added value, effective use of resources, improved performance and cost effective controls.

a.9 Where an appropriate response to audit recommendations has not been made within a reasonable period, the Assistant Director of Finance (Audit) shall refer the matter to the appropriate Executive Director for resolution. Where resolution cannot be reached, the matter shall be referred to the Chair of the Audit Committee, as specified in that Committee's Terms of Reference.

a.10 The Assistant Director of Finance (Audit) shall produce an annual report giving his/her opinion on the Council's framework of internal controls to the Audit Committee in accordance with the requirements of the Public Sector Internal Audit Standards.

a.11 The Assistant Director of Finance (Audit) is responsible for the consideration and formal approval of any changes that are proposed to existing financial, control and IT systems or the implementation of new systems. He/she will consider the potential impact on the Internal Control Framework and report to the Chief Financial Officer, raising any concerns as appropriate. The Chief Financial Officer will then formally consider the proposed changes. No changes may be actioned without the formal approval of the Chief Financial Officer.

Responsibilities of Executive Directors

a.12 To ensure that internal and external auditors are given unrestricted access to all records, personnel, assets and premises (in accordance with the protocol agreed by Cabinet) as necessary for the purpose of their work.

a.13 To ensure that auditors are provided with any information and explanations which they seek in the course of their work.

a.14 To consider and respond within 28 working days to recommendations in audit memoranda and reports.

a.15 To ensure that any agreed actions arising from audit recommendations are carried out in a timely and effective fashion.

a.16 To notify the Assistant Director of Finance (Audit) immediately of any suspected fraud, misappropriation or misuse of money, materials or equipment, or any mismanagement of money or other assets, or any other irregularities. Pending investigation and reporting, the Executive Director should in liaison with the Assistant Director of Finance (Audit) take all necessary steps to prevent further loss and to secure the integrity of records and documentation against removal, alteration or destruction.

a.17 To ensure that new systems for maintaining financial records, or records of assets, or changes to such systems, are discussed with the Council's Assistant Director of Finance (Audit), prior to implementation. This regulation shall also apply to computer systems. The Assistant Director of Finance (Audit) will consider the potential impact on the Internal Control Framework and report to the Chief Financial Officer, raising any concerns as appropriate. The Chief Financial Officer will then formally consider the proposed changes. No changes may be actioned without the formal approval of the Chief Financial Officer.

2 AUDIT REQUIREMENTS

B EXTERNAL AUDIT

Objectives

b.1 The Council has opted to use Public Sector Audit Appointments as part of a national joint procurement exercise to determine the Council's external auditor over the medium term.

b.2 The Chief Financial Officer is responsible for working with the external auditor and for advising the Audit Committee, Cabinet, Council and Executive Directors on their responsibilities in relation to external audit. The external auditor has the same rights of access as the internal auditor to all documents that are necessary for audit purposes.

b.3 The Act requires the Comptroller and Auditor General (C&AG) to prepare one or more codes of audit practice prescribing the way local auditors are to carry out their functions. This responsibility is important both nationally and locally in supporting auditors and underpinning a consistent, high-quality approach to the audit of local public bodies. The C&AG has taken the opportunity to prepare a single code covering the audit of different types of local public body. This reflects the fact that the core statutory responsibilities placed on the auditors of the different types of local public body covered by the Code are essentially the same.

b.4 The basic duties of the external auditor are governed by Section 20 of the Act, under which auditors need to satisfy themselves that:

- the accounts comply with the requirements of the enactments that apply to them;
- proper practices have been observed in the preparation of the statement of accounts and that the statement presents a true and fair view;
- the Council has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

b.5 The Council's accounts are scrutinised by external auditors who must be satisfied that the Statement of Accounts 'presents fairly' the financial position of the Council and its income and expenditure for the year in question and complies with the legal requirements.

Key controls

b.6 The C&AG provides a code of audit practice which prescribes how the external auditors carry out their functions.

Responsibilities of Chief Financial Officer

b.7 To draw up the timetable for final accounts purposes and to advise staff and external auditors accordingly.

b.8 To ensure that external auditors are given access to those premises, employees, documents and assets which the external auditors consider necessary for the purposes of their work.

Responsibilities of Executive Directors

b.9 To ensure that external auditors are given access to those premises, employees, documents and assets which the external auditors consider necessary for the purposes of their work.

b.10 To ensure that all paperwork and systems are up to date and available for inspection.

2 AUDIT REQUIREMENTS

C PREVENTING FINANCIAL IRREGULARITIES

Objectives

c.1 The Council's Policy for the prevention of financial irregularities is set out in full in its Anti Fraud and Anti Corruption Strategy Policy and Fraud Response Plan - which are issued to all Members and Officers of the Council.

c.2 The Council will not tolerate fraud and corruption in the administration of its responsibilities whether from inside or outside the Council.

c.3 The Council's expectation of propriety and accountability is that Members and Officers at all levels will lead by example in ensuring adherence to legal requirements, rules, procedures and practices.

c.4 The Council also expects that individuals and organisations (e.g. suppliers, contractors, partner bodies and service providers) that it comes into contact with, will act towards the Council with integrity and without thought or actions involving fraud and corruption.

c.5 The Audit Committee is charged with conducting an annual review and re-affirmation of the Council's Anti Fraud and Anti Corruption Strategy and the Fraud Response Plan. It will also review and approve the Council's strategy to ensure the adequate on-going training and awareness of all employees regarding anti fraud and corruption measures.

c.6 The Council has in place an approved Whistleblowing The Confidential Reporting Code which applies to all employees, contractors working for the Council on Council premises, suppliers, those providing services to the Council in their own premises and members of the public. This Code provides a procedure for making confidential disclosures about suspected wrongdoing, irregularity or a failure of standards within the Council.

c.7 The Audit Committee is charged with providing an annual report to Cabinet and Council on the continued adequacy and effectiveness of the Whistleblowing The Confidential Reporting Code, its publication and the strategy to ensure that both Members and Officers remain aware of, and comply with, its requirements.

Key controls

c.8 The key controls regarding the prevention of financial irregularities are that:-

(a) the culture and tone of the Council is one of honesty and opposition to fraud and corruption;

(b) all Members and Officers act with integrity and lead by example;

(c) all individuals and organisations associated in any way with the Council will act with integrity;

(d) senior managers are required to deal swiftly and firmly with those who defraud the Council or who are corrupt;

(e) all employees should ensure that they remain aware of, and use, when appropriate, the Whistleblowing The Confidential Reporting Code.

Responsibilities of Chief Financial Officer

c.9 To maintain adequate and effective audit arrangements for the Council.

Responsibilities of Assistant Director of Finance (Audit)

c.10 To ensure that the outcome of investigations into potential fraud/irregularity are reported to the appropriate Executive Director(s) in accordance with the Council's agreed procedure.

Responsibilities of Executive Directors

c.11 To notify the Assistant Director of Finance (Audit) immediately of any suspected fraud, misappropriation or misuse of money, materials or equipment, or any mismanagement of money or other assets, or any other irregularities. Pending investigation and reporting, the Executive Director should in liaison with the Assistant Director of Finance (Audit) take all necessary steps to prevent further loss and to secure the integrity of records and documentation against removal, alteration or destruction.

c.12 To instigate the Council's disciplinary procedures where the outcome of an Audit investigation indicates improper behaviour.

2 AUDIT REQUIREMENTS

D SECONDARY EMPLOYMENT GIFTS AND HOSPITALITY

(See the requirements of the Council's Code of Conduct for Employees and Members)

Secondary Employment

d.1 The Council recognises that employees may undertake secondary employment (either within or outside of the council). A second job for the purpose of this advice is any job, paid or unpaid, with any employer and/or any type of self-employment. The carrying out of public duties does not count as a second job.

d.2 Any secondary employment you undertake must not, nor have the potential to:

- Create a conflict of interest, for example, working for a company that either supplies or buys from the Council, or is in competition with the Council;
- Overlap with official duties;
- Make use of Council resources (including knowledge, property or equipment);
- Weaken public confidence in the Council;
- Bring the Council into disrepute, for example by undertaking an activity that could be deemed to be incompatible with your role;
- Affect your performance or duties whilst at work.

Any secondary employment you undertake must:

- Be undertaken outside of your working hours with the Council;
- Be undertaken away from your place of work.

d.3 If undertaking secondary employment outside the Council, you must complete a Decalaration of Interest and submit it to to your Director/Executive Director and agree that it be recorded on any register of secondary employment maintained by your Department.

You will be expected to inform your manager of:

- The name of your second employer;
- The type of business in which the second employer is involved;
- The type of work involved;
- The proposed hours of work.

d.4 When considering accepting secondary employment, either within or external to the Council, you must consider the implications of the working time directive which stipulates the maximum hours you should work in a week and required rest breaks. In particular, if you will be working over 48 hours per week in your combined roles, you must inform your manager, as this is in contravention of the Working Time Regulations, and you may be required to sign an opt out agreement.

d.5 If any conflict between your roles is identified, you must resolve the conflict in favour of your role and duties with the Council.

EGIFTS

d.6 You may accept 'token' gifts from customers, contractors or service users up to the value of £50. Acceptable examples are calendars, diaries, pens or chocolates. All gifts should be reported to your manager.

You must not accept gifts worth more than £50 and you must report such offers to your Executive Director.

You must refuse any offer of a gift where you suspect that an improper motive may exist – i.e. the giver is seeking to influence your decisions or actions and you must report such offers to your Executive Director. This is the case regardless of the monetary value of the offer.

In no circumstances should you accept a monetary gift (including gift vouchers) and again, you must report such offers to your Executive Director.

Hospitality

d.7 You should only accept hospitality (meals/refreshments) if there is a genuine need to impart information or to represent the Council. You should also ensure that accepting the hospitality does not create a conflict of interest and is not likely to cause embarrassment to the Council.

You should report the offer of hospitality, whether accepted or not, to your line manager, and should ensure that all such offers are recorded in the appropriate hospitality register.

Responsibilities of Executive Directors

d.8 To maintain an appropriate register detailing secondary employment for staff within the Department and ensure that this register is subject to periodic review.

d.9 To maintain an appropriate register of gifts and hospitality including details of any offers which have been declined and ensure that this register is subject to periodic review.

3 RESOURCES: Land, buildings, fixed plant and machinery

A SECURITY

Objectives

a.1 The Council holds assets in the form of property, vehicles, equipment, furniture and other items worth many millions of pounds. It is important that assets should be safeguarded and used efficiently in the delivery of services, and that there should be arrangements for the security of both assets and service operations.

Key controls

a.2 The key controls for the security of resources such as land, buildings, fixed plant and machinery are:-

(a) resources are acquired using an approved authorisation process;

(b) resources are used only for the purposes of the Council and properly accounted for;

(c) resources are secured to be available for use when required;

(d) resources no longer required are promptly disposed of in accordance with the law and the regulations of the Council so as to maximise benefits.

Responsibilities of Chief Financial Officer

a.3 To ensure that an asset register is maintained in accordance with good practice which records plant and machinery and all moveable assets of a material value currently owned, or used, by the Council.

a.4 To receive that information from each Executive Director required for accounting, costing and financial records.

Responsibilities of Director of Property

a.5 The Director of Property shall act in the capacity of corporate landlord for any property owned or leased by the Council.

a.6 The Director of Property shall maintain a property database, for all land and properties currently owned or used by the Council.

a.7 To ensure the ongoing provision of effective security arrangements for the Council's buildings and other assets.

a.8 To record all disposals of assets, which shall be in accordance with the Council's agreed procedure.

Responsibilities of Executive Directors

a.9 To formally notify the Chief Financial Officer/Director of Property at the earliest opportunity of the requirement to purchase, take possession of or dispose of any material asset so that the Chief Financial Officer/Director of Property can arrange to process the transaction.

a.10 Where there is no contractual obligation, expenditure on rented property shall be subject to consultation with the Director of Property.

a.11 Any use of property by a Department or establishment other than for service delivery should be supported by documentation identifying terms, responsibilities and duration of the use.

a.12 To ensure that lessees and other prospective occupiers of Council land and/or premises are not allowed to take possession or enter the land and/or premises until a lease or agreement, in a form approved by the Director of Property/Director of Legal Services has been established as appropriate.

a.13 Where land or buildings are surplus to the requirements, they must be passed to the Director of Property for re-use or disposal. Running costs of the building remain the responsibility of the transferee for a period of 18 months or until the asset is either sold or brought into new usage . If the asset is not sold or brought into new usage after a period of 18 months, the running costs become the responsibility of Property Services.

a.14 To pass title deeds to the Director of Legal Services who is responsible for custody of all title deeds.

a.15 To ensure that no Council asset is subject to personal use by an employee without proper authority.

a.16 To ensure the safe custody of vehicles, equipment, furniture, stocks, stores and other property belonging to the Council.

a.17 To ensure that the Department maintains an up-to-date register of all plant machinery and moveable assets in accordance with arrangements defined by the Chief Financial Officer.

a.18 To ensure assets are identified, their location recorded and that they are appropriately marked and insured.

a.19 To consult the Chief Financial Officer and Director of Property in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.

a.20 To ensure cash holdings on premises are kept to a minimum.

a.21 To ensure that keys to safes and similar receptacles are carried on the person responsible at all times; loss of any such keys must be reported to the Chief Financial Officer as soon as possible.

a.22 To ensure the valuation of assets for accounting purposes meets the requirements specified by the Chief Financial Officer.

a.23 To ensure that all their employees are aware that they have a personal responsibility with regard to the protection and confidentiality of information, whether held in manual or computerised records. Information may be sensitive or privileged, or may possess some intrinsic value and its disclosure or loss could result in a cost to the Council in some way. Employees are governed by the requirements of the Data Protection and Computer Misuse Acts and should comply with the guidance provided by the Information Security Policy. Measures to protect the Council's resources include maintaining the confidentiality of passwords and ensuring that manual and electronic data is held in secure locations.

3 RESOURCES: Land, buildings, fixed plant and machinery

B INVENTORIES

Responsibilities of Executive Directors

b.1 To maintain inventories, and to record an adequate description of the items they contain (including ICT equipment). All items with a purchase price where known or estimated purchase cost greater than £250 should be recorded.

b.2 To carry out an annual check of all items on the inventory in order to take action in relation to surpluses or deficiencies, annotating the inventory accordingly. Attractive and portable items such as computers, cameras and dvd players whose purchase price may not exceed £250 should prudently be both recorded on the inventory and identified with security marking as belonging to the Council.

b.3 To ensure that property is only used in the course of the Council's business.

b.4 Any proposals for the maintenance of inventory records involving electronic media or computerised systems must be reported to and considered by the Assistant Director of Finance (Audit) who will consider the potential impact on the Internal Control Framework and report to the Chief Financial Officer raising any concerns prior to implementation as many of the propriety software packages on the market do not contain adequate security features or audit trails. The Chief Financial Officer will then formally consider the proposed changes. No changes may be actioned without the formal approval of the Chief Financial Officer.

3. RESOURCES: Land, buildings, fixed plant and machinery

C STOCKS AND STORES

Joint responsibilities of Executive Directors and Chief Financial Officer

c.1 To make arrangements for the care and custody of stocks and stores in the Department.

c.2 To ensure stocks are maintained at reasonable levels and subject to a regular independent physical check. All discrepancies should be recorded, investigated and pursued to a satisfactory conclusion.

c.3 To write-off discrepancies and obtain appropriate approval in accordance with the table below:

Written off by	**Discrepancy Amount**
Executive Director/Chief Financial Officer	£0 - £189,330 (OJEU)
Cabinet Member	£189,330-£500,000
Cabinet	£500,000+

c.4 To authorise or write-off disposal of redundant stocks and equipment. Procedures for disposal of such stocks and equipment should be by competitive quotations or auction unless following consultation with the Chief Financial Officer, the Cabinet decides otherwise in a particular case.

c.5 To write-off redundant stocks and equipment and obtain appropriate approval in accordance with the table below:

Written off by	**Redundant Stocks/Equipment Amount**
ExecutiveDirector/Chief Financial Officer	£0 - £189,330 (OJEU)
Cabinet Member	£189,330-£500,000
Cabinet	£500,000+

c.6 All discrepancies on stocks and stores should be taken seriously. Where there is any suspicion that the discrepancy is a result of theft or fraudulent activity, this must be reported to the Assistant Director of Finance (Audit) immediately.

c.7 Where concerns relate to the operation and management of the store, the discrepancy should be investigated by relevant Departmental staff. However, if concerns arise during this review that there may be potential dishonesty/fraudulent activity, the matter must be reported to the Assistant Director of Finance (Audit) immediately.

c.8 Any stocks and stores discrepancies may only be written-off after the discrepancy has been investigated.

c.9 Accounting policies require the Chief Financial Officer to reflect the true value of Stocks and Stores at the financial year end. This may require amounts to be written off before approval is obtained. When this occurs, retrospective approval should be sought.

3 RESOURCES: Land, buildings, fixed plant and machinery

D INTELLECTUAL PROPERTY

(see the requirements of the Council's Code of Conduct for Employees)

Objectives

d.1 Intellectual property is a generic term that includes inventions, computer programs and writings. If the employee during the course of employment creates these, then as a general rule they belong to the employer, not the employee. Various Acts of Parliament cover different types of intellectual property.

d.2 Certain activities undertaken within the Council may give rise to items which may be patentable. These are collectively known as intellectual property.

Key Controls

d.3 In the event that the Council decides to become involved in the commercial exploitation of inventions, the matter should only proceed following consultations with, and taking advice from, the Director of Legal Services on a case by case basis.

Responsibilities of Executive Directors

d.4 To ensure that employees are aware that they should not make use of the County Council's intellectual property to conduct private work.

3 RESOURCES: Land, buildings, fixed plant and machinery

E PRIVATE USAGE OF COUNTY COUNCIL FACILITIES

(See the requirements of the Council's Codes of Conduct for Employees and Members)

e.1 Employees are reminded that equipment or facilities of the Council may not be used for personal purposes. Where an explicit policy has been approved by Cabinet to provide for limited, personal use within a regulated framework, employees are reminded that the Council may legitimately monitor such private use to ensure compliance with that framework. Employees may not conduct outside work on the Council's premises or use its facilities or equipment for such purposes.

County Council facilities include, but are not limited to:

- Property
- Vehicles
- Telecommunications equipment
- Photocopiers/printers
- Computer hardware
- Software.

3 RESOURCES: Land, buildings, fixed plant and machinery

F ASSET DISPOSAL

Objective

f.1 It would be unsatisfactory and inefficient for the cost of assets to outweigh their benefits. Obsolete, non-repairable or unnecessary resources should be disposed of in accordance with the law and regulations of the Council.

Key Controls

f.2 Assets are disposed of at the most appropriate time and only when it is in the best interests of the Council and that the best price is obtained. For items of significant value, disposal should be by competitive tender or public auction. Waste electrical and electronic equipment should be disposed of in compliance with the Waste Electrical and Electronic Equipment Regulations 2006.

Responsibilities of Chief Financial Officer

f.3 To advise on best practice for disposal of assets.

f.4 To ensure appropriate accounting entries are made.

Responsibilities of Executive Directors

f.5 To seek advice from the Chief Financial Officer on the disposal of surplus or obsolete materials, stores or equipment.

f.6 To ensure that income received for disposal of an asset is properly banked and coded.

4 RISK MANAGEMENT AND INSURANCE

Objectives

1 All organisations, whether they are in the private or public sectors, face risks to people, property and continued operations, which can affect delivery of services and achievement of the Council's objectives. Risk is defined as the chance or possibility of loss, damage or injury caused by an unwanted or uncertain action or event. Risk Management is the planned and systematic approach to the identification, evaluation and control of risk.

2 Insurance has been the traditional means of protecting against loss but this cannot be seen as the complete answer. By reducing, or even preventing, the incidence of losses (whether they result from crime or accident) the Council will improve service delivery and the effective use of resources, reduce stress and anxiety for service users and employees and benefit from reduced costs of providing insurance cover. It will also avoid the disruption and wasted time caused by losses and insurance claims.

3 It is the overall responsibility of Cabinet to approve the Council's Risk Management Strategy and to promote a culture of risk management awareness throughout the County.

Key Controls

4 The key controls for risk management and insurance are:

- procedures are in place to identify, assess, prevent or mitigate material risks and these procedures are embedded within the culture of the Council;
- acceptable levels of risk are determined and insured against where appropriate;
- managers are made aware of the spectrum of risks for which they are responsible and are provided with relevant information on risk management initiatives;
- provision is made for losses which may result from the risks that remain;
- procedures are in place to investigate insurance claims within required timescales;
- a monitoring process is in place which ensures the regular review of the effectiveness of risk reduction strategies and the operation of these controls. The risk management process should be conducted on a continuing basis;
- the Council's Audit Committee will receive a report, at each meeting, on the Council's Risk Register and will consider any significant changes and monitor the effectiveness of the management of the key risks identified.

Responsibilities of Chief Financial Officer

5 To prepare and promote the Council's Risk Management Policy Statement.

6 To develop risk management strategies in conjunction with Executive Directors.

7 To effect corporate insurance cover, through external insurance and internal funding, and negotiate all claims in consultation with other officers where necessary.

8 To include all appropriate employees of the County Council in a suitable fidelity guarantee insurance.

9 To offer insurance cover to schools in accordance with Fair Funding arrangements.

10 Claims against the County Council by its employees where there is no legal liability may be settled by the Director of Legal Services up to a limit of £300 in any case, in respect of damage to or loss of personal property occurring in the course of their duties. Provided that there is no contributory negligence, the settlement to be on the following basis: -

(a) for repairs to clothing or other property - full cost;

(b) for replacement of clothing or other property (where repair was impracticable) - three quarters of reasonable replacement cost.

Responsibilities of Executive Directors

11 To notify the Chief Financial Officer immediately of any loss, liability or damage which may lead to a claim against the Council, together with any information or explanation required by the Chief Financial Officer or the Council's insurers. These should be reported irrespective of the application of any insurance excess.

12 To notify the Chief Financial Officer promptly of all new risks, properties, vehicles, plant or equipment, which require insurance, and of any alterations affecting existing insurances.

13 To consult the Chief Financial Officer and the Director of Legal Services on the terms of any indemnity that the Council is requested to give.

14 To ensure that Council employees, or anyone covered by the Council's insurances, do not admit liability or make any offer to pay compensation which may prejudice the assessment of liability in respect of any insurance claim.

15 To take responsibility for risk management having regard to advice from the Chief Financial Officer, the Corporate Risk Management Policy & Strategy and other specialist officers (eg Risk Management, Emergency Planning, Crime Prevention, Fire Prevention, Health and Safety).

16 To ensure that there are regular reviews of risk within their Departments in accordance with the Council's Corporate Risk Management Policy & Strategy.

5 TREASURY MANAGEMENT

Objectives

1 The County Council is responsible for the in-house management and investment of many hundreds of millions of pounds in respect of both itself and the Derbyshire Pension Fund. Codes of Practice aim to provide assurances that the Council's money is properly managed in a way which balances risk with return.

A Treasury Management and Banking

Responsibilities of Chief Financial Officer

a.1 To arrange the borrowing and investments of the Council in such a manner as to comply with the CIPFA Code of Practice on Treasury Management and the Council's Treasury Management Policy Statement.

a.2 To report at least twice a year to the Audit Committee/Cabinet on treasury management activities.

a.3 To operate bank accounts as are considered necessary within the terms of the banking arrangement. Opening or closing any bank account shall require the prior approval of the Chief Financial Officer.

Responsibilities of Executive Directors

a.4 To ensure that the Council's Treasury Management Practices as set out in the Treasury Management Manual are followed and regularly reviewed.

B Investments and Borrowing

Responsibilities of Chief Financial Officer

b.1 To ensure that all investments of money are made in the name of the Council, or school in the case of a school operating an approved bank account, or in the name of nominees approved by the Council.

b.2 To ensure that:-

- all negotiable instruments which are the property of the Council or its nominees are securely held by the Council's External Custodian;
- the title deeds of all property and land in the Council's ownership are passed to the Director of Legal Services who will maintain their safe custody;
- other share certificates relating to investments in Unquoted Companies, which are the property of the Council or its nominees, are securely held by the Chief Financial Officer; and
- all investments on behalf of the Council in Strategic Pooled Funds are independently validated by the Council's appointed external audit provider.

b.3 To effect all borrowings in the name of the Council.

b.4 To act as the Council's registrar of stocks, bonds, and mortgages, and to maintain records of all borrowing of money by the Council.

Responsibilities of Executive Directors

b.5 To ensure that no loans are made to third parties and no interests are acquired in companies, joint ventures, or other enterprises without the approval of the Council, following consultation with the Chief Financial Officer.

C Trust Funds and Funds held for Third Parties

Responsibilities of Executive Directors

c.1 To arrange that all trust funds are in the name of the Council. Trust funds should not be held in the name of individual officers. All officers acting as trustees by virtue of their official position shall deposit securities etc. relating to the trust with the Chief Financial Officer/Director of Legal Services unless the deed otherwise provides.

c.2 To arrange, where funds are held on behalf of third parties, for their secure administration, approved by the Chief Financial Officer and maintain written records of all transactions.

c.3 To ensure that trust funds are operated within any relevant legislation and the specific requirements for each trust, and to contact the Director of Legal Services as appropriate.

D Imprest Accounts

Responsibilities of Chief Financial Officer

d.1 To provide employees of the Council with cash or bank imprest accounts to meet minor expenditure and low value procurement spend on behalf of the Council and to prescribe rules for operating these accounts.

d.2 To maintain a record of all petty cash advances made and periodically review the arrangements for the safe custody and control of these advances.

d.3 To record and maintain the issue of debit cards held against imprest accounts, and in conjunction with Executive Directors ensure the cards are used in accordance with the Corporate Debit Card Policy

d.4 To reimburse imprest holders as often as necessary to restore the imprest balance in accordance with the Imprest Management Programme guidance.

Responsibilities of Executive Directors

d.5 To ensure that employees operating an imprest account:

(a) Operate the account in accordance with the Imprest Management Program Guidance and comply with the Corporate Debit Card Policy ensuring that the Chief Financial Officer is informed of any debit holders no longer authorised to hold cards and that they have been securely destroyed

(b) obtain and retain vouchers and receipts to support each payment from the imprest account. Where appropriate an official receipted VAT invoice must be obtained;

(c) make adequate arrangements in their office for the safe custody of the account;

(d) produce upon demand by the Chief Financial Officer, cash and all vouchers to the total value of the imprest amount;

(e) record transactions promptly;

(f) reconcile and balance the account at least monthly; reconciliation to be recorded within the Council's Imprest Management Programme;

(g) do not overdraw the imprest bank account,

(h) ensure that the imprest is never used to cash personal cheques or to make personal loans and that the only payments into the account are the reimbursement of any surplus monies remaining from purchases which have been funded by an advance;

(i) operate in accordance with Section 115 of the Local Government Act 1972 whereby any officer employed by the Council shall at such times

during the continuance of his/her office or within three months of ceasing to hold it and, in such a manner as the Council may direct, make out and deliver to the Council a true account in writing of all money and property committed to his/her charge, and of his/her receipts and payments with vouchers and other documents and records supporting the entries contained, and a list of persons from whom or to whom money is due in connection with this office, showing the amount due from or to each;

(j) do not purchase goods on behalf of the Council using a personal store/loyalty card;

(k) no payment is made from an imprest account to fund the purchase of foreign currency for the purposes of defraying expenditure in connection with authorised overseas visits. However, the use of debit cards abroad held against imprest accounts is permitted if operated in accordance with the Corporate Debit Card Policy. Any foreign currency requirements should be processed by the Corporate Resources General Office who will obtain the appropriate currency;

(l) all discrepancies on imprest accounts should be taken seriously. Where there is any suspicion that the discrepancy is a result of theft or fraudulent activity, this must be reported to the Assistant Director of Finance (Audit) immediately;

(m) where concerns relate to the operation and management of the account, the discrepancy should be investigated by relevant Departmental finance staff. However, if concerns arise during this review, that there may be potential dishonesty/fraudulent activity, the matter must be reported to the Assistant Director of Finance (Audit) immediately;

(n) any imprest account imbalances may only be written-off by the Executive Director after the discrepancy has been investigated;

(o) approval must be sought by the Chief Financial Officer or their delegated officer to use imprest accounts for other income and expenditure streams that cannot be processed via the main council accounts.

E Money Laundering Regulations and Proceeds of Crime Act

e.1 Money laundering is a term used for a number of offences involving the proceeds of crime or terrorist funds. It also includes the processing, or in any way dealing with, or concealing, the proceeds of crime.

e.2 The Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 place specific obligations on employees responsible for handling and processing cash transactions.

Key controls

e.3 It is Council policy not to accept individual cash payments of more than £10,000.

e.4 For amounts between £2,500 and £10,000, confirmation must be sought from the payee that the funds were not generated under circumstances that would leave the County Council in jeopardy. The Council's anti-money laundering officer will make the relevant decisions.

e.5 Where the transaction is under £2,500 and there are reasonable grounds to suspect money laundering activities, proceeds of crime or it is suspicious, the matter must be reported to the Council's nominated anti-money laundering officer.

Responsibilities of Chief Financial Officer

e.6 The Chief Financial Officer should ensure that appropriate arrangements are in place to inform and provide training to all relevant Officers in respect of the requirements placed upon them by this legislation. He/she will also determine and maintain appropriate internal reporting procedures including the nomination of an Officer whose job is to receive disclosures from anyone in the organisation who is suspicious of money laundering and report this to the National CrimeAgency.

Responsibilities of Executive Directors

e.7 Executive Directors should ensure that all employees are made aware of the Anti-Money Laundering Policy and receive appropriate training on their obligations under the Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017and the duty to notify the Chief Financial Officer of any known or suspected money laundering activities.

6 EMPLOYEES

Objectives

1 In order to provide the highest level of service, it is essential that the Council recruits and retains high calibre, knowledgeable employees, qualified to an appropriate level. An appropriate Human Resources Strategy and policies should exist, in which HR requirements and budget allocation should be matched.

Key controls

2 The key controls for human resources are:

(a) that workforce planning is in place for forecasting HR requirements and cost;

(b) that procedures are in place for monitoring employee expenditure against budget;

(c) that controls are implemented which ensure that employee time is used efficiently and benefits the Council.

Responsibilities of the Director of Organisation Development and Policy

3 To act as an advisor to Executive Directors on areas such as PAYE, National Insurance and pension contributions as appropriate.

Responsibilities of Executive Directors

4 To monitor employee activity to ensure the maintenance of adequate control over such costs as sickness, overtime, training and temporary employment costs.

5 To ensure that effective management and supervision protocols exist to validate the accuracy and integrity of working times recorded and expenses claimed.

6 To ensure that the requirements of the Recruitment and Selection Policy in respect of the validation of qualifications claimed and references regarding previous employment are followed. Similarly that for all posts requiring Disclosure and Barring Service checks, these checks are completed prior to the employee taking up appointment and appropriate evidence retained.

ANNEX 4: SYSTEMS AND PROCEDURES

1 General

2 Income

3 Payments to Members and employees

4 Ordering and paying for work, goods and services

5 Taxation

1 GENERAL

Objectives

1 Executive Directors operate many systems and procedures relating to the control of the Council's assets, including purchasing, costing and management systems. Departments are reliant on IT for their financial management information. The information must therefore be accurate and the systems and procedures sound and well administered. They should contain controls to ensure that transactions are properly processed and errors detected promptly.

2 The Chief Financial Officer has a professional responsibility to ensure that the Council's financial and control systems are sound and therefore the Assistant Director of Finance (Audit) must be consulted on any new developments or proposed changes, and will assess the potential impact of such changes on the Internal Control Framework and report to the Chief Financial Officer, raising any concerns as appropriate. The Chief Financial Officer will then formally consider the proposed changes. No changes may be actioned without the formal approval of the Chief Financial Officer.

Key Controls

(a) Basic data exists to enable the Council's objectives, targets, budgets and plans to be formulated;

(b) performance is communicated to the appropriate managers on an accurate, complete and timely basis;

(c) early warning is provided of deviations from target, plans and budgets that require management attention;

(d) operating systems and procedures are secure;

(e) an ongoing audit of the Council's activities and control systems both financial and operational is maintained.

Responsibilities of Chief Financial Officer/Assistant Director of Finance (Audit)

3 To make arrangements for the proper administration of the Council's financial affairs, including to:

(a) issue advice, guidance and procedures for the Council's Members, Officers and others acting on its behalf (Chief Financial Officer);

(b) determine the accounting systems, form of accounts and supporting financial records (Chief Financial Officer);

(c) review any proposed changes to existing financial and/or control systems or the establishment of new systems and consider the potential impact on the Internal Control Framework and report to the Chief Financial Officer raising any concerns (Assistant Director of Finance

(Audit)). The Chief Financial Officer will then formally consider the proposed changes. No changes may be actioned without the formal approval of the Chief Financial Officer;

(d) agree the Departmental Scheme of Financial Delegation proposed by Executive Directors annually (Chief Financial Officer).

Responsibilities of Executive Directors

4 To ensure that accounting records are properly maintained and held securely.

5 To ensure that vouchers and documents with financial implications are retained in accordance with arrangements approved by the Chief Financial Officer.

6 To ensure that a complete audit trail, allowing financial transactions to be traced from the original document to the accounting records and vice versa, is maintained.

7 To incorporate appropriate controls to ensure that:

(a) all input is genuine, complete, accurate, timely and not previously processed;

(b) all processing is carried out in an accurate, complete and timely manner;

(c) output from the system is complete, accurate and timely.

8 To ensure that the organisational structure provides an appropriate segregation of duties to provide adequate internal controls and minimise the risk of fraud or other malpractice.

9 To ensure there is a documented and tested disaster recovery plan to allow information system processing to resume quickly in the event of an interruption.

10 To ensure that all business critical systems are identified, documented and appropriate officers trained in their operation.

11 To consult with the Assistant Director of Finance (Audit) before changing any existing system or introducing new systems.

12 To establish a scheme of delegation identifying officers authorised to act upon the Executive Director's behalf in respect of payments, income collection, imprest accounts and placing orders, including variations and determining the limits of their authority. The scheme of delegation should be reviewed and updated annually and agreed with the Chief Financial Officer.

13 To supply lists of authorised officers, with specimen signatures and delegated limits, to the Chief Financial Officer, together with any subsequent variations.

14 To ensure that effective contingency arrangements, including back up procedures, exist for computer systems. Wherever possible, back up

information should be securely retained in a fireproof location, preferably off site, or in an alternative location within the building.

15 To ensure that, where appropriate, all systems containing personal data are identified and registered in accordance with the Data Protection legislation and that staff are aware of their responsibilities under the legislation.

16 To ensure that relevant standards and guidelines for computer systems issued by the Director of Finance & ICT are observed.

17 To ensure that computer equipment and software are protected from loss and damage through theft, vandalism etc.

18 To comply with the Copyright, Designs and Patents Act 1988 and in particular, ensure that:

(a) only software legally acquired and installed by the Council is used on its computers and appropriate licences are retained;

(b) staff are aware of legislative provisions;

(c) in developing systems, due regard is given to the issue of intellectual property rights.

19 To ensure that employees are aware of their obligations to comply with and observe electronic access controls, maintain security and confidentiality of electronic identifiers and passwords and their duty to comply with the requirements of the Computer Misuse Act 1990.

2 INCOME

Objectives

1 Income can be a vulnerable asset and effective income collection systems are necessary to ensure that all of the income due is identified, collected, receipted and banked promptly and properly.

Key Controls

2 The key controls for income are:

(a) all income due to the Council is identified and charged correctly;

(b) all income is collected from the correct person, at the right time using the correct procedures and the approved recording systems;

(c) all money received by an employee on behalf of the Council is paid intact and without delay to the Chief Financial Officer or as he/she directs, to the Council's bank, and properly recorded;

(d) effective action is taken to pursue non-payment within defined timescales;

(e) the County Council does not accept individual cash payments with a value in excess of £10,000;

(f) The Chief Financial Officer or the Director of Legal Services, in conjunction with the Executive Director, will have the authority to write off any debt where all reasonable measures have been taken to recover the debt. Budget Monitoring reports to both management and Members will include an analysis of the latest departmental / portfolio debt recovery positions.

(g) appropriate write off action is taken within defined timescales;

(h) appropriate financial provisions are made for bad or doubtful debts;

(i) appropriate accounting adjustments are made following write off action;

(j) all appropriate income documents are retained and stored for the defined period in accordance with the "Guidelines on the Retention of Financial Records".

Responsibilities of Chief Financial Officer

3 To agree arrangements for the collection of all income due to the Council and approve the procedures, systems and documentation for its collection.

4 To approve all receipt forms, books or tickets and similar items and satisfy him/herself regarding the adequacy of the arrangements for their control and safe storage, including electronic storage media.

5 To establish and initiate appropriate recovery procedures, including legal action where necessary, for debts which are not paid promptly.

6 Under section 151 of the 1972 Local Government Act and in accordance with accounting policies the Chief Financial Officer has responsibility for the administration of financial affairs and as such must ensure that debt is reflected accurately and promptly within the financial accounts, and so will have the ability to apply financial postings as he deems appropriate.

7 Once the Chief Financial Officer and the Director of Legal Services establish that a debt is irrecoverable due to bankruptcy or insolvency the write off will be processed promptly and where necessary reported retrospectively.

8 The Chief Financial Officer and the Director of Legal Services will ensure that an annual review of historic debt takes place to ensure that debt is proactively managed.

9 The Chief Financial Officer will each year prepare a summary report of debt write offs charged to Departmental budgets and circulate to Executive Directors.

Responsibilities of Executive Directors

10 To establish a schedule of fees and charges for the supply of goods and services etc, including the appropriate charging of VAT and review it at least annually, within corporate policies.

11 To separate the responsibility for identifying amounts due and the responsibility for collection, as far as is practicable.

12 To establish and initiate appropriate recovery procedures, including legal action where necessary, for non-invoiced debts which are not paid promptly.

13 To ensure that invoices are accurate and issued promptly within a target maximum of 21 days from provision of service. Executive Directors have a responsibility to collect debts and to provide any information requested by the Chief Financial Officer/Director of Legal Services to enable debts to be pursued effectively on the Council's behalf.

14 To officially record income collected using the approved system(s).

15 At all points where it is reasonable to expect that postal remittances may be received to ensure that at least two employees are present when post is opened so that money received by post is properly identified and recorded.

16 To hold securely receipts, tickets and other records of income, for six years plus the current accounting year in line with statutory requirements and retention schedules.

17 To process and maintain debit/credit card details in accordance with approved procedures and ensuring compliance with the Payment Card Industry (PCI) Security Standards.

18 To ensure all income collected is held securely in locked storage to safeguard against loss or theft and to ensure the security of cash handling. Access to such locked storage should be minimised.

19 To ensure that income is paid intact and promptly into the appropriate Council bank account in the form in which it is received. The processing of cash should be reduced as far as is practicably possible. Appropriate details should be recorded on paying in slips to provide an audit trail.

20 To ensure income is not used to cash personal cheques or other payments.

21 To keep a record of every transfer of official money between employees of the Council. The receiving officer must sign for the transfer and the transferor must retain a copy.

22 As per the Departments scheme of delegation, authorise write off debts up to the OJEU limit, and to keep a record of all sums so written off. In no case will the officer raising the debt be empowered to authorise its writing off. Once raised, no bona fide debt can be cancelled except by payment in full, its formal writing off or in the form of a reversal or reduction adjustment under procedures agreed with the Chief Financial Officer.

23 Ensure write off action is done promptly and that appropriate financial provisions are made for bad or doubtful debts.

24 To notify the Chief Financial Officer of outstanding income relating to the previous financial year as soon as possible after 31 March in line with the timetable determined by him.

25 To minimise administration costs by limiting the issue of an invoice to sums of £25 and above unless a lower limit is agreed with the Chief Financial Officer. Sums due below this level should be collected prior to service delivery in accordance with procedures agreed with the Chief Financial Officer. Pensioner debt invoices should not be ordinarily raised for sums under £100 and should be adjusted accordingly within the Finance and HR systems.

3 PAYMENTS TO MEMBERS AND EMPLOYEES

Objectives

1 Employee costs are the largest item of expenditure for most Council services. It is, therefore, important that there are effective controls in place to ensure that payments are made only where they are due for services to the Council and that payments accord with individual's conditions of employment.

Key Controls

2 The key controls for payments to Members and employees are:

(a) proper authorisation procedures and adherence to corporate timetables for:

- Starters,
- Leavers,
- Variations,
- Enhancements;

(b) frequent reconciliation of payroll expenditure against approved budget;

(c) all appropriate payroll documents are retained and stored for the defined period in accordance with the "Guidelines on the Retention of Financial Records".

Responsibilities of the Director of Organisation Development and Policy

3 To arrange and control secure and reliable payment of salaries, wages, compensation or other emoluments to existing and former employees in accordance with procedures prescribed by him/her, on the due date.

4 To ensure these entries are entered into the accounting systems in a form prescribed by the Chief Financial Officer.

5 To record and monitor tax, pension and other deductions.

6 To make arrangements for payment of all travel and subsistence claims to Officers.

7 To make arrangements for payment of all travel and subsistence claims to Members after receipt of the duly authorised form from the Chief Financial Officer.

8 To provide advice and encouragement to secure payment of salaries and wages by most economical means.

9 Recovery of overpayments of salary for employees and pensioners.

Responsibilities of Chief Financial Officer

10 To make arrangements for paying Members travel or other allowances upon receiving the prescribed form duly completed and authorised.

11 To reconcile all payroll entries into the accounting system on a monthly basis.

12 To determine the form which entries from the payroll system should take when posted into the accounting system.

Responsibilities of Executive Directors

13 To ensure appointments are made in accordance with the regulations of the Council and approved establishments, grades, scale of pay and that adequate budget provision is available.

14 To notify the Director of Organisation Development and Policy of all appointments, terminations, or variations which may affect the pay or pension of an employee or former employee, in the form and to the timescale required by theDirector of Organisation Development and Policy.

15 To ensure that adequate and effective systems and procedures are operated for HR and payroll aspects, so that:

(a) payments are only authorised to bona fide employees;
(b) payments are only made where there is a valid entitlement;
(c) conditions and contracts of employment are correctly applied;
(d) employees' names listed on the payroll are checked at regular intervals to verify accuracy, completeness and continued employment;
(e) there is an effective system of checking and certifying payroll forms.

16 To maintain up to date lists of the names of officers authorised to sign records, a copy of which should be forwarded to theDirector of Organisation Development and Policy, together with specimen signatures.

17 To ensure that payroll transactions are processed only through the payroll system. Executive Directors should seek advice from the Director of Organisation Development and Policy in respect of the employment status of individuals employed on a "self-employed or sub contract" basis. HM Revenue & Customs applies a tight definition for employee status and in cases of doubt, advice should be sought from the Director of Organisation Development and Policy/Director of Legal Services.

18 To certify travel and subsistence claims and other allowances. Certification is taken to mean that journeys were pre-authorised, related to official business and expenses actually, properly and necessarily incurred and that allowances are properly payable by the Council, ensuring that cost-effective use of travel arrangements is achieved. Due consideration should be given to tax implications and the Director of Organisation Development and Policy is informed where appropriate. Full details on the claiming of expenses by employees will be issued from time to time by the Director of Organisation Development and Policy.

19 To ensure that the details of any employee benefits in kind are notified to the Director of Organisation Development and Policy to enable full and complete reporting within the Income Tax Self-Assessment system.

20 To ensure that all appropriate payroll documents are retained and stored for the defined period in accordance with the "Guidelines on the Retention of Financial Records".

Responsibilities of Members

21 To submit claims for Members' travel, subsistence and dependant carers' allowances on a monthly basis and in any event, within one month of the financial year end.

4 ORDERING AND PAYING FOR WORK, GOODS AND SERVICES

Objectives

1 Public money should be spent with demonstrable probity and in accordance with the Council's policies. The Council's procedures should help to ensure that services receive VfM in their purchasing arrangements. These procedures should be read in conjunction with the Council's Standing Orders Relating to Contracts and the Derbyshire Codes of Conduct.

General

2 Every member and officer of the Council has a responsibility to declare, by completing the Council's Declaration of Interest form, any links or personal interests which they may have with purchasers or suppliers and/or contractors if they are engaged in contractual or purchasing decisions on behalf of the Council.

3 Official orders, whether electronic or paper based, must be in a form approved by the Chief Financial Officer. Official orders must be issued for all work, goods or services to be supplied to the Council except for supplies of utilities, debit card transactions, periodic payments such as rent or rates, petty cash purchases or other exceptions specified by the Chief Financial Officer.

4 Each order must conform to the directions of the Council on procurement and the standardisation of supplies and materials. Standard terms and conditions must not be varied without the prior approval of the Chief Financial Officer.

5 Apart from petty cash and schools' own bank accounts the normal method of payment of money due from the Council shall be by BACS transfer. Payments can be made by cheque or other instrument but this will be a small proportion of total payments. The use of direct debit and other forms of payment methods shall require the individual, prior agreement of the Chief Financial Officer.

6 Official orders must not be raised for any personal or private purchases, nor should personal or private use be made of Council contracts.

Key controls

7 The key controls for ordering and paying for work, goods and services are:

(a) all goods and services are ordered only by appropriate persons using approved electronic ordering systems. In emergencies, manual orders can be used;

(b) all goods and services shall be ordered in accordance with the Council's Standing Orders Relating to Contracts/Procurement Strategy;

(c) goods and services received are checked on receipt to ensure they are in accordance with the order and receipted wherever the electronic system used for ordering allows;

(d) payments are authorised by officers who can certify that goods received conform to price, quantity and quality;

(e) in normal circumstances the process of ordering, receipt of goods/services and authorisation of payment will be carried out by separate officers to maintain adequate separation of duties;

(f) all payments are made to the correct person, for the correct amount and are properly recorded, regardless of the payment method;

(g) all appropriate payment documents are retained and stored for the defined periods in accordance with the Council's 'Guidelines on the Retention of Financial Records';

(h) all expenditure, including VAT, is accurately recorded against the appropriate budget head and any exceptions corrected;

(i) all references in this section of the regulations should be taken to include, and apply equally to e-commerce transactions. The advent of this element of the Council's operations requires that processes are in place to maintain the security and integrity of data for transacting business electronically; and

(j) during an emergency or business continuity event it may become necessary to procure supplies at short notice or to place orders with suppliers who are not already approved by the Council. Further details on these arrangements can be found in the Council's Corporate Business Continuity Plan.

Responsibilities of Chief Financial Officer/Assistant Director of Finance (Audit)

8 To ensure that all of the Council's financial systems and procedures are sound and well administered.

9 The Assistant Director of Finance (Audit) will review any proposed changes to existing financial and/or control systems or the establishment of new systems and consider the potential impact on the Internal Control Framework and report to the Chief Financial Officer raising any concerns. The Chief Financial Officer will then formally consider the proposed changes. No changes may be actioned without the formal approval of the Chief Financial Officer.

10 To approve the form of official orders, and associated terms and conditions (Chief Financial Officer).

11 To make payments, whether or not provision exists within the estimates, where the payment is specifically required by statute or is made under a court order (Chief Financial Officer).

12 To make payments to contractors on the certificate of the appropriate Executive Director, which must include details of the value of work, retention money,

amounts previously certified and amounts now certified (Chief Financial Officer). The Chief Financial Officer can set tolerances which will be monitored.

13 To provide advice and support on making payments by the most economical means (Chief Financial Officer).

Responsibilities of Executive Directors

14 To ensure that all contracts have been awarded and expenditure has been approved in accordance with the Procurement and Award Procedures set out in Annex A of these Regulations.

15 To ensure that employees comply with these Procurement requirements and are aware of their responsibilities under the Council's Code of Conduct for Employees.

16 Official orders shall be in a form approved by the Chief Financial Officer and shall be signed personally either manually or by secure electronic protocols by the Executive Director or by officers authorised by him/her. Responsibility for orders lies with the Executive Director.

17 To ensure that uniquely numbered orders are used for all goods and services.

18 To ensure that all orders are placed using properly approved systems and to refer any proposed changes to existing financial systems or the implementation of new systems to the Assistant Director of Finance (Audit) before they are introduced. Where orders are produced in a printed format they are controlled stationery and should be retained securely when not in use.

19 To ensure that where credit procurement and debit cards are available to employees they are controlled, used and maintained in accordance with procedures that have been agreed by the Chief Financial Officer.

20 To ensure that orders are only used for goods and services provided to the County Council. Individuals must not use official orders to obtain goods or services for their private use.

21 To ensure that only those employees authorised by the Executive Director sign orders and to maintain an up-to-date list of such authorised employees:

- including specimen signatures where paper based systems are used, or
- reports of access privileges for all users of electronic systems identifying in each case the limits of their authority.

22 The signatory of the order should be satisfied that the goods and services ordered are appropriate and needed, that there is adequate budgetary provision and that quotations or tenders have been obtained as required by standing orders and good procurement practice. VfM should always be taken into consideration.

23 To ensure that a budgetary control system is established which enables commitments incurred by placing orders to be shown against the appropriate budget allocation so that it can be taken into account in budget monitoring reports.

24 To ensure that goods and services are checked on receipt to validate that they are in accordance with the order, and that the order whether paper or electronic is endorsed 'goods received' and dated. A different officer from the person who signed the order should carry out this check. Appropriate entries will then be made in inventories or stores records.

25 To ensure that payment is not made unless a proper invoice has been received, checked, coded and certified for payment and the order endorsed 'passed for payment' and dated to confirm:

(a) receipt of goods or services (payment should not be made in advance of goods being received unless specific prior approval is given by the Chief Financial Officer);

(b) that the invoice has not previously been paid;

(c) that expenditure has been properly incurred and is within budget provision;

(d) that prices are correct and accord with quotations, tenders, contracts or catalogue prices;

(e) that the invoice is arithmetically correct;

(f) the correct accounting treatment of any relevant tax;

(g) the invoice is correctly coded;

(h) discounts have been taken where available; and

(i) that appropriate entries will be made in accounting records.

26 To ensure that an authorised employee who should be a different officer from the person who authorised the order, and in every case a different officer from the person certifying that the checks detailed at 26 above have been completed, authorises invoices.

27 To ensure that the Department maintains and reviews periodically a list of staff approved to certify and authorise invoices. Names of authorising officers together with specimen signatures (or lists of access privileges) and details of the limits of their authority shall be forwarded to the Chief Financial Officer.

28 Payment should not routinely be made on a photocopied or faxed invoice, statement or other document other than the formal invoice unless specific prior approval has been obtained. Any instances of these being rendered should be reported to the Assistant Director of Finance (Audit).

29 To encourage suppliers of goods and services to receive payment by the most efficient means for the Council. Payments should, however, not be made by direct debit unless essential and with the prior approval of the Chief Financial Officer.

30 To ensure that the Department obtains best VfM from purchases by utilising the Council's approved procurement procedure taking, where appropriate, steps to obtain competitive prices for goods and services of the appropriate quality, with regard to the guidelines and best practices issued by the Chief Financial Officer.

31 To operate within the County Council's approved Procurement Strategy and procedures ensuring that for appropriate purchases competitive quotations or tenders are sought. These will comply with Standing Orders in Relation to Contracts, which covers:

(a) authorised officers and the extent of their authority;

(b) advertisement for competitive tenders or seeking quotations through the Source Derbyshire website and in additional publications when appropriate;

(c) selection of tenderers;

(d) compliance with UK and EU legislation and regulations;

(e) procedures for the submission, receipt, opening and recording of tenders;

(f) the circumstances where financial or technical evaluation is necessary;

(g) procedures for negotiation;

(h) acceptance of tenders;

(i) the form of contract documentation;

(j) cancellation clauses in the event of corruption or bribery; and

(k) contract records.

32 To ensure that all employees are aware of the Council's Code of Conduct.

33 All acquisitions and disposals of land and/or buildings (whether by leasing, rental or any other means) shall be negotiated and agreed by the Director of Property and Director of Legal Services.

34 To ensure that no loan, leasing or rental arrangements are entered into without prior agreement from the Chief Financial Officer. This is because of the potential impact on the Council's borrowing powers, to protect the Council against entering into unapproved credit arrangements and to ensure VfM is being obtained.

35 To notify the Chief Financial Officer of outstanding expenditure relating to the previous financial year as soon as possible after 31 March in line with the timetable determined by him/her and in all cases by no later than 30 April.

36 With regard to contracts for construction and alterations to buildings and for civil engineering works, to document and agree with the Chief Financial Officer, the systems and procedures to be adopted in relation to financial aspects, including certification of interim and final payments, checking, recording and authorising payments, the system for monitoring and controlling capital schemes and the procedures for validation of sub contractors' tax status.

37 To notify the Chief Financial Officer immediately of any expenditure to be incurred as a result of statute/court order where there is no budgetary provision.

38 To ensure that all appropriate payment records are retained and stored for the defined periods in accordance with the "Guidelines on the Retention of Financial Records."

39 Other than for the use of refuelling a vehicle provided under the County Council's car hire scheme, which has been pre-authorised by a line manager, employees should not make official purchases using personal credit/debit cards for which they subsequently seek reimbursement from the County Council as this circumvents the requirement for pre-authorisation by an independent party and negates the requirement to demonstrate best value in relation to these purchases. Similarly personal store account cards/loyalty cards held in the name of private individuals should not be used in connection with County Council purchases.

5 TAXATION

Objectives

1 Like all organisations, the Council is responsible for ensuring its tax affairs are in order. Tax issues are often very complex and the penalties for incorrectly accounting for tax are severe. It is therefore very important for all officers to be aware of their role.

Key controls

2 The key controls on taxation are:

(a) budget managers are provided with relevant information and kept up to date on tax issues;

(b) budget managers are instructed on required record keeping;

(c) all taxable transactions are identified, properly carried out and accounted for within stipulated timescales;

(d) records are maintained in accordance with instructions;

(e) returns are made to the appropriate authorities within the stipulated time scale.

Responsibilities of Chief Financial Officer

3 To complete a monthly return of VAT input and outputs to HM Revenue & Customs.

4 To provide monthly and annual returns to HM Revenue & Customs regarding the Construction Industry Tax Deduction Scheme:

5 To maintain up to date guidance for Council employees on taxation issues in the VAT Manual.

6 To ensure the Council's Tax Strategy is reviewed at least annually.

7 To account for tax in connection with pension fund investments, including overseas tax.

Responsibilities of Director of Organisation Development and Policy

7 To complete all HM Revenue & Customs returns regarding PAYE.

Responsibilities of Executive Directors

8 To ensure that the correct VAT liability is attached to all income and that all VAT recoverable on purchases complies with HM Revenue & Customs Regulations.

9 All new proposals to generate income must be notified to the Technical Section, Corporate Finance to ensure that the VAT implications are evaluated and addressed.

10 All coding slips on creditor invoices, bank paying in slips and debtor accounts must be completed in accordance with instructions.

11 VAT on expenditure from imprest accounts can only be recovered if VAT receipts are obtained and included with reimbursement claims.

12 To ensure that, where construction and maintenance works are undertaken, the contractor fulfils the necessary Construction Industry Tax Deduction requirements.

13 To ensure that all persons employed by the Council are added to the Council's payroll and tax deducted from any payments, except where the individuals are bona-fide self-employed or are employed by a recognised employment agency. All payments to employees must be made through the payroll system, except with the explicit approval of the Chief Financial Officer.

14 To follow the guidance on taxation issued by the Chief Financial Officer in the VAT Manual. The VAT Manual is widely distributed and advice on any matter can be obtained from the Chief Financial Officer.

ANNEX 5: EXTERNAL ARRANGEMENTS

1 Partnerships

2 External funding

3 Work for third parties

1 PARTNERSHIPS

Objectives

1 Local Authorities work in partnership with the wider public and voluntary sectors and private providers.

PARTNERSHIPS - GENERAL

2 A partnership is “an agreement between two or more independent bodies working collectively to achieve an objective”, as a joint arrangement not as a single entity.

3 The main reasons for entering into a partnership are to achieve the aims and objectives of the Council by the most effective means. This will include:

(a) improving service delivery by maximising and sharing the use of resources;

(b) fulfil the Council’s role as a community lead;

(c) meet the Council’s statutory requirements;

(d) the desire to find new ways to share risk;

(e) the ability to access new resources;

(f) to forge new relationships.

4 A partner is defined as either:

(a) an organisation (private, voluntary or public) undertaking, part funding or participating as a beneficiary in a project, or

(b) a body whose nature or status give it a right or obligation to support the project.

5 Partners participate in projects by:

(a) acting as a project deliverer or sponsor, solely or in concert with others;

(b) acting as a project funder or part funder in the provision of financial or other resources;

(c) being the beneficiary group of the activity undertaken in a project.

6 Partners have common responsibilities:

(a) to be willing to take on a role in the broader programme appropriate to the skills and resources of the partner organisation;

(b) to act in good faith at all times and in the best interests of the partnership's aims and objectives;

(c) to be open about any conflict of interests which might arise;

(d) to encourage joint working between themselves, promote the sharing of information, resources and skills between public, voluntary, private and community sectors;

(e) to maintain the confidentiality of information received as a result of partnership activities or duties, and to recognise that such information may be of a personal/commercially sensitive nature;

(f) to act wherever possible as ambassadors for the project;

(g) to act at all times in accordance with the terms and conditions of the partnership agreement and within the broader requirements of demonstrable probity both in terms of personal conduct and stewardship of public funds.

Key controls

7 The key controls for Council partnerships are:

(a) each proposed partnership should be subject to a risk assessment and allocated a risk ranking;

(b) where the partnership has been given a risk ranking of High or Medium this must be justified by a formal business case and be subject to a formal legal arrangement;

(c) to be aware of the nature of the partnership, and, for individual officers to be aware of their personal responsibilities and delegated authority as regards the partnership, under the Council's Financial Regulations and Standing Orders in Relation to Contracts;

(d) to agree and formally document the roles and responsibilities of each of the partners involved in the project before its commencement;

(e) all partnerships should be formed in accordance with agreed criteria and after proper legal consultation and should accord with guidance stipulated in the Council's Partnership Development Toolkit;

(f) a formal register should be maintained which details, in respect of all partnerships in which the Council participates:

- its aims and objectives,
- its approved duration,
- the Council's commitment in terms of finance and other resources,
- the accountable organisation for the partnership,

- the framework by which the performance of the partnership is to be monitored,
- the Council's exit strategy on completion or termination of the partnership;

(g) Auditing arrangements must include, as a minimum, guaranteed rights of access for the County Council's auditors at all times to all documents, records, premises and those employees who relate to, or are provided by, the Council's contributions to the partnership.

Responsibilities of Chief Financial Officer

8 To advise on the effectiveness of the proposed framework of controls and responsibilities within the operation of the partnership.

9 To advise on the key elements of funding a project:

(a) risk assessment and scheme appraisal for financial viability;

(b) accounting and audit requirements.

10 Arrange for internal or external audit scrutiny as appropriate.

Responsibilities of Director of Legal Services

11 The Director of Legal Services must:

(a) establish, maintain and review the legal framework for the County Council's participation in partnership working;

(b) ensure that all proposed partnership arrangements are:

- within the County Council's powers,
- the subject of a legal agreement in an approved form,
- adequately defined by the agreement's terms and conditions,
- subject to adequate insurance cover for any liability of the proposed partnership which may rest with the County Council,
- financially viable,
- open and promote active decision-making;

(c) a constitution exists which clarifies:

- the aims and objectives of the partnership,
- each partner's responsibility in terms of financial liability,
- asset ownership issues resulting from the partnership,
- each partner's responsibilities in respect of any employees employed for the purpose of the partnership,
- security and confidentiality of information and the extent of any data sharing including requirements under the Freedom of Information Act,
- the roles and responsibilities of individual partner bodies,

- the regulatory framework for the partnership,
- the exit strategy on cessation of the partnership including any liabilities then arising,
- arbitration/conciliation arrangements in the event of dispute.

Responsibilities of Executive Directors

12 To ensure that the approval of the Cabinet is obtained before any negotiations are entered into with regard to proposed partnership arrangements and that a risk assessment of the proposed partnership has been undertaken.

13 To maintain the central register of all partnership arrangements entered into in accordance with procedures specified by the Chief Financial Officer and which contains as a minimum the details specified at paragraph 7(f) above.

14 To ensure that accountability frameworks are specified within a written agreement with all partners. This will include agreements regarding prevention and addressing of overspendings; covering inflation; managing efficiency savings; and other resource or financial issues.

15 To account for any contributions to pooled budgets and where the Council is the Budget Holder, maintain accounts in accordance with the agreed budget arrangements, the Council's accounting policies and procedures and the requirements of these regulations.

16 To ensure that all partnership agreements include adequate provision for internal and external financial monitoring of their operation, and that these provisions meet internal and external needs.

17 To ensure that all financial records relating to the Council's participation in the partnership are retained as required by the Council's Document Retention requirements.

18 To ensure that the Director of Legal Services has been consulted on and given approval to the proposed contractual arrangements for the partnership before any legal commitment is signed.

19 To ensure that there are sufficient, available levels of expertise, employees and resources to meet the obligations imposed by the partnership agreement.

20 To ensure compliance with the required control frameworks including these regulations with regard to any partnership initiatives.

21 To ensure that the performance of the partnership against its key aims and objectives, as identified in the partnership register, is regularly monitored and reported.

22 To ensure that an exit strategy is in place, to safeguard the County Council on completion or termination of the contract/partnership.

2 EXTERNAL FUNDING

Objectives

1 As local authorities are encouraged to provide 'seamless' service delivery through working closely with other agencies, voluntary organisations and private sector providers, the scope for external funding has increased. However, such funding is often linked to specific objectives which may not be sufficiently flexible to link with the Council's overall plan. Therefore funding conditions need to be carefully considered to ensure that they are compatible with the aims and objectives of the Council.

Key controls

2 The key controls for external funding are:

(a) To ensure that key conditions of funding and any statutory requirements are complied with and that the responsibilities of the accountable body are clearly understood;

(b) To ensure that funds are acquired only to meet priorities in the policy framework approved by the Council;

(c) To ensure that any matched funding requirements are given due consideration and approval prior to entering into long-term agreements and that future revenue budgets reflect these requirements.

Responsibilities of Director of Legal Services

3 To provide guidance on potential grant funded activities, ensure that they support priorities identified by Council and are within the legal powers of the Council.

Responsibilities of Chief Financial Officer

4 (a) To maintain a record of expected grants to be received showing the amount of grant, receipt date(s) and designated responsible officer in consultation with Executive Directors;

(b) To ensure that all funding notified by external bodies is received and properly recorded in the Council's accounts;

(c) To ensure that Executive Directors make grant claims by the due date;

(d) To identify the long-term implications of funding arrangements and ensure that these are considered prior to entering into any agreements;

(e) To investigate ways of maximising grant income;

(f)To ensure that the requirements of these Regulations including audit arrangements are met.

Responsibilities of Executive Directors

5 To provide plans which demonstrate how the grant funds will be used to support service plan objectives and any conditions attached to that funding.

6 To ensure that all expenditure is properly incurred and recorded, that income is received at the appropriate time, returns are made by the specified dates, and in liaison with the Assistant Director of Finance (Audit) that the audit requirements of the funding body can be met.

7 To ensure compliance with Financial Regulation 2.a13(v) (Revenue Budget) which requires that an exit strategy is in place and is implemented on the cessation of external funding.

8 To ensure that all required approvals are obtained before external funding agreements are entered into.

9 To maintain an up-to-date Departmental record of all external funding sources.

10 Where the Council receives additional funding for activities outlined in the Service Plan, this can be approved by the Executive Director.

11 Where the Council receives additional funding above £500,000 not outlined in the Service Plan, this should be approved by Cabinet.

3 WORK FOR THIRD PARTIES

Objectives

1 Current legislation enables the Council to provide a range of services to certain other bodies. Such work may enable the Council to maintain economies of scale and retain existing expertise. Arrangements should be in place to ensure that any risks associated with this work are minimised.

Key controls

2 To ensure that proposals are properly costed, self-financing and are not at variance with the Council's Plans or Policies. The service receiving income from third parties must reimburse all costs including development costs incurred by other council services in respect of traded income.

3 To ensure that contracts are drawn up using guidance provided by the Director of Legal Services and that the formal approvals process is adhered to. Where appropriate the Council should be protected against potential losses/claims by an appropriate level of professional indemnity insurance in line with the service to be provided.

Responsibilities of Chief Financial Officer

4 (a) To maintain a record of expected income to be received from third parties including the amount of income against associated expenditure, receipt date(s) and designated responsible officer in consultation with Executive Directors;

(b) To ensure that all income generated from work for third parties is received and properly recorded in the Council's accounts;

(c) To ensure that Executive Directors are able to demonstrate effective contract performance;

(d) To identify the long-term implications of income arrangements and ensure that these are considered prior to entering into any agreements;

(e) To investigate ways of maximising income from working for third parties;

(f) To ensure that the requirements of these Regulations including audit arrangements are met.

Responsibilities of Executive Directors

5 Executive Directors may undertake work for third parties including traded activity as follows:

- Up to £50,000 per annum to be approved by the Executive Director
- From £50,000 to £250,000 per annum, approved by the ExecutiveDirector, in consultation with the Chief Financial Officer

- £250,000 to £500,000 per annum with formal approval of the Cabinet Member
- Over £500,000 per annum with the approval of Cabinet

6 For contracts (including traded activity) over £50,000 per annum a business case must be provided to the Chief Financial Officer setting out how the contract or traded arrangement will recover costs which adheres to the rules set out by the Chief Financial Officer.

7 To ensure that the Department has all necessary skills and expertise to discharge the requirements placed upon it by the contract or traded arrangement.

8 To ensure that all contracts or traded arrangements are properly executed and that all appropriate documentation exists.

9 To maintain a register of all contracts or traded arrangements entered into with third parties in accordance with procedures specified by the Director of Legal Services.

10 To ensure that appropriate insurance cover is effected.

11 To ensure that adequate arrangements are in place for prompt and accurate billing of any service provided.

12 To ensure that the Council is not put at risk from any bad debts. Service providers must also be prepared to review or withdraw services if substantial debts remain outstanding.

13 To ensure that such contracts or traded arrangements are not subsidised by the Council.

14 To ensure that such contracts or traded arrangements do not impact adversely upon the services provided for the Council.

15 To provide all appropriate information to the Chief Financial Officer to enable a note to be entered into the Statement of Accounts.

4 GRANTS TO EXTERNAL ORGANISATIONS

Objectives

1 The Council provides grants to external organisations

Key controls

2 Cabinet Members will approve grants to external organisations up to £100,000. Any grants over £100,000 require Cabinet authorisation.

Responsibilities of Executive Directors

3 To ensure that Officers have satisfied themselves that organisations to be grant-aided are financially viable for the duration of the appropriate project or activity. They must also provide adequate notice of any grant they propose to make or withdraw.

4 To ensure that the purpose of the grant is communicated to the external organisation.

5 To maintain a register of all grants provided to external organisations in line with the Transparency Code to demonstrate political transparency and that there is no favouritism. The register should record the details of the grant including, date, amount, payee and objectives/purpose of the grant.

Agenda item No.6 (e)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 JULY 2020

Report of the Executive Director Economy, Environment and Transport

DELIVERING THE CLIMATE AND CARBON REDUCTION MANIFESTO

1. Purpose of the report

To provide an update on progress on the delivery of the Climate and Carbon Reduction Manifesto.

2. Information and analysis

2.1 Background

On 13 May 2019, the Council published its Climate and Carbon Reduction Manifesto, recognising the global challenge of climate change. The Manifesto sets out the Council's commitment to reduce emissions from its own estate and operations and to take a strategic leadership role in bringing together partners and stakeholders across Derbyshire to work together to tackle climate change. On 21 November 2019, two further reports were approved at Cabinet:

- The Council Carbon Reduction Plan which sets out the steps the Council will take to reduce emissions from its own estate and operations in order to become net zero carbon by 2032.
- The Derbyshire Environment and Climate Change Framework which sets out a co-ordinated approach to reducing carbon emissions, in line with carbon budgets, across all local authorities in Derbyshire and will provide a focal point for wider partnership working.

Since that time, work has taken place to take forward and implement identified actions both across the Council and with partner agencies. An update on key achievements and progress made on delivery of the Carbon Reduction Plan and the Derbyshire Environment and Climate Change Framework is now set out below for consideration.

2.2 Progress on delivering the Derbyshire Climate and Carbon Reduction Manifesto

Good progress has been made on the work to reduce the Council's greenhouse gas emissions in -line with the Carbon Reduction Plan. Over the last few months the Council's efforts have been re-focused towards tackling the Covid-19 crisis. The pandemic has dramatically changed how the Council works, with employees working from home where possible and attending meetings virtually. This has resulted in a reduction in mileage both to and from work and for business purposes. This modal shift provides the Council with an opportunity to re-assess property requirements and working methods and consequently, greenhouse gas emissions, moving forwards.

Key Achievements

Area of work	Progress to reduce emissions
Property	Work on a county wide capacity and scoping study, to identify suitable sites in the county for renewable energy generation along with battery storage, is commencing. The scoping study will include the reassessment of two council owned sites that previously had outline planning permission but which weren't progressed due to the early closure of subsidies which negated the financial business case. The reassessment will ascertain whether the addition of battery storage could make the schemes financially viable if alternative markets can be accessed to sell the power generated through the National Grid's ancillary services.
Streetlighting	The Council has made excellent progress in reducing emissions from streetlighting by 74% between 2009-10 and 2019-20. The reductions have been achieved through a programme which replaces sodium bulbs with LED lighting, part-night lighting and night-time dimming combined with an increased percentage of renewable energy in grid-supplied electricity. Work on the LED replacement programme will continue with plans to achieve 78% reduction in emissions due to be completed by 2022.
Core and grey fleet	The Council now has eight electric cars and three electric bikes, in addition to three existing folding bikes, which will be used as pool vehicles for business travel. Five dual fast chargepoints have been installed at County Hall for staff and visitor use.

	Analyses are now taking place to examine grey fleet travel in order to understand how an electric pool fleet could be used in the future and to maximise the opportunities presented by the change in working practices due to Covid-19.
Single Use Plastic commitment	A Single Use Plastics (SUPs) commitment has been produced providing guidance to staff on buying, using and disposing of single use plastics. Promotion of the SUPs commitment is currently being considered in relation to work taking place on wider culture and behaviour change.
Training and development programme	A pilot training and development package, which consists of three programmes, has been developed and is now available: • An introductory e-learning unit on Sustainability • A half-day training package on climate change awareness and action (delivered through the Local Authority Energy Partnership, LAEP) • 'Carbon Literacy Training' which is an 8-hour certificated course (delivered through the LAEP) These will form part of a wider behaviour change programme on climate change which is currently in development.
Climate change action planning	Detailed climate projections which will provide information on the likely climate scenarios the county will experience over the next 60 years for Derbyshire are currently being compiled. The projections will enable climate risk assessment and adaptation plans to be produced by different services and departments. The adaptation plans, alongside detailed action plans developed to reduce emissions, will provide a comprehensive approach to tackling climate change across the Council. Virtual climate change action planning workshops will support senior leaders and elected members in the development of detailed plans and will provide the opportunity to explore how the Council can de-carbonise its estate and operations and further influence de-carbonisation across the county.

2.3 Progress on delivering the Derbyshire Environment and Climate Change Framework

The Environment and Climate Change Framework has now been agreed and approved in principle by local authority partners. A county-wide approach to tackling climate change is fully supported by the Leaders and Chief Executives of Derbyshire local authorities who have agreed to pursue the approach through Vision Derbyshire.

An Officer Working Group has been established to move this work forward and to support development of the agreed activity as set out below.

Key Achievements

Area of work	Progress to reduce emissions
Economy	The Council recognises the role of climate change action in the economic recovery of the county from the Covid crisis. The DE-Carbonise business scheme offers energy efficiency audits and grants to enable businesses in Derbyshire to reduce emissions, save costs and become more sustainable. A further grant scheme is currently being developed by the Council to support entrepreneurs to recognise and take advantage of opportunities provided by the low carbon economy. A 'green' recovery is proposed by business and industry leaders which would have co-benefits for health and well-being.
Event: 'Tackling Climate Change Together'	The '*Tackling Climate Change Together*' event took place on 3 March 2020. The aim of the event was to present proposed plans to deliver the Derbyshire Environment and Climate Change Framework and which achieved its objectives which were to: • Set out the vision and ambition for Derbyshire • Showcase low carbon initiatives and approaches from around the county • Highlight opportunities to contribute to and get involved in the climate change agenda in Derbyshire • Gain support for the work to become a net-zero carbon county The event was attended by 232 delegates from 89 organisations with 24 market place exhibitors and received positive feedback and media coverage. The event

	highlighted the support from industry and commerce for a low carbon future and the need to work together and identify areas of commonality. The need for a supportive policy framework was also identified. The Council is working with partners to deliver a series of three virtual events planned for October focusing on achieving low carbon housing through retrofit. Energy efficiency and the de-carbonisation of heat will be considered in the development of a Good Growth Strategy for Derbyshire.
Energy	The D2N2 Energy Strategy continues to be delivered with the Midlands Energy Hub taking a lead role with a number of projects proposed for development in the county. The Council is working closely with Midlands Energy hub and other local authorities in Derbyshire to develop an action plan identifying short-term actions for energy projects on local authority estates and in areas where local authorities can offer support, such as community projects.
Travel	The Low Emission Vehicle Infrastructure Strategy and Action Plan were approved at Cabinet on 21 November 2019. The agreed Action Plan is now being implemented. Under a range of schemes, a total of 105 electric vehicle chargepoints have been installed at 28 locations around the county. These include single and dual units of which some are rapid and some are fast but which are accessible to the public. Applications for further funding are to be made by boroughs and districts with support from the Council to maximise funding available to the county. Considerable work has been undertaken as a result of the Covid crisis to re-prioritise active travel. This has included changing the timings on pedestrian crossings to benefit pedestrians and setting up pop-up and dedicated cycle lanes. Further funding, which is available to support measures in market towns across the county, is currently being explored.
Communication and engagement	Involving and engaging with communities about climate change and climate action across Derbyshire is a key priority for the Council and partner agencies. A comprehensive communications and engagement plan is currently in development and will consider the requirements of a range of stakeholders that need to be involved moving forward. This plan will include a range of approaches such as

	Roadshows, conferences, workshops and Citizens' Assemblies which will be targeted at a rnage of identified stakeholders. Plans have been put on hold as a result of the pandemic and the limitations of engaging with stakeholders. Activity is now likely to take place from August 2020 onwards and will be coordinated with partner organisations to ensure a consistent approach and to limit duplication of effort. A climate change communications service continues to be delivered across Derbyshire as part of the Council's membership of the Local Authority Energy Partnership. The service provides a website, a monthly newsletter, a 'Fantastic Homes' van for attending events and Carbon Literacy Training. The service has also secured extra funding to deliver the *Warmer Derby and Derbyshire* helpline providing impartial advice on how to stay warm at home, afford energy bills and be more energy efficient.
Modelling emissions	Modelling future emissions is essential in ensuring that action is directed to the priorities that will have the most impact moving forwards. Following discussions with boroughs and districts, a suggested carbon emissions trajectory was included in the Derbyshire Environment and Climate Change Framework which outlined proposals to limit emissions from Derbyshire in accordance with the UN Paris Agreement (2015). The Council is using the published SCATTER modelling tool which involves the use of Derbyshire-specific data to explore how different levels of ambition based on a range of actions may impact future greenhouse gas emissions. This will provide an indication of the nature and scale of the challenge ahead and help identify key areas for action, supporting the development of targeted council and partnership plans, moving forward.

2.4 Impact of Covid-19 on climate change action

The Coronavirus pandemic has changed how people, including council employees, work and travel across the county. Preliminary data comparing greenhouse gas emissions from the grey fleet (where staff use their own cars for business mileage) and from certain properties in March and April 2019 and March and April 2020 indicates significant reductions in emissions.

Source of emissions	Greenhouse gas emissions (tonnes CO_2e)			
	March 2019	April 2019	March 2020	April 2020
Grey fleet	257.4	209.9	153.3*	52.1*
County Hall gas	92.4	78.3	92.1	56.5
County Hall electricity	50.0	45.2	41.1	29.6
Chatsworth Hall electricity	7.0	7.0	6.2	3.8
John Hadfield House gas	9.2	7.2	8.8	3.2
John Hadfield House electricity	4.0	3.8	3.8	2.2

**correct on 11 June 2020 but subject to change as staff can submit claims up to three months after the mileage is incurred*.

The modal change from office to homeworking and from travel to meetings to virtual meetings has the potential to cut emissions by around a third, though care should be taken into interpreting too much from this early data. However, this does give an indication of what can be achieved through embedding climate action in all areas of Council operations and would suggest that using Council buildings differently and a review of fleet could permanently reduce Council emissions.

2.5 Moving forward

A detailed work programme is currently being developed for internal and county-wide initiatives. This will take in to account opportunities presented by the modal shift in work patterns created by the Covid-19 crisis. The Council will be working collaboratively with District and Borough Councils and other agencies over forthcoming months to further develop the partnership response.

The work outlined above is largely focused on reducing emissions, though it is still necessary to explore how the Council and partners adapt to a changing climate in the future. As highlighted above, work is being undertaken to develop a set of climate projections for Derbyshire setting out the likely climate of the county until 2080. These will be available for departments and services to enable them to produce climate change risk assessments and develop adaptation plans moving forwards.

Climate action will play a key role in the Covid-19 recovery process providing short and long-term economic, environmental and health and well-being benefits. The Council is likely to see an uptick in the level of work as swift responses are needed to take advantage of current and anticipated central government announcements regarding a shift in policy and funding support for climate-related projects.

Given the work that is taking place on detailed action and business plan development, it is recommended that a further report on progress be brought to a future Cabinet Member meeting once plans are in place.

3. Financial Considerations

The Revenue Budget Report 2020-21 made a commitment to set aside £4 million from the Business Rates Pilot gain and plan for increases in capital borrowing to meet the requirements of changes to the vehicle fleet; electric vehicle charging infrastructure; the proposed Green Entrepreneurship grant scheme; renewable energy generation and approaches to help reduce emissions from buildings including schools. Long-term funding for climate change projects is uncertain and detailed business cases for individual projects will be produced as these come on stream. Lobbying to Government to support local authorities to deliver climate change work is on-going.

4. Environmental Considerations

Work to reduce emissions will have long-term benefits for the environment and if reductions are swift enough and deep enough, should avoid the worst effects of climate change to a level at which societies are able to adapt to the changes. These would include reducing the loss of ecosystems and biodiversity and the negative impact on human health. Many areas of climate change work will have considerable co-benefits, particularly to health.

5. Health Considerations

Reducing emissions across the county would support global efforts to tackle climate change reducing the negative impact on human health and the economy. Actions emerging from the strategies are likely to have positive benefits for health and wellbeing through improved air quality and increased physical activity from people walking and cycling more.

6. Transport Considerations

Embedding smarter ways of working in Council operations can significantly cut business mileage and emissions and increase the level of walking and cycling for which provision should be made.

7. Property Considerations

The increase in homeworking associated with emissions reduction could reduce the amount of office space required as this can be used more flexibly. Opportunities will

arise for use of Council property for renewable energy generation, habitat management (particularly associated with carbon sequestration) and other climate related activities each of which will be assessed on a case by case basis.

8. Human Resources implications

A sum of £200,000 has been identified in the budget for 2020-21 for staffing resources to help co-ordinate and plan climate change activity. Appointments to these posts will be undertaken in accordance with the Council's Recruitment and Selection procedures.

9. Other Considerations

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder and equality and diversity considerations.

10. Background papers

Derbyshire Climate and Carbon Reduction Manifesto - May 2019
Climate Change Motion 15 May 2019
Delivering the Climate and Carbon Reduction Manifesto
Corporate Environment Policy and Carbon Reduction Plan

11. Key Decision – No

12. Call – in

Is it required that call-in be waived in respect of the decisions proposed in the report? No

13. Officer's Recommendations

It is recommended that Cabinet:

1. Notes recent achievements and progress on the delivery of the Climate and Carbon Reduction Manifesto.
2. Receives a further report on progress following the production of the Council detailed work programme.

Mike Ashworth
Executive Director Economy, Transport and Environment

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DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Joint Report of the Executive Directors for Adult Social Care and Health and Commissioning, Communities and Policy

VOLUNTARY AND COMMUNITY SECTOR REVIEW

Adult Social Care, Health and Communities, Strategic Leadership, Culture and Tourism

1. Purpose of the Report

To seek Cabinet approval to take forward proposals on the future funding of Voluntary and Community Sector (VCS) infrastructure providers and approval to extend recurrent payments to VCS organisations for a period of twelve months from 1 October 2020 to 30 September 2021.

2. Information and Analysis

At Cabinet on 28 February 2019, the Council agreed plans to undertake a council wide review of VCS grants. It was agreed that the review would:

- Consider all grants provided by the Council to VCS organisations in Derbyshire and subsequently develop a coordinated and consistent council wide approach to allocate future resources
- Consider the support provided by the Council to VCS infrastructure organisations across Derbyshire, in collaboration with partners, and develop a new model for allocating funding moving forward which supports the Council's ambitions and priorities.

On 21 November 2019, Cabinet agreed that funding for all 2019/20 grant funded organisations be extended for the first six months of 2020/21, until 30 September 2020, whilst proposals on the future funding of voluntary and community sector infrastructure support were being developed. This was to ensure that organisations were not adversely affected during the review process and to maintain the security and stability of the sector.

On 16 January 2019, draft proposals on the future funding of voluntary and community sector infrastructure support were considered by Cabinet and approved for consultation for a period of 12 weeks.

Since January 2020, work on the review has continued at pace. However, the emergence and impact of the coronavirus pandemic has had a significant impact on many areas of work, not least the VCS review, consultation on which was taking place at a time when the voluntary and community sector were being called upon to mobilise around both a national and local response.

In Derbyshire, VCS and infrastructure providers across the county have mobilised resources across communities to ensure that vulnerable people have enough food and medications to support their health and wellbeing during what has been a challenging time. The context and landscape for the review has changed and work has been taking place on a revised approach, further details of which are set out below.

2.1 VCS Infrastructure Review

Draft proposals for the future funding of VCS infrastructure support were agreed in January 2020 and shared with providers. A twelve-week consultation period on proposals commenced on 7 February 2020 and closed on 30 April 2020. The agreed timetable for the review would have seen Cabinet considering final proposals in June 2020 with the new offer/approach being in place by the end of September 2020.

During the consultation period, many organisations requested that the Council postpone the infrastructure review as a result of Covid-19 and for the existing grant arrangements to be extended indefinitely. The organisations making these requests outlined that Covid-19 had presented the sector with overwhelming challenges which had made it difficult for them to engage with the consultation process. The Council's response, which confirmed that the consultation would run its course, was shared widely and this resulted in additional written correspondence and consultation responses, particularly in those areas which would have seen a reduced level of funding based on the proposed redistribution methodology.

Over 800 responses to the consultation were subsequently received. These were a mix of both online responses to the consultation questionnaire and written submissions, primarily from those organisations who felt that they did not have enough time to respond to the consultation itself.

Overall, there has been broad support for identified principles and key elements of the approach set out in proposals and agreement that these should form an essential platform for the new approach. However, responses to the consultation highlighted concerns about the proposed reductions in funding to organisations in areas such as Erewash, High Peak and South Derbyshire, as a result of the proposed redistribution methodology. Conversely, there was support for proposals and the increase in funding to those areas which would benefit from the redistribution of funding.

The consultation has also revealed an overwhelming consensus that Covid-19 has presented Derbyshire and the sector with both challenges and opportunities and that it is 'not the right time' to be implementing new proposals which reduce funding to infrastructure providers. The ask from the sector, and other partners, is that the Council should 'level up' rather than 'level down' funding allocations. More than ever, Covid-19 has highlighted the need to ensure that in future, there is a core, consistent offer of support to the community and voluntary sector across all parts of the county.

Following detailed analysis of the consultation and internal discussions with key stakeholders, it is recommended that a number of key components of the original infrastructure proposals, deemed essential in taking work forward, are maintained. It also recommended that there be a number of key revisions to proposals for an interim period whilst further work on the review takes place.

The essential components which will form part of proposals from 1 October 2020 include the following:

- **Agreed principles** - The Council will adopt the agreed guiding principles, as set out in original proposals, in its approach to funding infrastructure providers moving forward. These principles are integral to ensuring that any work with infrastructure providers works towards a common vision and guides emerging action.
- **Shared outcomes framework** - Organisations will start to move under the shared framework which is focused on outcomes. This may take some time, but organisations should be committed to delivering core VCS support and be prepared to deliver against agreed Key Performance Indictors. This will ensure that over time, funding can be consistently monitored, measured and providers can demonstrate impact and value for money.
- **Funding methodology** - Funding will be allocated at a district level and where there are multiple providers within a district, they will be required to work together. This will ensure that duplication is avoided and that better outcomes are achieved.
- **Fair distribution** - The Council is committed to the principle that support for the VCS across the county should be fairly distributed. Disproportionate funding over a significant period of time has had a cumulative effect on the amount of investment some areas have received in comparison to others. This impact has been outlined in the EIA, and it is essential this is addressed moving forward. Whilst the Council does not want to make any changes that destabilises the sector, it does maintain its commitment to ensuring an adequate level of VCS support is available across the whole county.

Revisions to the proposals, which will be put in place as interim arrangements whilst further work takes place, include the following:

- There will be no reduction in funding to those infrastructure organisations who are currently funded by the Council from 1 October 2020 – 30 September 2021.
- Those areas which were due an uplift in funding through a commitment to redistribute the funding will see that uplift honoured.
- Current funding will therefore be committed for a period of one-year, not the four years outlined in the original proposal. Work will take place over the next year to look at ways the Council can make a longer-term commitment to providers.
- Interim funding arrangements will be based on providers commitment to the essential components outlined above.
- Over the next year the Council will continue its work with infrastructure providers to make the changes necessary to delivery arrangements. This will include taking-stock of the last four months and understanding and apply the learning from Covid-19.

Fully revised proposals can now be found at Appendix A to this report. In addition, an Equality Impact Assessment (EIA) on the revised proposals has been undertaken the findings of which can be found at Appendix B.

Due to the complexities in current delivery arrangements and ways of working, it is anticipated that not all providers will be able to implement the new approach in its entirety by October 2020. Seeking consensus on the approach and a willingness of organisations to move this work forward however, builds a solid foundation for the future. Grant-aid flexibility will give organisations the time and space to effectively work together if necessary and plan how they will deliver against the framework in the short to medium term – as an ongoing, developmental process.

Adult Care currently have 12 infrastructure support grant arrangements in place across the county, whilst Policy and Research have eight grant arrangements. There are currently no grant arrangements in place for Bolsover. The total cost, including a funding allocation for Bolsover, is currently £399,137. Further details of the current grant arrangements are set out in Appendix C (Table 1.0 and Table 2.0).

It is recommended that for the one-year interim period, all current grant allocations and their values are maintained and that no infrastructure provider will see their funding reduced. Where there is an uplift in funding, providers will be supported to agree how the additional funding will be allocated. This will require an additional funding amount of £53,089. It is also recommended that an additional payment of £11,244 is made to Bassetlaw CVS for the work undertaken to support Covid-19 response in Bolsover over the six-month period between April and September 2020.

Whilst levels of funding will not be reduced, Service Level Agreements will be revised to fall in line with the essential elements described above. Before 30 September 2020, officers will work with providers on a district-by-district basis to drawn-up new Service Level Agreements which align to the new approach, including those for countywide specialist provision.

It is essential that the Council continues to work closely with infrastructure providers and the wider sector to support Derbyshire's response and recovery, over forthcoming months alongside existing plans to roll out our proposals for Thriving Communities and Vision Derbyshire. It is vital that this is done in a way that builds upon consistent and coordinated provision and does not widen current disparities across the county.

2.2 General Voluntary and Community Sector Funding Review

The VCS Grants Review report to Cabinet in November 2019 approved the extension of grant funding to VCS organisations until 30 September 2020, whilst a review of existing arrangements took place. The report also recommended that a further report, outlining proposals for the future funding of VCS organisation beyond 30 September 2020, be brought to Cabinet for approval in July 2020.

Following an initial appraisal of grant support to VCS organisations, the report recognised that a significant number of existing grants were recurring, long standing and have not been reviewed for some time. Cabinet agreed that a review of existing arrangements was therefore vital to ensure that future funding of the sector reflected a move to an outcome-based approach and to ensure that future investment supported the Council's strategic priorities moving forward.

Over the last six months, work on the development of a new approach has taken place as part of the review process. This has included the development of a cross-departmental Grants Framework which proposes a significant shift in the way that grants are currently developed, distributed, monitored and reviewed.

The impact of Covid-19 has also been felt by local voluntary and community organisations. There is currently a mixed picture of what is and what is not currently being delivered and how and where resources are being mobilised towards the response. There is also ongoing work through recovery, to understand the long-term impact Covid-19 will have on VCS organisations across the county moving forward.

Although a significant amount of progress has been made on the development of a new approach to grant funding, it is important that the impact of Covid-19 across the sector in Derbyshire is reflected in the review process. It is

therefore recommended that proposals for how VCS organisations will have their current funding reviewed against the new Grants Framework, will be brought to Cabinet from September 2020 onwards.

2.3 Extension of General VCS Grants

The Council currently funds a range of VCS organisations across the county details of which are set out in Appendix D. The Council has continued to make usual grant payments during the Covid-19 crisis and has maintained regular contact with relevant organisations.

It is essential that the process of reviewing all recurring VCS grants continues. The Council however recognises the pressure that VCS organisations are currently under as a result of the pandemic and continues to support all existing VCS grant funded organisations during this period of uncertainty. It is therefore recommended that alongside the ongoing VCS grants review outlined above, the security and stability of the sector is maintained in the interim through a further extension of funding for general grants, from 1 October 2020 to 30 September 2021.

Adult Care Proposed Grant Arrangements

Adult Care currently has 37 grants arrangements with VCS providers, to assist them to deliver a range of preventative services that complement other funded care and support services. These are subject to annual renewal. These awards, which total £640,108 are set out in Appendix D Table 3.0 alongside a brief description of the activities they support.

In November 2019, Age UK Derbyshire Dales Bakewell Day Service and Age UK Derbyshire Dales Hulland Day Service were successful in their application to join the day services framework and were due to join this on 1 October 2020. Due to Covid-19 the transition period requires an extension. It is therefore recommended that these grants are extended by up to six months to 31 March 2021 to allow for a well-managed transition.

Adult Care has a further nine grant arrangements with VCS providers that are now part of Public Health preventative services. These awards, which total £7,363 are set out in Appendix D Table 4.0 alongside a brief description of the activities they support.

Policy and Research Proposed Grant Arrangements

Policy and Research have a further eight grant arrangements with providers across the county who offer specialist legal and employment advice or offer support to BME communities, including providing a forum for BME residents to consult with Council representatives in relation to issues affecting their members. It is recommended that for the one year period, all current grant allocations and their values are maintained and that no organisation will see

their funding reduced. These awards total £127,065 and a brief description of what each grant supports is set out in Appendix D Table 5.0.

Arts Service Grant Arrangements
The Arts Service has ten grant arrangements with VCS provides that are subject to yearly application and award, with nine community arts organisations who have been in receipt of annual funding for a number of years. These organisations receive funding for different arts based activities, including contributions towards core running costs, purchase of specified assets, and the running of specific events. It is recommended that for the one year period, all current grant allocations and their values are maintained and that no organisation will see their funding reduced. These awards total £137,812 and a brief description each grant is outlined in Appendix D Table 6.0.

3. Financial Considerations

The table below summarises the budget allocations for the twelve-month period October 2020 to September 2021 against each grant area.

Infrastructure Funding		
Grant	**Number**	**Cost**
Current Adult Care	10	£245,336
Current Policy and Research	9	£153,801
Interim uplift payments	NA	£53,089
Payment to Bassetlaw CVS	1	£11,224
Total	**20**	**£463,450**

This leaves a shortfall of £73,403 in 2020/21 which will be met from existing reserves. The shortfall of funding of £49,818 required for 2021/22 will be subject to consideration as part of the budget setting process for 2021/22 when the funding will be agreed accordingly.

Adult Care VCS Grants		
Grant	**Number**	**Cost**
General VCS Funding	37	£640,108
Total	**37**	**£640,108**

Public Health Grants		
Grant	**Number**	**Cost**
50+ Forums	9	£7,363
Total	**9**	**£7,363**

All the proposed Adult Care allocations are based on funding agreed in respect of the 2020-21 and 2021-22 year and can be met from existing Adult Care budgets.

Corporate VCS Grants		
Grant	**Number**	**Cost**
General VCS Funding	8	£127,065
Total	**8**	**£127,065**

The proposal will cost £127,065 with a shortfall of £34,453 for 2020/21, to be met from existing reserves. The shortfall of funding of £17,227 required for 2021/22 will be subject to consideration as part of the budget setting process for 2021/22 when the funding will be agreed accordingly.

Arts Service Grants		
Grant	**Number**	**Cost**
Community arts groups	9	£124,230
Live and Local rural and community touring	1	£13,582
Total	**10**	**£137,812**

The Five Year Financial Plan, agreed by Cabinet on 11 September 2019, identified a budget saving of £208,000 from April 2020, by examining alternative ways to deliver the arts service and also reviewing the current arrangements for awarding grants to organisations. Therefore, there has been no revenue budget to cover the cost of arts grants from April 2020 and any budget shortfall will be met from existing reserves.

4. Human Resources Considerations

The voluntary and community sector organisations currently funded by the Council as part of this report are independent of the County Council and therefore there are no human resources considerations. However, with regard to any organisation providing services to children or vulnerable adults, approval of financial support is conditional on the existence within these organisations of appropriate procedures assessing suitability to work with children or vulnerable adults.

5. Other Considerations

In preparing this report the relevance of the following factors has been considered: Legal and human rights, equality of opportunity, health, environmental, transport, property and crime and disorder considerations.

6. Background Papers

None

7. Key Decision

Yes

8. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

9. Officer's Recommendations

It is recommended that Cabinet:

1. Notes progress on the review of the Council's voluntary and community sector grants and the challenges and opportunities that have arisen as a result of the recent Covid-19 pandemic.
2. Approves revised infrastructure proposals and interim arrangements for taking forward proposals over the next twelve months as set out in the report.
3. Approves an extension of funding totalling £463,450 for voluntary and community sector infrastructure support until 30 September 2021.
4. Notes progress on the general grant funding review and receives a further report on proposals for taking work forward from September 2020 onwards.
5. Approves the extension of funding totalling £912,348 to the VCS organisations set out in the report for one year from October 2020 to September 2021.
6. Approves an extension of Bakewell and Hulland Day Service grants for six months to 31 March 2021 to allow for a transition to the day services framework

Helen Jones and Emma Alexander
Executive Directors for Adult Social Care & Health and Commissioning, Communities and Policy

Derbyshire County Council Voluntary and Community Sector Infrastructure support 2020-2021

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Appendix A – VCS Infrastructure support Plan

Voluntary and Community Sector Infrastructure Grants

1. Introduction

Creating empowered and self-sufficient local communities is a key priority for the Council and supporting the voluntary and community sector (VCS) to grow and thrive will be central to achieving this.

Whilst some voluntary organisations and charities are able to operate effectively without any assistance, the Council recognises that the sector includes a large number of voluntary and community groups that require varying levels of support in order to establish themselves, grow and thrive.

Local infrastructure organisations can provide the sector with a single front door to offer vital support to the VCS as and when a need arises. These organisations can also reach new, small and marginal organisations across the county, and generate invaluable feedback and intelligence about the sector. By knowing the local area and local needs, local infrastructure organisations can help the VCS to:

- attract funding
- operate good governance
- recruit and manage volunteers
- network and collaborate
- disseminate knowledge at a local level
- identify gaps and develop new activity
- influence the public sector

The Council recognises that this support is not free. To ensure a recognised and experienced provision is available, infrastructure organisations require ongoing investment to help support the communities we want to build together.

This will be new way of working with infrastructure providers which could have a significant impact on how some providers across the county are funded by the Council and what providers are asked to deliver going forward.

This proposal set out in this document will outline the:

- Design principles for the new approach
- Outcomes framework and key performance indicators
- Delivery model and collaboration
- Funding approach
- Monitoring and review process

2. Principles

The Council wants to ensure that the VCS in Derbyshire is supported to grow and thrive. To achieve this the Council commits to the following principles in guiding its approach to developing and delivering infrastructure support moving forward:

- **Valued** – Infrastructure providers play a vital role supporting the VCS to allow communities to support themselves and meet the specific needs of local people
- **Sustainable** –The Council understands that its funding approach needs to offer greater sustainability to provider organisations, which includes certainty regarding future funding commitments
- **Transparent** – It must be made clear which organisations the Council funds for infrastructure support and what outcomes have been achieved for the Council's investment
- **Local** – The VCS works best when it is local and at the heart of communities. Any provision of support needs to reflect this
- **Proportional** – What the Council requires of infrastructure organisations will be commensurate to the level of funding provided
- **Outcome driven** – Infrastructure investment will focus on outcomes rather than how support is delivered
- **Fair** – Infrastructure funding needs to be fairly distributed throughout the county to ensure that community organisations receive an equitable offer of support regardless of their location
- **Independent** – The Council recognises the independence of the voluntary and community sector.

These principles have been developed following analysis of engagement and discussions with officers at the Council, current infrastructure providers and partner organisations which identified common themes and current challenges.

3. Infrastructure Model – the new approach

The infrastructure approach has been developed through a series of options papers, research and learning from the work so far, engagement and consultation with infrastructure providers and sector developments with other funding partners. The approach has the following key features:

1. The Council adopts an Outcomes Framework with agreed Key Performance Indicators, which forms the basis of a whole Council approach
2. Sector support is delivered by providers through collaboration based on district boundaries
3. An interim funding commitment until October 2021. Work will take place over the next year to look at ways the Council can make a longer-term commitment to providers.

4. The Outcomes Framework

Across Derbyshire, infrastructure organisations have different organisational models to support the sector. This means the Council needs to be clear about the types of support it wants to see delivered to the sector moving forward.

The purpose of having an outcomes framework is to allow the Council to have an articulated and shared understanding of its expectations and requirements from VCS infrastructure providers. It is expected that this will also support the agreement of clear and measurable objectives.

The framework (attached at Appendix B) outlines the three main outcomes for infrastructure support. These are:

Outcome 1 - The VCS is supported to grow and develop, enabling residents to contribute to social and cultural opportunities, which enhances their lives and the lives of others
Outcome 2 - There are increased pathways to volunteering which give opportunities to individuals to contribute to their community and enhances the sectors contribution across the county
Outcome 3 - VCS organisations can be supported to contribute to the strategic priorities of the Council.

Whilst outcomes will be clearly defined at the outset of each grant arrangement, organisations will need to explain how they intend to achieve each outcome in their local area. This will mean that support can be delivered flexibly, responding to the varying requirements of the sector in each geographical area – through collaboration where necessary.

Against each outcome there will be a number of Key Performance Indicators that infrastructure providers will be asked to report on as part of the routine monitoring process (for example – amount of funding for the sector). By working to achieve clearly defined outcomes and reporting on these outcomes, organisations will be able to demonstrate their impact much more clearly and effectively.

The Council will work with infrastructure organisations on an ongoing basis to ensure that the outcomes and KPIs requested are relevant to the sector and proportionate to the level of investment.

5. Delivery model and collaboration

The Council recognises that across the county there are different sector support organisations which operate across different geographies.

To ensure the new approach is as simple as possible, all currently funded organisations will be given the chance to participate in discussions, where there are multi-providers in an area, providers will be invited to come together

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and collaborate on how they can deliver the outcomes framework through a non-competitive process where possible.

Where there is more than one provider across a geography, collaborations will work most effectively across a familiar and recognised geography. It is therefore proposed that district boundaries are used as the basis to build any model, however some specialist support may have to be organised at a county level.

To participate in a collaboration or consortia arrangements the Council is clear that infrastructure providers will have to be working within the district in question and are a recognised infrastructure organisation. This means that they are accredited to a national body which would provide a level of quality assurance to monitoring officers.

The Council will work with VCS infrastructure organisations to determine how new arrangements can be established in each area, but there will be an expectation that providers will work together, build consensus and cooperation to deliver the outcomes framework jointly.

6. Grant Funding

The Council will continue to use grant funding to secure the provision of sector support across the county.

Grant funding will allow organisations the flexibility to provide support that is responsive to local need, whilst delivering the Council's priority outcomes. Providers will be able to deliver local activities that are tailored to the specific sector issues within their locality.

The Council believes given the overarching principles and the emergent nature of the work, grant funding would be the best tool to allow all parties to collaborate to establish an approach and allow the approach to adapt as the new model is implemented.

7. Funding Allocation

All current grant allocations and their values will be maintained and therefore no infrastructure provider will see their funding reduced. Current infrastructure grant funders across the Council (Adult Care and Policy and Research) are committed in the long term to combine their grant funding as part of the new shared approach, so that providers are issue with one grant allocation, have one point of contact at the Council and will be asked to provide one monitoring report – but this should be done at time which suits both funders and providers.

Appendix A – VCS Infrastructure support Plan

Infrastructure grant funding will be distributed throughout the county on a fair and consistent basis. This should ensure that VCS organisations in each geographical area receive an equitable offer of support, enabling the sector to grow and develop support around the needs of local communities.

All district allocations will therefore be brought up to a minimum of £41,500 per year to deliver the objectives outlined in the outcomes framework. Where there is an uplift in funding, providers will be supported to reach agreement on how the additional funding will be allocated.

The combined total funding therefore for infrastructure support across the county will be £453,228 per year. This is a real term increase of 13% total funding and 28% increase on the original proposals as they included a 30% reduction from the Policy and Research budget taken in 2014.

There is also a separate countywide allocation of funding for support to the BME and Rural VCS sector. Both allocations have a combined value of £30,778 per year and remain unchanged. For these allocations providers will also have to work within the outcomes framework and deliver against the KPI's commensurate to the amount of funding and specific challenges working across those communities of need.

The chart below shows the anticipated change in funding, outlined by district.

Area	Current Funding	Proposed Funding	Change
Amber Valley	£47,896	£47,896	£0
Bolsover	£22,488	£41,500	+£19,012
Chesterfield	£24,460	£41,500	+£17,038
Derbyshire Dales	£50,511	£50,511	£0
Erewash	£72,473	£72,473	£0
High Peak	£73,808	£73,808	£0
North East Derbyshire	£24,461	£41,500	+£17,039
South Derbyshire	£52,262	£52,262	£0
County Wide (BME and Rural)	£30,778	£30,778	£0
Total	£399,137	£452,228	+£53,089

8. Commitment, monitoring and review

Covid-19 has changed the operational context of the review and this needs to be accounted for in any new way of working with infrastructure providers going forward.

Appendix A – VCS Infrastructure support Plan

New service level agreements for core infrastructure services will be developed and used for infrastructure and countywide specialist support. This would provide clarity of the Council's expectations of a consistent, high quality offer throughout the county. Where specialist infrastructure services are required such as activities supporting specific departmental priorities, additional elements could be included in the SLA.

Seeking consensus on the approach and a commitment of organisations to move this work forward builds a solid foundation for the future. This will allow organisations to begin to embed the outcomes framework and where necessary, develop new ways of working that better support the delivery of those outcomes. Grant-aid flexibility will give organisations the time and space to effectively work together if necessary and plan how they will deliver against the framework – as an ongoing, developmental process.

The Council will therefore work more closely with infrastructure providers in the short to medium term, as it has done with Covid-19 response and recovery in Derbyshire. This will include taking-stock of the last four months, understanding and applying the learning from Covid-19 and looking at ways the Council can make a longer-term commitment to providers.

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Appendix A – Outcomes Framework Infrastructure Support

	Vision	**Build a sustainable, diverse and vibrant Voluntary and Community Sector across Derbyshire**				
	High level outcomes	**Sector Support** 'Derbyshire's VCS is supported to grow and develop, enabling residents to contribute to social and cultural opportunities which enhances their lives and the lives of others'		**Volunteer Support** 'Increased pathways to volunteering gives opportunities to individuals to contribute to their community and enhances the contribution of the sector'	**Strategic Support** 'VCS organisations can be supported to contribute to the strategic priorities of the Council'	
		Maintain a local presence	Build sector capacity	Volunteer Brokerage	VCS has a strong voice	Effective information and collaboration
	Accreditation Mark	NAVCA	NAVCA	VCQA	NAVCA	NAVCA
Core Funding - whole sector support	Objectives	• Work to maintain an effective local VCS • Identify gaps in local provision • Understand the needs of the local sector • Support a diverse range of organisations, groups and activities • Encourage a diverse range of activities across all age ranges • Maintain and updating membership and local intelligence • Signpost to local services where appropriate • Market of the sector and its purpose	• Work with and develop new groups and activities • Help organisations secure new and existing funding • Ensure organisations can manage and plan for financial wellbeing • Ensure organisations have practices and processes which are transparent and safe • Support organisations to maintain a strong organisational framework and excellent standards • Support non-constituted groups where necessary	• Promote volunteering • Scope and maintain local knowledge about volunteer opportunities • Support related groups to meet their volunteer needs • Identify the needs of volunteers to improve provision for volunteers • Build confidence and self-esteem of volunteers and potential volunteers • Help residents understand the value of volunteering and the difference it makes to communities	• Provide a clear pathway of communication between the Council and the sector • Ensure that smaller organisations have a voice • Support the Council to involve the sector in key decisions which may affect them	• Support positive relationships between the sector to support the priorities of the Council • Ensure the sector understands Council priorities • Enable formal and informal networking opportunities both locally and strategically • Support organisations and groups to share resources, best practice and develop initiatives
Specialist Support - priority - demographic - theme - department	Objectives	• Support initiatives to tackle issues at a local level	• Above support to specific groups such as health and social care or BME • Support grant programmes and grant funded schemes • Support the formation of alternative business models such as new social enterprises	• Support the uptake and delivery of the DCC volunteer passport	• Represent the sector within strategic meetings and forums - Derbyshire Partnership Forum - Health and Wellbeing Board • Support the sector to understand their impact and social value	• Support corporate and departmental priorities (e.g. Thriving Communities, prevention) • Build a diverse marketplace of providers across the sector • Support organisations understand with Council tendering, bidding and monitoring processes. • Ensure that VCS services are visible in service development and delivery
	KPI's	• Range of activities in the community • Diversity of the sector	• Number of groups supported • Number of new entrants to the sector • Survival rate of sector organisations • Amount of funding for the sector	• Number of volunteers • Number of opportunities for volunteers • Number of projects supported	• Sector participation in consultation • Variety of involvement and consultation	• Diversity of the marketplace • Joint initiatives developed • Groups sharing assets and resources

Appendix A – Outcomes Framework Infrastructure Support

Sector support

'Derbyshire's VCS is supported to grow and develop, enabling residents to contribute to social and cultural opportunities which enhances their lives and the lives of others'

Maintain a local presence

- Develop and maintain a variety of local communications including:
  - Database
  - Community directory
  - Newsletters
  - E-bulletins
  - Websites (for information sharing and collation and cascading of information)
- Provide or have access to information on a range of spaces to enable communities to share resources, meet and develop.

Building Sector Capacity

- Assist voluntary and community organisations to develop constitutions, policies, management committee roles and business planning
- Provide information via one to one, website information and e-bulletins and social media to help voluntary organisations develop their organisational structures, governance and legal structures
- Provide financial management support and training
- Support funding searches and assist with writing bids
- Organise funders workshops and surgeries
- Organise funding workshops and events.
- Deliver training to the sector
- Enable opportunities to access national available resources, for example Locality and their Lighthouse offer

Volunteer support

'Increased pathways to volunteering gives opportunities to individuals to contribute to their community and is accessible to all'

Volunteer brokerage

- Source volunteer opportunities
- Referrals to volunteer opportunities, supported as needed to ensure successful placements
- Provide volunteer management training
- Volunteer training, including supporting the delivery of and encouraging the uptake of Derbyshire Volunteer Passport Training
- Organise volunteer Coordinators Forums and web based information - regular support for all volunteer involving organisations
- Undertake or support specific volunteer projects to meet community need

Strategic Support

'VCS organisations can be supported to contribute to the strategic priorities of the Council'

VCS has a strong voice

- Represent the voluntary and community sector in partnerships, meetings and boards
- Represent the Voluntary Sector and support other voluntary sector organisations to provide accountable and informed representation at strategic and local meetings
- Facilitate information and activities to enable the voice of the sector, local groups and their members to be communicated at a strategic and local level
- Use recognised communications process to inform commissioners of policy, practise and needs of VCS and communities
- Work collaboratively with statutory organisations to consult, inform and involve wider VCS, disseminating information and collecting views from groups and their members via appropriate media including bulletins, networks and forums

Effective information and collaboration

- Provide networking opportunities for community organisations
- Liaise between the statutory sector and voluntary sector

Appendix B – EIA on Infrastructure arrangements

Derbyshire County Council
Equality Impact Analysis Record Form

Department	All
Service Area	Policy and Research (co-ordinating)
Title of policy/ practice/ service of function	Voluntary and Community Sector Infrastructure arrangements
Chair of Analysis Team	Rob Lowe

Stage 1. Prioritising what is being analysed

a. Why has the policy, practice, service or function been chosen?

Derbyshire County Council provides funding to a number of voluntary and community sector infrastructure organisations. Generally, VCS infrastructure organisations provide information, support, guidance, training, funding advice for groups, promotes good practice and provide a voluntary sector perspective to the statutory sector at a strategic level. Many of the infrastructure organisations across the county also develop and deliver services.

The nature of the financial investment for infrastructure is currently mixed as various other stakeholders invest in a variety of ways that are often small, restricted in scope and under a short or temporary time frame. Resources are unevenly distributed, there is an inconsistent offer across the county and providers have to work across a complex mix of funding mechanisms.

A clear understanding of what the Council expects from infrastructure organisations is required, along with a rationale as to the purpose of the Council continuing to fund VCS infrastructure development. This needs to be done in a way that increases stability within the sector and enables those organisations to ensure there is adequate provision and resource across Derbyshire to help the Council meet its strategic priorities.

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Appendix B – EIA on Infrastructure arrangements

b. What is the purpose of the policy, programme, service?

Whilst some voluntary organisations and charities are able to operate effectively without any assistance, the Council recognises that the sector includes a number voluntary and community groups that require varying levels of support in order to establish themselves, grow and thrive.

Local infrastructure organisations provide the sector with a single front door to offer vital support to the VCS as and when needs arise. VCS infrastructure organisations provide information, support, guidance, training, funding advice for groups, promote good practice and provide a voluntary sector perspective to the statutory sector at a strategic level. Many of the infrastructure organisations across the county also develop and deliver services.

By knowing the local area and local needs, local infrastructure organisations are best placed to help the VCS to:

- attract funding
- operate good governance
- recruit and manage volunteers
- network and collaborate
- disseminate knowledge at a local level
- identify gaps and develop new activity
- influence the public sector

A new whole Council approach will support the ongoing investment in the sector, and be utilised to evidence how grant investment supports the Council in the achievement of its strategic priorities as set out in the Council Plan. This will support the VCS as a key Council partner and help to support a thriving VCS in Derbyshire.

c. Have any proposals been made to change, reduce or alter the policy, service or function? If so, what are these?

In order to most effectively support the development of an effective and efficient infrastructure offer, a new joint corporate approach has been developed as set out below:

Summary of proposed model

9. The Council has an Outcomes Framework with agreed KPI's, which will form the basis of service level agreements with providers

10. Sector support will be delivered by providers through collaboration based on district boundaries

11. Following the completion of the review in September 2021, a four-year commitment will be offered to improve sustainability, resilience and long term

planning through a grant award. This will be supported by six monthly monitoring, yearly priority setting and a review after two years.

It is important to note that the proposed approach will have a significant impact on the way in which a number of providers currently work with the Council and their offer to the sector. For other providers, who may already be working on an outcomes basis, there will be less of a change.

Organisational Model
It is essential that across Derbyshire the VCS has local organisations which support, gives advice to, and promotes voluntary and community sector groups that make a positive contribution to communities across Derbyshire. In order to do this effectively, any sector support organisations must have a strong knowledge of their local area with direct links to the communities they serve. They should also be able to identify any gaps in provision locally and work with the sector to develop community activity in these areas.

Change - The Council is not proposing changing the operating model of any third sector organisation through this review and therefore this element of the proposal is not a change for current providers. However due to some of the changes outlined below, it may be possible that some organisations operational model will change as a result of this new proposed approach as they look to adapt their offer accordingly.

Outcomes Framework
It is proposed that the Council has an agreed Outcomes Framework for the sector, which identifies clear set of outcomes to direct future investment.

Other options such as a fully commissioned approach were considered as part of the review process, but this route would be too prescriptive and restrictive, and would not allow the flexibility needed to meet the outcomes at this moment in time.

The Outcomes Framework will allow the Council to have an articulated and shared understanding of its expectations and requirements from VCS infrastructure support services. It will also support the agreement of clear and measurable objectives for providers to work towards.

Against each outcome will be a number of Key Performance Indicators (KPIs) that infrastructure organisations will be expected to report on as part of the routine monitoring process. By working to achieve clearly defined outcomes and reporting on KPIs, infrastructure organisations will be able to demonstrate their impact much more clearly and effectively.

Change – This will be a proposed change for providers as the Council does not currently have a consistent Outcomes Framework with KPI's.

Delivery models
To ensure the delivery model is as simple as possible and everyone is given a chance to participate in discussions, it is recommended that where there are multi-providers in a district, providers would be invited to come together and collaborate on how they can deliver the outcomes framework. In districts where only one provider exists, they would be invited to provide the support for that area.

Change – This will be a proposed change for providers, as the Council does not currently require organisations to collaborate on their offer to the VCS at a district level. However over recent years, providers have increasingly worked together in local areas to deliver projects or work on behalf of the sector.

Procurement process
Competitive and non-competitive approaches have been considered as part of the review process. It is recommended that, because of the desire to establish a consortia or collaborative provider approach, at this moment in time it would be most appropriate to work with the sector to build consensus and cooperation in a non-competitive process.

Change – This will result in no change for providers.

Funding
The new model also proposes a more equitable funding allocation. It has been agreed that funding allocations will work most effectively across a familiar and recognised geography. District boundaries will be used as the basis to build any model, Funding for identified specialist support will be set aside and may need to be funded at a county level.

Under current arrangements, funding is distributed disproportionately across the county, with some areas receiving significantly more funding than others. In order to develop a proposal which best matches the principles of the approach, it is proposed that equitable funding allocation is the fairest way to distribute funding for a 'universal' style service, recognising the basic costs of delivering a core infrastructure offer across the whole of the county.

Consideration has been given to the impact this would have on organisations in the areas which will lose a proportion of their funding envelope. However, this is only a reflection of the disproportionate way that funding has been allocated previously. Consideration also has to be given the cumulative impact that reduced funding in an area has had on missed opportunities. The table shows the amount of funding that has been invested over the past 5 years, district by district on infrastructure provision.

Appendix B – EIA on Infrastructure arrangements

District	Value of Funding over last 5 years
Amber Valley	£239,480
Bolsover	£89,952*
Chesterfield	£122,300
Derbyshire Dales	£252,555
Erewash	£362,365
High Peak	£369,040
North East Derbyshire	£122,305
South Derbyshire	£261,310
County Wide (BME and Rural)	£153,890

*reduced investment due to collapse of Bolsover CVP

It is proposed that funding will be committed for a period of one-year. Work will take place over the next year to look at ways the Council can make a longer-term commitment to providers.

To ensure that organisations are meeting their objectives as described within the agreed service level agreement, monitoring will take place every six months. To ensure providers engaging with the Councils strategic aims, a yearly priority setting meeting will take place with providers to establish the priorities for the year ahead based on the needs of the Council and the sector at a given time.

Change – This proposal will result in potential changes to the level of funding a number of organisations receive from the Council. A number of organisations will see increases to the funding they receive whilst others will see reductions.

Funding mechanism
It is proposed that funding will be delivered through a grant which will be supported by robust conditions of grant and/or service level agreement. It is proposed that concerns arising through using a grant for this purpose can be mitigated by appropriate tools, good communications and proper monitoring. It is recommended that given the overarching principles and the emergent nature of the work, grant funding would be the best tool to allow all parties to collaborate to establish an approach and allow it to adapt as the new model is implemented.

Change – This proposal will not result in any changes to the current approach.

Stage 2. The team carrying out the analysis

Name	***Area of expertise/ role***
(Chair) Rob Lowe	Policy Manager
Jodie Harrison	Policy Officer
Cath Walker	Senior Policy Officer

Ruth Caunce	Contracts Manager
Emily Marshall	Policy and Research Analyst

Stage 3. The scope of the analysis – what it covers

The scope of the analysis covers the proposed model for the funding of VCS infrastructure support and the results of the 12-week period of consultation.

Stage 4. Data and consultation feedback

a. Sources of data and consultation used

Source	***Reason for using***
Needs based funding allocations research	Explore options for allocating funding across the county based on need, using a number of indicators to build allocation model
Informal engagement with infrastructure organisations	Establish overview of current situation and identify the sectors view on issues to be addressed in the review
Current Funding Data	Outlines the current funding structure for VCS infrastructure
Grant monitoring information	Provides overview of current infrastructure support
Infrastructure Proposal Public Consultation	Formal 12-week public consultation to establish satisfaction with proposals and invite comments and suggestions on how to mitigate any negative impacts

Stage 5. Analysing the impact or effects

a. What does the **data** tell you?

Protected Group	***Findings***
Age	Monitoring and informal engagement indicates that support, advice and guidance delivered by infrastructure organisations is delivered to groups including those that work with older people and young people. A significant number of older people benefit from work carried out by VCS organisations and there are many groups across Derbyshire which work to support older people, especially those who are more vulnerable.

Appendix B – EIA on Infrastructure arrangements

Disability	Monitoring and informal engagement indicates that support, advice and guidance delivered by infrastructure organisations is delivered to groups including those that work with people with disabilities. A significant number of people with different types of disability are assisted through a wide range of organisations across Derbyshire. Having a strong and effective infrastructure offer to support these groups is important, as many are small and many work with complex needs.
Gender (Sex)	This is not known to be a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services. A number of the VCS groups provide specialist services to women and families, often supporting them over a number of issues. It is important that the infrastructure providers have a good grasp of the additional barriers and inequality often faced by women.
Gender reassignment	This is not known to be a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services. The infrastructure providers are expected to be able to work across less visible diverse groups and issues, and if needs be help support the development of VCS groups representing them.
Marriage and civil partnership	This is not known to be a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services.
Pregnancy and maternity	This is not known to be a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services. Many VCS groups across the county work with young families to support them, so support for this work via the umbrella organisations is important.

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Race	The BME Forum is funded to provide targeted infrastructure support to BME and faith based community groups. A number of religious communities are also assisted by virtue of being members of the BME Community Forum.
Religion and belief including non-belief	The BME Forum is funded to provide targeted infrastructure support to BME and faith based community groups.
Sexual orientation	This is not known to be a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services.

Non-statutory

Socio-economic	Infrastructure organisations across Derbyshire support groups that deliver activities aimed at supporting the poorest people and most deprived communities.
Rural	Rural Action Derbyshire is funded to provide targeted infrastructure support for rural communities throughout Derbyshire. Many groups that receive support from infrastructure organisations

b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups? (if you carry out more than one stage you need to make clear which you are describing)

Consultation respondents were asked to identify themselves as either an infrastructure provider, partner, VCS group or resident. Each group of respondents were asked a specific set of questions relating to their relationship with infrastructure provision. Respondents were asked if there are any specific communities or groups of people that may be negatively or disproportionately impacted by the proposals. It is important to acknowledge that many respondents, particularly residents who formed the largest group of respondents, commented on the impact on specific groups in relation to reductions in direct service delivery, which may occur as a consequence of the proposals in those areas that would experience a reduction in current infrastructure funding.

Appendix B – EIA on Infrastructure arrangements

Protected Group	***Findings***
Age	Respondents (most notably residents) indicated that they thought older people, particularly those who are isolated or have poor health, would be the most negatively or disproportionately impacted group under the proposal. Respondents indicated that this was because many older residents rely upon services currently delivered by infrastructure organisations for carrying out routine daily activities such as shopping services, transport to medical appointments and befriending. Feedback indicated that many respondents believed that any decrease in these services, in areas that would see a reduction in current funding levels, could result in increased social isolation, significantly affect people's wellbeing and consequently increase pressure on services provided by partner organisations. A smaller number of respondents were also concerned that young people would be negatively impacted by the proposal, particularly young people from low income and 'deprived' households. A significant number of infrastructure organisations, partner organisations and VCS organisations commented that support for older people was a significant issue within their communities and that this should be reflected in a needs-based funding allocation. Respondents also expressed concern about the impact of potential reductions in support for older people when combined with reductions in statutory services.
Disability	Some respondents indicated that people with disabilities, particularly mobility issues, dementia, mental health issues and visual impairment, would be negatively impacted by the proposal if it resulted in a reduction in services such as transport to medical appointments, shopping assistance or befriending. There was also concern from residents, particularly those that currently use certain support services and groups, about the ability of this support to continue if funding for infrastructure was reduced. Groups to support people living with dementia were described as a 'lifeline' and other groups such as 'stroke clubs', 'craft groups' and 'lunchclubs' were cited as important for the mental and physical wellbeing of their users.

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Appendix B – EIA on Infrastructure arrangements

Gender (Sex)	A small number of respondents indicated that women could be negatively affected by any reductions in services. Female victims of domestic abuse and single parents were indicated as possible groups that could be disproportionately impacted by reductions in community support.
Gender reassignment	Initial engagement and formal consultation indicate that this is not a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services. It is important to note that this protected characteristic is not monitored specifically in current arrangements. This group may not have been represented in the consultation due to the relatively small numbers of people and the lack of county based support organisations.
Marriage and civil partnership	Initial engagement and formal consultation indicate that this is not a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services.
Pregnancy and maternity	Initial engagement and formal consultation indicate that this is not a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services.
Race	The BME Forum provides support to some BME and faith based community groups. The forum is used to disseminate information to members of these communities and encourage them to engage with the Council on a number of issues. In response to the consultation one infrastructure provider suggested that the proposed reduction in funding for delivery of the forum would have an 'immense impact' on engagement of the BME and faith based communities and could have a negative impact on the achievements of the forum and the trust built between these communities and the Council through the forum.

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	Three residents also identified BME communities as likely to be negatively affected by the proposals. It should be noted that Christian and Jewish groups are not specifically represented within the BME Forum
Religion and belief including non-belief	The BME Forum provides support to BME and faith based community groups. The forum is used to disseminate information to members of these communities and encourage them to engage with the Council on a number of issues. In response to the consultation one infrastructure provider suggested that the proposed reduction in funding for delivery of the forum would have an 'immense impact' on engagement of the BME and faith based communities and could have a negative impact on the achievements of the forum and the trust built between these communities and the Council through the forum. Three residents also identified BME communities as likely to be negatively affected by the proposals.
Sexual orientation	Initial engagement and formal consultation indicate that this is not a significant issue in relation to infrastructure support, however all groups working with members of the community from within a protected characteristic are able to access infrastructure services. It is important to know that this protected characteristic is not monitored specifically under current arrangements.

Non-statutory

Socio-economic	Low income individuals and families and the unemployed were identified by respondents in the consultation as a group that would be negatively impacted by the proposals. Respondents suggested that if services such as support for food banks, transport services and employment support were reduced as a result of reductions in funding, that these groups would be disproportionately impacted.
Rural	Rural Action Derbyshire provides a range of support for rural communities including socio-economic support relating to rurality.

	Consultation respondents across all groups identified rurality as a significant issue when delivering services and VCS infrastructure support. Many infrastructure organisations, partners and VCS organisations suggested that rurality should be considered as part of a needs-based funding allocation so that adequate provision could be provided. Residents also indicated that rurality, particularly in its links to isolation and low income, meant that service users in these areas could be negatively impacted by the proposals.
Geographical areas	Under the proposals, a redistribution of funding would mean that a number of areas would see an increase in funding while other areas would see a significant reduction. Many consultation responses related to the areas that would see the largest reductions in funding. Key concerns were that this would lead to reductions or loss of support and services for communities within those areas, increased pressure on statutory services, fewer volunteers to support residents and fewer volunteering opportunities for those that want to offer assistance, staff reductions within infrastructure organisations and the possible closure of infrastructure organisations.

c. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

In January 2018, Community Voluntary Partners, the infrastructure organisation for the voluntary community sector in Bolsover, closed leaving a gap in support for the sector. This has been filled in the short term by Bassetlaw CVS whilst work was undertaken to establish the needs of the sector and develop a plan for longer term VCS support. A long-term Bolsover Infrastructure provider will be needed in the future. Many consultation respondents commented about the disproportionate impact on ‘all vulnerable members of our community’ and ‘the people you should be looking after the most’. Respondents also commented that many VCS groups and volunteers that rely on infrastructure support, provide support to ‘vulnerable groups’.

Another key issue reflected in the consultation was the effects of the Covid-19 pandemic, with respondents suggesting that it was likely that any impact on vulnerable or disadvantaged groups including those listed, could be even more pronounced as a result. Those responding later in the consultation period, as the pandemic developed, indicated that the needs of certain groups were likely to have changed and described the sector as being 'in crisis' due to the demands of meeting the needs of communities while facing unprecedented operational challenges.

d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
It is difficult to ascertain exactly what an adequate infrastructure offer costs	• Work will be needed following the consultation to better understand how much funding is needed to deliver or ensure than expectations of what can be achieved by providers is commensurate to the funding available. • It is proposed that officers spend time speaking to other local authorities and visiting other areas to determine their approach to sector cost.
The needs of the sector	• Further work to understand the needs of community groups • Consider any barriers that the sector currently experiences and how infrastructure support might impact on this
The impact of Covid-19 on the needs of the VCS	• Further work will be needed following the consultation to fully understand the impact and additional demands of Covid-19 on the sector • Consider any impact on specific groups

Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations (How can you reduce any negative impacts? These should be considered as alternative approaches or suggested changes)

The proposed model for VCS infrastructure seeks to ensure that resources allocated to the VCS in the future support the Council's ambitions and encourage the long term sustainability of the sector.. Underpinning these priorities is the need to secure improved outcomes for Derbyshire which reflect the level of investment whilst having a cost effective, coordinated and sustainable approach for the future.

Whilst these proposals are designed to strengthen the sector by creating greater transparency, clarity and security through use of the outcomes framework, longer term funding arrangements and consistent monitoring, a more equitable funding offer is also necessary.

It was proposed that the funding available for voluntary sector infrastructure services be redistributed equally throughout each district/borough. This will lead to some areas experiencing a significant reduction to their current funding levels.

The consultation has allowed a better understanding of how this may impact on organisations and the support that they deliver to the sector. It has also highlighted that any changes to infrastructure funding will inevitably have an impact on direct service delivery due to historic funding arrangements. This in turn would potentially impact upon protected groups (see 5b).

Now that the consultation is complete, measures to mitigate the potential negative impacts indicated by respondents such as the impact of reductions in funding, transitional periods and support for organisations to implement new ways of working and develop a better understanding of the short and longer term impact of Covid-19 on infrastructure organisations, will be considered.

Stage 7. Do stakeholders agree with your findings and proposed response? (For proposals once made)

Proposals for the future funding of VCS infrastructure were agreed in January 2020. A twelve-week consultation period on proposals commenced on 7 February 2020 and closed on 30 April 2020. The agreed timetable for the review was for Cabinet to approve agreed proposals in July 2020 and the new offer/approach being in place by the end of September 2020.

Appendix B – EIA on Infrastructure arrangements

During the consultation period, the Council received a formal request from 3D (the consortia of VCS support organisations across Derby and Derbyshire) and High Peak CVS for the infrastructure review to be postponed as a result of Covid-19 and current grant arrangements extended indefinitely. This request outlined a number of concerns that Covid-19 had presented the sector with overwhelming challenges, and had therefore made it difficult to engage with the consultation process. The Council's response – which confirmed that the consultation would run its course - was shared widely and this resulted in additional written correspondence and consultation responses.

More than 800 consultation responses were received. This was from a mix of both online responses to the consultation questionnaire and written submissions, primarily from those organisations who felt that they did not have enough time to respond to the consultation itself. The mix of responses made direct comparable analysis difficult.

Respondents:

Key stakeholders included:

- Infrastructure providers
- District and borough councils
- Derby and Derbyshire CCG and Tameside and Glossop ICFT
- MP's
- Active Derbyshire
- Erewash Primary Care Network
- Chesterfield Place Alliance
- Bolsover Partnership
- High Peak Alliance (infrastructure provider partnership)
- A range of small VCS organisations
- A range of medium and large VCS organisations

609 residents completed the questionnaire, this included:

- Service users
- Volunteers
- Those with caring responsibilities
- Older and vulnerable people

107 VCS sector organisations also completed the questionnaire, this included:

- Community groups
- Charities
- Voluntary organisations providing community services

Analysis

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Appendix B – EIA on Infrastructure arrangements

Comments received as part of the VCS infrastructure consultation revealed a number of common issues for those who are likely to be affected by the implementation of proposals, these have been presented thematically as follows:

The role of infrastructure providers

- There is no clear shared understanding of VCS infrastructure provider role in supporting the sector.
- A small number of respondents recognised infrastructure as providing support for and development of voluntary groups and the sector, however, many more recognised the wider role of infrastructure in responding to community need and delivering services in response to gaps in service delivery. Residents especially, struggled to differentiate between the two and many concerns raised about the loss of service provision due to postposed changes to infrastructure funding.
- The lack of a shared understanding of the role of infrastructure impacts on the overall interpretation and understanding of the proposals, with many residents concerned about the knock-on effect of reductions of funding in some areas on service provision.
- A large number of responses from partners, groups and residents outlined the high value they place on the role of infrastructure organisations, supporting VCS groups and providing vital services for individuals, communities, and service partners.

The proposed Framework and Outcomes

- There was general support for the framework, from providers and partners in particular who highlighted that this aligned with their current approaches to core infrastructure provision.
- There were comments across all respondents that it was important that the framework and outcomes were not overly prescriptive, allowing organisations to retain the ability to be independent, flexible and responsive to local need.
- VCS groups in particular, requested that the outcomes should be based around the needs of the sector and co-produced if possible. It was also stated that organisations felt that any outcomes requested must be commensurate to the level of funding that would be provided.
- Some organisations felt that the framework was too narrow to fully represent infrastructure provider activities and key areas of impact. There was also concern amongst VCS groups that the framework does not consider current outcomes and was not in line with the support that they consider to be working well in their areas. There was concern that this would mean that key services including those that fall outside of the core infrastructure offer, would be lost.
- Some VCS groups suggested that the framework should be opened-up to a greater number of organisations, with the ability to ‘bid’ to deliver each of the key outcomes, with grants being awarded to those best placed to deliver support.
-

District delivery boundaries and provider collaboration

- Most organisations indicated that they already work within districts and boroughs and that generally this approach was proven to work well.
- Collaborative working was also generally supported as a way of:
    - achieving better outcomes
    - working more efficiently
    - sharing best practice
    - providing consistency and;
    - avoiding duplication.
- There was a feeling amongst VCS groups that collaboration should not however, dilute specialist knowledge and expertise.
- There was some concern, particularly in the High Peak about how collaboration would work alongside proposed reductions in current funding levels.
- There was recognition amongst partners, the time it takes to build effective partnerships, and that this must be carefully considered in implementation plans. Issues such as rurality were also highlighted as potential challenges for collaboration.

Impact of changes to funding allocations

- Opposition to funding reductions and the equal allocation of funding across the county were the most commonly stated issues across all groups – however dissatisfied responses were disproportionally made from areas which would see a reduction in funding.
- Respondents indicated that there would be a significant impact in those areas that would potentially see the largest reductions in their current funding.
- Providers and partners in areas which would benefit from increased funding in the proposals welcomed this approach and the Council's plans to redress the current disparities of funding across the county. One letter stated that the lack of funding across one district has meant that increased funding for that area was 'so desperately needed'.
- A significant number of respondents suggested a 'levelling up' of funding rather than 'levelling down' so that good models of infrastructure support and service delivery can be replicated throughout the county. Equalising funding risked the loss of successful models that have been developed over many years.
- Several respondents commented on the unintended negative consequences of adopting a uniform allocation of funding across the county, highlighting that this methodology was flawed.
- A needs-based approach was a common suggestion throughout all groups of respondents with suggestions that allocations should be based on a variety of broad indicators such as health, deprivation and rurality – with no specific indication on how this could be done. A more specific indicator suggested was to allocate the funding based on population size.
- Several respondents indicated that an equal funding distribution was against the principles of the Derbyshire COMPACT.

Appendix B – EIA on Infrastructure arrangements

The proposed funding commitment

- Although many respondents opposed any funding reductions, there was general support for the longer-term funding commitment.
- Infrastructure organisations indicated that a longer-term commitment in funding from the Council would increase the stability of their organisations, improve staff retention and make it easier to secure additional funding.
- VCS organisations indicated that the commitment would enable continuity and ongoing development support for their groups.
- Residents and Partners also generally agreed that a longer-term funding arrangement was a positive step for all involved.

Impact on service delivery

- The most significant concern across all groups was the risk of losing the services currently delivered directly to the community by infrastructure organisations if funding was reduced.
- A number of infrastructure organisations stated that because infrastructure funding has historically also included an element of direct service delivery, any changes to existing arrangements would have a direct impact on the services and support currently delivered in the community. The extent to which this is the case varies throughout the county, but responses indicate that the impact would be significant, particularly in areas where there are multiple providers and other organisations which would not class themselves as a traditional 'CVS'.
- Respondents across all groups highlighted that a reduction in these services would likely lead to increased pressures in other areas such as the NHS, Local Government, CCGs and individuals within communities.
- Services aimed at tackling social isolation and loneliness, supporting those that use them to carry out the day-to-day tasks that enable them to live independently were the most cited. Amongst residents, many respondents indicated that they 'did not know what they would do' without these services and were extremely concerned about how the changes might impact on the services and support that they consider as essential to their wellbeing.
- There was widespread agreement that if services were to be reduced as a result of reductions in funding, vulnerable people would be most likely to be disadvantaged. Within this group, elderly and disabled people and those with mental health issues and dementia would be most at risk.

The impact of Covid-19

- The VCS's role in supporting communities in response to the Covid-19 pandemic was frequently mentioned by all respondents in the consultation.
- Respondents indicated that infrastructure organisations and the groups that they support had been instrumental in delivering services and coordinating support for communities.
- Partners suggested that the current emergency had highlighted the important role of the voluntary sector and infrastructure organisations. It was acknowledged that many statutory organisations have relied on them for fast

paced and responsive community support, and specialist knowledge of the communities they serve.

- Several organisations commented that they had been impacted financially by Covid-19, with reserves and any available funds being used to provide responsive support.
- Infrastructure organisations stated that the unprecedented demand for emergency support had led to a 'crisis' in the sector which made it difficult to fully consider and engage with consultation, which some suggested would affect the validity of its conclusions.
- Respondents across all groups suggested that the consultation and/or wider review should be postponed until a later date or abandoned altogether because of the current crisis. Residents commented that lockdown had resulted in limited opportunity and capacity for organisations and individuals to respond to the consultation.
- An alternative suggestion from both partners and infrastructure organisations was that the comments received through the consultation should be used as the basis for further discussions to develop a way forward. It was also suggested that the VCS would be instrumental in community's recovery following the pandemic. It was anticipated that the sector would need more support, not less, to achieve this.

Specific Comments

- The Council also received a number of very specific comments about elements of the proposal, specific concerns or specific comments on organisations through the consultation. Although too numerous to list in this report, all comments have been considered and where appropriate, will be responded to accordingly.

Stage 8. Main conclusions and recommendations

Key conclusions

- The formal 12-week consultation began 7 February 2020 and was completed on 30 April 2020
- Providers requested an indefinite delay of consultation due to Covid19 – this was not granted
- Local context has changed significantly from when consultation began
- More than 750 completed online questionnaires and 50+ emails and letters were received
- Respondents feedback shows broad support with principles and elements of the approach including:
    - The use of an outcomes framework
    - District/borough based delivery boundaries
    - Increased collaboration to deliver outcomes

  - Continued use of grant funding mechanism
  - Equitable funding in areas that would see an increase compared to current funding
  - A longer-term funding commitment
- There were significant concerns over funding reductions through redistribution in some areas

Support for funding increases through redistribution in other areas

- There has been a huge effort from the sector to support Covid19 mobilisation
- There are concerns Covid19 had presented the sector with challenges to engage with consultation
- There is a general feeling that Covid19 is a game changer and is 'not the right time' to be implementing funding reductions
- There is an "Ask" for a 'levelling up' rather than 'levelling down' of funding.

Recommendations in relation to current proposals

- Continue to develop and strengthen the key elements of the proposals that were broadly supported in the consultation:
  - Shared principles
  - Outcomes framework - to increase transparency and better demonstrate the contribution of the sector
  - Collaboration – to reduce duplication and ensure the delivery of outcomes
  - District/borough based approach – to ensure a strong local presence
  - Equal funding in principle – particularly in areas that are currently underfunded
- Carefully consider the impact of any changes to funding arrangements when making decisions about how to take the work forward
  - Ensure specific groups will not be disproportionately affected by any reductions in current funding
  - Where a significant potential impact has been identified, such as services for older/vulnerable people, seek to mitigate this impact
- Give further consideration to how risks, in areas that would see a significant reduction in current funding levels, can be mitigated
  - Work with organisations to develop suitable transitional arrangements to minimise the negative impact of any changes
- Continue to develop shared language around, and understanding of, the essential elements of the proposal
- Continue to consider the impact of Covid-19 on communities and the voluntary sector, including the impact upon protected characteristic groups

DRAFT

Appendix B – EIA on Infrastructure arrangements

TO BE DEVELOPED

Stage 9. Objectives setting/ implementation (this should act as an action plan in relation to this EIA)

Objective	*Planned action*	*Who*	*When*	*How will this be monitored?*

DRAFT

Appendix B – EIA on Infrastructure proposals

Stage 10. Monitoring and review/ mainstreaming into business plans

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

In line with current arrangements, it is proposed that grant monitoring will take place on a six monthly basis. Organisations will be required to report on a number of KPIs as part of the monitoring process.

Stage 11. Agreeing and publishing the completed analysis

Completed analysis approved by on

Where and when published?

The proposal is currently a draft document and is subject to change.

Appendix C – Proposed Infrastructure Support Grant Payments – October 2020 – September 2021

Decision-making processes

Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures

Attached to report (title):

Date of report:

Author of report:

Audience for report e.g. Cabinet/ date:

Web location of report:

Outcome from report being considered

Details of follow-up action or monitoring of actions/ decision undertaken

Updated by:

Date:

Appendix C –Proposed Infrastructure Support Grant Payments – October 2020 – September 2021

1.0 Adult Care Grant Payments for Infrastructure support		
Organisation Name	**Brief description of what the grant is provided for/activity it supports, including the type of service**	**October 2020 – September 2021**
Amber Valley CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£32,518
Infrastructure support for Bolsover	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£7,110
Connex Community Support	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£27,236
Derbyshire Dales CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£21,515
Derbyshire Voluntary Action	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£18,166
Erewash Voluntary Action CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£57,095
High Peak CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£4,124
New Mills Volunteer Centre	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£21,513

Appendix C – Proposed Infrastructure Support Grant Payments – October 2020 – September 2021

South Derbyshire CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£36,884
The Bureau (Volunteer Centre Glossop)	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£19,175
	Total	**£245,336**

2.0 Policy and Research grant payments for Infrastructure support		
Organisation Name	**Brief description of what the grant is provided for/activity it supports, including the type of service**	**October 2020 – September 2021**
Amber Valley CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£15,378
Infrastructure support for Bolsover	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£15,378
Derbyshire Dales CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£15,378
Erewash Voluntary Action CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£15,378
High Peak CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£15,378

Appendix C – Proposed Infrastructure Support Grant Payments – October 2020 – September 2021

Links CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£30,755
South Derbyshire CVS	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the county. Specific SLA to be developed.	£15,378
Rural Action Derbyshire	To support its core activities in developing local voluntary and community groups and strengthening the capacity of the sector as a whole within the rural areas of the county. Specific SLA to be developed.	£15,378
BME Infrastructure	Provides a corporate approach to engagement with BME groups across the county. It supports the two BME Forums operating in the north and the south of the county and engages with hard to reach communities in developing and shaping the authority's services in a coherent way.	£15,400
	Total	**£153,801**

Appendix D – Proposed General VCS Grant Payments – October 2020 - September 2021

3.0 – Proposed Adult Care Grant Payments to VCS organisations		
Organisation Name	**Brief description of what the grant is provided for/activity it supports, including the type of service**	**October 2020 – September 2021**
Age Concern (Chesterfield)	Information, advice and befriending services for older people	£10,741
Age UK Derby & Derbyshire	Countywide Mobile Information Service / Information Roadshow	£19,547
Age UK Derby & Derbyshire	Hulland Ward Day Care	£12,636*
Age UK Derby & Derbyshire	Bakewell Day Care	£83,451*
Age UK Derby & Derbyshire	Erewash Careline Service	£4,500
Age UK Derby & Derbyshire	Bakewell / Buxton Befriending Service	£48,099
Age UK Derby & Derbyshire	First Taste - Provision of arts education workshops for older people in residential establishments and day care centres located in the Derbyshire Dales area.	£5,200
Amber Valley CVS	Befriending service for older disabled people	£6,457
Barlborough Darby and Joan Luncheon Club	Luncheon Club	£1,568
Bolsover Woodlands Enterprise	Provides opportunities for people with learning disabilities to gain practical training and work experience in conservation and woodland management as well as managing Derbyshire's countryside.	£58,712
Borrowbrook Home Link	Offers support to older adults living in the Borrowash / Ockbrook area. Including the provision of advice and info., regular home visiting service for housebound older people, monthly community lunch club, drop in coffee mornings, a monthly Friendship / Befriending Club for older people and outings.	£2,800

Appendix D – Proposed General VCS Grant Payments – October 2020 - September 2021

Chesterfield and District African / Caribbean Community Association	Provides a range of activities for the African Caribbean community, with funding provided acting as a contribution to the Organisers salary and the provision of a range of activities, which includes a luncheon club for older African / Caribbean people.	£20,282
Connex Community Support	Contribution towards befriending services	£3,000
Connex Community support	Contribution towards the provision of a Volunteer Car Scheme	£16,306
Derbyshire Autism Services Group	Provision of services for vulnerable adults with autism spectrum conditions.	£26,084
Derbyshire Dales Careline	Telephone befriending service to elderly, disabled and vulnerable adults living in the south Derbyshire Dales locality.	£2,010
Dronfield Welcome Club.	Weekly Club for older people where they can meet and socialise, and includes the provision of lunch. The majority of the people who attend Dronfield Welcome Club are housebound and / or live on the own. Funding is used towards the cost of transport and carers.	£629
Eckington and District Monday Club	Provides a voluntary service each Monday for adults with learning disabilities. It is a social meeting but included in the club are Independent living skills, mentoring, befriending, advice and a different activity each week. Also we organise holidays and day trips out, otherwise denied to most members.	£3,216
Erewash Voluntary Action CVS	Shopping Service for older people and vulnerable adults.	£31,711
Erewash Voluntary Action CVS	Contribution towards befriending services	£3,000
Eventide Luncheon Club	Luncheon Club.	£10,000
Glebe Field Centre (Crich)	Provision of day services to older people.	£12,000
Glossopdale Furniture Project	To provide good quality affordable furniture and other household items to people on low incomes. Providing free furniture packs to people who have	£32,133

Appendix D – Proposed General VCS Grant Payments – October 2020 - September 2021

	previously been homeless and are given a new tenancy, but who are not eligible for any financial help.	
Greenaway Workshop	Greenaway Workshop provides therapeutic care in a meaningful structured day for people with long term health conditions be it physical disabilities, sensory impairment or mild learning difficulties, for those who reside in Mid-North Derbyshire, with printing and cane chair renovation being the main activities.	£10,161
Heanor Salcare	Contribution towards services, in particular the provision of recycled furniture and other household items to people on low income living in the Amber Valley area. General service info: Salcare provides a range of support and services incl.: Food bank, Community kitchen, Charity shop, Furniture warehouse, Drop in for welfare and benefit advice, Community laundry, Confidential space for clients to meet with other agencies, Work placements and volunteer opportunities.	£54,054
High Peak CVS	Contribution towards befriending services	£250
Ilkeston and District Centre for Voluntary Service - Flamsteed	Contribution towards Centre Manager salary	£5,021
Ilkeston and District CVS	Funding to support the provision of day care	£15,346
Mencap - Swadlincote Gateway Club	Everyone who attends is an adult with learning disability. A range of activities are provided that meet people's interests and support their wellbeing e.g. sports and crafts activities.	£2,675
Our Vision Our Future	A self-advocacy group run for and by adults aged 18 and over with learning disabilities, which including visual, sensory, physical disabilities, autism, Asperger's, limited mobility, memory and communication problems.	£30,375
Former lunch club Ripley	Former Ripley Neighbourhood Care Scheme, closed 2020. Holding in budget while review undertaken	£2,369
South Derbyshire CVS	Provision of a social car scheme	£7,406

Appendix D – Proposed General VCS Grant Payments – October 2020 - September 2021

South Derbyshire CVS	Provision of a volunteer befriending service for all adults in South Derbyshire (known as The Connect Befriending Service	£33,848
Stanley Common Eventide Community Hall	Provision of a range of activities for vulnerable people living in the Stanley Common and surrounding area, in particular the employment of a Community Development Worker	£10,000
Stepping Stones (Amber Valley)	Provision of day care for older people	£15,549
The Bureau (Volunteer Centre Glossop)	Contribution towards the provision of the Time Out shopping service	£21,936
The Volunteer Centre (Chesterfield)	Elderfriends befriending project and volunteer support	£17,036
	Total	**£640,108**

4.0 - Public Health grant payments to VCS organisations		
Organisation Name	**Brief description of what the grant is provided for/activity it supports, including the type of service**	
Derbyshire 50+ Forums: Ashbourne	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	£846
Derbyshire 50+ Forums: Belper	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	£672
Derbyshire 50+ Forums: Bolsover	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and	£1,571

Appendix D – Proposed General VCS Grant Payments – October 2020 - September 2021

	influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	
Derbyshire 50+ Forums: Clay Cross	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	£616
Derbyshire 50+ Forums: Glossop	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	£1128
Derbyshire 50+ Forums: Heanor	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	£508
Derbyshire 50+ Forums: Ilkeston	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	£1050
Derbyshire 50+ Forums: Long Eaton	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	£620
Derbyshire 50+ Forums: Matlock	50+ Forums give people the opportunity to: come together in their local area to take action on issues that are important to them; engage with and influence services that impact on older lives; get information and advice; and socialise and connect with others and build friendships.	£352
	Total	**£7,363**

Appendix D – Proposed General VCS Grant Payments – October 2020 - September 2021

5.0 - Policy and Research grant payments to VCS organisations		
Organisation Name	**Brief description of what the grant is provided for/activity it supports, including the type of service**	
Asian Association of Chesterfield and North Derbyshire	To support the core costs of the organisation and strengthen the capacity of the BME sector as a whole within the county. They undertake variety of functions and organise activities to support their communities of interest	£3,744
Chesterfield African Caribbean Community Association	To support the core costs of the organisation and strengthen the capacity of the BME sector as a whole within the county. They undertake variety of functions and organise activities to support their communities of interest	£3,744
Chesterfield Muslim Association	To support the core costs of the organisation and strengthen the capacity of the BME sector as a whole within the county. They undertake variety of functions and organise activities to support their communities of interest	£1,821
Derbyshire Chinese Welfare Association	To support the core costs of the organisation and strengthen the capacity of the BME sector as a whole within the county. They undertake variety of functions and organise activities to support their communities of interest	£2,186
Muslim Welfare Association	To support the core costs of the organisation and strengthen the capacity of the BME sector as a whole within the county. They undertake variety of functions and organise activities to support their communities of interest	£1,821
BME Infrastructure	BME Consultation	£13,225
Derbyshire Law Centre	To support its core costs in providing specialist legal advice, assistance and representation through face-to-face and telephone services at its main office in Chesterfield and other locations throughout the county.	£90,124
Specialist Advice South Derbyshire CAB	To support its core costs in providing specialist employment advice in South Derbyshire.	£10,400
	Total	**£127,065**

Appendix D – Proposed General VCS Grant Payments – October 2020 - September 2021

6.0 - Arts Service grant payments to VCS organisations		
Organisation Name	**Brief description of what the grant is provided for/activity it supports, including the type of service**	
Buxton Festival	To carry out participatory arts work with disadvantaged groups	£5,723
Fleet Arts	To carry out participatory arts work with disadvantaged groups	£18,006
High Peak Community Arts	To carry out participatory arts work with disadvantaged groups	£18,006
Junction Arts	To carry out participatory arts work with disadvantaged groups	£15,200
Learning Through Arts	To carry out participatory arts work with disadvantaged groups	£16,028
Level Centre Ltd	To carry out participatory arts work with disadvantaged groups	£24,925
Live and Local	To carry out participatory arts work with disadvantaged groups	£13,582
Orchestras Live	To carry out participatory arts work with disadvantaged groups	£6,377
People Express	To carry out participatory arts work with disadvantaged groups	£16,323
Wash Arts	To carry out participatory arts work with disadvantaged groups	£3,642
	Total	**£137,812**

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PUBLIC
Author: Abid Mumtaz

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Director of Public Health

COVID-19 Outbreak Management Plan and Test and Trace Communications Strategy

1. Purpose of the report:

To seek Cabinet approval for the Derbyshire County Council COVID-19 Outbreak Management Plan.

To seek Cabinet approval for the Derbyshire County Council Test and Trace Communications Strategy.

The documents enclosed include a technical outbreak plan (Appendix 1), communication plan (Appendix 2) & public facing summary (Appendix 3).

2. Information and analysis:

Background and Context

On the 31st January 2020, the first two cases of coronavirus in the UK were confirmed. As the potential scale of the situation became apparent over the next weeks, the public began to quarantine where there was a new onset of specific symptoms, and were advised to begin social distancing. This culminated in the UK wide lockdown on the 26th March affecting all sectors with the exception of identified key workforces.

Current Situation:

On the 27th May 2020 the Government launched the NHS Test and Trace service as part of the process to ease lockdown. This would ensure that individuals who develop symptoms could access testing, and that high-risk contacts are identified and advised to self-isolate for 14 days.

Public Health Authorities (Local Authorities responsible for Public Health functions) are central to the local Test and Trace programme, and each Public

Health Authority has been tasked to develop tailored outbreak control plans and to work with the Test and Trace service, Public Health England, local NHS organisations and other key stakeholders. Work on local outbreak control plans focuses on identifying and containing potential outbreaks in communal areas such as high risk workplaces, housing complexes, care homes and schools. Local Authorities will also ensure additional testing capacity is deployed effectively to high-risk locations.

Public Health Authorities in England have a lead role in protecting and improving the health of the population. Within the Public Health Authority, the Director of Public Health has a responsibility for the Authority's contribution to health protection matters, preparing for and responding to incidents that present a threat to public health.

The Outbreak Management Plan will support this aim by providing a framework for the response to COVID-19 outbreaks and incidents that occur within the Derbyshire County Authority area, as set out below:

1. Define the relevant governance and assurance procedures and processes;

2. Summarise the key risks and planning assumptions that underpin the response arrangements;

3. Provide background information to support those involved in preparing for, and responding to local COVID incidents and outbreaks;

4. Define the roles and responsibilities of responders and responding organisations;

5. Outline the mechanisms for surveillance, detection and monitoring of COVID incidents and outbreaks

6. Outline the stages and processes in relation to determining the appropriate and measured response;

7. List options for public health control measures;

8. Define processes of communication;

9. Detail response arrangements for specific scenarios prioritised through prior risk assessment.

Alongside the production of a local Covid-19 Outbreak Management Plan, A communications strategy has been developed. This strategy has been developed and is owned by the Derbyshire multi-agency Test and Trace Implementation Group and the Derbyshire Test and Trace Communications Sub-Group. Communication is based on a locality footprint and utilises pre-existing Public Health locality networks.

Derbyshire County Council communications teams will lead both proactive and reactive communications in responding to an outbreak, working with Public Health England and all local partners to ensure timeliness, targeting and consistency of messaging.

In keeping with national requirements a local outbreak plan summary and test and trace communications summary plan were released on the Council website on 29 June. The Council Coronavirus microsite will continue to be used to update the population of Derbyshire on the response of the Public Health Authority to the Covid-19 pandemic.

3. Financial considerations:

An additional support grant has been announced from central government in order to support local authorities to develop tailored outbreak control plans to reduce the spread of coronavirus in their area, support test and trace services, and support continued efforts to respond to the pandemic locally. The allocation for Derbyshire is £3.85 million.

4. Legal considerations:

Not applicable

5. HR considerations:

In preparing this report the relevance of the following factors has been considered; equality, human resources, environment, health, property and transport have all been considered in preparing this paper.

6. Other considerations:

Not applicable

7. Background papers:

Not applicable

8. Key Decision:

9. Call-in:

Is it required that call-in be waived for any decision on this report? - No

10. Officer's Recommendations:

That Cabinet approve the Derbyshire County Council Outbreak Management Plan and approve the Test and Trace Communications Strategy

Dean Wallace
Director of Public Health

Derbyshire County
COVID-19 Outbreak Management Plan

Document control

Title	Derbyshire COVID-19 Outbreak Management Plan
Original Authors	Jane Careless, Public Health Lead (Health Protection) Derbyshire County Council Adapted from the Public Health England Communicable disease outbreak management plan.
Other contributors	
Approved by	
Approved date	
Date for next review	
Version number	

Review

This document will be routinely reviewed annually or as required following the publication of new guidance or identification of local learning.

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1 Introduction

1.1 Scope

To describe the approach and arrangements for assessing and managing outbreaks of COVID-19 within Derbyshire County Local Authority area.

1.2 Background

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus (SARS CoV 2).

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces.

COVID-19 is best understood as a pattern of local outbreaks, rather than a national pandemic with a similar impact in every community. Test and trace systems in association with wider surveillance and evidence support local situational awareness of COVID-19. This information is then used to inform public health action to prevent and control disease spread.

A COVID-19 incident can be defined as:

- Any incident involving COVID-19 which presents a real or possible risk to the health of the public and requires urgent investigation and management.

An outbreak can be defined as:

- Two or more persons with confirmed or suspected COVID-19, which are linked through common exposure, personal characteristics, time or location (time, place or person);
- Or a greater than expected rate of COVID-19 infection compared with the usual background rate for the particular population and period.

The plan will support this aim by providing a framework for the response to COVID-19 outbreaks and incidents that occur within the Derbyshire County Local Authority area, as set out below;

1. Define the relevant governance and assurance procedures and processes;
2. Summarise the key risks and planning assumptions that underpin the response arrangements;
3. Provide background information to support those involved in preparing for, and responding to local COVID-19 incidents and outbreaks;
4. Define the roles and responsibilities of responders and responding organisations;
5. Outline the mechanisms for surveillance, detection and monitoring of COVID-19 incidents and outbreaks
6. Outline the stages and processes in relation to determining the appropriate and measured response;
7. List options for public health control measures;
8. Define processes of communication;
9. Detail response arrangements for specific scenarios prioritised through prior risk assessment.
10. Provide supporting resources to support decision making;

1.3 Aim

To work to protect the health of the population of Derbyshire County from the risks associated with COVID-19.

1.4 Objectives

In enacting the plan the following objectives will seek to be achieved;

- Preventing spread of COVID-19
- Early identification and proactive management of outbreaks and incidents
- Ensure service capability
- Ensure effective communication with the public and stakeholders

1.5 Risk summary

There is a range of evidence to support planning assumptions around local risk, related to both transmission risk and risk of morbidity, these include is includes factors including population demographics, location and occupation. A summary of key risk factors are outlined below. Risk assessments will however be ongoing throughout an outbreak or incident and will help to inform decisions and actions taken by the outbreak control team (OCT).

A summary of key risk factors are outlined below. A list of all known vulnerable sites has been identified and is available via the high risk setting mapping tool, using the risk criteria outlined below and in the appendix 17, this includes the contact details, address and postcode of settings over laid with known community transmission rates. Risk assessments will be ongoing throughout an outbreak or incident and will help to inform decisions and actions taken by the OCT.

Occupational risk factors;

- Physical proximity to others.
- Where regular exposure to disease is occurs

Recent analysis on the occupations with the highest potential exposure to COVID-19 shows the jobs that are most likely to be exposed are those involving close proximity with others and those where there is regular exposure to disease, for example healthcare workers. It must be noted however that during the pandemic many of these occupations will be more likely to be using personal protective equipment.

The Office of National Statistics (ONS) reports that people and in particular men, working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants; and men and women working in social care had significantly higher rates of death from COVID-19. PHE analysis shows that nursing auxiliaries and assistants are also at higher risk of death during the pandemic.

There are also occupations that are in the position of regularly being close to others or handling goods, but not usually directly exposed to disease, such as workers in hospitality roles, education, transport or community and social services occupations. During the pandemic and periods of community transmission the likely exposure to COVID-19 of these occupational groups may increase. In general the percentage of the population employed in these sectors is similar to England average (Education 9%, Transport 4-5%, Accommodation and food 7-8%, retail 8-9%). There is however a disproportionately large percentage of both the County and City working population who are employed in the manufacturing sector (16% and 20%) compared to England average (8%). A breakdown of employment by sector is provided in Appendix 17. A risk matrix of workplaces and community settings is provided in Appendix 14.

Geographical risk factors;

- Population density
- Deprivation

Local authorities with the highest diagnoses and death rates are mostly urban areas with higher population density. People who live in deprived areas have higher diagnosis rates and rates of death than those living in less deprived areas. Population density and deprivation maps across County can be found in Appendix 17.

Data is available through the PHE dashboard and Daily LTLA COVID-19 exceedance reports, which provide data around cases, and rate of infection. These will be monitored by the Local Authority Public Health Knowledge and Intelligence Team and reported to the Health Protection Board.

Demographic risk factors;

- Age
- Gender
- Ethnicity
- Deprivation

COVID-19 diagnosis rates increase with age for both males and females. Working age males diagnosed with COVID-19 were twice as likely to die as females.

People who live in deprived areas have higher diagnosis rates and death. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females.

People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. Derbyshire County has a high percentage of white British population, range from 96.8% in Derbyshire Dales, to 94% in South Derbyshire, compared to 81.9% in the UK.

Derbyshire County also have a varied age profile with the higher proportion of the population living in the North of the County who are over the age of 70 years. Appendix 17, provides maps of age demographics across the County.

1.6 Statutory framework

Legislation and Regulations related to the roles and responsibilities involved in the management of a communicable disease outbreak or incident are:

Principal legislation:

- Public Health (Control of Disease) Act 1984 as updated by the Health Protection (Notification) Regulations 2010;
- NHS Act 2006 as amended by the Health and Social Care Act 2012;

- Civil Contingencies Act 2004;
- Health and Safety at Work Act etc. 1974;
- Local Government Act 1972.

Regulations:

- Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013;
- Emergency Response and Recovery (Non-statutory guidance accompanying the Civil Contingencies Act 2004) 2013;
- Health Protection (Notification) Regulations 2010 (SI 2010/659);
- Health Protection (Local Authority Powers) Regulations 2010 (SI 2010/657);
- Health Protection (Part 2A Orders) Regulations 2010 (SI 2010/658);
- Health Protection (Coronavirus) Regulations 2020
- The Adoption and Children (Coronavirus) (Amendment) Regulations 2020
- The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020

Secondary legislation and regulations:

- Human Rights Act 1998;
- Freedom of information Act 2000
- Data Protection Act 2018

Further information around the legislative framework can be found in Appendix 1

1.7 Funding

Funding has been allocated to Derbyshire County Council to support the development and implementation of outbreak management plans.

Funding of additional resources will utilising existing funding methods.

Where issues of funding arise the LRF Memorandum of Understanding will be utilised.

2. Roles and responsibilities

2.1 Public Health England

Public Health England is a Category One responder under the Civil Contingencies Act 2004. Public Health England provides specialist health protection and public health microbiology services and ensures that there is coordinated management of incidents and outbreaks.

Public Health England has the following strategic responsibilities in responding to COVID-19 incident or outbreak:

- PHE East Midlands Health Protection Team (HPT) will act as the lead in managing outbreaks in care homes and schools in partnership with Directors of Public Health (DsPH).
- PHE East Midlands will lead on the risk assessment and follow up of outbreaks in complex settings and will take referrals from NHS Test and Trace
- Ensure an adaptive approach to reflect DsPH local outbreak control plans where required.
- Work with the Test and Trace Liaison Operational Group to agree criteria for calling an outbreak control team meeting.
- Provide leadership for the Test and Trace Liaison Operational Group
- PHE East Midlands will share information on outbreaks identifying vulnerable / complex groups or setting with DsPH
- PHE East Midlands will contribute to local Health Protection Boards, providing updates on local outbreaks in high risk settings and learning from response work.
- Share surveillance reports

Public Health England has the following operational roles with respect to the plan and local management of COVID-19 incidents or outbreaks;

- Lead the delivery of the health protection response
- Initial detection, risk assessment and notification to partner organisations
- Establish Outbreak Control Team as required, and chair meetings unless decided otherwise in liaison with the Director of Public Health
- Provide specialist health protection advice
- Establish an incident room if required
- Liaise with other sources of specialist advice
- Agreeing and arranging appropriate public health control measures
- Co-ordinate the preparation of an incident report as required

2.2 Local Authorities

All Local Authorities are Category One responders under the Civil Contingencies Act 2004.

2.2.1 Elected Members

Local Outbreak Engagement Boards will be ensuring governance of the outbreak management plan and its response. Elected members will be fundamental in the Boards role to ensure local actions in response to increasing cases and outbreaks of COVID19 are undertaken. This may include local communications and engagement with communities or settings, or geographical lock downs. Elected members will therefore provide a key decision making role within the outbreak plan.

2.2.2 Public Health Authorities (Derbyshire County Council)

Local Authorities in England have a lead role in protecting and improving the health of the population. The Director of Public Health has a responsibility for the Local Authority contribution to health protection matters, preparing for and responding to incidents that present a threat to public health (Department of Health and Social Care, Public Health England & Local Government Association, 2013).

Public Health Authorities have three key strategic roles in relation to COVID-19 planning, resilience and response;

1. *Leading the public health response locally* through Directors of Public Health and Health Protection Boards, working closely with Public Health England. DPHs will be responsible for producing the plans as they hold the statutory responsibility for public health;

2. *Managing the deployment of broader resources* and local testing capacity to swiftly test local people in the event of an outbreak and liaising with the Joint Biosecurity Centre. This will be done by Chief Executives working through local emergency planning structures and Local Resilience Forums; and

3. *Providing political oversight* of the local delivery of plans, communicating and engaging with residents and communities through a member-led Board. This can be a new or existing forum such as a Health and Wellbeing Board or COVID-19 Recovery Board.

Directors of Public Health and the Public Health Authority will have the following roles in the management of COVID-19 incidents and outbreaks:

- Lead on scenario planning for how outbreaks are managed in key settings locally.
- Work with the Test and Trace Liaison Operational Group to agree criteria for calling an outbreak control team meeting.
- Chair or participate in outbreak control team meetings where these are required.
- Support schools and care homes in their outbreak response where appropriate.
- Establish governance processes for test and trace
- Lead on the identification of, and scenario planning for high risk places, locations and communities.
- Support high risk locations and communities in outbreak response where appropriate.
- Consider how local action might be taken to support the reduction in spread of COVID-19, including restrictions on access to premises, or reducing movement.
- Mobilising and directing local public health resources available to the Local Authority as part of the agreed response plan
- Provide local surge capacity if required for complex situations
- Provide elected members and senior officers with leadership and expertise in relation to risk, outbreaks and preparedness.
- Act as a formal link to the Local Resilience forum, with specific reference to the testing and care home cells
- Ensure links with Community Response Units

2.2.3 Environmental Health in District and Borough and Unitary Local Authorities

Environmental Health departments and the Health and Safety Executive have joint enforcement responsibilities under the Health and Safety at Work etc. Act 1974 (HSW Act) dependant on the main activity of the premises concerned. Local authorities enforce the HSW Act in a significant number of service lead sectors such as offices, retail, warehouse, leisure, catering premises and residential homes. A full list can be found at https://www.hse.gov.uk/foi/internalops/og/og-00073-appendix1.htm

Where actions to control an outbreak in a workplace setting enforced by the HSE are more appropriate under health and safety legislation, Environmental Health will liaise with the HSE to determine the most appropriate authority to investigate.

Environmental Health Departments have the following strategic responsibilities in relation to this plan:

- Support high risk settings and communities in outbreak response where appropriate.
- Provide elected members and senior officers with leadership and expertise in relation to risk, outbreaks and preparedness not sure what this means
- Determine the most appropriate legislative powers to use based on the

circumstances/ location of the outbreak.

Environmental Health will have the following operational roles with respect of this plan and the management of COVID-19 incidents and outbreaks locally;

- Provide specialist advice to the Incident/Outbreak Control Team, or around individual outbreaks with regard to environmental health hazards;
- Carry out investigation and provide support to complex cases
- Liaise and report findings of any investigation to DsPH, PHE and HSE.
- Provide support and advice to commercial and domestic settings involved in outbreak responses;
- Provide local surge capacity if required for complex situations
- Exercise appropriate powers under health protection and/or health and safety legislation to prevent or limit the spread of infection;
- Inspect premises if required.

2.3 NHS England and NHS Improvement

NHS England and NHS Improvement is a Category 1 responder under the Civil Contingencies Act 2004.

NHS England and NHS Improvement has a remit for the central commissioning of specialist services, and the development of emergency plans and arrangements as a co-chair, with DsPH, of the Local Health Resilience Partnerships. NHS England and NHS Improvement direct commissioning functions (Section 7A public health services, primary care services, specialised commissioning services, health & justice services and armed forces and veterans' health services) are responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health.

NHS England and NHS Improvement has the following responsibilities in responding to this plan:

- Leading the mobilisation of NHS funded services;
- Assuring the capability of the NHS response to the incident or outbreak.

2.4 NHS Clinical Commissioning Groups

Clinical Commissioning Groups are Category Two responders under the Civil Contingencies Act (2004).

NHS Clinical Commissioning Groups act as the principal local commissioners of NHS funded acute, community health and primary care services. Clinical Commissioning Groups are responsible for ensuring that their contracted NHS and other providers

(general practice, acute hospital, community health, mental health, out-of-hours etc) will provide the clinical response to incidents that threaten the health of local population.

In responding to this plan, NHS Clinical Commissioning Groups may be required to:

- Authorise assistance as required by a local provider of NHS funded care
- Provide support and advice to care providers
- Provide infection prevention and control advice and support to the population, including schools, care homes and high risk settings.

Within Derbyshire County the Clinical Commissioning Group are responsible for the commissioning of local infection prevention and control. In the event of an outbreak or incident local infection prevention and control teams will provide support to care settings with regards to Infection Control management as required, this may include providing specialist advice, education or training or support to settings. Wider Infection Control support will be commissioned by the Public Health Authority to support the Test and Trace process.

2.5 Health service providers

In responding to this plan, health providers may be required to:

- Provide assistance as required by a local commissioner including support to care settings through Primary care networks and schools through school nursing services
- Provide local surge capacity if required for complex situations including the use of sexual health service providers to support contact tracing processes.

Where support is required from local health providers this will be discussed with the commissioner of the service, under existing memorandums of understanding, or separate commissioning arrangements, dependant on scale.

2.6 Health and Safety Executive

The Health and Safety Executive is a Category Two Responder under the Civil Contingencies Act 2004. Health and Safety Executive and Environmental Health departments have joint enforcement responsibilities under the Health and Safety at Work etc. Act 1974 (HSW Act) dependant on the main activity of the premises concerned. HSE enforce workplaces such health care and nursing homes, manufacturing, education, agricultural, government buildings, prisons, fairgrounds, and construction. A full list can be found at https://www.hse.gov.uk/foi/internalops/og/og-00073-appendix1.htm

In relation to this plan the Health and Safety Executive may be required to:

- Collaborate with Outbreak Control Teams;
- Advise and inspect premises under their enforcement;
- Regulate workplace risk assessment processes;
- Exercise statutory powers under the Health and Safety at Work etc. Act 1974.

2.7 Care Quality Commission

The Care Quality Commission has an enforcement role in relation to regulated services such as care settings. The CQC has a responsibility to protect people who use regulated services from harm and the risk of harm, to ensure they receive health and social care services of an appropriate standard. This includes holding registered providers and managers to account for service failings, and enforcement powers in the event of breaches of the regulations.

2.8 Food Standards Agency

The Food Standards Agency (FSA) is responsible for food safety and food hygiene in England, Wales and Northern Ireland. It works with local authorities to enforce food safety regulations and its staff work in meat plants to check the standards are being met.

In establishments confirmed to have a cluster of cases or an outbreak of COVID-19 amongst food handlers, there may be risks introduced as a result of measures taken to control the spread of COVID-19, for example, where it is necessary for a business to close or reduce operations quickly due to operatives being unable to work. In such cases the Food Standards Agency should be notified by the appropriate Local Authority Environmental Health team.

For FSA approved sites the FSA will have additional obligations to protect the health, safety and wellbeing of its staff delivering official controls or managing service delivery control on our behalf.

3 Surveillance and detection

3.1 Routine surveillance

Communicable disease surveillance is the continuous monitoring of the frequency and the distribution of disease, and death, due to infections that can be transmitted from human to human or from animals, food, water or the environment to humans, and the monitoring of risk factors for those infections (Public Health England, 2016).

In the relation to the plan, the main sources of COVID-19 surveillance data are:

- Statutory notification of infectious diseases by clinicians;
- Laboratory reports of infections;
- Clinician reporting.
- PHE dashboard on COVID-19 case and death rates at ULTA and LTLA levels
- Daily LTLA COVID-19 exceedance reports
- ONS weekly death registrations
- Specific data sharing agreements with local authorities will be drawn up with the multiagency regional epidemiology and intelligence cell, and the Joint Biosecurity Centre

3.2 Statutory notification

Statutory notification refers to the systems and processes whereby cases of infectious and communicable diseases are required to be reported by law to a public health body for the purpose of surveillance and control. COVID-19 is classified as a notifiable disease and therefore included within the statutory notification processes.

3.3 Detection of incidents and outbreaks

Detection of outbreaks

As part of the NHS Test and Trace Service individuals experiencing symptoms will be required to self-isolate for seven days, and undertaking testing through the 119 telephone line. On identification of a positive test they will be contacted by the NHS Test and Trace Service, which will ask about their symptoms, ask if they have family or other people living with them, ask if they need support in self-isolating, ask for the name and contact details of anyone outside their household they have been in close contact with in the two days before their symptoms started, and if they work in or have recently visited a setting with other people (such as a school, workplace or GP's surgery). The NHS Test and Trace Service will then trace close recent contacts of anyone who has tested positive for COVID-19, and if necessary notify them that they must self-isolate.

The Service will ask if they are experiencing any COVID-19 symptoms, and provide advice on what the close contact must now do as they have been in contact with someone who has tested positive for COVID-19. Once available this process will be supported by the NHS Covid-19 app.

Where the contact tracing process identifies a complex case or one involving a high-risk location, such as where a person who has tested positive for COVID-19 has worked or where the case is linked to a school, care home or other high risk setting, then the case will be referred to Public Health England's regional teams and notified to relevant Public Health team by Public Health England within 24 hours.

The Derbyshire County Public Health team on notification of an outbreak will work closely with Public Health England to respond as outlined in the COVID-19 outbreak and communications plans and supporting standard operating procedures.

The Derbyshire County Public Health team will provide local surge capacity and support the deployment of resources required for investigation and management of the outbreak, in conjunction with system partners and the Local Resilience Forum. Under the Local Health Resilience Forum memorandums of understanding exist to support response to local incidents and outbreaks as required. Where such memorandums of understanding are required the Health Protection Board will escalate this through the LRF Tactical Coordination Group.

Detection of Incidents

As well as the detection of outbreaks, surveillance of local data will enable Public Health England and Local Authorities to ensure oversight of trends in relation to COVID-19 at a local level through data from the Joint Biosecurity Centre and local intelligence reviewed at the Joint COVID-19 Health Protection Board and the Local Engagement Boards.

4. Activation and escalation

4.1 Triggers

The Outbreak plan sits alongside a wider communications strategy which covers proactive communications plans to support local COVID-19 prevention.

This plan will be triggered by a COVID-19 incident or outbreak which meets the criteria for complex and high risk settings as outlined below and referral to Public Health England regional Health Protection Team. Notifications may be received from a range of sources including via NHS test and trace, directly to Public Health England regionally Health Protection Team, or via notification from Local Authority or other system partners. Daily oversight of management and incidents within the Local Authority will be undertaken by the Test and Trace cell who will work in conjunction with Public Health England to ensure effective response, early identification of risk and engagement with wider population and stakeholders.

Complex and high-risk settings will include;

Complex and high-risk settings

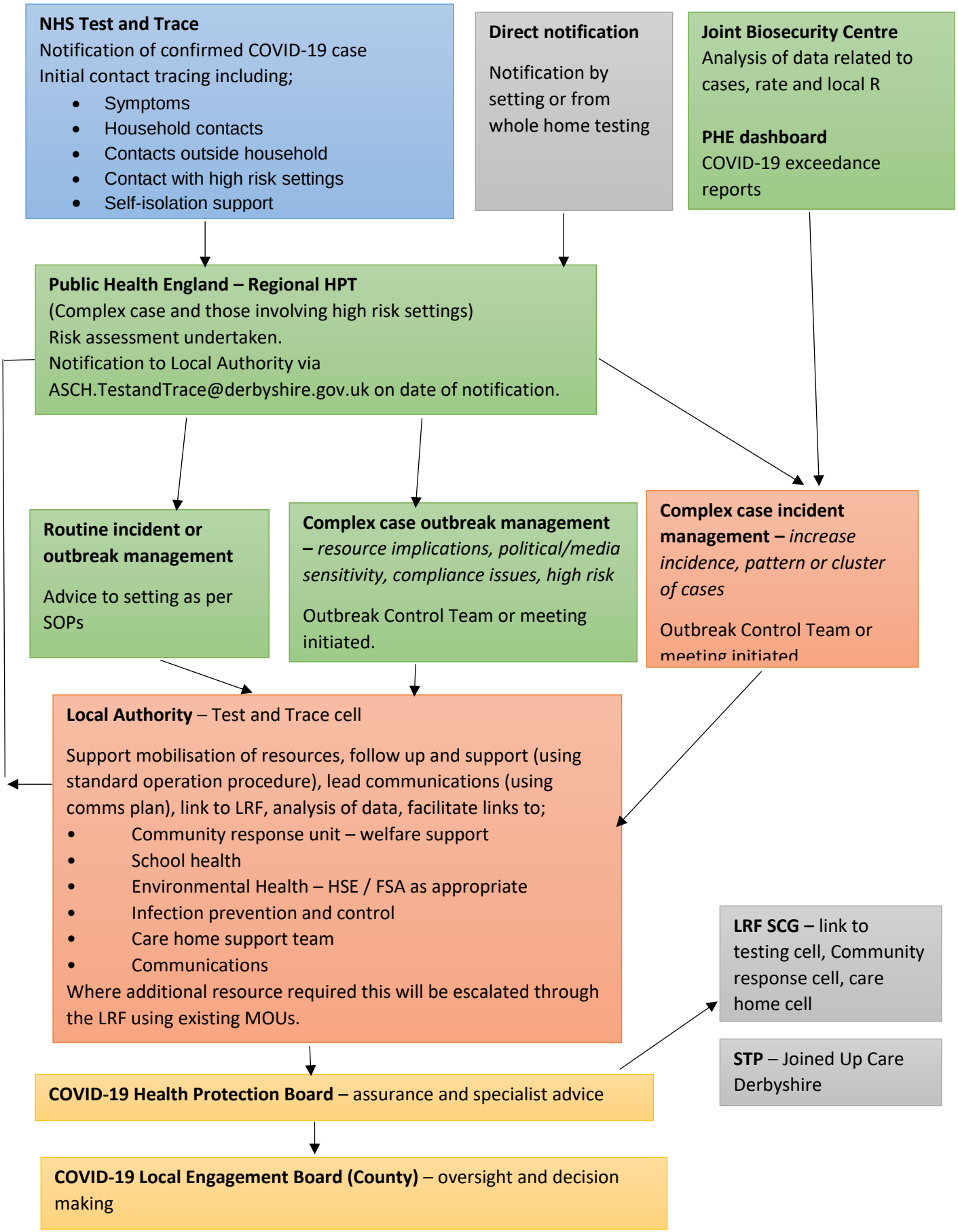
- Cases where liaison with an educational/childcare setting or employer may be required
- Cases who have attended educational/childcare setting while infectious
- Cases who have attended work while infectious and who are unable to identify their contacts who will require follow up
- Case living or working in care home/long term care facility or other care facility for those with complex needs
- Cases in those living or working in Prison or other places of detention
- Cases in those attending or working in special schools
- Cases in those living in homeless hostels or shelters or refuges and similar residential settings
- Cases attending Day care centres for older/vulnerable people

Complex case management

- Identified impact on local public sector services or critical national infrastructure due to high proportion of staff quarantining
- Cases or contacts who are unable to comply with restrictions
- Likely media or political concerns/interest
- Increase in disease frequency or severity that may require further investigation locally
- The outbreak has been ongoing despite usual control measures
- There has been a death
- There are a large number of vulnerable people involved
- There are a high number of cases

Cases related to healthcare settings and healthcare workers will be referred to the Derbyshire Clinical Commissioning Group.

Figure 1; Outbreak Response:



4.2 Activation

If a case involves any of the above criteria the Local Authority will be notified via ASCH.TestandTrace@derbyshire.gov.uk (Derbyshire County Public Health). Where an urgent out of hour's response is required the Local Authority will be notified on the same day the notification is received by Public Health England. Where an urgent out of hours notifications is required, this will utilise the usual LRF out of hours processes.

4.3 Initial risk assessment

Initial risk assessment will be undertaken by Public Health England. Following notification of an incident to the Director of Public Health / Public Health team a joint decision will be made regarding the level of management required for the incident as set out in Figure 1.

The decision to establish an Outbreak Control Team (OCT) or meeting must be taken based on an assessment of the inherent risks by the Consultant in Communicable Disease Control and relevant Director of Public Health. An Outbreak Control Team or meeting would be considered in cases requiring complex management as outlined in Figure 1.

When a decision has been made not to hold an Outbreak Control Team, this decision will be kept under review. On completion of public health actions around an incident or outbreak, when 14 days have elapsed with no further cases or on the advice of Public Health England the date the incident was closed will be recorded. This will be recorded by the Local Authority Test and Trace team to inform the weekly sit rep to the Joint COVID-19 Health Protection Board as outlined in the standard agenda (Appendix 11)

4.4 Escalation

Governance of COVID-19 local response will be overseen by the Joint County and City COVID-19 Health Protection Board, and by individual County and City Local Engagement Boards. Within the County a newly established Board consisting of County and Borough and District Elected Leads. Terms of reference can be found in Appendix 10. Further information on governance arrangements is in Section 11.

A weekly sit rep will be reviewed at the COVID-19 Health Protection Board, this will include; summary of incident and outbreaks, public health measures, emerging themes, community transmission rates, and risks (see Appendix 11).

A summary report will be provided to the County and City Local Engagement Boards on a weekly basis and shared with the LRF Tactical Coordination Group and JUCD.

Where risks are identified for escalation the report will recommend the holding of the relevant Elected Member Board within a specified time period. Issues which require tactical support from the LRF will be escalated to the LRF Tactical Coordination Group.

Escalation processes will take into consideration individual organisations arrangements for the escalation or risk, for example where the outbreak or incident has implication for service demand, resource or disruption.

5. Co-ordination

5.1 Routine incident management

In cases which do not require an outbreak control team or meeting i.e. routine incident or outbreak management and cases which do not meet the complex case management definition as outlined in 4.1. The lead for the investigation and assessment of the outbreak or incident will be Public Health England in the majority of scenario's. Cases will be managed following national guidance and Public Health England standard procedures and guidelines.

The Local Authority will work in partnership with Public Health England to provide oversight in order to seek assurance, provide additional support, coordinate the deployment of resources as required, and ensure appropriate local communications. This will be lead through the LA Test and Trace Team. Routine incidents will be notified to the relevant Local Authority as outlined in Figure 1, on the same day of notification. Notification will include details of the incident, public health measures put in place, any support required as outlined in Appendix 13. Where communications support is required on a targeted or population level, the communications plan will be followed.

5.2 Outbreak Control Teams / Meetings

The principal mechanism for effectively coordinating the multi-agency response to a communicable disease incident or outbreak is the establishment of an Outbreak Control Team. Given the scale of COVID-19 response, formal Outbreak Control Teams may not be feasible or appropriate. Outbreak Control Teams where initiated will be held as formal Outbreak Control Teams, or as individual meetings to support the understanding and coordination of an incident or outbreak. The need for such coordination will be determined by Public Health England and the Director of Public Health, as outlined in 4.3 following local risk assessment.

During this plan the term Outbreak Control Team will be used as a generic term to include the formal meeting of PHE and Local Authority Public Health teams to coordinate incidents or outbreaks. Outbreak Control Teams operate at a tactical level, coordinating the operational efforts of each partner organisation.

The purpose of the Outbreak Control Team is to agree and coordinate the activities of the agencies involved, to manage the investigation and control of the outbreak. This includes assessing the risk to the public's health, identifying and implementing control measures and seeking legal advice as required.

Suggested terms of reference for an Outbreak Control Team are appended to this document (see Appendix 2; Terms of Reference for Outbreak Control Team), but these should be reviewed at the first meeting to ensure the aims and objectives are appropriate to the circumstances. Where an informal arrangement is agreed for the Outbreak Control Teams or meetings the terms of reference and agenda will be utilised as a structure for further discussion.

The Outbreak Control Team or outbreak meeting will be chaired by Public Health England (Consultant in Health Protection, Consultant in Health Protection or a Health Protection Specialist) unless otherwise agreed by members. Local Authority Directors of Public Health or their nominated lead may wish to chair meetings where there are wider implications for local public health or a major contribution from the Local Authority is required.

The membership of the Outbreak Control Team (OCT) or outbreak meeting will depend largely on the situation, including the population at risk, the magnitude of the event, the specialist expertise that may be required, and the assessed level of risk to public health.

Appendix 3 provides a matrix of suggested partner agencies and professional roles for a range of outbreak and incident scenarios.

5.3 Strategic Management

Where incidents are defined as requiring “complex case management” as outlined in section 4.1 details will be shared with the appropriate Local Authority on the same day notification is received with Public Health England. In order to ensure elected member oversight, members of the appropriate Local Engagement Board will be provided with a briefing within 24 hours. The Local Resilience Forum Tactical Coordination Group will also be informed, where incidents have the potential for implications for wider system partners or there are specific requests for surge capacity.

5.4 Arrangements for cross-border incidents or outbreaks

In the event that an outbreak or incident involving more than one Local Authority administrative boundary, Public Health England will take the lead role, with representation from each of the affected Local Authorities as required. In order to facilitate planning and response across Local Authority areas Directors of Public Health will ensure local representation at PHE Operational liaison group and regional analyst cell meetings.

6 Dynamic risk assessment

6.1 Gathering information

Risk assessment underpins decision making during incidents and emergencies. Effective risk assessment relies on timely and accurate information being made available. In routine outbreaks and incidents initial risk assessment will be undertaken by Public Health England, with additional support provided by the Test and Trace Team and wider Environmental Health Support. Standard operating procedures within Public Health England will be utilised. Incidents may require continued case management, where there is an evolving situation. In such instances information may be more complex or uncertainty regarding information may be high. It is essential to utilise information from a range of organisations and professionals. The Local Authority Test and Trace team will provide or coordinate engagement from multiple partners, utilising the COVID-19 Outbreak Plan and associated Communications Plan. In cases requiring complex case management an outbreak control team or meeting may be considered to facilitate the sharing and gathering of information.

Essential information for undertaking a risk assessment will include:

- Background information relating to the outbreak;
- A timeline of events;
- Current clinical information about the case(s);
- Epidemiological information about the disease or infection;
- Microbiological information about the known/probable infectious agent;
- Clinical or public health guidelines for treatment and prevention;
- The political, economic, social, technical, environmental, legal and industrial context.

6.2 Dynamic risk assessment model

The use of a single common risk assessment model can make risk evaluation more consistent and objective. In standard outbreaks or incidents risk will be assessed using the appropriate PHE standard operating procedure checklist.

In the case of complex case management, dynamic risk assessment is required due to changing information or intelligence –often by different professional colleagues. The risk assessment model to be used examines Severity, Spread, Uncertainty, Control measures and Context. The Risk Assessment Model to be used can be found in Appendix 8. As outlined above this process will utilise the Test and Trace Team within Local Authorities and wider partners working in partnership with PHE.

7 Investigation

7.1 Confirmation of diagnoses

Cases can be diagnosed clinically and/or identified/confirmed through laboratory investigations. In relation to COVID-19 cases will be identified using the case definitions below. Test and Trace processes utilise confirmed case definitions only.

7.2 Case definitions

In an outbreak investigation, a **case definition** provides the inclusion criteria for cases in subsequent epidemiological studies.

Confirmed case: laboratory positive case of COVID-19 with or without symptoms

Suspected case: new continuous cough or high temperature or a loss of, or change in, normal sense of taste or smell (anosmia)

Contact definitions

A 'contact' is a person who has been close to someone who has tested positive for COVID-19 whilst they were infectious (see 'Infectious Period' below). The following criteria should be used when defining a contact of a case:

i. Direct close contacts: Direct face to face to face contact with a case for any length of time, including being coughed on or talked to. This will also include exposure within 1 metre for 1 minute or longer

ii. Proximity contacts: Extended close contact (within 1-2m for more than 15 minutes) with a case

iii. Travelled in a small vehicle with a case

None residential setting

Cluster definition

Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days

Outbreak definition

Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days

AND ONE OF:

Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case

OR

(when there is no sustained community transmission or equivalent JBC risk level) - absence of alternative source of infection outside the setting for initially identified cases.

Residential setting

Outbreak definition

Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVDI-19 among individuals associated with a specific setting with onset dates within 14 days

NB. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.

7.3 Case finding

Case finding is the process of identifying people that meet the case definition within the population at risk.

Initial cases may be identified through a number of routes, including the NHS Test and Trace Service, through directly reporting to Public Health England regional Health Protection Team, or via other local intelligence shared with Local Authority Test and Trace teams. Cases not reported to PHE will be advised to report to PHE ideally via telephone to the Incident Control Centre on 0344 225 4524 or ICC.Eastmidlands@phe.gov.uk

Cases identified through NHS Test and Trace Service as meeting the complex case or one involving a high-risk location, will be referred to Public Health England's regional teams and the Derbyshire County Public Health team. Initial risk assessment and case contact will be undertaken by Public Health England.

7.4 Contact tracing

The NHS test and trace service aims to ensure that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested and ensure the identification of asymptomatic cases within the NHS and social care workforce. The contacts of anyone who has tested positive can then be advised to self-isolate in order to reduce the onward spread of the virus. The process of contact tracing will allow the identification and monitoring of COVID-19 both locally and nationally.

Contact tracing will be undertaken by NHS Test and Trace and then referred to Public Health England for further management. Where risk assessment identifies the need for additional resource to undertake enhanced surveillance or dynamic risk assessment, this will be requested from the Local Authority using the contact methods outlined, and will utilise the resource within the Test and Trace Team, LA Environmental Health and wider partners as appropriate.

Surge capacity

Initial contact tracing will be undertaken by the NHS test and trace service, and referred to Public Health England where cases are identified as meeting the criteria for complex cases or requiring complex case management.

Where further specialist surge capacity is required to undertake enhanced surveillance, dynamic risk assessment or specialist advice, this will utilise Public Health Commissioned Services – e.g. integrated sexual health services and 0-19 services.

Where demand for contact tracing exceeds capacity within Public Health England, this will be escalated to Local Authority Public Health teams. Local Authority Public Health and stakeholders under the direction of Local Authority Public Health will provide contact tracing capacity in conjunction with Public Health England, utilising existing skilled workforce within the department, dependant on the nature of support required. Contact tracing undertaken will follow the Standard Operating Procedures of Public Health England in all circumstances.

7.5 Screening and Testing

Screening is the systematic process of testing otherwise healthy individuals for early signs of disease (thus facilitating secondary prevention) or the presence of risk factors which may lead to the disease (allowing primary prevention).

Testing is the process of offering a diagnostic test to either symptomatic or asymptomatic individuals to identify the presence of infection. Rapid testing is an essential component of test and trace to enable early identification.

Testing of asymptomatic high-risk contacts may be advised in some circumstances. This may involve referring individuals to local testing sites and the potential scaling up of capacity, or in some circumstances the undertaking of on-site testing to be offered within the community. In these circumstances existing local process for testing will utilised, using existing testing sites, mobile testing units and where necessary community testing teams. The decision to increase testing would be referred to the LRF Testing Cell via the LRF Tactical Group. Appendix 16 provides further detail of current local testing capacity and testing options, including the use of mobile testing units. Where cases occur within a care setting, these will be shared with the whole care home testing service to support the prioritisation of whole home testing.

In order to ensure access to rapid testing which meets the needs of the population, data on community transmission rates and outbreak trends will be shared with the LRF Testing Cell to inform decisions around testing capacity and site location.

7.6 Enhanced surveillance

Enhanced surveillance is any system which is put in place to gather additional information about cases and contacts not routinely submitted as part of the formal statutory notification process. Enhanced surveillance systems may include the development of surveys, trawling questionnaires designed to find cases meeting the agreed definition for the outbreak or assessment of settings. Where enhanced surveillance is deemed to be required, Public Health England will work in collaboration with the LA Test and Trace teams and or local Environmental Health or IPC coordinated by the Local Authority.

7.7. Descriptive Epidemiology

Descriptive Epidemiology includes: number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; severity; hypothesis generated

Basic descriptive epidemiology is essential and should be reviewed at each OCT meeting. Sometimes descriptive epidemiology might be sufficient to take action. The following are the types of information that should be gathered:

- Review initial information and establish the number of probable and confirmed cases based on the agreed case definition
- Describe the outbreak in terms of person (e.g. age, sex, ethnicity or other relevant factors), time (preferably onset date) and place (geographical distribution of cases)
- Conduct in-depth interviews with initial cases to establish any common factors such as places visited or foods consumed
- Form preliminary hypotheses based on descriptive epidemiology and interviews with cases

Standard Operating procedures will be utilised to assist the process of establishing descriptive epidemiology, undertaken by Public Health England. Where required the support will be provided by Local Authority teams working in collaboration with Public Health England.

8 Public health control measures

8.1 Interventions

Interventions which may be considered in response to a COVID-19 outbreak or incident including:

- Public information;
- Enhanced hygiene;
- Restriction of movement;
- Restriction of access;
- Decontamination;

Enacting of control measures may require multi-stakeholder support. The mobilising of such controls will be coordinated by Local Authority Test and Trace Team. Measures such as restriction of movement including restriction of movement or restriction of access e.g. closure of settings, will require local elected member approval and would be escalated to the respective Local Engagement Board.

8.2 Public information

The provision of advice and information to the public is a core function of COVID-19 Outbreak Management. The Derbyshire County COVID-19 Communications Plan outlines a range of proactive and reactive public information mechanisms, utilising appropriate communication channels, in order to support and prevent the management of COVID-19 outbreaks. The plan pays particular reference to communication to vulnerable groups within the community.

8.3 Enhanced hygiene / cleaning

Enhanced hygiene, is a key element of COVID-19 prevention. Mechanisms for the continued promotion of hand hygiene messaging is a key element of the associated communications plan. In the case of outbreaks or incidents, direct communications may also be required with cases and their contacts in order to reduce spread, this would include catch it bin it kill it, cough hygiene and hand hygiene messaging. Infection control support from either the Test and Trace team or Community IPC will also support settings to assess and implement enhanced hygiene measures.

Enhanced cleaning, can support the reduction of COVID-19 within the environment, particularly with respect to high touch points. Guidance is available nationally to support advice around cleaning for none health care settings and schools. Where settings required additional assessment, advice and support this will utilise the Test and Trace team, Environmental Health or Community IPC team, dependant on the setting.

The Health Protection (Local Authority Powers) Regulations 2010 allow Local Authorities to make arrangements to disinfect items or premises upon the request made by the owner or custodian. A Part 2A order may be required where decontamination is required but consent is not forthcoming.

8.4 Restriction of movement

Restriction of an individual's movements for the prevention of transmission of COVID-19 has been used in the form of individual and household isolation and England wide lockdowns.

Test and trace uses the isolation of positive COVID-19 cases and identified contacts to reduce the transmission of COVID-19. This is largely reliant on public reporting of symptoms and engagement in the test and trace process. The associated communications plans, addresses mechanisms to engage the local population in the merits of isolation as a measure to reduce disease spread.

In exceptional circumstances where there is a risk to the population and an individual refuses to comply with isolation, the Coronavirus Act 2020 may be utilised. The measures under Schedule 21 of the Coronavirus Act 2020 provide for the detention, isolation and the screening of potentially infectious persons also allowing for the imposition of restrictions and requirements to such persons. The provisions under Paragraph 6 confer powers on public health officers to require persons to go to suitable place to undergo screening and assessment where they reasonably suspect the person has or may have coronavirus, or has been in an infected area within the 14 days preceding that time. Additional information can be found at: http://www.legislation.gov.uk/ukpga/2020/7/schedule/21/enacted

The Coronavirus Act 2020 ("the Act") provides Public Health Officers (PHO) with powers to control the spread of COVID-19 in the UK. Public Health England (PHE) has designated PHOs that are supporting LRFs and other local partners with advice and assessments on exercising these powers. For the East Midlands, we have 3 designated PHO's that are available in hours. The PHO will require named individuals to exercise the powers as outlined in Appendix 7; Coronavirus Act 2020 Working Group. The group includes a CCDC (Consultant of Communicable Disease Control), Local Resilience Forums colleagues and other local partners (NHS, local authority, Police, care homes, hostel providers) working to PHE guidance on advice and assessments on exercising powers to control the spread of COVID-19 in the UK.

The group will help with identification of situations, people and processes to support the Public Health Officers (PHO) in enacting this act. PHE have created a process on an action card that details the powers available to the PHO and how situations should be escalated to them (see Appendix 7).

Population level restriction of movement

In the event of local rises in infection and transmission rates despite previous actions, measures which restrict or advice around limitation of movement on a population level may be considered. In these circumstances the evidence would be reviewed as part of the COVID-19 Health Protection Board and escalated to the respective Local Engagement Board. Consideration to implement restriction of advice around the limitation of movement must consider the wider impact, see 8.8 Ethical issues. Decisions to utilise such measures would require sign off by the Local Engagement Board and utilise local arrangements for activation of the Coronavirus Act, via the Coronavirus Working Group (see Appendix 7). Any restriction of movement will be escalated to Local Resilience Forum Strategic Coordination Group. This may also take the form of advice to reduce movement or reduce population level contact.

8.5 Restriction of access

In contrast to the restriction of the movements of individuals, restrictions can also be placed on the **access** to certain premises or things under the health protection regulations, specifically:

- Requirements to keep infectious children away from school;
- Requests for cooperation for health protection purposes where employees are asked to refrain from attending work (in the case of food handlers etc.);
- Part 2A orders which can be made in relation to premises or things to prevent or limit access and therefore exposure to health hazards.
- Closure of premises to ensure the implementation of measures under the Health and Safety at work

The following measures would be discussed in partnership with Public Health England, and the appropriate enforcing body. Restriction of access may also include measures to reduce footfall to premises such as closure of visitors to care settings.

8.6 Vaccination

At present there is no effective vaccination against COVID-19.

8.7 Prophylaxis

At present there is no available evidenced prophylaxis treatment for COVID 19.

8.8 Ethical issues

The vast majority of cases where the behaviour of a person, or group of people, is putting the health of others at risk can be effectively dealt with through advice and support to the person concerned or, where necessary, to those people who are responsible for that person's conduct or care. Most people will comply without the need for compulsion. Only when advice and support fail to alter the behaviour that puts the health of others at risk should legal health protection measures be considered.

Powers which impose restrictions or requirements must be used in a way that is proportionate to the risk to human health posed by a health threat in particular circumstances. They should only be used once a critical assessment of the available options to achieve the health protection outcome has concluded that other options can be discounted. This may be because voluntary cooperation is not forthcoming or has failed, because other options are not practical, or because there are good reasons to believe that they will not work. In effect, these health protection powers should be the lowest level necessary to achieve the required health protection benefit.

The Nuffield Council[1] ladder of interventions provides a good ethical framework for considering appropriate and proportionate responses. It is summarised with health protection examples in the following table.

Option	Description	Example interventions
Eliminate choice	Regulate in such a way as to entirely eliminate choice.	Compulsory isolation of patients; quarantine of contacts; curfews.
Restrict choice	Regulate in such a way as to restrict the options available for people with the aim of protecting them.	Removal of food product lines from the market; restrict travel without necessary vaccinations; restrict access to locations; cancel events.
Guide choice through disincentives	Fiscal or other disincentives can be put in place to influence people not to pursue certain	Penalties and prosecutions for breaches of environmental health and safety.
Guide choice through incentives	Regulations can be offered that guide choices by fiscal and other incentives.	Offer incentives to support attendance at mass screening of exposed contacts.

[1] The Nuffield Council on Bioethics is an independent body that examines and reports on ethical issues in biology and medicine. The Council has achieved an international reputation for advising policy makers and stimulating debate in bioethics

Guide choices through changing the default policy	For example, providing chips as a standard side dish with healthier	Opt-out policy for routine scheduled vaccinations or consent for mass screening of exposed contacts.
Enable choice	Enable individuals to change their behaviours.	Compensation; access to post-exposure prophylaxis; catch up vaccination clinics; provision of Personal
Provide informatio n	Inform or educate the public.	Mass media campaigns; social marketing; helplines; public health advice; brief
Do nothing or simply monitor the	Conservative approach.	Enhanced or routine surveillance.

Adapted from the Nuffield intervention ladder (Nuffield Council on Bioethics, 2007).

9 Communications

9.1 Lead role

The Derbyshire County Council communications teams will undertake the lead role for communications when responding to COVID-19 outbreaks or incidents locally. This will be done in association with Public Health England communications recognising their specific expertise and to ensure consistency of messaging across the region.

The communications lead role will work with partner organisations and other agencies to coordinate consistent messaging. A separate communications plan provides further detail to the implementation of proactive and reactive messaging.

Where an Outbreak Control meeting is convened the communications lead and coordination of all press and media issues raised in relation to the incident or outbreak will be agreed at the meeting.

Key responsibilities in responding to a communicable disease incident or outbreak include:

- Agreeing initial reactive statements
- Briefing the Outbreak Control Team on levels of media interest, in terms of both traditional channels and social media;
- Advising the Outbreak Control Team on issues relating to public information, especially in the communication of risk;
- Leading the development of a media strategy if required;
- Developing and agreeing proactive media briefs/press releases as requested by the Outbreak Control Team;
- Helping to prepare and brief nominated spokespersons in advance of interviews and press conferences;
- Ensuring comprehensive, accurate and timely communications with internal and external stakeholders and advising on the most effective media channels and messages;
- Liaising with communication leads from other organisations (e.g. NHS England and NHS Improvement and Local Authorities);
- Monitoring of social media outlets.
- Ensure the appropriate of messaging taking into account the needs of the local population.

In some scenarios, it may be more appropriate for other agencies to undertake a lead role and this should be determined when agreeing the Terms of Reference for the Outbreak Control Team at the first meeting and then reviewed as required. Spokespersons should be identified as appropriate to the nature of the incident, the degree of salience required for the message and the relevance to the target audience. This could be someone from the lead organisation or other agency, but they should be briefed by the communications lead to jointly agreed lines.

9.2 Communication with cases/patients

Direct communication with cases/patients during the incident will be undertaken by Public Health England in the first instance with support and surge capacity being offered by Environmental Health teams, or wider stakeholder support as appropriate under the direction of the Director of Public Health.

A record of all case/patient level communications will be recorded within Public Health England and should follow standard operating procedures. Records relating to cases/patients will be managed in line with the PHE and relevant organisational guideline on maintaining security of patient information and the retention and disposal of patient data.

Data protection impact assessments will underpin data storage, sharing and handling. See Appendix 9 for general principles.

9.3 Communication with contacts

Contacts of cases/patients will be contacted by Public Health England in the first instance with support and surge capacity being offered by Environmental Health teams, or wider stakeholder support as appropriate under the direction of the Director of Public Health. Communications with contacts will follow standard operating procedures. Data protection impact assessments will underpin data storage, sharing and handling. See Appendix 9 for general principles.

9.4 Communication with the general public/working with the press and media

Communication with the public and local press and media is outlined in more detail in the associated COVID-19 communications plan.

9.5 Communicating with other stakeholders

Key stakeholders not attending the Outbreak Control Team may have an interest in the situation and require confidential briefing (e.g. PHE Deputy, Centre and Regional Directors, elected members). Where an outbreak control team is convened communications to stakeholder organisations should be agreed as part of the meeting. Communications routes and appropriate stakeholders are provided in more detail in the associated COVID-19 communications plan.

10 Standing down / assurance

10.1 Finalising the response

In the case of incidents and outbreaks requiring standard case management, cases will be closed following completion of actions and a period of 14 days with no further cases identified.

Where an Outbreak Control Team or meeting was held, for example in the management of complex cases, the decision to finalise the response and stand down special management arrangements will be based on the same dynamic risk assessment as the activation and escalation of the arrangements. In such instances the decision to stand down the response will be communicated with all partners and stakeholders involved in the incidence, including the rationale for the decision and any triggers for reactivating the response. This may include the provision of information to the public as appropriate.

10.2 Documentation

Where Outbreak Control Teams or meetings have been undertaken all relevant information pertaining to the response will collated in a consistent and intuitive way. This will include:

- Agreed Terms of Reference for the Outbreak Control Team;
- Agenda and minutes from the Outbreak Control Team meetings;
- Risk register (where used - showing no unmet risks);
- Action plans (showing no outstanding actions);
- Investigation protocols;
- Media strategy;
- Proactive briefings and reactive lines agreed;
- Letters and correspondence sent out to cases/contacts/clinicians/others;
- Individual and summary results of epidemiological/microbiological/ environmental investigations; and
- Copies of Part 2A Orders (if made) and their respective applications.

In the case of cases requiring routine case management this will be stored in accordance with PHE usual practices.

10.3 Debriefing and lessons learnt

Lessons learnt following incidents and outbreaks should be collated and discussed as part of the COVID-19 Health Protection Board. In the case of complex cases a formal debrief may be undertaken. This should be should be clearly agreed collectively by the OCT. Lessons identified throughout the response will be reported to the COVID-19 Health Protection Board and shared with the LRF.

Structured/constructured/constructive debriefing may be facilitated by Public Health England or through processes established as part of the Local Resilience Forum. LHRPs will maintain oversight of lessons learnt from health protection response incident and post incident debrief reports and subsequent lesson management and progress will be reviewed by LHRPs, as per usual processes.

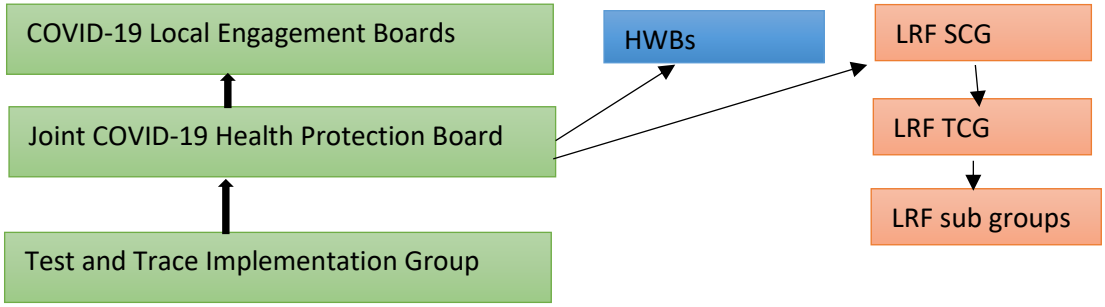
11. Governance

Governance for the outbreak management plan will sit with Local Public Health Authorities and District and Boroughs. These governance arrangements include;

1) COVID-19 Health Protection Board- Provide oversight of the outbreak management plan and communications plan, seek assurance of the response to outbreak and incidents and provide specialist advice and

2) Local Outbreak Engagement Board- Provide political ownership and public-facing engagement and communication for outbreak response.

Figure 3; Derbyshire Test and Trace Governance Structure



COVID-19 Local Engagement Board

Local Outbreak Engagement Boards within the County and City will act as a decision making board in the event of increasing cases and outbreaks of COVID-19. Due to the role of the Boards in ensuring rapid decision making these will be managed as separate County and City Boards. Decision making will need to be rapid in many instances and will have a key role in communication and engagement with communities.

Derbyshire County - Within Derbyshire County the Local Engagement Board will take the form of a new Board consisting of political representation from both District and Borough and County Council. The Board will have the following core membership:

- Leader of the Council
- Lead of each Borough and District Council
- Cabinet Member for Health
- Cabinet Member for Children and Young People
- Cabinet Member for Adults
- Chief Executive of the Council
- Director of Public Health
- Chief Officer, Derby and Derbyshire CCG
- Communications lead

Wider membership will be co-opted depending upon the nature and complexity of the incident or outbreak including Police, Environmental Health, Legal, and NHS provider officers, or wider elected member representation.

Joint COVID-19 Health Protection Board

The COVID-19 Health Protection Board will seek to protect the health of the population of Derbyshire County and City by;

- Providing oversight of the outbreak management plan and communications plan
- Seek assurance of the response to outbreak and incidents
- Ensure oversight of data sources to support early identification and proactive management
- Ensure effective communication with stakeholders and the public
- Ensure effective links to wider system response including Local Resilience Forum and Sustainable Transformation Partnership
- Provide the specialist analysis of the local situation and local expert advice.
- Identify and escalate risk to Health and Wellbeing Board

The Board will formally report to the Local Engagement Boards of both County and City.

The Board will report into the LRF structure. Where required the Board will work closely with the LRF to support the delivery of the outbreak plan with regards elements including but not limited to; joint communications, mobilisation of testing, escalation of specific issues that lie within a partners specific remit.

The Board is an extension of the statutory Health Protection Board and will therefore report into both the County and City Health and Wellbeing Boards.

The Board will link strategically as required into wider system groups including, Joined Up Care Derbyshire (Sustainability and Transformation Partnership). Terms of reference for the COVID-19 Health Protection Board can be found in Appendix 10.

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Appendix 1 Legislative framework

Legislation and Regulations related to the roles and responsibilities involved in the management of a communicable disease outbreak or incident are:

Public Health Authorities legislative framework

Under the Health and Social Care Act 2012 the Secretary of State has a duty to protect the health of the population and carry out activities as described in the Health Protection Agency Act (2003). In practice these functions are primarily carried out by Public Health England and include:

- The protection of the community against infectious disease and other dangers to health
- The prevention of the spread of infectious disease
- The provision of assistance to any other person who exercises functions in relation to above.

Under the Health and Social Care Act 2012, DPH in a UTLA has a duty to prepare for and lead the LA public health response to incidents that present a threat to the public's health. Under mutual aid arrangements to be defined, this collaborative arrangement creates a shared responsibility between the LAs and the HPT in dealing with COVID-19 outbreaks. In practice the LAs and the HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

The majority of statutory responsibilities, duties and powers significant in the handling and investigation of an outbreak lie with the Local Authority.

Directors of Public Health (DsPH) are employed by local authorities and responsible for the exercise of local authorities' public health functions. DsPH also have a broader assurance role, designed to assure the responsible local authority and health and social care system via local Health and Wellbeing Boards that appropriate arrangements are in place across the whole range of health protection functions.

Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 Public Health Authorities have a statutory duty to carry out certain aspects of the Secretary of State's duty to take steps to protect the health of the people of England from hazards, and to prevent as far as possible those threats emerging in the first place. In particular, regulation 8 requires that they promote the preparation of health protection arrangements by "relevant bodies" and "responsible persons", as defined in the regulations.

Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.

NHS legislative framework

Under section 252A of the NHS Act 2006, NHS England and NHS Improvement is responsible for (a) ensuring that clinical commissioning groups and providers of NHS funded services are prepared for emergencies, (b) monitoring their compliance with their duties in relation to emergency preparedness and (c) facilitating coordinated responses to such emergencies by clinical commissioning groups and providers.

Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.

Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.

The Health and Social Care Act 2012 also amends section 253 of the NHS Act 2006 (see section 47 of the 2012 Act), so as to extend the Secretary of State's powers of direction in an emergency to cover an NHS body other than a local health board (this will include NHS England and NHS Improvement and clinical commissioning groups); the National Institute for health and Clinical Excellence; the Health and Social Care Information Centre; anybody or person, and any provider of NHS or public health services under the Act.

General Powers in relation to Disease Control

The basic local authority duties and powers in the control of disease are set out in the Public Health (Control of Disease) Act 1984 as amended and Regulations made under it in 2010.

The Regulations are the following (each made under section 45C of the Act)

- Health Protection (Local Authority Powers) Regulations 2010
- Health Protection (Part 2A Orders) Regulations 2010
- Health Protection (Notification) Regulations 2010

These Regulations set out the role of local authorities within the disease control system and in particular the Local Authority Powers Regulations set out the specific powers given to local authorities.

The 1984 Act defines a local authority in a two tier area as being the District Council (s1(1)(a) and (b)). Although the term "local authority" is not defined within the Regulations, by virtue of section 11 of the Interpretation Act 1978 the term when used in the Regulations will have the same meaning given to it in the Act. All these powers are therefore District Council powers.

Powers exercisable directly

The following powers under the Health Protection (Local Authority Powers) Regulations 2010 are exercisable directly by the District Council or Unitary Authority without a court order.

(a) Regulation 2 – power to require a parent to keep their child away from a school

(b) Regulation 3 – power to require that a headteacher provides it with a list of the names, addresses and contact telephone numbers for all the pupils of that school, or such group of pupils attending that school as the Council may specify
(c) Regulation 4 – power to disinfect or decontaminate, or cause to be disinfected or decontaminated, a thing where requested to do so by the owner.
(d) Regulation 5 – power to disinfect or decontaminate, or cause to be disinfected or decontaminated, a thing where requested to do so by a person with custody or control of it
(e) Regulation 6 – power to disinfect or decontaminate, or cause to be disinfected or decontaminated, premises where requested to do so by the owner
(f) Regulation 7 – power to disinfect or decontaminate, or cause to be disinfected or decontaminated, premises where requested to do so by the tenant.
(g) Regulation 8 - request that the person or group of persons do, or refrain from doing, anything for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to human health.
(h) Regulation 9 – power to serve a notice prohibiting any person from having contact with a dead body
(i) Regulation 10 – power to serve a notice prohibiting any person from entering a room in which a dead body is located.
(j) Regulation 11 – power to relocate, or cause to be relocated, a dead body to a place where the Council considers that the risk of the dead body infecting or contaminating people is reduced or removed.

Powers exercisable through the court

Under Part 2A of the 1984 Act and the Health Protection (Part 2A Orders) Regulations 2010 a Justice of the Peace on application by a District Council or Unitary Authority can make a number of orders in relation to a person (P) as follows:-

(a) that P submit to medical examination;

(b) that P be removed to a hospital or other suitable establishment;

(c) that P be detained in a hospital or other suitable establishment;

(d) that P be kept in isolation or quarantine;

(e) that P be disinfected or decontaminated;

(f) that P wear protective clothing;

(g) that P provide information or answer questions about P's health or other circumstances;

(h) that P's health be monitored and the results reported;

(i) that P attend training or advice sessions on how to reduce the risk of infecting or contaminating others;

(j) that P be subject to restrictions on where P goes or with whom P has contact;

(k) that P abstain from working or trading;

(l) that P provide information or answer questions about P's health or other circumstances (including, in particular, information or questions about the identity

of a related party).

An order under the above paragraph may also order a person with parental responsibility for P to secure that P submits to or complies with the restrictions or requirements imposed by the order.

A Justice of the Peace may also on application by a District Council or Unitary Authority can make a number of orders in relation to things as follows:-

(a) that the thing be seized or retained;

(b) that the thing be kept in isolation or quarantine;

(c) that the thing be disinfected or decontaminated;

(d) in the case of a dead body, that the body be buried or cremated;

(e) in any other case, that the thing be destroyed or disposed of;

(f) the owner of the thing, or any person who has or has had custody or control of the thing, provides information or answers questions about the thing (including, in particular, information or questions about where the thing has been or about the identity of any related person or the whereabouts of any related thing).

A Justice of the Peace may also on application by a District Council or a Unitary Authority can make a number of orders in relation to premises as follows:-

(a) that the premises be closed;

(b) that, in the case of a conveyance or movable structure, the conveyance or structure be detained;

(c) that the premises be disinfected or decontaminated;

(d) that, in the case of a building, conveyance or structure, the premises be destroyed;

(e) that the owner or any occupier of the premises provides information or answers questions about the premises (including, in particular, information about the identity of any related person or the whereabouts of any related thing).

The powers in paragraphs 13 to 17 include power to make an order in relation to a group of persons, things or premises.

A Part 2A order may include, in addition to the above restrictions or requirements, such other restrictions or requirements as the justice considers necessary for the purpose of reducing or removing the risk in question.

In order for the Justice of the Peace to make an order they must be satisfied of a number of matters including that there is infection or contamination, that it presents or could present significant harm to human health, that there is a risk of onward

contamination or infection and that it is necessary to make the order to remove or reduce that risk.

Specific Coronavirus Powers

In addition to the above general Disease Control powers a number of powers have been created specifically by the Coronavirus Act and Coronavirus Regulations. This includes enforcement powers for local government under the Health Protection (Coronavirus, Restrictions) Regulations 2020 in relation to the carrying out of certain specified businesses. District and Borough Councils and Unitary Authorities also have powers to enforce certain provisions of the Health and Safety at Work etc Act 1974 which may extend to issues such as social distancing in workplaces.

Educational institutions and child care premises;

Schedule 16 to the Coronavirus Act 2020 gives powers to the Secretary of State to direct the temporary closure of schools and other educational institutions and child care premises. However, the Secretary of State may also authorise the County Council to exercise any of the Secretary of State's functions in relation to one or more of the following—

(a) a registered childcare provider in the local authority's area;

(b) a school in its area;

(c) a 16 to 19 Academy in its area.

A school includes an Academy (including an alternative provision Academy.

Potentially Infectious Persons

Schedule 21 contains a number of complex powers that can be exercised in relation to potentially infected persons. A person is potentially infected at any time if (a) the person is or may be infected or contaminated with coronavirus and there is a risk that the person might infect or contaminate others with coronavirus, or (b) the person has been in an infected area within the 14 days preceding that time.

The powers are split into 3 groups

The first group is powers to direct or remove persons to a place suitable for screening and assessment. This includes power to

(a) direct the person to go immediately to a place specified in the direction which is suitable for screening and assessment,
(b) remove the person to a place suitable for screening and assessment, or

(c) request a constable to remove the person to a place suitable for screening and assessment (and the constable may then do so).

The second group is powers exercisable at a screening and assessment place. This includes powers to:-

(a) require the person to remain at the place for screening and assessment purposes for a period not exceeding 48 hours;

(b) require the person to be screened and assessed;

(c) require a biological sample or to allow a healthcare professional to take a biological sample by appropriate means; or

(d) require a person to answer questions and provide information about their health or other relevant matters (including their travel history and other individuals with whom they may have had contact).

The third group is powers exercisable after assessment. This includes powers to require a person:-

(a) to provide information;
(b) to provide details by which the person may be contacted during a specified period;
(c) to go for the purposes of further screening and assessment to a specified place suitable for those purposes
(d) to remain at a specified place (which may be a place suitable for screening and assessment) for a specified period;
(e) to remain at a specified place in isolation from others for a specified period.

It also includes powers to impose restrictions, for a specified period, on:-

(a) the person's movements or travel (within or outside the United Kingdom);
(c) the person's activities (including their work or business activities);
(b) the person's contact with other persons or with other specified persons.

The powers under the Act are conferred on Public Health Officers constables and immigration officers. For these purposes a Public Health Officer is either (i) an officer of the Secretary of State designated by the Secretary of State for any or all of the purposes of this Schedule, or (ii) a registered public health consultant so designated.

Therefore before an officer of any Council could exercise any of the powers under the Act they would have to be a registered public health consultant and be designated by the Secretary of State for any or all of the purposes of the Act. Although the County Council employs public health consultants none of them have to date been designated by the Secretary of State for the purposes of the Act. At the current time therefore these provisions are only enforceable by national or regional Public Health England consultants.

Please refer to the following tool https://test2.cieh.org/media/1998/health-protection-regulations-2010-toolkit.pdf. The use of regulatory powers should be in line with the ethical framework outlined in the main body of the plan document.

Appendix 2; Terms of Reference for Incident/Outbreak Control Team

Aim

The overarching aim of the Incident/Outbreak Control Team is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection.

Objectives

- To secure appropriate membership of the Incident/Outbreak Control Team and agree the role of chair;
- To review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring;
- To regularly conduct a full dynamic risk assessment whilst the outbreak is ongoing;
- To develop a strategy to deal with the outbreak and allocate responsibilities to members of the Incident/Outbreak Control Team based on the risk assessment;
- To inform the determination of the level of outbreak according to the relevant incident response plans;
- To agree appropriate further epidemiological, microbiological and environmental investigations as required;
- To ensure that appropriate control measures are implemented to prevent further primary and secondary cases;
- To discuss, agree and where necessary arbitrate any extraordinary funding requirements. Escalating unresolved issues as appropriate.
- To communicate as required with other professionals, the media and the public providing an accurate, timely and informative source of information;
- To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these;
- To determine when the outbreak can be considered over based on ongoing risk assessment; and
- To produce a report or reports at least one of which will be the final report containing lessons learnt and recommendations.

Membership

Membership of the Incident/Outbreak Control Team must be appropriate to the incident or outbreak and will be reviewed in advance of each meeting.

Guidance for appropriate membership of the Incident/Outbreak Control Team is appended to the Communicable Disease Incident and Outbreak Control Plan (see Appendix 3: Membership of Incident/Outbreak Control Team).

Members must be prepared to represent their organisations and have the delegated authority to agree to the mobilisation of resources and allocation of required funding. Any conflicts of interest should be declared by members as soon as they become apparent.

Leadership

The Incident/Outbreak Control Team will normally be chaired by a Consultant in Communicable Disease Control or Consultant in Health Protection unless otherwise agreed by members.

Local Authority Directors of Public Health may wish to chair meetings where there are wider implications for local public health or a major contribution from the Local Authority is required.

Administration

Administrative support to the Incident/Outbreak Control Team will be the Public Health Authority. Minutes will be taken for all meetings and circulated to members and other stakeholders as agreed during the meeting. Minutes will include a log of all risk assessments made, decisions taken and actions agreed. Where appropriate a risk register will be used to record and monitor risks and their agreed controls.

Meetings

The frequency of meetings will be determined by the initial and ongoing dynamic risk assessment. Meetings will be via teleconference (details to be advised by organizer in advance of first meeting).

Depending on the nature and scale of the incident or outbreak, and the number and level of responders, it may be necessary and more efficient to separate the clinical discussions from the operational and logistical discussions by holding separate meetings or activating smaller task and finish groups to support the OCT. In these circumstances the OCT will always have primacy.

Appendix 3; Membership of Outbreak Control Team

Agency	Professional	Context/Location				
		Community	Educational	Care settings	Workplace	Hostel, B&B
Public Health England	CCDC/CPH	Lead	Lead	Lead	Lead	Lead
	Health Protection Practitioner	√	√	√	√	√
	Comms	C	C	C	C	C
	Epidemiologist	√	√	√	√	√
	Microbiologist	√	√	√	√	√
Local Authority	DPH / Public Health representative	√	√	√	√	√
	EHO	√	√	√	√	√
	Education	X	√	X	X	X
	Adult Care	X	X	√	X	C
	Comms	√	√	√	√	√
NHS	CCG Rep	C	C	√	C	C
	IPC lead	√	√	√	C	C
	DCHS	X	√	√	X	X
HSE	Inspector	X	X	X	C	X
CQC	Inspector	X	X	√	X	X
Setting representative		√	√	√	√	√

Key: √ = Attendance required; x = Attendance not required; c = Consider attendance;

NB: This table is provided as a decision tool for use in establishing an Outbreak Control Team. ~final decisions on membership should be principally informed by dynamic risk assessment and stakeholder evaluation. Experts for other organisations could equally be called upon to be OCT members depending on the nature of the outbreak.

Appendix 4; Agenda for first OCT meeting

Title

Date, time and venue

1. Welcome, introductions and apologies
2. Reminder of meeting rules, and if appropriate, teleconferencing protocol
3. Purpose of the meeting
    a. Terms of reference
    b. Membership
    c. Chair
    d. Administrative support
4. Consider requirement for separate clinical and operational/logistical meeting
5. Review of the current situation
    a. Background and general information
    b. Case report
    c. Initial action taken
    d. Epidemiology
    e. Microbiology
    f. Environmental health
    g. Initial hypothesis
6. Dynamic risk assessment (see Appendix X)
7. Further investigation
    a. Epidemiology
    b. Microbiology
    c. Environmental health
8. Control measures required
9. Finances (if necessary). Discussion and agreement of outstanding or additional funding
10. Discussion and agreement of data sharing
11. Communications
    a. Agree lead role for communications
    b. Agree core communications list
    c. Case/patient
    d. Contacts
    e. Relatives
    f. Public
    g. Press and media
    h. Partner organisations/other stakeholders
    i. Elected members
    j. Agree documentation requirement and lead (e.g. letters)
12. Agreed actions
13. Any other business

14. Date, time and location (consider venue local to incident) of next meeting

Appendix 5: Agenda for further meetings

Title

Date, time and venue

1. Welcome, introductions and apologies
2. Minutes of the previous meeting and agreed actions
3. Review of available evidence
    a. Epidemiology
    b. Microbiology
    c. Environmental health
4. Dynamic risk assessment (see Appendix X)
5. Further investigation
    a. Epidemiology
    b. Microbiology
    c. Environmental health
6. Additional control measures required
7. Finances (continued if necessary). Discussion and agreement of any outstanding or additional funding
8. Review of data sharing agreement
9. Communications
    a. Case/patient
    b. Contacts
    c. Relatives
    d. Public
    e. Press and media
    f. Elected members
    g. Partner organisations/other stakeholders
    h. Review documentation requirement and lead (e.g. letters)
10. Agreed actions
11. Any other business
12. Date, time and location (continue to consider venue local to incident) of next meeting or debrief

Appendix 6: Risk register template

ID	Outcome	Likelihood	Impact	Risk Score	Certainty	Controls	Residual Risk Score	Actions

Derby and Derbyshire
Clinical Commissioning Group

Appendix 7

Coronavirus Act 2020 Schedule 21 Working Group
Standard Operating Procedure (Virtual Operation)

Version 2
(21/05/2020)
T:\Covid2020\Coronavirus Act 2020 Working Group\SOP

Version	Circulated To	Date
V1	**Coronavirus Act 2020 Schedule 21 Working Group Members**	**19.05.2020**
V2	**Coronavirus Act 2020 Schedule 21 Working Group Members**	**21.05.2020**

Revision Number	Revision Date	Description of Amendments	By whom
1.0	**19.05.20**	Version 1 circulated	**Sabia Hussain**
2.0	**21.05.20**	The following sections have been updated in the SOP: • Page 3 - Coronavirus Act 2020 Schedule 21 Working Group Members details • Page 4 –Narrative added on MDT and accurate record keeping. • Page 5 – Additional narrative added on reasonable force. • Page 5 – Updated to include DHU response.	**Sabia Hussain**

		• Page 6 – NHS link information has been updated.	

Coronavirus Act 2020 – Schedule 21: Powers relating to Potentially Infectious Persons

The measures under Schedule 21 of the Coronavirus Act 2020 provide for the detention, isolation and the screening of potentially infectious persons also allowing for the imposition of restrictions and requirements to such persons.

The provisions under Paragraph 6 confer powers on public health officers to require persons to go to suitable place to undergo screening and assessment where they reasonably suspect the person has or may have coronavirus, or has been in an infected area within the 14 days preceding that time. Additional information can be found at: **http://www.legislation.gov.uk/ukpga/2020/7/schedule/21/enacted**

Coronavirus Act 2020 Schedule 21 Working Group

The Coronavirus Act 2020 ("the Act") provides Public Health Officers (PHO) with powers to control the spread of COVID-19 in the UK. Public Health England (PHE) has designated PHOs that are supporting LRFs and other local partners with advice and assessments on exercising these powers. For the East Midlands, we have 3 designated PHO's that are available in hours. The PHO will require named individuals to exercise the powers.

Coronavirus Act 2020 Working Group Members and Roles		
Name	Role	Details
Steve Llloyd	CCG Medical Director	stevenlloyd@nhs.net
Dr Robyn Caroline Dewis	Acting Director of Public Health, Derby City	Robyn.Dewis@derby.gov.uk
Dr Sophia Makki	Consultant of Communicable Disease Control	Sophia.Makki@phe.gov.uk
Rachel North	Strategic Director for Communities & Place, Derby City	Rachel.North@derby.gov.uk
Pauline Innes	CCG Meeting and Admin support	paulineinnes@nhs.net
Inspector Richard Buxton	Police Service Stakeholder	Richard.Buxton.3072@Derbyshire.PNN.Police.uk
Chief Inspector Becky Webster	Police Service Stakeholder	Rebecca.Webster.2357@Derbyshire.PNN.Police.UK
Sabia Hussain	CCG Senior Programme Manager Support	Sabia.hussain@nhs.net 07787267318
Rob Brittan	Emergency Planning Support – LRF	rob.brittan@derbyshire.gov.uk 07785 242765

The Role and Purpose of the Coronavirus Act 2020 Working Group

The Coronavirus Act 2020 Schedule 21 working group operating virtually consists of a small team of regional stakeholders tasked with implementing, standardising and embedding the processes needed to help implement Schedule 21 of the Coronavirus Act.

The team includes a CCDC (Consultant of Communicable Disease Control), Local Resilience Forums colleagues and other local partners (NHS, local authority, Police, care homes, hostel providers) working to PHE guidance on advice and assessments on exercising powers to control the spread of COVID-19 in the UK.

The group will help with identification of situations, people and processes to support the Public Health Officers (PHO) in enacting this act. PHE have created a process on an action card that details the powers available to the PHO and how situations should be escalated to them. LRF partners will need to identify named police and NHS links who can support the multiagency team meeting and, if required, enact screening and assessment processes and any restrictions deemed necessary.

Each situation will be considered on a case by case basis and it is important that all voluntary measures are taken by partners before the PHO is contacted. There are clear ethical and practical issues that must be considered before the powers are exercised and these will need to be defined and agreed by each LRF. LRFs may find it helpful to work with each other to share any supporting resources they have developed.

Coronavirus Act 2020 Working Group details	
Shared folder containing all key documents: (paper notes should also be scanned and uploaded to this folder)	T:\Covid2020\Coronavirus Act 2020 Working Group\SOP

Key Meetings

The Coronavirus Act 2020 Section 21 Working Group meet on a weekly basis every Thursday morning at 9:30am – 10:30am (subject to change according to attendee availability) via Telephone Conference Call: using the following details: Dial: 03330 110 416 Room number: 69623058 # PIN: 9867 #

Stage 1: Escalation Making Process

1. LRF or individual partners (NHS, local authority, Police, care homes, hostel providers etc.) identify a situation and call PHE health protection Team (HPT) on 0344 225 4524 Monday to Friday 09:00-17:00. Callers should state ‘PHO powers required’ and describe the situation. Outside of these hours the number will be diverted to the ‘on call’ system. Consultants are available during out of hours to provide advice and to escalate the process. Individual LRF partners are to describe internal escalation to senior manager to contact to PHE.

2. PHE HPT escalate situation to the duty PHE consultant in communicable disease who will contact the PHO if required.

Stage 2: Decision Making Process

1. The PHO may call a multiagency team meeting with partners and will refer to section 21 of the Act and decide if measures are required. This 'dynamic' meeting will use PHE information and guidance to make an informed timely decision, so that this is done within the relevant time frame so time is not lost within the 7 day isolation period.
2. If the PHO decides to exercise the powers the multiagency team will need to identify the process if required by which the powers are exercised with close co-ordination with the NHS link. If the person is in a hospital setting this should be done with close co-ordination with the hospitals OOH service.

- Accurate record keeping and minute's is essential at this point, PHO would keep an accurate record of this, and the organisation that is leading on this should keep a copy of the record, and provide relevant administrative support. Cases will be dealt with on an individual basis and further outcomes will be assessed according to individual complexities and presenting factors. There is no "one size fits all approach".
- The date, time and person providing the assessment to be ascertained as far as is reasonably possible – so it is clear that any detainment should be done with full knowledge of the procedure that has been agreed by all agencies.

Stage 3: The Measures

The PHO can use one or more of the following measures:

- PHO may direct, remove or request a constable to remove, an individual to a place suitable for screening and assessment.
- The time such person is required to remain at the place for screening and assessment cannot exceed 48 hours.
- PHO may require an individual to be screened and impose other requirements on an individual in connection with their screening and assessment.
- Following an assessment, a PHO can impose requirements and restrictions on the individual.
- Reasonable force can be used to detain but not for testing – therefore unless the person is co-operative the police (or any PHO) would not be able to use force to complete the screening or assessment.

The experience to date suggests that the escalation through to Stage 4 is rarely required.
The best placed location for screening and assessment is usually at the location of the incident outside of hospital settings.

Custodial settings are to be avoided and full implementation of the powers of the Act will be a position of last resort including the "detention element"

It is anticipated that a patient explanation of the powers of the Act with the client will result in a resolution of the situation presenting situation in the majority of cases to achieve desired outcomes.

- PHE will notify the DHU Health Care Urgent Care Co-Ordinator via 0300 1000 414 option1 (both in & out of hours), who will take the relevant details and alert the Silver On-Call Manager to mobilise the response. A DHU practitioner or GP would be mobilised on request to undertake a swab and a clinical assessment

Stage: 4 Exercising the Powers

A PHO will require the following individuals to exercise the powers:

Police link:

Force incident Manager (24/7) – contact 101

Internally managed process

Force incident manager would contact the Reactive Inspector (24/7) for the relevant Division to progress.

Mon-Fri 0800-1700 – Chief inspector Becky Webster/Inspector Rich Buxton can be contacted for advise/support.

NHS link: If the PHO decides to exercise the powers this should be done with close co-ordination with the NHS link listed below (in hours) Out of hours this should be done via the CRH switchboard to link with CCG on call arrangements. If the person is in a hospital setting this should be done with close co-ordination with the hospitals OOH service.
(The NHS will need to provide screening and assessment facilities)

Name – Dr Steve Lloyd Executive Medical Director NHS DDCCG (07703724087/stevenlloyd@nhs.net)

Appendix 8: Risk Assessment

It is recognised that different organisations use different risk assessment frameworks. The choice of which framework to use should be dependent on the circumstances and discussed at the OCT.

The Risk Management Model for Communicable Disease Control is embedded as the risk assessment tool in HPZone and is the model commonly used by HPTs. The five separate elements that need to be considered are: *severity, confidence, spread, intervention and context.*

Assessment of these five elements will be specific to the circumstances of the outbreak and, to ensure it is 'dynamic', should be conducted at the beginning of an outbreak and reviewed regularly, as new information arises. This risk assessment should be used to inform control strategies. Further details and examples are provided below.

Severity

The seriousness of the incident in terms of the potential to cause harm to individuals or to the population

Grade	Qualifier	Description	Examples
0	Very low	Seldom causing severe illness	• Hand foot and mouth disease in a nursery • MRSA in a domestic setting • Head Lice
1	Low	Occasional serious illness rarely with long term effects or death	• Hepatitis A in a primary school
2	Moderate	Often severe illness occasionally with long term effects or death	• Toxigenic E.Coli O157 • Pulmonary tuberculosis • MRSA infection in a high dependency unit • Hepatitis B or C infection • Legionnaires' disease
3	High	Usually severe illness often with long term effects or death	• Meningococcal disease • Multi-drug resistant tuberculosis • Diphtheria • New mutation of flu virus
4	Very high	Severe illness almost invariably fatal	• Rabies • Ebola • vCJD

Uncertainty

The level of uncertainty, epidemiologically, clinically, statistically and from laboratory evidence, that the diagnosis is correct.

Grade	Qualifier	Description	Examples
0	Very low	Available evidence suggests hypothesis is correct. Empirical probability > 85%	• Typical incident picture with increasing confirmation
1	Low	Available evidence suggests hypothesis is correct. Empirical probability: 50% to 85%	• Typical incident picture without conflicting information
2	Moderate	Available evidence suggests hypothesis is correct. empirical probability: 25%-50%	• Alternative hypothesis equally likely
3	High	Available evidence suggests hypothesis is correct. Empirical probability 10% to 25%	• Alternative hypothesis more likely but cannot exclude the working hypothesis
4	Very high	Available evidence suggests hypothesis is correct. Empirical probability <10%	• Hunch

Spread

The likelihood of the infection spreading. This includes an assessment of the infective dose, virulence of the organism, modes and routes of transmission, the observed spread and the susceptibility of the population (e.g. lack of immunity).

Grade	Qualifier	Description	Examples
0	Very low	Very low likelihood of spread with very few new cases	• A single case of campylobacter
1	Low	Low likelihood of spread with few new cases	• A single case of meningococcal disease • A smear negative culture positive case of Tuberculosis
2	Moderate	Moderate likelihood of spread with new cases. May develop into a limited outbreak	• Viral gastro-enteritis in a nursing home • A handful of cases of hepatitis A occurring over a prolonged period of time in a large community • A smear positive case of Tuberculosis
3	High	High likelihood of spread with many new cases. May develop into a large outbreak	• Multiple cases of dysentery in a deprived population of children under 8 years old • Epidemic of influenza in an army camp
4	Very high	Spread is almost inevitable	• Measles in a non-immune sub-population

Intervention

The feasibility to intervene to alter the course and influence the outcome of the event and contain, reduce or eliminate the transmission of the organism. This includes the feasibility of delivering appropriate interventions, taking into consideration how simple, effective, available, affordable, acceptable and accessible they are.

Grade	Qualifier	Description	Examples
0	Very easy	Intervention well established with clear benefits and no anticipated difficulties to implement	• Hand washing advice
1	Easy	Intervention with clear beneficial effects and few difficulties to implement	• Withdrawal of a contaminated food in a closed institution • Measles or hepatitis A immunisation to a small group of vulnerable contacts of a case • A case of meningococcal infection with contacts confined to the household
2	Passable	Intervention with some beneficial effects but some difficulties to implement	• Prophylaxis to immediate family and close contacts in a meningococcal case where they are dispersed
3	Difficult	Some remedial intervention possible but either difficult to implement, relatively ineffectual or other significant problems	• National food withdrawal • Urgent mass immunisation campaign • Response to rabid dog on the loose
4	Very difficult	Remedial intervention very difficult	• Response to a cluster of vCJD • MRSA on a busy high dependency unit

Context

The broader environment in which events are occurring, including public concern and attitudes, expectations, pressures, strength of professional knowledge and politics, which may influence decisions about the response.

Consideration should be given to:

- Media, parents, local concern and politics: the degree to which these factors aggravate and raise the profile of the event under consideration;
- Historical problems: influence of local experience of similar incidents and previous events, the way they were handled, associated consequences and expectations arising; and
- Peer group practice: extent to which an established approach or recommended best practice is tested and documented (national guidelines). What is happening elsewhere: extent to which other similar incidents are being managed and publicised and the impact this may have on public attitudes and expectations.

Grade	Qualifier	Description	Examples
0	Very easy	No raised level of interest	• Apathy. • Common adverse problems are fairly well understood
1	Easy	A small degree of increased interest with a low level of conflicting factors. Little public concern	• Misunderstanding corrected by routine information • Head-lice control campaign • Few cases of diarrhoea n a nursery school
2	Passable	A degree of unease and anxiety on the part of the public and the media. The context could deteriorate if the incident is mishandled	• A series of gastro-enteritis cases associated with an outdoor centre to which children are sent • TB in a school in a low incidence area
3	Difficult	Context is sensitive with significant difficulties, press interested and local people (unaffected) involved. The incident could go very wrong unless carefully handled. The event could have re-occurred in spite of preventative actions	• Surgeon is found to have HIV • Widespread food poisoning affecting several schools • Allegation about the safety of childhood vaccines with media coverage
4	Very difficult	Significantly raised public concern and political and emotional pressure with the public and the media declaring antagonistic and unhelpful views	• BSE-like illness liked to a new source e.g. pork • A childhood immunisation found to have serious unsuspected side effects

Appendix 9: Data Protection and Sharing – Key Principles

- Data protection legislation does not prohibit the collection and sharing of personal data – it provides a framework where personal data can be used with confidence that individuals' privacy rights are respected.
- Emergency responders' starting point should be to consider the risks and the potential harm that may arise if they do not share information.
- Emergency responders should balance the potential damage to the individual (and where appropriate public interest of keeping the information confidential) against the public interest in sharing the information.
- In emergencies, the public interest test will generally be easier to meet than during day-to-day business.
- Always check whether the objective can still be achieved by passing less personal information.
- A specific requirement of the GDPR is that organisations must include their lawful basis for processing information provided to patients, service users and staff (Arts. 13 and 14). Article 9 covers the sharing of data for Public Health, where the processing is necessary for the exercise of a mandated regulatory function, "necessary for reasons of public interest in the area of public health…or ensuring high standards of quality and safety of health care and of medicinal products or medical devices…"
- Category 1 and 2 responders should be confident in asserting their power to share personal data when lawful in emergency planning, response and recovery situations.
- The consent of the data subject in not always a necessary pre-condition to lawful data sharing.
- You should seek advice where you are in doubt – though prepare on the basis that you will need to make a decision without formal advice during an emergency. As well as the UK Resilience website, the Ministry of Justice offers guidance and a helpline (http://justice.gov.uk , 020 7210 8034)

- The Cabinet Office publication ‘Data Protection and Sharing – Guidance for Emergency Planners and Responders’ has been endorsed by the Ministry of Justice, the Information Commissioners Office, the Department of Health, the Local Government Association and the Association of Chief Police Officers amongst many others.

Further details on information sharing and data protection in emergency and non-emergency scenarios can be found at https://www.gov.uk/government/publications/data-protection-and-sharing-guidance-for-emergency-planners-and-responders

Appendix 10; COVID-19 Health Protection Board Terms of Reference

Joint Derbyshire COVID-19 Health Protection Board

Terms of Reference 2020/2

Purpose of the OVID-19 Health Protection Board

To work to protect the health of the population of Derbyshire County and Derby City from the risks associated with COVID-19.

The act as a strategic forum to seek assurance of the local response and integration between the regional and national elements of test and
To and provide specialist, technical and scientific advice to the Local Engagement Boards of Derbyshire County and Derby City Councils supporting local decision making in response to the local COVID-19 position.

Scope

To provide strategic oversight to the COVID-19 response and related risk to population health across Derbyshire County and Derby City local authority areas. The scope of the Board includes outbreaks or incidents within the geographical area of Derbyshire County or Derby City.

Objectives

- Provide oversight of the outbreak management plan and associated communications plan
- Seek assurance of the response to outbreaks and incidents
- Ensure oversight of data sources to support early identification and proactive management
- Ensure effective communication with stakeholders and the public
- Ensure effective links to wider system response including Local Resilience Forum and Sustainable Transformation Partnership
- Provide the specialist analysis of the local situation and local expert advice.
- Identify and escalate risk to Local Engagement Boards
- Keep the Local Engagement Boards updated on the local picture in relation to increasing infection rates, increasing incidence and outbreak situations.
- Provide the Local Engagement Boards with the relevant information, advice and guidance required to inform decision-making and local action(s)

Discharging Functions

The Board will discharge functions via the established working group Chaired by the Public Health Group Manager from Derbyshire County Council and supported by appropriate representation from partner organisations including; district and borough councils and local NHS organisations.

The working group will establish task and finish groups as appropriate to deliver the work required that cannot be done through other existing structures e.g. the LRF.

Each Public Health Authority will operate its own outbreak management system to meet the needs of its population and geography, this will be resourced primarily by each Council's Public Health Department, supported by the local allocation of the Governments £300m support grant for this work.

Relationships

The Board will report into the LRF structure. Where required the Board will work closely with the LRF to support the delivery of the outbreak plan with regards elements including but not limited to; joint communications, mobilisation of testing, escalation of specific issues that lie within a partners specific remit.

The Board is an extension of the statutory Health Protection Board and will therefore report into both the County and City Health and Wellbeing Boards.

The Board will link strategically as required into wider system groups including, Joined Up Care Derbyshire (Sustainability and Transformation Partnership).

Membership

Core membership shall comprise key stakeholders from the following list. The Board may agree to co-opt to its core membership others to reflect particular needs or circumstances

Chair; Director of Public Health for Derby City Council

Co-Chair; Director of Public Health Derbyshire County Council

Consultant in Public Health for Derbyshire County Council / Derby City Council

Public Health Lead Derby City and Derbyshire County Council

Senior Environmental Health Officer representative

Consultant in Communicable Disease Control Public Health England

Chief Nurse and Quality Officer Derbyshire CCG

Senior Adult Care representative City and County

Senior Children's Services representative City and County

Infection Prevention and Control Rep

Additional members will be co-opted as required including;

Health and Safety advisors

Clinical Director for Primary Care Network Environmental Health Officer – relevant Borough and District

Each organisation will ensure senior representation on the Board.

Accountability and Reporting

The Board will report and be accountable to the Derby City and Derbyshire County Local Engagement Boards.

The COVID-19 Health Protection Board will report into the LRF-SCG and the Health and Wellbeing Boards for Derbyshire County and Derby City.

Working Arrangements

The Board will be co-chaired by the Director of Public Health for Derby City and Director of Public Health for Derbyshire County. Chairs will take equal responsibility for the decision making of the Board, and will provide representation to the appropriate Local Engagement Board.

The agenda and minutes will be formally recorded. An action log will be maintained to record ongoing actions of the Board. Meetings will be held weekly initially and reviewed periodically based on local risk

Standing agenda items will include the following:

1. Situation report;
2. Outbreak mapping;
3. Assurance report;
4. Outbreak Control Team / meeting notes and summary
5. Lessons learnt
6. Identification of themes
7. Risks and escalation

Terms of reference will be reviewed annually.

Appendix 11; Standard agenda for COVID-19 Health Protection Board

1. **Situation report;**

- Total number of outbreaks (week/cumulative)
- Total outbreaks by Borough/District (week/cumulative)
- Total outbreaks by setting type
- Number of outbreaks by classification e.g. standard outbreak, complex outbreak, complex incident
- Public health measures - % of outbreaks requiring;
    - individual isolation
    - enhanced cleaning
    - setting closure
    - swabbing
- Community cases by Borough/District (week/cumulative/trend)
- Rate of infection (week/cumulative/trend)

2. **Outbreak mapping;**

- Outbreaks plotted against community transmission rates

3. **Assurance report;**

- Total number of outbreaks active
- Total number of outbreaks closed
- Reporting source – e.g. Test and Trace, direct PHE notification
- Average time from symptoms to positive test
- Average time from positive test to notification

4. **Outbreak Control Team / meeting notes and summary**

5. **Lessons learnt**

6. **Identification of themes**

7. **Risks and escalation**

Appendix 12; Elected Member Board Terms of References

Covid-19 Derbyshire County Local Engagement Board

Terms of Reference

Background

On the 27th May the Government launched the NHS Test and Trace service to ensure that individuals who develop symptoms can access testing and that high-risk contacts are identified and advised to self-isolate for 14 days. Local Authorities in England have a lead role in protecting and improving the health of the population. Within the Local Authority, the Director of Public Health has a responsibility for the Authority's contribution to health protection matters, preparing for and responding to incidents that present a threat to public health.

As part of the Local Board arrangements, there is a requirement to establish a cross-party member-led Board. Local leadership is required to ensure a rapid response to outbreaks, utilisation of local knowledge and to improve coordination of data and response. Local Engagement Boards will play a critical role in local decision making in the event of increasing cases and outbreaks of COVID19. The Board will also act as a local spokesperson for COVID-19 response. The Board must therefore have appropriate representation from key elected members within District and Borough and County Council.

Purpose and functions

This board shall provide leadership and decision-making as appropriate, in order to manage an increase in the prevalence of COVID within the geographical area of Derbyshire County. They will have three strategic roles in relation to COVID planning, resilience and response:

1. Lead the public health response locally through Directors of Public Health and Health Protection Boards, working closely with Public Health England.

2. Managing the deployment of broader resources and local testing capacity to swiftly test local people in the event of an outbreak and liaising with the Joint Biosecurity Centre, and;

3. Providing political oversight of the local delivery of plans, and communicating and engaging with residents and communities.

Membership

After considering a range of options and learning from across the country it is felt that the best solution for Derbyshire would be a tight core membership of the Local

Engagement Board, with robust arrangements in place to co-opt representatives as required to the local context of any outbreak in place.

Membership shall consist of a core group as listed below.

3.1: Core membership

- Leader of the Council (Chair)
- Portfolio Holder for Health and Communities (Vice Chair)
- Portfolio Holder for Adult Care
- Portfolio Holder for Children and Young People
- Head of Paid Service/Executive Director
- Director of Public Health
- Director of Legal Services
- Assistant Director of Communications

3.2: Broader membership to be co-opted, based on the situation/context:

- District and Borough Leaders (particularly important that when an outbreak occurs the district and borough in which this occurs is represented)
- District and Borough Chief Executives
- Senior Environmental Health representation (as required)
- Senior NHS representation either from the CCG/on behalf of JUCD, would suggest CCG Chief Executive or Medical Director or Chief Nurse
- Public Health England – Consultant in Communicable Disease Control/Health Protection
- Specialist Public Health staff from the DCC Public Health Department as required
- Place Alliance lead/ Primary Care Network Clinical Director (GP)
- Local Ward Councillors as appropriate to the situation
- Education/ School representatives
- Adult Social Care/ Care Home representative
- County Council Leader of the Opposition to be invited to attend as an observer
- Cabinet Portfolio Holders as appropriate to the situation

3.3: Substitutes

If members are unable to attend a meeting they are expected to nominate a substitute and provide the relevant information required. The substitute should be briefed in advance of the meetings and be able to take appropriate delegated decisions.

3.4: Chair

The meetings will be chaired by the Leader of the Council

3.5: Secretariat

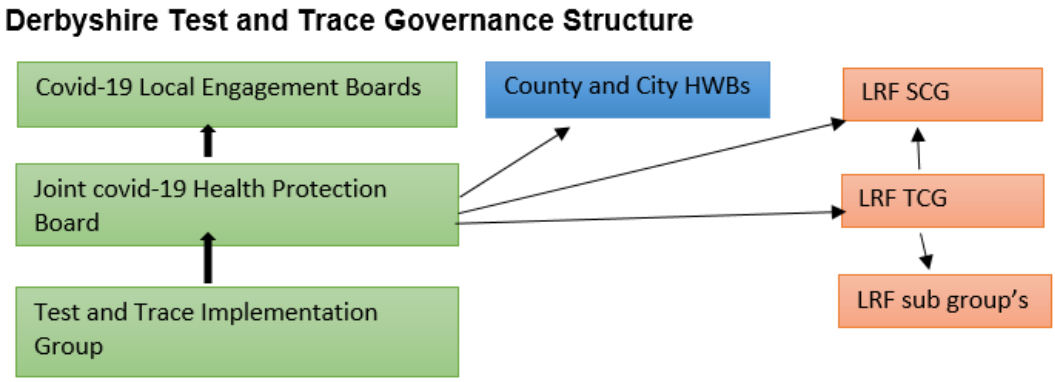
The Secretariat role shall be provided by the Council. This role shall include minute-taking and distribution, administration of all agenda items and associated papers. Co-ordination and operational assistance will be provided as required by Public Health officer staff.

Governance and Accountability

This group will be accountable for the oversight of the Test and Trace programme and will be accountable to Public Health England. It shall also provide updates to the Derbyshire Health and Wellbeing Board and Joined Up Care Derbyshire. The board will also receive reports from the Health Protection Board.

Error! Reference source not found. shows the governance and reporting relationships of the Engagement board.

Figure 1

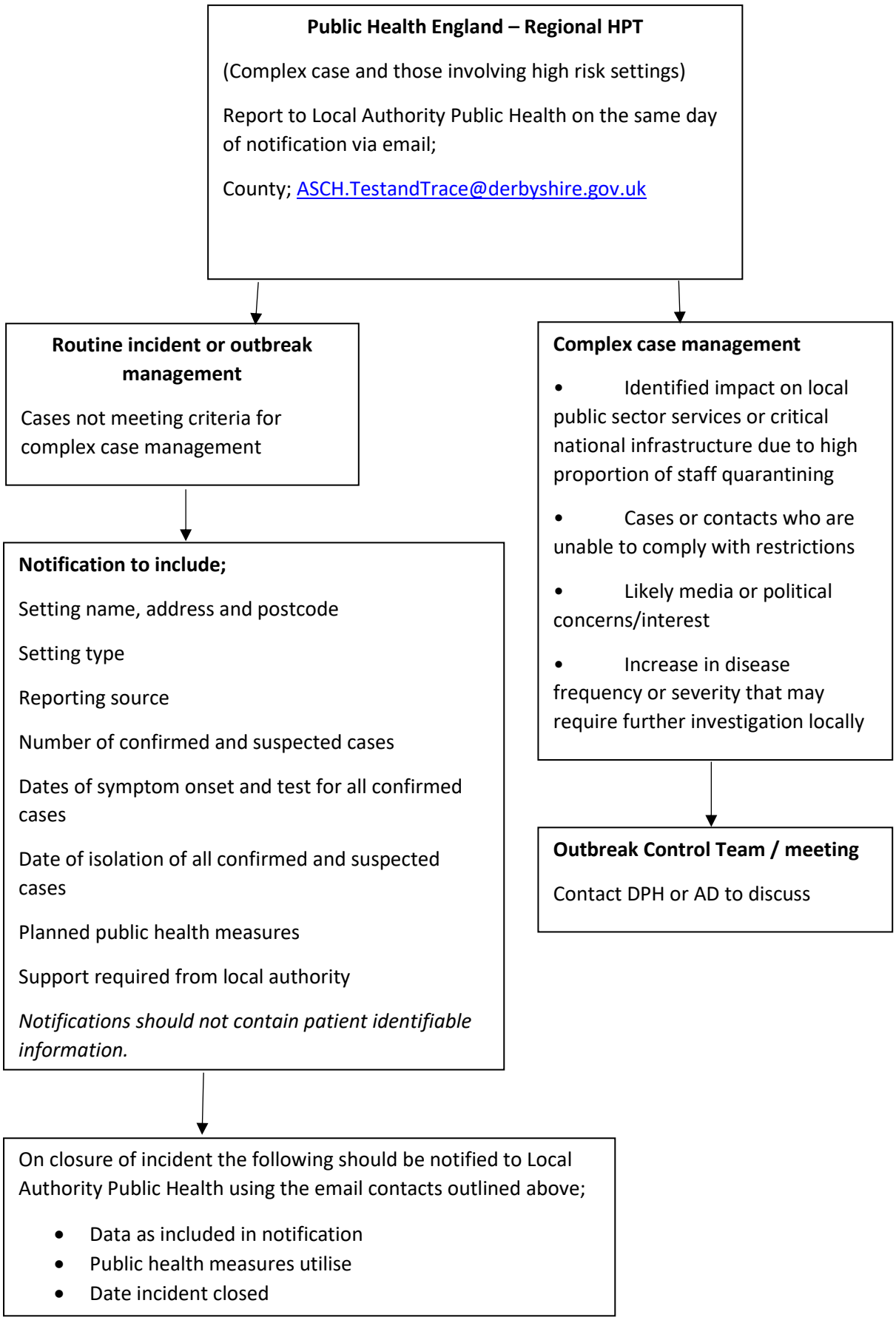


5 Frequency of meetings

It is proposed that the Local Engagement Board meets monthly via virtual meeting, and receives weekly reports via email from the Joint Covid-19 Health Protection Board. The group would then be stood up as required between meetings, which may well be at short-notice given the clustering nature of covid-19.

The Chair of the Board shall convene the Board as required. Core Members should note that this is likely to require the Board to convene rapidly and members are asked to prioritise the Board to support timely local outbreak response.

Appendix 13; Notification process



Appendix 14; Risk matrix

	Low risk	Moderate risk	High risk
Low consequence	Parks and outdoor space Motor trade	Supermarkets Leisure centres Offices	Indoor pubs and bars
Moderate consequence	Retail Libraries and community	B&B/hotels Schools Universities Nurseries Children's homes Transport sector Schools	Mass gatherings Beauty sector Factories/Warehouse Meat processing Places of worship
High consequence		Drug and alcohol services	Care homes Residential LD Prisons Hostels

Appendix 15; Scenario planning

	Traveller site	Asylum centre or hostel	Homeless individual	School	Care home	Residential care setting	Workplace	University	Community setting eg workplace or leisure	Community area
Isolation	As per national guidance Isolation advice see IPC Community response unit – welfare advice, welfare support									
Risk assessment (initial/follow up)	Test and Trace Team (EHO/IPC/School nurse) in partnership with respective LA EHO as required									
IPC assessment, advice or support	Test and Trace Team (IPC)				Community IPC with T&T team support	Community IPC with T&T team support from T&T IPC	Test and Trace Team (IPC)	Test and Trace Team (IPC) in conjunction with University medical centre		
Communications support	Test and Trace Comms lead – see COVID-19 comms plan									
Housing	LA Housing team	NA	LA Housing team	NA	NA	NA	NA	University		
On site testing	MTU / Test and Trace SN or IPC	MTU (Asylum centre – support Macklin Street surgery)	Testing sites	MTU / Test and Trace SN or IPC	MTU – unit support or T&T Whole care home testing	MTU / Test and Trace IPC / SN Whole care home testing		MTU / university medical centre	Testing sites	Testing sites
Procurement	**PPE** – LRF stock or for social care PPE Supplies (Adult Social Care and Health) PPEsupplies@derbyshire.gov.uk									
Escalation					CCG or LA commissioner	CCG or LA commissioner				

Appendix 16; Local testing capacity

On site and home testing

Derbyshire Health United currently deliver mobile testing to settings following an outbreak, via an adhoc Service level agreement. The service is available seven days a week during office hours. The service has capacity for two cars across the County.

Static testing sites

Priority for local keyworker testing. Testing also offered for those requesting tests via the national testing portal.

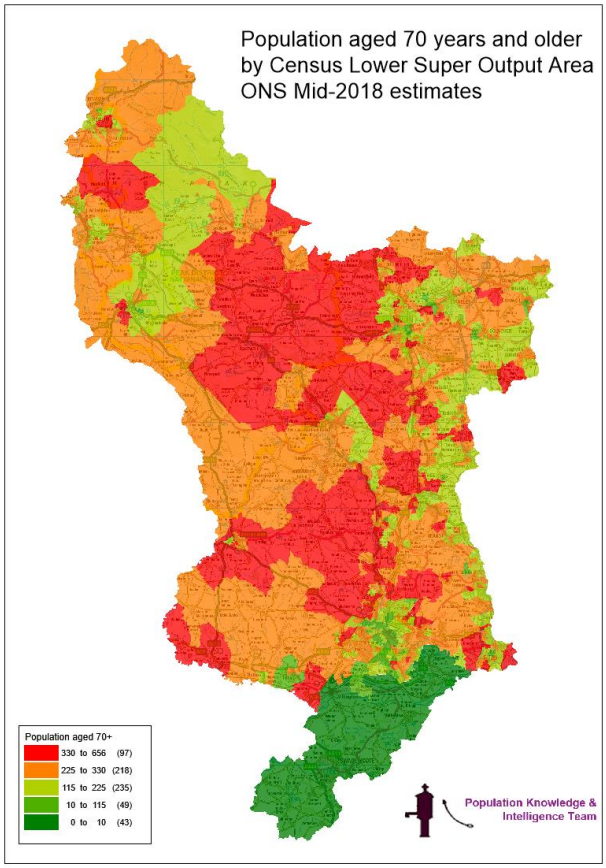
- Proact Stadium, 1866 Sheffield Road, Chesterfield, Derbyshire, S41 8NZ capacity 75 (ability to increase to 150)
- Toyota, Burnaston, Derby, DE1 9TA – capacity 75 (ability to increase to 150) (Postcode for sat nav DE65 6DX)

Mobile Testing Units

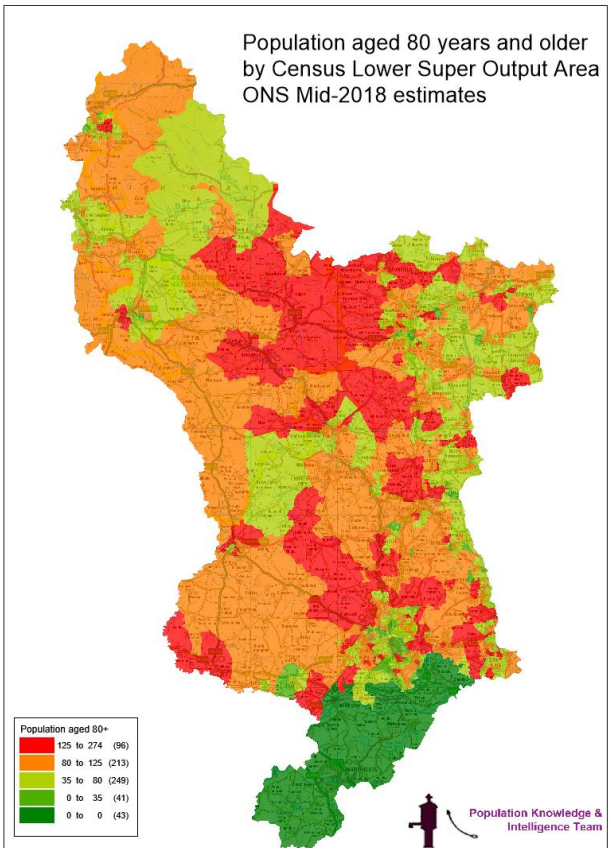
Current capacity for 400 tests daily via a weekly rolling programme of mobile testing units across the County and City at the following venues.

Appendix 17; Risk summary data for Derbyshire County and Derby City

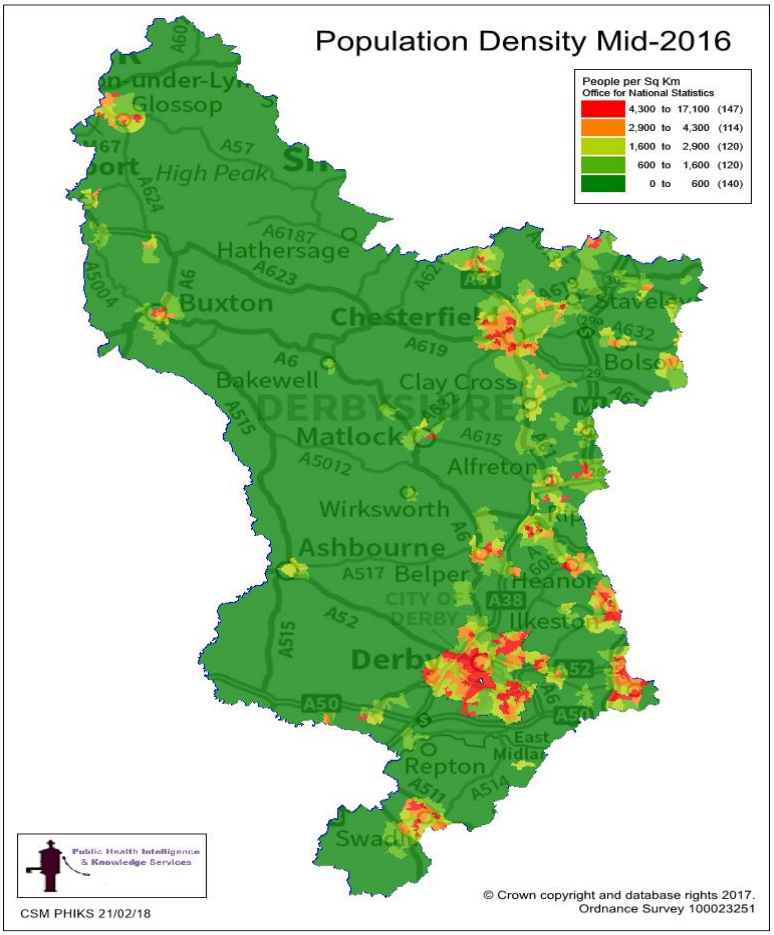
Population aged 70 years and over



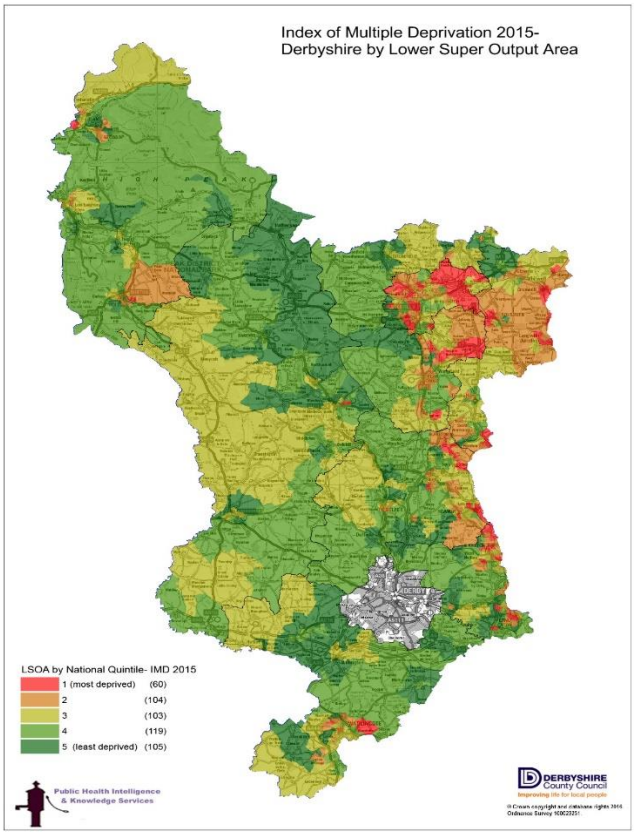
Population aged 80 years and over



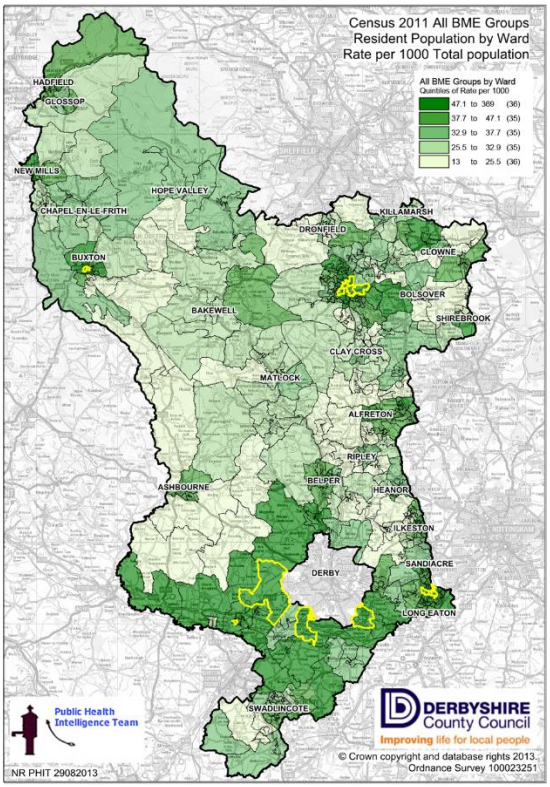
Population Density



Index of multiple deprivation – County



Census 2011 All BME groups resident population by ward



Appendix 18; National guidance

Workplace	Link	Section related to cases/outbreak
Construction and Outdoor Work	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/construction-and-other-outdoor-work	• *2.2 Test and Trace and point 3 for people who have symptoms • 5:2 point 5 links to cleaning guidance for known or suspected case • 6 PPE
Education	https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings#additional-questions https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe#testing https://www.gov.uk/government/publications/what-parents-and-carers-need-to-know-about-early-years-providers-schools-and-colleges-during-the-coronavirus-covid-19-outbreak?utm_source=18fc8c53-fbc6-48b0-81b9-2ac32ee25aab&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate	• Additional questions Test and Trace • What happens if someone becomes unwell at an educational or childcare setting? • What happens if there is a confirmed case of coronavirus (COVID-19) in a setting? • Testing • In non-residential settings, what should be done if a child, young person or other learner becomes unwell with symptoms of coronavirus (COVID-19) and needs to be cared for until they can return home? Actions early years providers, schools and colleges will take if there is a suspected case of coronavirus (COVID-19) Actions early years providers, schools and colleges will take if there is a confirmed case of coronavirus (COVID-19)
Factories, plants and warehouses	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/factories-plants-and-warehouses	• *2.2 Test and Trace and point 3 for people who have symptoms • 5:2 point 5 links to cleaning guidance for known or suspected case • 6 PPE
Labs and research facilities	https://assets.publishing.service.gov.uk/media/5eb9752086650c2799a57ac5/working-safely-during-covid-19-labs-research-facilities-240520.pdf	• *2.2 Test and Trace and point 3 for people who have symptoms • 5:2 point 5 links to cleaning guidance for known or suspected case • 6 PPE
Offices and contact centres	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres	• *2.2 Test and Trace and point 3 for people who have symptoms • 5:2 point 5 links to cleaning guidance for known or suspected case • 6 PPE

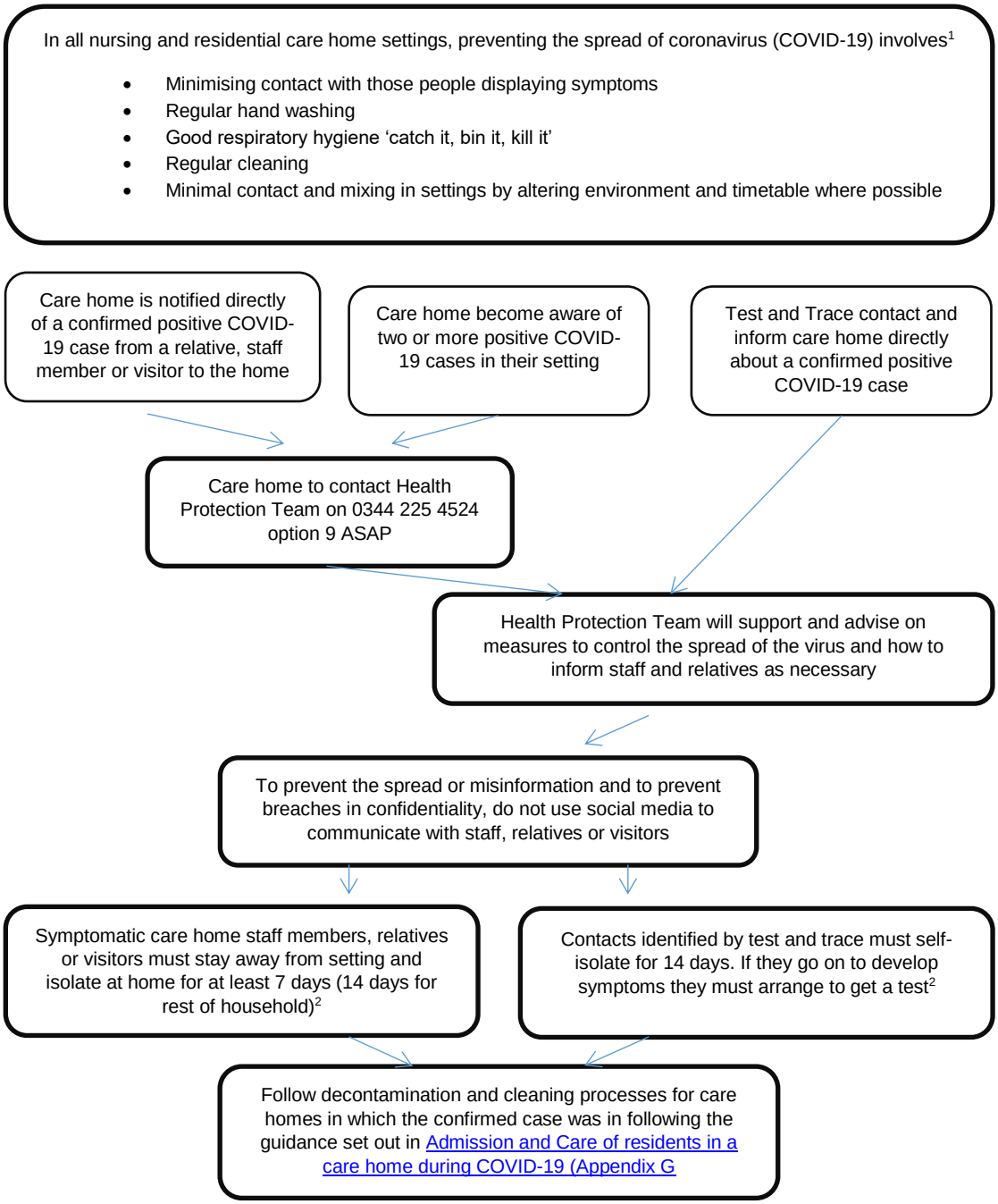
Other people's homes	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes	• *2.2 Test and Trace and point 3 for people who have symptoms • 5:2 point 5 links to cleaning guidance for known or suspected case • 6 PPE
Restaurants offering takeaway or delivery	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/restaurants-offering-takeaway-or-delivery	• *2.2 Test and Trace and point 3 for people who have symptoms • 5:2 point 5 links to cleaning guidance for known or suspected case • 6 PPE
Shops and branches	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches	*2.2 Test and Trace link for those who have symptoms and point 3 for people who have symptoms • 5:2 point 5 links to cleaning guidance for known or suspected case • 6 PPE
Guidance for people who work in or from vehicles, including couriers, mobile workers, lorry drivers, on-site transit and work vehicles, field forces and similar.	https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/vehicles	*2.2 Test and Trace link included. Also, point 3 for people who have symptoms links to stay at home guidance • 5:2 point 5 links to cleaning guidance for known or suspected case • 6 PPE
Transport Operators	https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators/coronavirus-covid-19-safer-transport-guidance-for-operators	• People who need to self-isolate • What to do if someone develops symptoms of coronavirus in a transport setting
Aviation	https://www.gov.uk/guidance/coronavirus-covid-19-safer-aviation-guidance-for-operators	• Symptomatic passengers – at the airport • Symptomatic passengers on board

Health Care COVID-19: management of staff and exposed patients or residents in health and social care settings	https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/885823/Flowchart_for_return_to_work_symptomatic.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/885824/Flowchart_for_return_to_work_asymptomatic.pdf	3. Staff with symptoms of COVID-19 4.Test and Trace 5. Staff return to work criteria 6. Risk assessment for staff exposures in the workplace 7. Patient exposures in hospital 8. Resident exposures in care settings See the flowchart links to the left for both symptomatic and asymptomatic staff return to work following a test for Covid 19 *If the testing done because they were identified as a contact in test and trace system, the person should self-isolate for 14 days refer to link below https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works
COVID-19: our action plan for adult social care		1.23 -1.27 Managing outbreaks 2.8 and 2.9 testing 2.44 Communication during an outbreak
Care Homes	https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes?utm_source=db7fba56-8c98-40d0-ad7f-f236d5b24b83&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate	1. Admission, isolation and testing of residents 5. test and Trace system: information for staff Staff with suspected symptoms If staff are asymptomatic when tested Advice for care home managers Annex B: definitions of COVID-19 cases and contacts
Trade union support for business	https://www.gov.uk/guidance/coronavirus-support-from-business-representative-organisations-and-trade-associations?utm_source=eb3f35ce-8c30-450f-9546-e5fd6e3c8aff&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate	

Accommodation Providers	https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers?utm_source=471ac946-607d-4e30-9b39-0ef55e08dd14&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate#history	People staying in accommodation that have symptoms of COVID-19

Appendix 19; Standard operating procedures for settings

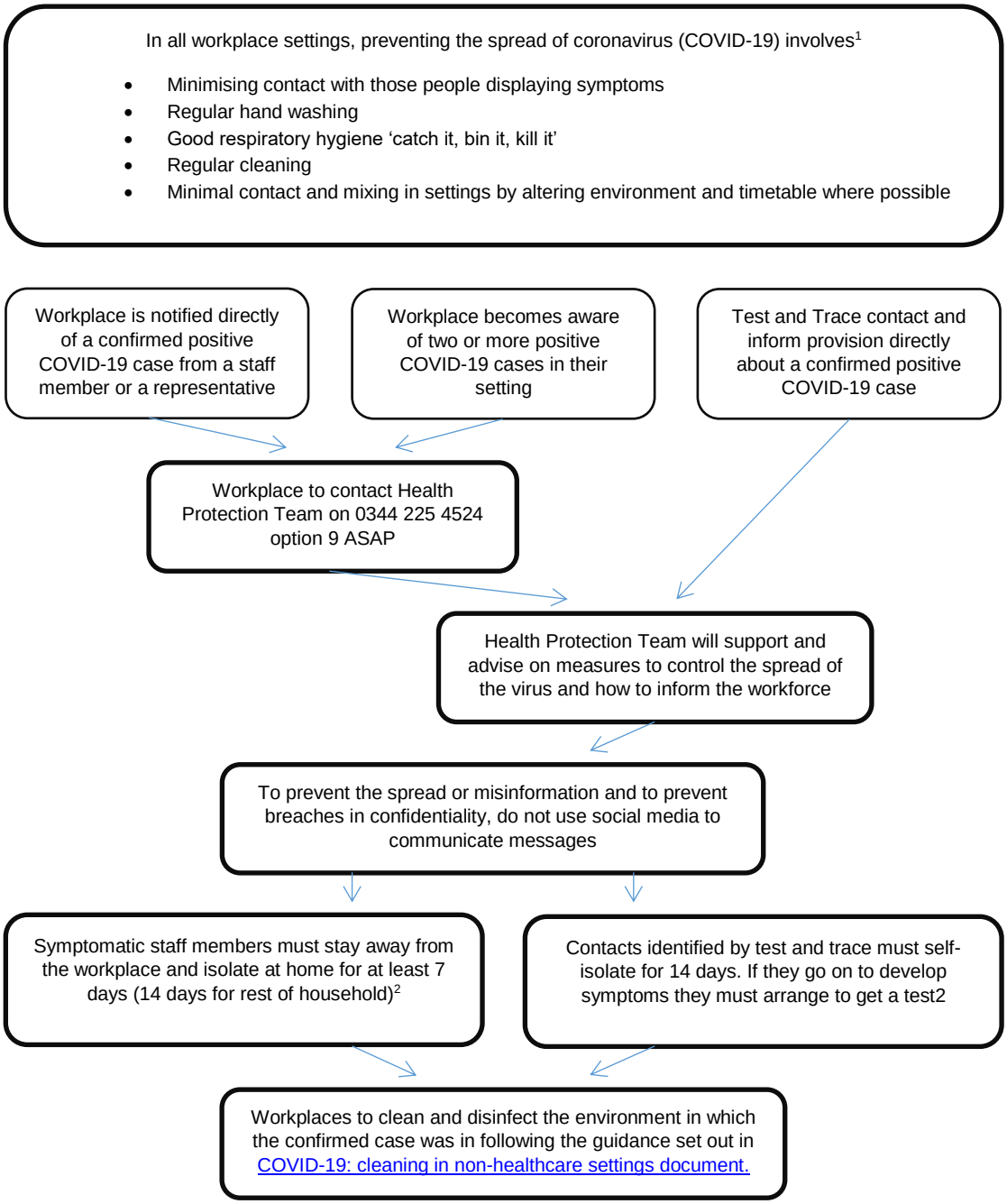
Derbyshire Care Home confirmed COVID-19 Notification Process



[1] https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes

[2] NHS Test and Trace: if you've been in contact with a person who has coronavirus

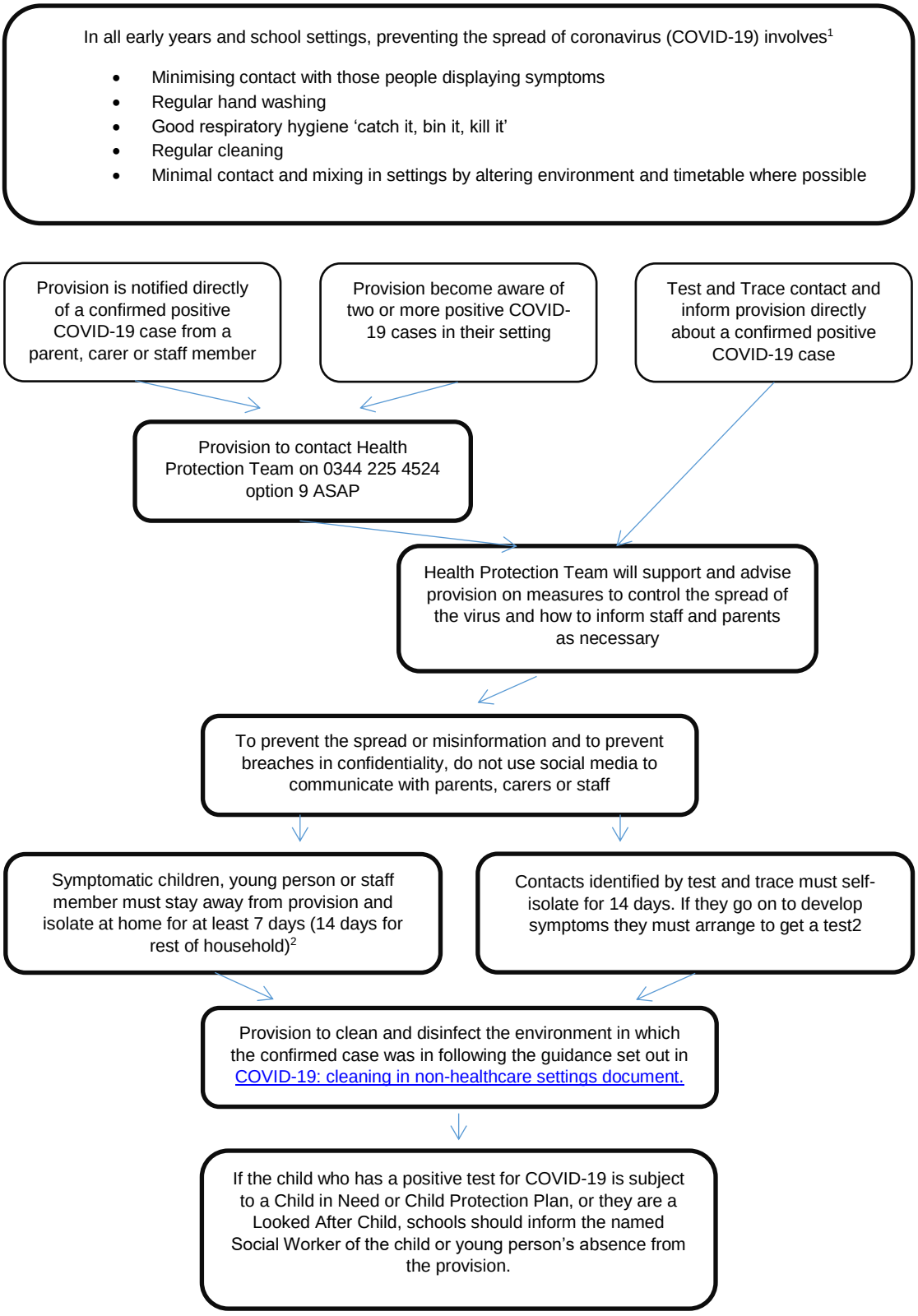
Derbyshire Workplace confirmed COVID-19 Notification Process



[1] https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19

[2] NHS Test and Trace: if you've been in contact with a person who has coronavirus

Derbyshire early years settings (EYS) and school* confirmed COVID-19 Notification Process (*referred to as provision in this process)



[1] Guidance for schools: coronavirus (COVID-19)

[2] NHS Test and Trace: if you've been in contact with a person who has coronavirus

DERBYSHIRE COUNTY AND DERBY CITY

TEST AND TRACE COMMUNICATIONS STRATEGY

This strategy outlines the overarching approach to a multi-agency communications response to the Government's Test and Trace programme and outbreak control measures.

The strategy covers the county of Derbyshire and the city of Derby and supports the Derbyshire County and Derby City COVID-19 Outbreak Management Plan which is published here: **www.derbyshire.gov.uk/testandtrace**

Version 1: June 2020

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1. Introduction

1.1 Situation overview

Post full national lockdown, Test and Trace (TT) is a key factor in the Government's strategy to eventually return the country to near-normality.

The national TT programme began in early June 2020. Testing of individuals – by at-home swab kits or at drive-through locations – and any subsequent contract-tracing is organised and delivered at a national level.

Test and Trace represents a significant shift in testing regimes to date during the pandemic. Previously only certain groups of symptomatic and asymptomatic people were tested, for example key workers and residents and staff in care homes.

Test and Trace requires all symptomatic individuals to take a test, self-isolate and, if positive, to supply information about the people they have been in close contact with in order that they can be traced, tested and self-isolate.

Outbreak data will be provided by the national TT scheme to the Derbyshire and Derby Test and Trace Implementation Group. Where a greater than expected rate of coronavirus is evidenced, localised restrictions could be enacted where people should not leave their homes for a specified period of time.

Local restrictions could range from relatively minor situations, for example involving people working for a small employer, a school or a single care home to more widespread restrictions involving a major employer or areas of the county and city.

1.2 Scope

This strategy covers the period July 2020 to May 2021, at which point it will be fully evaluated and re-purposed according to the evidence.

The strategy is a living document owned by all contributing partner agencies and it will be revised, enhanced and re-issued as required.

It details the planned communication response of all relevant agencies within the city of Derby and the county of Derbyshire towards encouraging the take-up of the TT programme and the management of any identified outbreaks and subsequent localised restrictions.

Alongside the production of a local Covid-19 Outbreak Management Plan, the publication of a communications strategy is a requirement of all local public health authorities by the Department of Health and Social Care.

1.3 Governance, leadership and ownership of the strategy

This communications strategy has been developed, agreed and is owned by the Derbyshire and Derby multi-agency Test and Trace Implementation Group and the Derbyshire and Derby Test and Trace Communications Sub-Group.

Derbyshire County Council and Derby City Council communications teams will undertake the local lead role for both proactive and reactive communications in responding to an outbreak, working with Public Health England and all local partners to ensure timeliness, targeting and consistency of messaging. In some scenarios it may be more appropriate for other agencies to assume a lead role.

1.4 Methodology

This communications strategy adheres to the Government Communications Service (GCS) 'OASIS' planning structure: objectives/aim, audience insight, strategy, implementation, scoring/evaluation.

OASIS provides a clear framework to ensure all public communications are rigorous, systematic, effective, efficient and evaluated. It also draws on the GCS Guide to Behaviour Change Communications and other recognised behavioural change insight and methodologies such as the COM-B tool (an assessment of capability, opportunity and motivation to change behaviour) and the Ogilvy Behaviour Change Unit.

2. Aim, objectives and evaluation

2.1 Aim

To support and facilitate the successful delivery of the Derbyshire and Derby Covid-19 Outbreak Management Plan through effective communication and to ensure local people are aware of Test and Trace, risk-alert, well informed and protected during any future outbreak.

2.2 Objectives

To achieve the overall aim, the following objectives combine proactive, reactive, stakeholder and inter-agency communications, to:

- **Build trust** in local organisations to deliver TT and local outbreak measures
- **Educate and embed** a widespread understanding of TT and potential local restrictions amongst local residents through amplifying local and national messaging across all partners
- **Mitigate reputational risk** to partner organisations arising from TT, outbreaks and restrictions – including links to partner business continuity plans
- **Change behaviour** regarding social distancing, hygiene measures, testing and contact tracing to ensure people are motivated to 'do the right thing'
- **Provide local voice**, context and demographic relevance in messaging
- **Target key local audiences** who are most at risk or least likely to understand or comply with TT and public health messages
- **Coordinate the communications response to outbreaks** and localised restrictions – being on the front foot at all times
- **Ensure good communications and information-sharing between all local organisations** involved in the TT response – timely, efficient and build on good working relationships between agencies
- **Manage stakeholder engagement** to ensure potential issues are mitigated and stakeholders demonstrate high levels of understanding and advocacy.

2.3 Measurement of objectives

Ongoing evaluation of the above objectives is essential to our understanding of how the local communications strategy is working and the areas where messaging and tactics need to be adjusted, re-focussed or further targeted.

At the outset of this strategy it is not possible to provide SMART objectives, baseline metrics or targets based on % awareness or compliance with key communications messages as this data is not available locally or nationally.

To address this gap, an independent telephone survey sample of 500 statistically-relevant people in Derbyshire and Derby will be carried out in July/August 2020 to establish a baseline and subsequent metrics and targets.

The survey will be repeated in December 2021 for mid-point campaign evaluation and again in April 2021 to inform a full evaluation and to determine the future communications strategy, as required.

The survey questions will focus on understanding attitudes, risk perception, barriers and compliance with the key messaging and behaviours regarding TT, social distancing and hygiene measures.

In addition, alongside the attitudinal survey, all agencies will contribute to an ongoing communications evaluation matrix providing inputs, outputs and outcomes which are based on the GCS evaluation model.

3. Audience insight

3.1 National insight - Covid-19 risk factors

Since the outset of the pandemic, evidence has grown that certain sections of the population, in addition to those categorised as shielded or extremely clinically vulnerable, are most at risk of becoming infected with Covid-19 due to a combination of location, occupation and demographic factors.

Diagnosis rates increased with age for both males and females. Working age males diagnosed with Covid-19 were twice as likely to die as females.

The Office for National Statistics reports that men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, workers in construction and processing plants, and men and women working in social care had significantly high rates of death from Covid-19. Analysis by Public Health England shows that nursing auxiliaries and health care assistants are also at higher risk of death during the pandemic.

Nationally, local authorities with the highest rates of diagnosis and death are mostly urban areas with higher population density.

People who live in economically deprived areas have higher diagnosis rates and death. The mortality rates from Covid-19 in the most deprived areas were more than double the least deprived areas, for both males and females.

People from Black ethnic groups were most likely to be diagnosed and death rates were highest among people of Black and Asian ethnic groups. An analysis of survival among confirmed cases, and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity.

Risk factors can be summarised as follows:

- Physical proximity to others at work
- Underlying health conditions (shielded/clinically vulnerable groups)
- Regular exposure to the virus at work
- Areas of high population density and/or multiple occupancy housing
- Economic deprivation
- Age – risk increases with age
- Gender – males more at risk
- Ethnicity – BME community more at risk.

There is also early anecdotal evidence to suggest that people are more resistant to complying with the ‘trace’ element than the ‘test’ element of Test and Trace. It is not unexpected that people are less willing to comply with what could be perceived as surveillance and the communications plan will need to work hard to overcome this. More extensive data from the national TT programme is expected in July.

3.2 Local insight – Covid-19 risk factors

Data for Derby and Derbyshire is available through the PHE dashboard and daily 'exceedance' reports are provided to local public health colleagues which provide data around cases and rate of infection. The data will be monitored by the local public health knowledge and intelligence team and regularly reported to the communications group lead.

In addition, the lifting of some restrictions and social distancing measures has shown an increase in risk-taking behaviour locally particularly by visitors to countryside hotspots and local parks.

As part of the local risk assessment process, within Derbyshire and Derby a number of communites have been identified which:

- are potentially more vulnerable to Covid-19 or
- face barriers to communication e.g. language, disability or
- are harder to reach by conventional communications methods.

Therefore, in addition to those with significant risk factors shown in 3.1 above, these Derby and Derbyshire communities are key target audiences in the communications implementation plans:

- BME community
- Sex workers
- Gypsies and travellers
- Young men
- Teenagers and their parents
- LGBT+ community
- University and college students
- Asylum seekers
- Homeless people
- People with sensory disabilities or learning disabilities
- Eastern European community
- Visitors to Derby and Derbyshire from outside the county, particularly to tourism hotspots.

3.3 National/international behavioural insights

A body of learning has developed, and continues to develop, around Covid-19 audiences and their behavioural stimuli. The implementation plan is therefore informed by a wide range of behavioral insight.

Some key areas of insight are summarised below.

World Health Organisation research:

- Greatest impact involves many interventions at multiple levels
- Tone and messaging: consistent, competent, fair, empathetic or sincere, easily understood
- Communicate through trusted people and accessible channels
- Create clear channels of access for health literacy. When anxiety is heightened, cognitive processing can be challenged. Inconsistent information and messages from multiple sources can be overwhelming and therefore more difficult to process.

US insights via Behavioral Insights Team:

- Sense of duty often effective: e.g. Do the right thing to help protect your family and friends
- Positive social norms effective: e.g. We're all socially distancing and staying alert - are you?

3.4 Barriers to communication

Many, although not all, of the groups most at risk of contracting coronavirus also face barriers to communication. This may be because of language, culture, disability or other factors.

Research also shows that within the broad population the hardest group to reach is men and particularly young men aged 18-25, who are the least likely to actively seek out information and spend the least amount of time looking at messages.

Reaching each of these groups is considered in the implementation plan.

3.5 Development of further local insight

Section 2.3 above outlines a local survey to establish a baseline against which to measure the success of the communications objectives. This survey will cover a range of attitudinal metrics which will provide key audience insight including levels of trust in authorities, risk perceptions, level of acceptance of recommended behaviours, knowledge, barriers/drivers and misperceptions.

4. Strategy

4.1 Context

This communications strategy operates against a complex landscape of national, regional and local agencies each with often overlapping areas of responsibility for health, public protection and providing information to the public.

In addition, Derbyshire has a two-tier system of local government within the county (a county council and eight district/borough councils) whereas Derby City is a single, unitary council.

This strategy sets out to harness the opportunities inherent in Derby and Derbyshire's agency structure - in particular many powerful, wide-ranging and niche communications channels and local knowledge – whilst mitigating the risk of confusion by providing clear lines of responsibility for communications in a given situation.

4.2 Messaging

The focus of the messaging strategy is to:

- **Amplify** government TT and prevention messages across partner channels
- **Target** local and national messages at key local audiences as shown by insight
- **Give local relevance** to government messages e.g. through case studies and recognised community leaders and build a sense of pride in Derbyshire communities doing the right thing.

At the time of producing this strategy the top-line government messages in relation to track and trace are:

- Got symptoms? Get tested.
- Do not leave home
- Provide details of contacts
- Protect your friends and family/play your part
- If you get a trace alert here's what to do.

And the general public health messages are:

- Keep a social distance between yourself and others at all times
- Wash hands regularly, for at least 20 seconds with soap and water, or where that is not possible, sanitise hands with an alcohol based sanitiser
- Wear face coverings on public transport, when attending medical appointments and in enclosed spaces such as shops.

4.3 Channels

The nature of Derbyshire, which is a mixed urban/rural county sandwiched between several major cities, means it has uneven coverage by local media outlets. Derby fares better than the wider county in having media outlets dedicated to the city area.

Local media includes:

- 11 mostly small weekly newspapers covering different areas of the county
- 1 daily paper which covers the city of Derby and some of its suburbs in Derbyshire, close to the city
- 1 BBC radio station that covers Derby and parts of the south of the county, two regional commercial stations and three small commercial radio stations
- TV news coverage is split across six different BBC and ITV regional programmes.

Geographically many areas of Derbyshire will look to cities outside the county such as Sheffield, Nottingham or Manchester for their news, rather than Derby. These city-based media outlets do not regularly cover Derbyshire news as the county represents a very small proportion of their readership.

Whilst the local print and broadcast media continue to have a key part to play in a communications strategy, increasingly partner channels and hyper-local publications and websites have been developed.

A channels database has been developed for this strategy which brings together all partner-owned communications channels. This database forms the backbone of much of the implementation plan.

This partner-owned channels database is searchable by:

- Audience – e.g. employees, BME, learning disability, councillors, all residents, care workers, housing association tenants, voluntary groups, foster carers, manual employees
- Type of channel – e.g. newsletters/magazines, outdoor/screens, social media, mail drops, e-newsletter sign ups, websites, email footers, intranet
- Geographic location within the county or city – at least down to district level and in some cases down to town level.

5. Implementation

5.1 Approach

Implementation of this communications strategy is being developed into four discrete but interrelated plans:

1 Proactive plan - building awareness/changing behaviour

2 Outbreak response plan – planned reactive protocol

3 Stakeholder engagement plan – keeping stakeholders informed and involved

4 Inter-agency communications plan – how we ensure all partners are informed.

5.2 The proactive plan: building awareness/changing behaviour

In summary, the proactive plan focusses on 'hearts and minds' behaviour change through amplifying and targeting local and national Test and Trace and general health protection messages through the development of a cross-agency content plan, and by providing local context to national messages.

The proactive plan also builds on ongoing work to signpost to sources of support for vulnerable people who are self-isolating, such as the Community Response Unit and the voluntary sector.

In addition to universal, broadcast messages, the plan takes a data-led approach to targeting key communities or demographics who are most likely to contract Covid-19 and/or least likely to be reached by our communications, for example, by producing and distributing translated leaflets where these are not available at a national level.

It also aims to cut through much of the background noise regarding previous and ongoing testing and screening regimes, including a mobile app which is unlikely to be operational in the near future, and new messages concerning the loosening of restrictions.

5.3 Outbreak response plan: planned reactive communications

The outbreak plan focusses on coordinating the communications response to any outbreaks and localised restrictions through planned and tested reactive communications.

It includes:

- A toolkit of the communications response to possible restrictions/outbreak scenarios including action sequence lists, off-the-shelf letters, media statements, spokesperson briefs, stakeholder comms and stand-down/recovery communications for each scenario. These scenarios include complex and high risk settings.
- A protocol detailing the communications responsibilities of each local and national agency which includes communications with cases, their close contacts, the public and the media.

5.4 Stakeholder communication plan

The stakeholder plan includes a stakeholder map collating groups outside existing health agency partners (for example faith, business organisations, high-risk workplaces) and individuals (for example local councillors and MPs) who have an interest in and influence on the outcomes and who could provide local advocacy around Test and Trace and related public protection issues.

A local and national engagement plan accompanies the mapping to ensure these stakeholders are kept systematically informed.

5.5 Inter-agency communication plan

This plan supports the objective to ensure that the whole health protection system involved in the Test and Trace response are kept informed and involved and that communications are timely, efficient, do not duplicate effort unnecessarily and build on the good working relationships already existing between agencies.

The inter-agency plan outlines formal and informal reporting mechanisms. It also details a new area of the county council website which will signpost to local and national resources and provides a template for a regular partner Test and Trace newsletter.

DERBYSHIRE County Council

Derbyshire Response to COVID-19

Derbyshire Local Outbreak Plan

1. Aim

To work to protect the health of the population of Derbyshire County from the risks associated with COVID-19.

2. Objectives

In enacting the plan the following objectives will seek to be achieved;

- Preventing spread of COVID-19
- Contain and suppress outbreaks of COVID-19
- Early identification and proactive management of outbreaks and incidents
- Ensure service capability
- Ensure effective communication with the public and stakeholders

3. Risk summary

There is a range of evidence to support planning assumptions around local risk, related to both transmission and morbidity. This includes factors including population demographics, location and occupation. Mapping has been undertaken to explore Derbyshire's population in terms of its urban density, age profile, ethnicity and occupation. Further detail can be found within the COVID-19 outbreak plan Section 1.5. Key risks include;

- COVID-19 diagnosis rates increased with age for both males and females. Working age males diagnosed with COVID-19 were twice as likely to die as females.
- People who live in deprived areas have higher diagnosis rates and death. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females.
- People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups.
- Roles that are most likely to be exposed to COVID-19 include those involving close proximity with others and those where there is regular exposure to disease, for example healthcare workers.
- Occupations that are in the position of regularly being close to others or handling goods, but not usually directly exposed to disease, such as workers in hospitality roles, education, transport or community and social services occupations, are likely to be at higher risk of exposure to COVID-19 during periods of community transmission. In general the percentage of the population employed in these sectors in Derbyshire County is similar to England average.
- There is a disproportionately large percentage of the County working population

who are employed in the manufacturing sector (16% and 20%) compared to England average (8%).

A risk assessment of settings has been undertaken based on the available evidence. This has been used to identify settings of potential interest across Derbyshire County.

	Low risk	Moderate risk	High risk
Low consequence	Parks and outdoor space Motor trade	Supermarkets Leisure centres Offices	Indoor pubs and bars
Moderate consequence	Retail Libraries and community	B&B/hotels Schools Universities Nurseries Children's homes Transport sector	Mass gatherings Beauty sector Factories/Warehouse Meat processing Places of worship
High consequence		Drug and alcohol services	Special schools Care homes Residential LD Prisons Hostels

4. Roles and responsibilities

In order to ensure the effective management of COVID-19 risk and the effective response to COVID-19 outbreaks and incidents, it is essential that a range of organisations work together collaboratively, using combined specialist expertise, resource, and regulatory powers. The diagram below describes the roles of a range of organisations who will support local outbreak management at a local level.

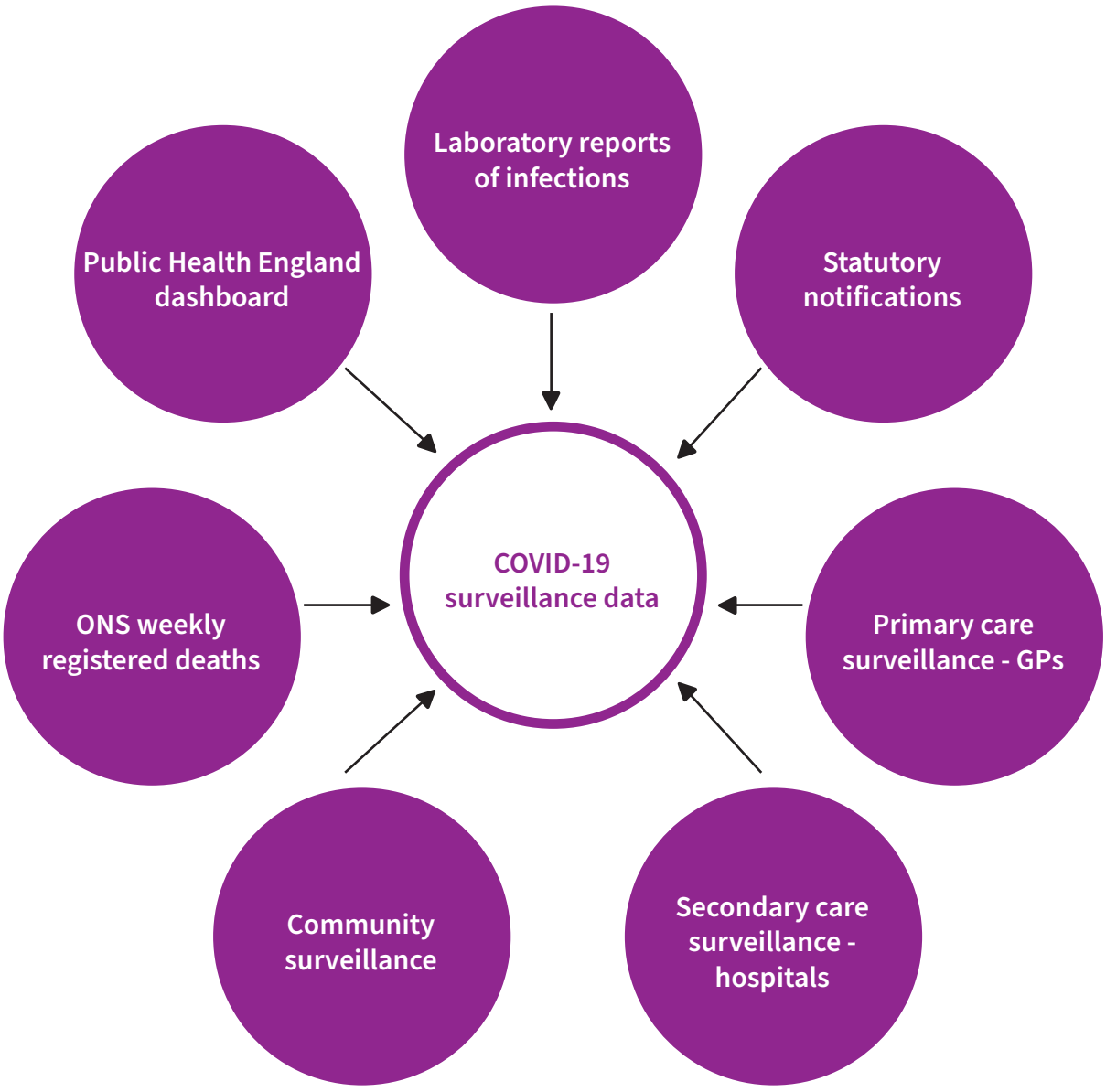
5. Surveillance

Communicable disease surveillance involves the monitoring of the frequency and distribution of disease, as well as the human impact including hospital admissions and deaths.

Surveillance involves gathering a wide variety of data about a disease from a range of sources to provide a picture of emerging trends, geographical variations and the groups of people who are being most affected or at risk.

COVID-19 is classified as a notifiable disease and is therefore included within the statutory notification processes. This means that medical professionals are required by law to report cases.

Where will the data around COVID-19 come from?



6. Detection of incidents and outbreaks

Individuals experiencing any symptoms of coronavirus (COVID-19) are required to immediately self-isolate and arrange to be tested. If a positive result is confirmed, the NHS Test and Trace Service will contact that individual and assess their current risk and to establish if any contacts in or outside of that household maybe at risk of transmission. NHS Test and Trace will then trace those contacts and, if necessary, notify them that they need to self-isolate.

Where the contact tracing process identifies a complex case or one involving a high-risk location, such as where a person who has tested positive for COVID-19 has worked or where the case is linked to a school, care home or other high risk setting, then the case will be referred to Public Health England's regional teams and notified to relevant Public Health Authority by Public Health England on the day of notification.

On notification of an outbreak Derbyshire County Public Health teams will work closely with Public Health England to respond as outlined in the COVID-19 outbreak and communications plans. This will include providing support in the form of specialist advice or capacity, supporting the deployment of resources needed to assist the investigation and management of the outbreak such as testing, and leading engagement with settings and the wider community.

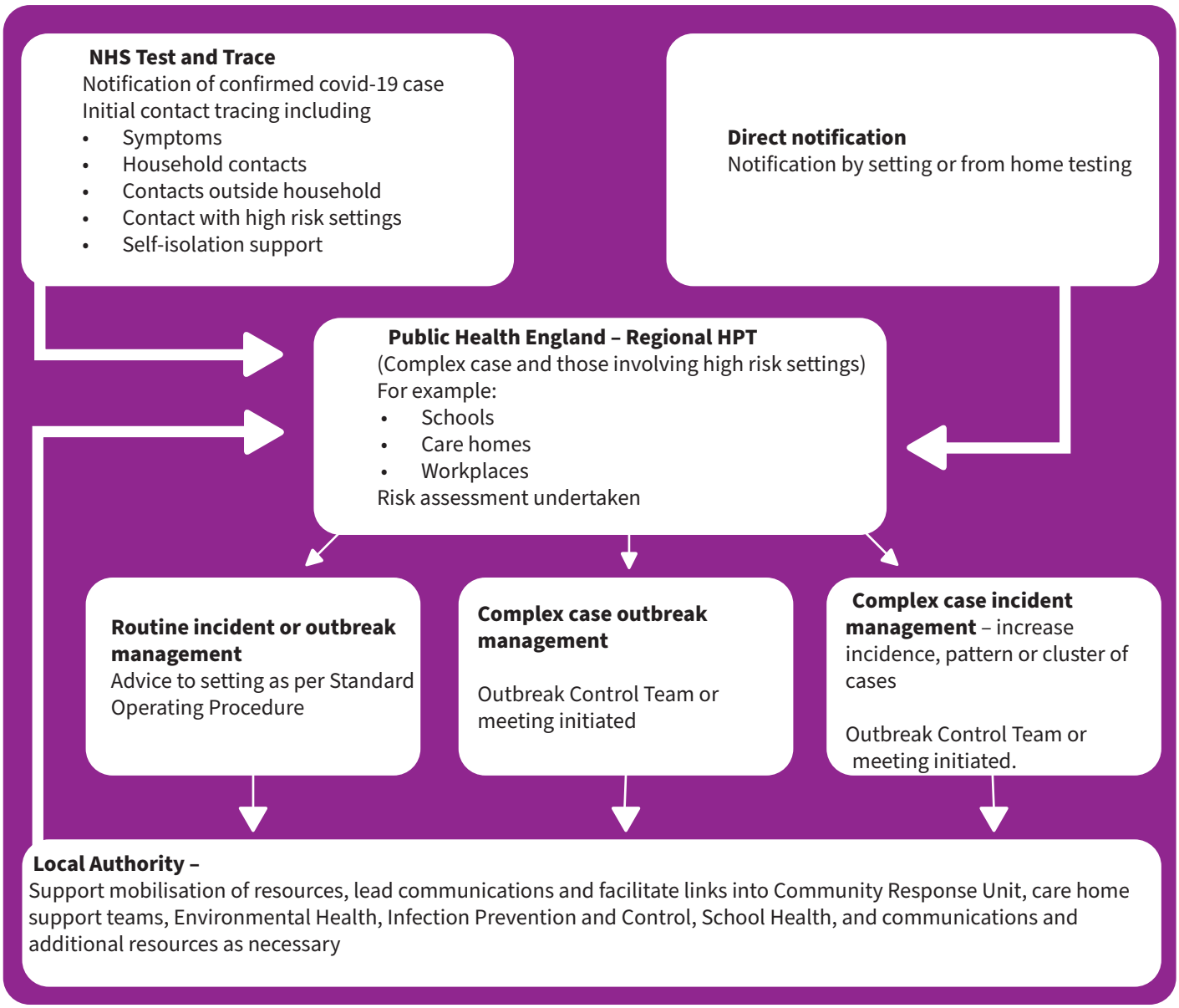
There will also be on-going surveillance of local data to ensure that any trends in COVID-19 at a local level are monitored, and identified early.

7. Activation of plans

The outbreak plan sits alongside a wider communications strategy which covers proactive communications plans to support local COVID-19 prevention.

This plan will be triggered by a COVID-19 incident or outbreak which meets the criteria for complex and high risk settings as outlined below and referral to Public Health England regional Health Protection Team. Notifications may be received from a range of sources including via NHS Test and Trace, directly to Public Health England regional Health Protection Team, or via notification from Local Authority or other system partners. Daily oversight of management and incidents within the Local Authority will be undertaken by the Test and Trace cell who will work in conjunction with Public Health England to ensure effective response, early identification of risk and engagement with wider population and stakeholders.

When there is a local outbreak Public Health England specialists will lead the initial investigation and risk assessment, working collaboratively with Public Health Authorities and wider services such as expertise from Environmental Health, School Nursing, Infection Control and Local Authority Public Health teams.



In cases which do not require an outbreak control team or meeting i.e. routine incident or outbreak management, the lead for the investigation and control of the outbreak or incident will be Public Health England, supported by Local Authorities. Cases will be managed following national guidance and Public Health England standard procedures and guidelines.

In complex outbreaks or incidents an outbreak control team will be held. The purpose of the Outbreak Control Team is to agree and coordinate the activities of the agencies involved, to manage the investigation and control of the outbreak. This includes assessing the risk to the public's health, identifying and implementing control measures and seeking legal advice as required.

8. Public health control measures

A range of methods can be used to support the control of COVID-19, these may include:

- Community engagement and public information
- Enhanced hygiene and cleaning
- Individual isolation or restrictions
- Closure or partial closure of settings
- Testing

Local authorities will work closely with Public Health England regional teams to assess how to control COVID-19 within the population. Local Authorities will support Public Health England to use their local knowledge to help implement a plan to reduce the spread in the local population. A range of statutory powers also exist to help support Local Authorities and wider partners to reduce the risk of COVID-19.

Community engagement and public information

Communication is key during an outbreak or incident. A detailed communications plan will ensure individuals, settings and the local community receive the information they need.

Derbyshire County Council will also use a variety of communication tools to ensure communities are informed of what the local authority are doing and local risks around COVID-19. This will ensure measures can be taken locally to reduce the risk to the population, whilst supporting a return to a more normal way of life.

Enhanced hygiene / cleaning

Enhanced hygiene, is a key element of COVID-19 prevention. It is important you continue to regularly wash your hands and follow good respiratory hygiene practices. Where local outbreaks occur, local teams may also provide extra support to make sure additional measures are followed to help halt the spread, such as cough hygiene and hand hygiene messaging.

Enhanced cleaning, can support the reduction of COVID-19 within the environment, particularly high touch areas, for example, door handles, surfaces and bannisters. Where outbreaks occur, Infection Control specialists will be used to offer support and advice on additional measures, or undertake risk assessment to prevent further spread.

Individual isolation or restrictions

Isolation of symptomatic individuals has been effectively used as a strategy to prevent

the spread of COVID-19 during the pandemic. This can be in the form of individual isolation or communities via ”restrictions”. These messages are a key element of Test and Trace and messaging will support local campaigns. In the event of local rises in infection and spreading of COVID-19, local advice around reducing movement, increased social distancing, restriction of movement or restrictions on access may be considered. Decisions to implement such measures will be communicated based on available evidence provided by the COVID-19 Health Protection Board will be taken by the Local Engagement

Closure or partial closure of settings

In contrast to the restriction of the movements of individuals, closure or partial closure of settings can be used to support the control of COVID-19 spread. This may include partial closure of particular class groups in a school, workplace, or closure to enable premises to implement particular measures under Health and Safety.

Testing

Testing of asymptomatic high-risk contacts may advised in some circumstances. This may require the need for on-site testing to be offered within the community, or scaling up of existing capacity. In these circumstances existing local process for testing will utilised, using mobile testing or existing community testing. The decision to increase testing would be referred to the LRF Testing Cell via the LRF Tactical Coordination Group.

Surge capacity

Initial contact tracing will be undertaken by the NHS test and trace service and referred to Public Health England where cases are identified as meeting the criteria for complex cases, or requiring complex case management. Where demand for contact tracing exceeds capacity within Public Health England, this will be escalated to Local Authority Public Health teams for staff to be redeployed to participate.

9. Communications

In association with Public Health England, the Derbyshire County Council communications teams will undertake the lead role for communications when responding to COVID-19 outbreaks or incidents locally.

Direct communication with cases/patients during the incident will be undertaken by Public Health England in the first instance with support and surge capacity being offered by teams, under the direction of the Director of Public Health. Data protection impact assessments will underpin data storage, sharing and handling.

Communication with the public and local press and media is outlined in more detail in the associated COVID-19 communications plan. Where an outbreak control team is convened, communications to stakeholder organisations will be agreed as part of the meeting.

Aim
To support and facilitate the successful delivery of the Derbyshire Covid-19 Outbreak Management Plan through effective communication and to ensure local people are aware of Test and Trace, risk-alert, well informed and protected during any future outbreak.

Objectives

To achieve the overall aim, the following objectives combine proactive, reactive, stakeholder and inter-agency communications, to:

Build trust in local organisations to deliver TT and local outbreak measures

Educate and embed a widespread understanding of TT and potential local restrictions amongst local residents through amplifying local and national messaging across all partners

Mitigate reputational risk to partner organisations arising from TT, outbreaks and restrictions – including links to partner business continuity plans

Change behaviour regarding social distancing, hygiene measures, testing and contact tracing to ensure people are motivated to 'do the right thing'

Provide local voice, context and demographic relevance in messaging

Target key local audiences who are most at risk or least likely to understand or comply with TT and public health messages

Coordinate the communications response to outbreaks and localised restrictions – being on the front foot at all times

Ensure good communications and information-sharing between all local organisations involved in the TT response – timely, efficient and build on good working relationships between agencies

Manage stakeholder engagement to ensure potential issues are mitigated and stakeholders demonstrate high levels of understanding and advocacy

Covid-19 risk factors

In addition, the lifting of some restrictions and social distancing measures has shown an increase in risk-taking behaviour locally particularly by visitors to countryside hotspots and local parks.

As part of the local risk assessment process, within Derbyshire a number of communities have been identified which:

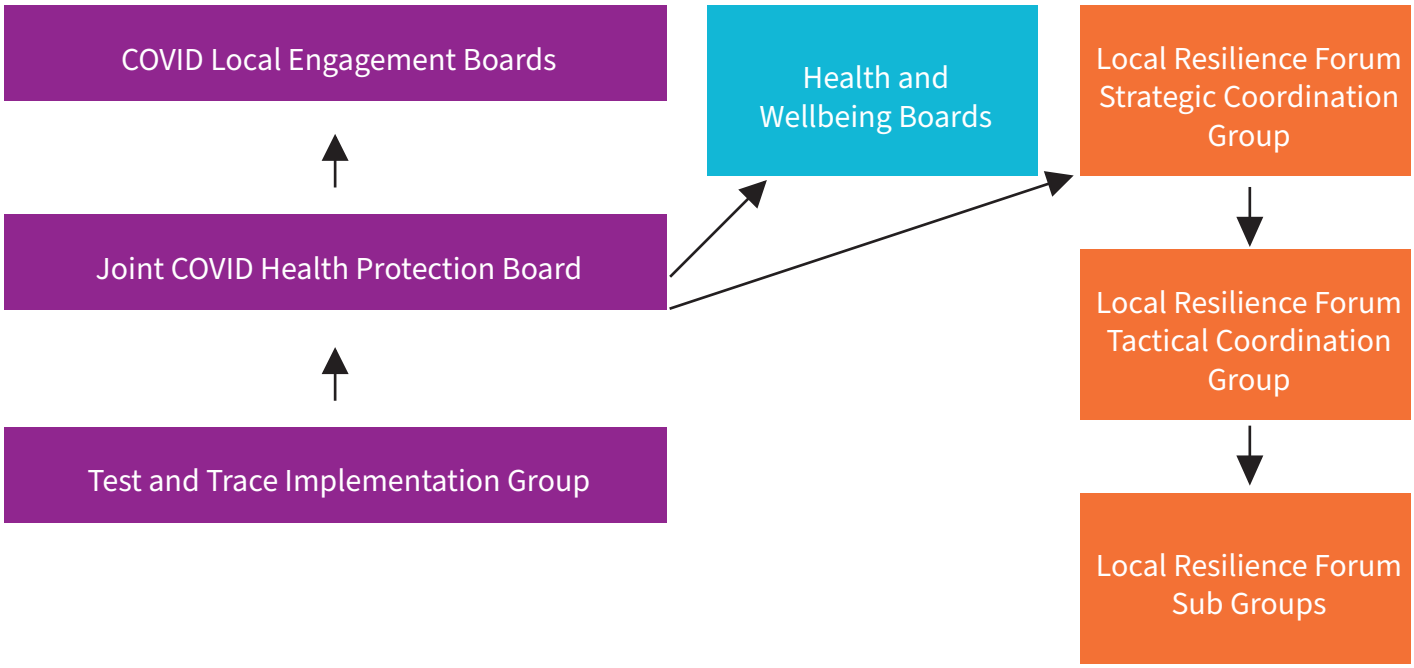
- are potentially more vulnerable to Covid-19 or
- face barriers to communication e.g. language, disability or
- are harder to reach by conventional communications methods.

Therefore, in addition to those with significant risk factors these Derbyshire communities are key target audiences in the communications implementation plans:

10. Governance

Governance for the outbreak management plan will sit with the Local Public Health Authority (Derbyshire County Council) and Districts and Boroughs.
These governance arrangements include;

1. COVID-19 Health Protection Board- Responsible for the development of local outbreak control plans by Directors of Public Health.
2. Local Outbreak Engagement Board- Provide political ownership and public-facing engagement and communication for outbreak response.



Local Outbreak Engagement Boards
Local Outbreak Engagement Boards within the County will act as a decision making board in the event of increasing cases and outbreaks of COVID-19.

Within Derbyshire County the Local Engagement Board will take the form of a new Board consisting of political representation from District and Boroughs and County Council.

Joint COVID-19 Health Protection Board

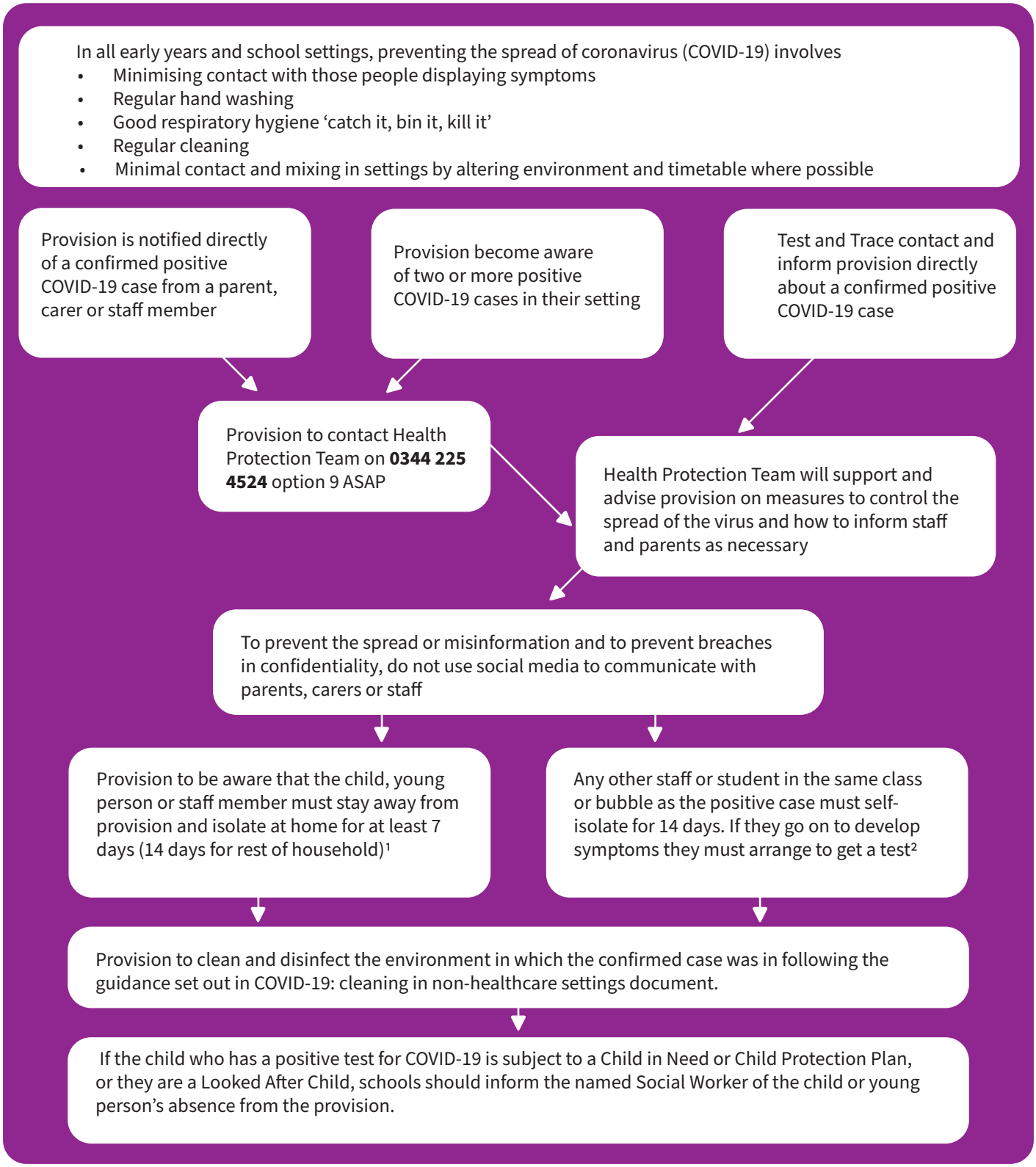
The COVID-19 Health Protection Board will seek to protect the health of the population of Derbyshire County by;

- Providing oversight of the outbreak management plan and communications plan
- Seek assurance of the response to outbreak and incidents
- Ensure oversight of data sources to support early identification and proactive management
- Ensure effective communication with stakeholders and the public
- Ensure effective links to wider system response including Local Resilience Forum and Sustainable Transformation Partnership
- Provide the specialist analysis of the local situation and local expert advice
- Identify and escalate risk to Health and Wellbeing Board
- The Board will formally report to the Local Engagement Board of the County. The Board will also report directly to the Health and Wellbeing Board and Local Resilience Forum.

Please visit the Derbyshire Prepared Website which provides further information about Local Resilience Forum structures **www.derbyshireprepared.org.uk**

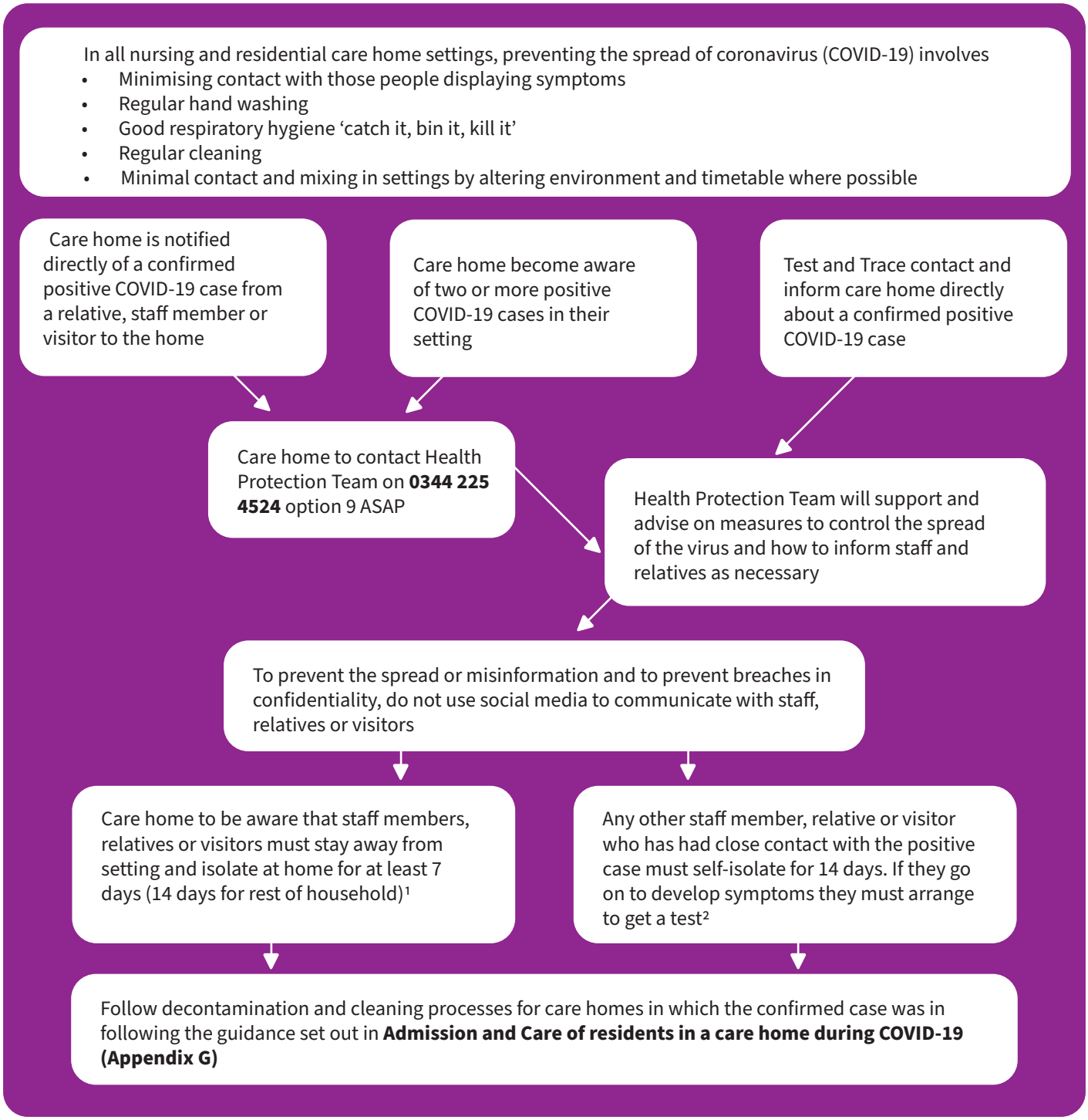
11. Appendices

Derbyshire early years settings (EYS) and school* confirmed COVID-19 Notification Process (*referred to as provision in this process)



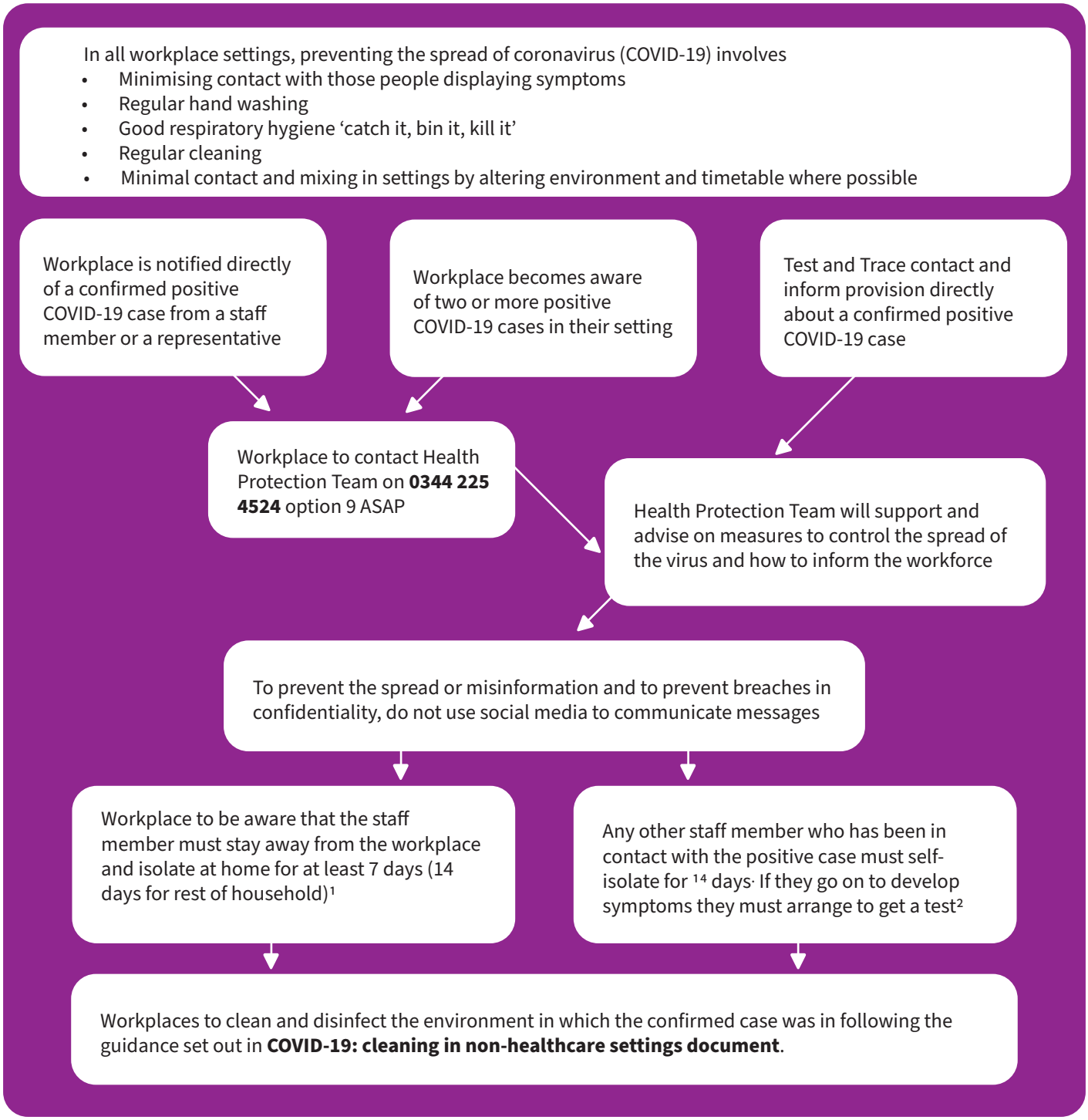
[1] Guidance for schools: coronavirus (COVID-19)
[2] NHS Test and Trace: if you've been in contact with a person who has coronavirus

Derbyshire Care Home confirmed COVID-19 Notification Process



[1] www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes
[2] NHS Test and Trace: if you've been in contact with a person who has coronavirus

Derbyshire Workplace confirmed COVID-19 Notification Process



[1] www.gov.uk/guidance/working-safely-during-coronavirus-covid-19
[2] NHS Test and Trace: if you've been in contact with a person who has coronavirus

PUBLIC
Author: Jackie Wagstaffe

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Director of Public Health

AWARD OF GRANT FUNDING TO ACTIVE PARTNERS TRUST FOR THE PROVISION OF FUNDING TO ACTIVE DERBYSHIRE

HEALTH AND COMMUNITIES

1. Purpose of the report:

To seek approval to award grant funding to the value of £0.312m for a period of 3 years from 01 April 2020 to 31 March 2023 to the Active Partners Trust in order for them to support the public health priority of increasing physical activity levels across Derbyshire.

2. Information and analysis:

In Derbyshire over 20% of the adult population were classed as inactive in 2017-18 (doing less than 30 minutes of activity per week). Levels of inactivity are highest in Bolsover (25.3%) and South Derbyshire (23.7%). Current levels of physical inactivity are partly due to insufficient participation in physical activity during leisure time and an increase in sedentary behaviour during occupational and domestic activities. Likewise, an increase in the use of "passive" modes of transport such as car driving, has also been associated with declining physical activity levels. Physical inactivity is associated with social deprivation and females are less likely to be active than males. Physical activity declines significantly with age.

There is a considerable body of evidence demonstrating the benefits of physical activity in terms of both treating and preventing diseases. Increasing physical activity improves health for those with chronic conditions, and prevents many common serious medical conditions.

Active Partners Trust is the umbrella organisation that oversees delivery of physical activity programmes across Derbyshire, under the Active Derbyshire partnership. Active Derbyshire work closely with the Council to support the vision of increasing the levels of physical activity amongst young people and adults. This report proposes continued investment in Active Derbyshire to enable an integrated approach to physical activity participation across the county.

In February 2018 Cabinet agreed grant funding totalling £0.304m to APT up to March 2020, in order for it to support the public health priority of increasing physical activity levels across Derbyshire.

During this period Active Partners Trust have worked jointly with the Council's Public Health department in leading the strategic direction and delivery of physical activity across the county using Derbyshire's shared countywide physical activity and sport strategy 'Towards an active Derbyshire Strategy' The strategy's vision is to see 50,000 people engaging in more active lives across the county by 2021.

To date, Active Derbyshire have supported implementation of the strategy by:

- providing strategic leadership in all localities across the county, in collaboration with key partners, to establish physical activity sub groups of locality Health and Wellbeing partnerships. Using insight and local priorities for physical activity these groups have become the strategic leaders in each locality to develop and implement physical activity delivery programmes.

- creating a Derbyshire-wide strategic partnership that develops and sustains a strategic approach to physical activity across Derbyshire with accountability to the Health and Wellbeing Board.

- Supporting the administration of the Council's Physical Activity and Sports Action Grant programme.

- Providing countywide leadership to Derbyshire Schools to embed sport and physical activity into daily practice, including
    - Encouraging all primary schools to facilitate a mile a day-type activities
    - Supporting, facilitating and enhancing the Derbyshire School Sports Partnership
    - Maximising the ring-fenced primary PE premium funding to support more young people to be physically active
    - Promoting active travel to schools

- Attracting external funding, into Derbyshire to support the aims and objectives of 'Towards an Active Derbyshire' and the 'Physical Activity and Sport Framework for Young People 2017-2021'.

Implementing the Towards an Active Derbyshire Strategy continues, and provision of funding to Active Partners Trust will allow Active Derbyshire over the next 3 years to deliver:

- the co-development of a refreshed Physical activity strategy

- continued strategic leadership across the county and place-based working

- continued delivery of countywide physical activity leadership to schools

- in conjunction with the Council's Public Health department, development of a new commissioning model for integrated physical activity programmes across the county, using the following principles:
    - a co-ordinated and holistic, system wide approach
    - focusing on the least active within communities
    - an evidence based, insight led approach that engages with communities
    - building on assets and strengths
    - creating active environments, workplaces and schools
    - promotion of physical activity among people of all ages

- administer and manage the Local Innovation Fund, established in 2018 initially to develop and testing new initiatives to increase physical activity, at the local level across Derbyshire. As we move into the Recovery stage of the Covid-19 pandemic this funding will now be directed into capitalising and harnessing the changes that have occurred in communities around attitudes to physical activity behaviour, building on using the natural environment for sustainable physical activity.

Impact of COVID19
During the current social distancing and social isolation requirements there has been a shift in physical activity attitudes and habits. Sport England's Insight Report suggests that the Government's messages about exercise have had a positive impact, with 53% of adults in England agreeing that they have been encouraged to exercise by the Government's guidance. 59% of adults reported walking in the last week, 44% did online fitness, offline fitness or informal physical activity in the home.

This presents an ideal window of opportunity to build on physical activity participation and especially the use of outdoor space.

3. Social Value considerations:

APT and Active Derbyshire will play in key role in supporting Derbyshire residents to increase their physical activity levels to enable them to live healthy lives.

4. Financial Considerations:

An allocation of £0.104m per year is the Council's contribution to support the work of the Active Partners Trust and Active Derbyshire. This funding will come from the Public Health budget, with the total value of funding over the 3 year period from April 2020 to March 2023 being £0.312m.

5. Legal Considerations:

The Council is permitted to make such payments under the “General Power of Competence” set out in the Localism Act 2011. A grant agreement shall be used to set out the terms and conditions for which the grant is made to APT. The recipient of the grant is not contractually obliged to deliver the services, although the Council would seek to claw back the grant in appropriate circumstances were there to be significant non-performance of any grant conditions.

6. Other considerations:

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, human resources, equality of opportunity, environmental, health, property and transport considerations.

7. Background papers:

Cabinet report 1 Feb 2018: Award of grant funding to Active Partners Trust for the provision of funding to Active Derbyshire

8. Key Decision:

No

9. Call-in:

Is it required that call-in be waived for any decision on this report?
No

10. Officer's Recommendation:

That Cabinet approve the award of grant funding totalling £0.312m to APT over the period from April 2020 to March 2023, in order for it to support the public health priority of increasing physical activity levels across Derbyshire.

Dean Wallace
Director of Public Health

PUBLIC
Author: Hayley Gleeson

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Director of Public Health

REIMBURSEMENT OF STOP SMOKING PHARMACOTHERAPY PRODUCT COSTS

1. Purpose of the report:

To seek Cabinet approval to reimburse the Derby and Derbyshire Clinical Commissioning Group (CCG), for the costs of stop smoking pharmacotherapy products available on prescription only throughout 2020-21.

2. Information and analysis:

Smoking is the main cause of preventable illness, disability and premature death in England, it also accounts for half the difference in life expectancy between the most affluent and most deprived groups within society. In Derbyshire, it is a key issue with 13.9% of adults smoking compared to the England average of 14.4% (APS method, 2018). Smoking is a key contributor to health inequalities with a prevalence of 23.3% in Derbyshire (England 25.4%) in routine and manual workers (APS method, 2018).

In Derbyshire 16.2% of pregnant women are smoking at time of delivery, compared to the England average of 10.6% (2018-19 data). The prevalence remains even higher in people with mental health conditions, where more than 25% of adults in Derbyshire with a serious mental illness smoke.

In Derbyshire, during 2016-17 there were 8,326 smoking attributable hospital admissions and the number of deaths during 2014-16 is estimated to be attributable to smoking was 3,991. The prevalence of smoking varies considerably across the county, from 9.3%, in North East Derbyshire to 18.2% in Bolsover, the highest in the county (APS method, 2018).

Live Life Better Derbyshire (LLBD) provides an evidence-based stop smoking service to support smokers who want to quit smoking. It is the most effective method of quitting smoking, with smokers four times more likely to quit smoking with a stop smoking service than if they tried to quit on their own. The support provided by the LLBD stop smoking service consists of behavioural support (advice on quitting, setting a date to quit and dealing

with withdrawal symptoms/cravings) and advice and access to smoking cessation pharmacotherapy products.

There are a range of smoking cessation pharmacotherapy products available to help smokers quit smoking including nicotine replacement therapy (e.g. patches or gum) which are provided directly by LLBD, and others such as bupropion and varenicline which are only available on prescription. A local pathway exists to allow smokers to access these bupropion and varenicline whilst receiving support from the LLBD stop smoking service.

The monies for smoking cessation pharmacotherapy products issued on a prescription did not originally transfer to local authorities when Public Health responsibilities transferred on 1 April 2013 under the Health and Social Care Act 2012 and instead were included within CCG budgets. Following discussions with the Derby and Derbyshire CCG, it was agreed the County Council would hold the budgets associated with the cost of smoking cessation pharmacotherapy products issued on a prescription. Therefore the budgets were transferred from the Derby and Derbyshire CCG by the Department of Health to Derbyshire's ring-fenced Public Health Grant with effect from 1 April 2016. However prescriptions issued in general practice are initially charged to CCG prescribing budgets and therefore it is expected that CCG will invoice Derbyshire Public Health for these costs as they no longer hold the budget for prescriptions related to stop smoking.

3 Social Value considerations:

Supporting smokers to quit will support healthier communities and reduce health inequalities. Smoking is the leading cause of premature mortality nationally. Smoking accounts for half the difference in life expectancy between the most affluent and most deprived groups within society. Therefore reducing smoking prevalence can help to close the health inequality gap.

4. **Financial considerations:**

A maximum annual charge for 2020-21 has been agreed with the CCG based on historic prescribing costs. The table below provides the value for Derbyshire CCG:-

CCG	Maximum Annual Charge
Derbyshire CCG	£326,150

The cost will be met by the ring-fenced Public Health Grant budget.

5. Other considerations:

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, and property and transport considerations.

6. Background papers: None

7. Key Decision: No

8. Call-in:

Is it required that call-in be waived for any decision on this report? No

9. Officer's recommendation:

That Cabinet approves the reimbursement of prescription only smoking cessation pharmacotherapy product costs to the Derby and Derbyshire CCG to a maximum cost of £326,150.

Dean Wallace
Director of Public Health

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Agenda Item No. 6 (j)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Executive Director - Commissioning, Communities and Policy

Review of Officer Decisions

Strategic Leadership, Culture and Tourism

1. Purpose of the Report

To ask Cabinet to review decisions made under urgent delegated powers arising from the Covid-19 virus pandemic.

2. Information and Analysis

The current challenges relating to the Covid 19 virus have necessitated urgent decision-making processes by Executive Directors and Directors to be implemented in order to ensure the welfare of service users and the public and to safeguard the interests of the Council.

The Coronavirus Act 2020 has now been implemented alongside a range of related Regulations. The Regulations include provision for virtual meetings of Council bodies including Cabinet. These regulations took effect on 4 April 2020.

Members will appreciate that prior to these Regulations being introduced and Cabinet meetings resuming, it was necessary for a range of decisions to be made. These decisions have been made under the urgent delegated powers to Executive Directors as set out in the Constitution. The relevant provision is as follows-

SPECIFIC DELEGATIONS TO EXECUTIVE DIRECTORS
Notwithstanding any other provision of this constitution, the Executive Directors shall have power, after discussion, if practicable, with the leader of the Council or the relevant Cabinet Member or Chairman, to take such action deemed to be necessary and expedient in matters requiring urgent consideration and which, because of the time scales involved, or the need to safeguard the interests of the County Council, cannot be dealt with by submission to the next following meeting of the Council, Cabinet, Cabinet Member or Committee.

Cabinet on 4 June, approved a report on amended officer decision-making processes arising from the pandemic. It was agreed that new officer decisions would continue to be presented to Cabinet. Given the short timescales for reviews however (which were compulsory fortnightly in the case of the application of Adult care 'easements'), it was agreed that Cabinet formally delegates review decisions to the relevant Cabinet Member (CABCO) meetings.

As a further safeguard, it was agreed that any significant reductions in service that have been reviewed and substantially maintained over any 8-week period, would be reported to Cabinet as soon as possible after the eight-week period for ratification. Under this provision, the following three reviews of decisions are being reported:

Appendix 1 – Health and Communities
Appendix 2 – Adult Social Care and health
Appendix 3 – Adult Social Care and Health (Exempt – See Agenda Item 11(c))

3. Financial Considerations, Human Resources Considerations and Legal Considerations

As part of the urgent officer decision-making process, regard has been had to equality implications alongside legal, human resources and financial implications within the demanding time scales applying.

4. Other Considerations

In preparing this report the relevance of the following factors has been considered: Human Rights, equality of opportunity, health, environmental, transport, property, social value, and crime and disorder considerations.

5. Background Papers

Details of officer decisions held within Departments.

6. Key Decision

As indicated in reports

7. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

Not applicable

8. Officer's Recommendation

To note the review of urgent officer decisions made under urgent delegated powers arising from the Covid-19 virus pandemic.

Emma Alexander
Executive Director – Commissioning, Communities and Policy

Appendix 1

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Director for Public Health

REVIEW OF URGENT OFFICER DECISIONS TAKEN TO SUPPORT COVID-19 RESPONSE THAT HAVE BEEN IN PLACE FOR LONGER THAN EIGHT WEEKS

HEALTH AND COMMUNITIES

9. Purpose of the Report

The purpose of the report is to provide Cabinet with an update in relation to those actions which were the subject of Officer's Decisions utilising emergency decision making powers as detailed in the constitution and to provide assurance as to why these decisions need to remain in place for a period longer than eight weeks.

10. Information and Analysis

The current challenges relating to the COVID-19 pandemic have necessitated urgent decision making processes by the Executive Director for Adult Social Care and Health and Director of Public Health to be implemented to ensure the welfare of service users and the public and to safeguard the interests of the Council. The decisions have been made under the urgent delegated powers to Executive Directors as set out in the Constitution.

All urgent decisions made relating to Public Health were made in consultation with the Cabinet Member for Health and Communities, and Cabinet were informed of the decisions made on 23 April 2020.

At the 4 June 2020 Cabinet meeting it was agreed that Cabinet would formally delegate review decisions to the relevant Cabinet Member meeting as these were meetings held in public, virtually if necessary, in order to ensure maximum transparency. This process was put in place from 8 July 2020 with the Cabinet Member reviewing decisions on a fortnightly basis. Prior to this, all decisions were reviewed on a regular basis by the Cabinet Member for Health and Communities in conjunction with the Director of Public Health. As outlined in the report to Cabinet on 4 June it is a requirement that a summary of review decisions made by Cabinet members will be reported to Cabinet every two months and this is the first of these reports.

As a further safeguard any significant reductions in service that have been reviewed and substantially maintained over any eight week period will be referred to Cabinet as soon as possible after the eight week period for ratification.

Table 1 contains a summary of the decisions that have been in place for a period of 8 weeks or more detailing the reasons why these decisions need to remain in place for a further eight week period subject to fortnightly review by Cabinet Member.

A copy of the most up to date version of the Officer Decision Records for these decisions still in place is attached as Appendix 1.

Table 1: Summary of officer decision record reviews for decisions that remain in place

Officer Decision	Review notes and recommendation
School Crossing Patrol service provision (PHODR1); Live Life Better Derbyshire Service provision (PHODR2); Suspension of Local Area Co-ordination Service (PHODR4); Suspension of 50+ Forums (PHODR5); Suspension of Safe Places (PHODR6); Suspension of Time Swap service (PHODR7); Suspension of First Contact Service (PHODR8); Suspension of Disability Employment Service (PHODR9); Suspension of Pension Credit Service (PHODR11)	The COVID19 pandemic has resulted in the implementation of national guidance for social distancing, social isolation and the closure, and subsequent partial re-opening, of schools. In light of these requirements changes have been made to the delivery model for Public Health services, including the suspension of some services. Changes to the delivery of Public Health services were approved by the Director of Public Health and the Executive Director for Adult Social Care and Health following consultation with the Cabinet Member for Health and Communities in March/April 2020, and subsequently reviewed by Cabinet on 23 April 2020. The decision has been reviewed by the Director of Public Health and Cabinet Member for Health and Communities on 11 May, 1 June, 22 June, 6 July and 27 July. The decision has been reviewed at Cabinet Member for Health and Communities meetings on 8 and 22 July. An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, and this was reviewed by Cabinet on 4 June 2020. Usual service provision continues to be impacted and therefore this decision needs to remain in place for a further eight week period, subject to regularly review by Cabinet Member.

Table 2 contains a summary of the Public Health decisions that are no longer subject to ongoing review.

Table 2: Summary of officer decision record reviews for decisions that are no longer subject to review

Officer Decision	Reason why decision no longer subject to review
Contract Variations – Sexual Health and Mental Health Services (PHODR03)	Contract variations issued for period of 3 months from 1st April 2020. Approval for further contract variations beyond this time period are being taken through the appropriate non-urgent decision-making processes in line with the Council's Constitution.
Extension of contract beyond original award period for the provision of the Intensive Home Visiting Service, Advisory Services in General Practice, Advisory Services for Community Wellness Approach, and the Supply of School Crossing Patrol Uniform (PHODR10)	Contract extensions for these contracts issued in line with original decision. Any further extensions required will be taken through the appropriate non-urgent decision-making processes in line with the Council's Constitution.
Establishment of a Countywide Distribution Centre (PHODR1 exempt)	Countywide distribution was established at Markham Vale to enable delivery of food parcels and other essential household items to individuals who were shielding or socially-isolating and with no other access to food provision. Approval for any further decisions relating to the Distribution Centre are being taken through the appropriate non-urgent decision-making processes in line with the Council's Constitution.
Direct award of a contract for the Derbyshire County Council setting-based seasonal influenza vaccination service (PHODR2 exempt)	Award of contract issued.

11. Financial Considerations

As part of the urgent officer decision-making process, regard has been had to financial implications and these are detailed where appropriate on the original Officer Decisions.

12. Human Resources Considerations

As part of the urgent officer decision-making process, regard has been had to human resources implications and these are detailed where appropriate on the original Officer Decisions.

13. Legal Considerations

The reviews of the Officer Decisions made under powers delegated to officers in accordance with the Constitution have ensured that timely consideration is given to the necessity and proportionality of the continuation of those actions outlined in the Officer Decision Records.

14. Equality implications

As part of the urgent officer decision making process, regard has been had to equality implications. A consolidated Equality Impact Assessment was reported to the 4 June 2020 Cabinet meeting.

15. Other Considerations

In preparing this report the relevance of the following factors has been considered: Social Value, Human Rights, equality of opportunity, health, environmental, transport, property, social value and crime and disorder considerations.

16. Background Papers

- Officer Decision Records considered by Cabinet on 23 April 2020
- Decision making process during Covid Epidemic – report to Cabinet 4 June 2020
- Equality Impact Assessment – urgent decisions in relation to Council Services, Functions and Assistance – report to Cabinet 4 June 2020
- Review of urgent decision of changes to delivery of Public Health-delivered services – report to Cabinet Member for Health and Communities 22 July 2020
- Review of urgent decision of changes to delivery of Public Health-delivered services – report to Cabinet Member for Health and Communities 8 July 2020
- Public Health SMT reports – held on file and available on request

17. Key Decision

As indicated in reports

18. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

19. Officer's Recommendation

Cabinet is asked to:

i. Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and

ii. Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Health and Communities.

Dean Wallace
Director of Public Health
County Hall
Matlock

Appendix 1: Copy of Officer Decision Records

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Dean Wallace/Helen Jones	Service: Public Health-delivered services as indicated below
Delegated Power Being Exercised: Changes to service delivery, including service suspension	
Subject of Decision: (i.e. services affected)	School Crossing Patrols, Live Life Better Derbyshire, Local Area Co-ordination, 50+ Forums, Safe Places, Time Swap, First Contact, Disability Employment Service, Pension Credit Service
Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of the decisions taken on 20 March 2020 (PHODR1, PHODR2), 24 March 2020 (PHODR4, PHODR5, PHODR6, PHODR7), and 1 April 2020 (PHODR8, PHODR9, PHODR11)
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	Decision taken to amend normal service delivery, including the suspension of service delivery. **Review process** Decision is subject to regular review by Public Health SMT and Cabinet Member, being reported to the Cabinet Member for Health and Communities on a fortnightly basis.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been	The COVID19 pandemic has resulted in the implementation of national guidance for social distancing, self-isolation and the closure, and subsequent partial re-opening, of schools. In light of these requirements changes have been made to the delivery model for Public Health services, including the suspension of some services. NHS guidance on prioritisation of community health services during the COVID19 pandemic (including services commissioned or provided by Local Authority Public Health teams) has been provided in a letter dated 19 March from NHS England and NHS Improvement, entitled

taken into consideration.	COVID-19 Prioritisation within Community Health Services. In line with the guidance the NCMP programme was paused from this date. The recommendation from NHS England is that changes to the service delivery model for NCMP will apply until 31st July at the earliest.
Alternative Options Considered (if appropriate) and reasons for rejection of other options	School Crossing Patrols - Redeployment of staff to cover priority sites, but this option was deemed not deliverable due to lack of non-public transport options for many of the staff means that they are not a workforce that can flex geographically Live Life Better Derbyshire – an alternative model of continuing service delivery through non face-to-face means has been implemented. Priority is given to smokers and those with a BMI over 40 as individuals in these groups are considered to be at increased risk of more serious illness from COVID19. Local Area Co-ordination, 50+ Forums, Safe Places, Time Swap, First Contact, Disability Employment Service - A community response has been set up urgently and staff in these services continue to be redeployed to support the community response, support our most vulnerable people and support our Adult Social Care Teams. This will involve supporting telephone triage, dropping off food and medicines, meal prep and/or other support to vulnerable people in communities. Pension Credit Service - the team has been following up on existing contacts by telephone. Support remains available to older people through the work of the Welfare Rights Service more widely, but not on the scale achievable by the project. Staff who cannot currently do their usual roles will be reallocated to support the ongoing work of the Welfare Rights Service and the Derbyshire Discretionary Fund.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	Individual site risk assessments have been undertaken to support the re-establishment of the School Crossing Patrol Service.

	Further risk assessments will be undertaken when required to support the re-establishment of other face-to-face service provision.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision	The Council has powers in accordance with s1-6 of the Localism Act 2011 to do that which will be to the 'benefit of the authority, its area or persons resident or present in its area'. The proposed benefit of this action is to support the reduction in COVID-19 infections and reduce the transmission of the virus. Due to the timescales involved it has not been possible to consult affected persons. Steps were taken through all services to inform existing service-users of the changes to service delivery.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	An equality impact assessment has been conducted and reported to Cabinet on 4 June. Measures have been identified and implemented to reduce impacts identified within the assessment, include continuation of support to pregnant women who smoke through phone and video-call support, and redeployment of staff to support the community response.
Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))	The guidance which initially supported the decision is: https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults with consideration made to the updated national requirements: https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july Additional specific guidance for elements of the Live Life Better Derbyshire service are included in the following guidance https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/

Consultation with relevant Cabinet Member (s) – please note this is obligatory.	Initial decision discussed with Cllr Hart on 31 March, with decision reviewed in conjunction with Cllr Hart on 11 May, 29 May, 18 June and through Cabinet Member meetings on 8 July and 28 July.
Decision:	Suspension of School Crossing Patrols, Local Area Co-ordination, 50+ Forums, Safe Places, Time Swap, First Contact, Disability Employment Service, Pension Credit Services, and to implement changes to delivery of Live Life Better Derbyshire, including ceasing of face-face delivery and the prioritisation of non face-face support to smokers and those with a BMI over 40. **SMT Review in conjunction with Cllr Hart: 11 May** Social distancing requirements still in place prevents resumption of normal service delivery. Non face-to-face support is being offered to all existing and new LLBD clients, prioritising smokers and individuals with a BMI over 40. **SMT Review in conjunction with Cllr Hart: 1 June** Social distancing requirements still in place prevents resumption of normal service delivery. Non face-to-face support is being offered to all existing and new LLBD clients, prioritising smokers and individuals with a BMI over 40. Following the national policy announcement for a phased return to schools starting from 1st June, the School Crossing Patrol service has assessed sites where a service can resume. This requires consideration of staff availability, a risk assessment of each site to ensure that social distancing can be safely implemented for the School Crossing Patrol and children and their parents/carers, and confirmation from schools as to their arrangements for children to be able to return to school. 55 sites have been identified where staff are able to return to work. Of these, 38 site risk assessments have been completed, with 6 sites identified where the risk to the School Crossing Patrol and/or children and their

	parents/carers was deemed unacceptable. Sufficient information has been received from schools for 12 of these sites for a service resumption to be piloted from 1st June. It is proposed that services will be resumed at other sites once the required information is received from the schools. Schools have been informed of the outcome of the risk assessment, and whether the SCP service will resume for their children and parents/carers. A number of staff within the service are within the "vulnerable" category (aged over 70 or with a long term condition where national advice is for them to follow stringent social distancing) but have expressed a desire to return to work. Council HR advice is that vulnerable staff can return to work as long as social distancing is maintained and they are not undertaking face-to-face duties with symptomatic or self-isolating individuals, or confirmed COVID19 cases, as this will allow for resumption of essential Council services. In these instances a copy of the site-specific risk assessment will be shared with the member of staff for their agreement before a return to work. **SMT Review in conjunction with Cllr Hart: 22 June (as reported to Cabinet Member meeting 8 July)** Social distancing requirements still in place prevents resumption of normal service delivery. Non face-to-face support is being offered to all existing and new LLBD clients, prioritising smokers and individuals with a BMI over 40. There are 99 active sites covered by the School Crossing Patrol Service, of which risk assessments have been completed for 97 (with the outstanding two to be completed within the week). 11 of these sites cannot re-open as the risks to the staff are unacceptable as we are unable to implement adequate social distancing measures. 34 sites are operating with 9 sites pending to be re-opened over the next two weeks. Schools have been updated with information about the site(s) serving their school. Limited or lack of information from schools is impacting the re-opening of 27 sites. There are 13 sites where the staff are either shielding or have

	concerns about their return to work. For those that have concerns there has been proactive support from their Area Supervisor in engaging them back to work. In anticipation of further changes in schools in the next school term work is being completed to encourage schools to communicate their planning over the summer holiday to allow the service to adapt and respond accordingly. **SMT Review in conjunction with Cllr Hart: 6 July (as reported to Cabinet Member meeting 22 July)** Social distancing requirements still in place prevents resumption of normal service delivery. Non face-to-face support is being offered to all existing and new LLBD clients, prioritising smokers and individuals with a BMI over 40. There has been an increase of open sites covered by the School Crossing Patrol Service from 34 to 56 sites. The focus on communication with schools and support for patrols with issues around their return to work has had the main impact on the resumption numbers. There are now only 2 sites that are effected by patrols concerned about their return to work. Since the Government announcement of the reduction to 1 metre social distancing, where 2 metres is not possible, risk assessment reviews of 13 sites are now in process. It is anticipated that those with positive assessments will be opened within the week. The service continues to have 4 sites where patrols are unable to return due to shielding or caring responsibilities. It has been possible to open one of the 4 as the highest risk site, using a relief patrol. There continues to be 6 schools who have low numbers of pupils attending and therefore the sites serving these schools remain closed. We are working closely with these schools to monitor any changes in pupil numbers so that service can be resumed when appropriate.
Signature and Date: Dean Wallace March 2020	

Appendix 2

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Executive Director for Adult Social Care & Health

REVIEW OF URGENT OFFICER DECISIONS TAKEN TO SUPPORT COVID-19 RESPONSE THAT HAVE BEEN IN PLACE FOR LONGER THAN EIGHT WEEKS

ADULT SOCIAL CARE AND HEALTH

20. Purpose of the Report

The purpose of the report is to provide the Cabinet with an update in relation to those actions which were the subject of Officer's Decisions utilising emergency decision making powers as detailed in the constitution and to provide assurance as to why these decisions need to remain in place for a period longer than eight weeks.

21. Information and Analysis

The current challenges relating to the COVID-19 pandemic have necessitated urgent decision making processes by the Executive Director for Adult Social Care and Health and Directors to be implemented to ensure the welfare of service users and the public and to safeguard the interests of the Council. The decisions have been made under the urgent delegated powers to Executive Directors as set out in the Constitution.

In the main, the decisions relate to short-term temporary arrangements which are subject to regular review. This is particularly important where subsequent Government guidance has been issued notably in the area of Adult Social Care. It is intended that as Cabinet is now able to function by meetings being held 'remotely' the need for officers to make urgent decisions will now diminish.

However, it is important that officer decisions are kept under regularly review by elected members and officers. At the 4 June 2020 Cabinet meeting it was agreed that Cabinet would formally delegate review decisions to the relevant Cabinet Member (CABCO) meeting as these were meetings held in public, virtually if necessary, in order to ensure maximum transparency. This process was put in place from 11 June 2020 with the Cabinet Member reviewing decisions on a

fortnightly basis. As outlined in the report to Cabinet on 4 June it is a requirement that a summary of review decisions made by Cabinet members will be reported to Cabinet every two months and this is the first of these reports.

As a further safeguard any significant reductions in service that have been reviewed and substantially maintained over any eight week period will be referred to Cabinet as soon as possible after the eight week period for ratification.

A copy of the most up to date version of the Officer Decision Records, noting the notes made at each review point, is attached as Appendix 1. Some of the ODR's have been updated to reflect the latest guidance from the Government on social distancing, which came into effect on 4 July and Cabinet are asked to note these minor changes that ensures that the rationale for the decisions remain in line with recommendations from Government.

In summary, the new national guidance whilst reducing some lockdown measures does clearly state that individuals should continue to limit contact with other people and to keep your distance via social distancing measures from people not in your household. On the whole, the guidance has encouraged utilising outdoor spaces for meetings between one or more household and where this is not possible mitigations are utilised, e.g. use of face coverings on public transport. Easing of the restrictions does apply to people aged 70 and over who were previously advised to self-isolate and for those who have been in the shielded cohort. However, the guidance does for these two groups emphasise the importance of continuing to maintain strict social distancing requirements and this has been a key consideration in all the decisions outlined below.

Below, in table 1, is a summary of the decisions that have been in place for a period of 8 weeks or more detailing the reasons why these decisions need to remain in place for a further eight-week period subject to fortnightly review by Cabinet Member.

Table 1: Summary of officer decision record reviews.

Officer Decision	Review notes and recommendation
Adult Social Care Residential Homes for Older People, closure to visitors (ASCODR1)	This decision was in relation to cease allowing visits from friends and family to residents within Derbyshire County Council operated homes for older people. It was originally agreed on 20 March 2020 and reported to Cabinet on 23 April 2020. Following review by Cabinet Member and ongoing work by officers the position has been revised so that whilst general visiting restrictions need to remain in place,

	temporary arrangements have been put in place to enable short visits to take place by family members in homes that have no cases of COVID-19 Guidelines have been developed and are attached to the officer decision record in the appendix. These guidelines will continue to be reviewed in line with national guidance and reflect the change in Government guidance on 4 July which still encourages those in the shielding cohort or with an underlying health condition to strictly observe social distancing measures and limit contact with people outside of their household. The newly announced testing for Care Home residents (every 28 days) and staff (every week) may impact on the ability to facilitate these visits i.e. if positive test results are returned. An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, it is attached to this report for Cabinet to review. Therefore, this decision needs to remain in place, subject to regularly fortnightly review by Cabinet Member.
Closure of Older Adults Day Centres and Cessation of service delivery for over 70's in learning disability day Services (ASCODR2)	This decision was in relation to the temporary closure of Derbyshire County Council's Older Adult Day Services and the cessation of services provided for people aged 70 or over in Learning Disability day services It was originally agreed on 20 March and reported to Cabinet on 23 April. Following review by Cabinet Member and ongoing work by officers the current position is that building-based day services will remain closed due to the national government guidance advised against gatherings in indoor spaces unless appropriate social distancing can be maintained and limiting contact with people from outside a household. An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, it is attached to this report for Cabinet to review.

	The following mitigations have been put in place since the original decision was approved, including: • Regular review of older adults , and where appropriate care packages have been adjusted • A small number of older adults who use building-based day services have been referred to and have made use of the Community Response Unit's services. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered. Ongoing work is to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic. Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services. Many of the buildings used as day centres have not been designed with this in mind, as historically the ethos of the offer is the facilitation of group activity for older people to reduce isolation and increase companionship. Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers. The services will not be able to support the same number of people and given the vulnerability of those who attend additional precautions will need to be taken. Therefore, this decision needs to remain, subject to regularly fortnightly review by Cabinet Member, whilst the scoping work outlined above takes place
Closure of building based Day Centres for people with a	This decision was in relation to the cessation of building based day services for people with a learning disability and / or autism.

Learning Disability (ASCODR3)	It was originally agreed on 23 March and reported to Cabinet on 23 April. Following review by Cabinet Member and ongoing work by officers the current position is that learning disability day services will remain closed. A working group has been formed to look at options for the future delivery of these services and these will be co-produced with people with a learning disability and reported on at an appropriate time. This group is actively reviewing Government guidance, including that issued from 4 July to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic. Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services. Many of the buildings used as day centres have not been designed with this in mind. Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers. Transport provision to support people to get to a day centre also needs to be considered in line with social distancing requirements and this may mean there is reduced capacity. Several factors are being explored these have been raised nationally through the Association of Directors for Adult Social Services (ADASS). This includes testing, use of face masks, the ability to manage with dignity, social distancing for people who lack capacity to understand the need, requirement for this. The experience of the attendee and their family/ carer to ensure that this remains a positive experience. The intention within Derbyshire is to co-produce “a new offer” with those who have historically used day services/ day activities and their families/ carers, recognising that fewer people will be able to attend a building-based offer on a daily basis and this should be reserved for those most at risk of carer breakdown and those with the highest level of need. People with Learning Disability and

	their carers will shortly be receiving letters communicating this approach. An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, it is attached to this report for Cabinet to review. The following mitigations have been put in place since the original decision was approved, including: • Regular review of people with a learning disability or autism, and where appropriate care packages have been adjusted • Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so. • A small number of people with a learning disability who use building-based day services have been referred to and have made use of the Community Response Unit's services. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered. Therefore, this decision needs to remain in, subject to regularly fortnightly review by Cabinet Member whilst the scoping work outlined above takes place.
Cessation of planned respite breaks services for Older Adults and people with a Learning Disability (ASCODR4)	This decision was in relation to the cessation of planned respite services provided by Derbyshire County Council for both older adults and people with a learning disability. It was originally agreed on 23 March and reported to Cabinet on 23 April. Following review by Cabinet Member and ongoing work by officers the current position is that building-based planned respite services will remain closed. Emergency respite provision continues to be offered , both through building-based services or through outreach services to

	an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control). An Equalities Impact Assessment has been completed in relation to the ongoing implementation and operationalisation of this decision, it is attached to this report for Cabinet to review. The following mitigations have been put in place since the original decision was approved, including: • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted • Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered. Therefore, this decision needs to remain in place for a further eight week period, subject to regularly fortnightly review by Cabinet Member.
Fire Risk Mitigation Work (ASCODR6)	This decision was in relation to continuing to undertake essential maintenance and specific fire risk mitigation works in DCC operated residential care homes for older people in order to deliver on previously identified risk mitigation and ensure the safety of residents and staff. It was originally agreed on 22 March 2020 date and reported to Cabinet on 23 April 2020. Following review by Cabinet Member and ongoing work by officers the current position is that the majority of scheduled work has taken place across the HOPs estate, with only a small number of tasks outstanding and will be undertaken from the end of July. This work relates to tasks that have been delayed due to disruption with the supply chain for key supplies due to the COVID-19

	pandemic. Restrictions still remain in place for general visiting to the Homes for Older People as outlined in a separate ODR, therefore these interim measures need to remain in place. The decision will be subject to regular ongoing fortnightly review by Cabinet Member who can end the interim arrangements once the works have been completed.
Financial Charging	This decision was in relation to adjustments to the client contribution guidance to meet changes in service due to COVID-19 It was originally agreed on 8 April 2020 date and reported to Cabinet on 23 April 2020. Following review by Cabinet Member and ongoing work by officers the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place. Therefore, this decision needs to remain in place, subject to regularly fortnightly review by Cabinet Member.
Shared Lives	This decision was in relation to the ability to make discretionary payments in order maintain our Shared Lives carer capacity and reliance with effect from 1 April 2020 to support placements. It was originally agreed on 22 May 2020, with payments backdated to 1 April 2020, and reported to Cabinet Member Committee on 2 June 2020 for retrospective approval. Following review by Cabinet Member and ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place

	for a further period. Payments to full time Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carer will continue to receive the amount they ordinarily earn. These arrangements remain subject to fortnightly review by Senior Managers to ensure they are appropriate. Shared Lives Carers have stepped up and taken on additional responsibilities to support people at home whilst day centre provision has been closed and these payments recognise those additional responsibilities. As noted in the section above day centre provision continues to remain closed, with only limited respite provision in place due to ongoing requirements in relation to social distancing which means that day centres cannot operate at fully capacity. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Therefore, this officer decision needs to remain in place for a further eight week period, subject to regularly fortnightly review by Cabinet Member.

For transparency and completeness the following emergency officer decisions were initially ratified by Cabinet in April or May and are no longer required to be in place:

- **Cash advance to homecare providers –** This decision related to a one off payment to support homecare providers which has been superseded a decision regarding additional payments to PVI sector (see below).

- **PVI sector additional payments** – PVI sector additional temporary payments – This decision was time limited until the end of July and further work is now taking place to better understand the costs associated with providing services following the outbreak of Covid 19. The Council needs this information about providers' additional costs in order to decide whether it is necessary to continue making further payments and if so in what amount. Any such deliberations will also take account of the Council's continued commitment to make free PPE Available and the funds received by Providers from the Infection Prevention Control grant. The Council has an obligation to ensure any spend of public funds is being used as intended, and it is hoped that this proposed review to understand the costs will provide such evidence. The outcome of this review and any subsequent recommendations will be reported to Cabinet on completion of this work.

The Cabinet Member for Adult Social Care has received a report outlining the Infection Prevention Control grant requirements and is aware how it replaces this officer decision.

- **The temporary cessation of non-urgent homecare** – these were temporary arrangements put in place at the start of the pandemic period to help manage demand for essential services. This officer decision was stood down on 4 June and non-essential homecare hours are now being reinstated by frontline teams.

- **Additional payments to people in receipt of a Direct Payment for PA's who are in the shielded cohort** - The Government have now clarified the position on using the job retention scheme for direct payment employers, and employer liability insurances are now confirming client can access the national scheme so additional funding is no longer required to support during the period of shielding. Therefore this decision no longer needs to be in place and was removed on 11 June following publication of the Government guidance.

- **Community equipment contract authorisation levels** – this decision has come to an end and the temporary authorisation levels have been removed and replaced by business as usual operational procedures.

22. Feedback from Principal Social Worker

The Principal Social Worker has been engaged and consulted with these decisions. The Principal Social Worker is satisfied that the original decisions have been made with due regard for the Department of Health and Social Care Ethical Framework. Where appropriate Care Act easement guidance has been considered and formed part of the decision making process. The Principal Social Worker is aware of the review processes in place.

23. Financial Considerations

As part of the urgent officer decision-making process, regard has been had to financial implications and these are detailed where appropriate on the original Officer Decisions.

24. Human Resources Considerations

As part of the urgent officer decision-making process, regard has been had to human resources implications and these are detailed where appropriate on the original Officer Decisions.

25. Legal Considerations

The reviews of the Officer Decisions made under powers delegated to officers in accordance with the Constitution have ensured that timely consideration is given to the necessity and proportionality of the continuation of those actions outlined in the Officer Decision Records.

A consolidated equalities impact assessment has been prepared and further specific equality impact assessments will be available in relation to the continuation of day services and visitor restrictions. The equality impact assessments should be considered alongside the report.

26. Equality implications

As part of the urgent officer decision making process, regard has been had to equality implications. A consolidated Equality Impact Assessment was reported to the 4 June 2020 Cabinet meeting and further Equality Impact Assessments have been undertaken as detailed above.

27. Other Considerations

In preparing this report the relevance of the following factors has been considered: Social Value, Human Rights, equality of opportunity, health, environmental, transport, property, social value and crime and disorder considerations.

28. Background Papers

- Officer Decision Records considered by Cabinet on 23 April 2020, 14 May 2020 and 4 June 2020 and published on the county council website.
- Decision making process during Covid Epidemic – report to Cabinet 4 June 2020
- Review of urgent officer decisions taken to support COVID-19 Response – report to Cabinet Member 11 June 2020
- Review of urgent officer decisions taken to support COVID-19 Response – report to Cabinet Member 9 July 2020
- Review of urgent officer decisions taken to support COVID-19 Response – report to Cabinet Member 23 July 2020
- Equality Impact Analysis – Urgent decisions in relation to council services, functions and assistance
- Government guidance on social distancing from 4 July 2020.

29. Key Decision

As indicated in reports

30. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

31. Officer's Recommendation

The Cabinet Member for Adult Social Care and Health is asked to:

iii. Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and

iv. Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

Helen Jones
Executive Director – Adult Social Care & Health
County Hall
Matlock

Appendix 1: Copy of Officer Decision Records

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets Residential Care	
Subject of Decision: (i.e. services affected)	Adult Social Care Residential Homes for Older People, closure to visitors
Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of the decision taken on 20 March 2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	Decision taken on 20/3/20 to cease to allow general visits from friends and family. **Review process** Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been	Government advice at the start of the pandemic advised that people aged 70 and over were required to self – isolate. The expectation of further advice from government as to implications for care homes was anticipated, but with none arriving to inform this initial decision. The advice in March from the Director of Public Health (DPH) and the written guidance updated on 20.3.2020 and the interpretation provided by the DPH, from advice he had received from Public Health England is that the words “strongly advised” meant, that we should I put visiting restrictions to homes for older people in place.

taken into consideration.	
Alternative Options Considered (if appropriate) and reasons for rejection of other options	We considered keeping the homes open to restricted visitors (friends and families only), but this seemed insufficient in the light of the guidance and advice received. We considered further social distancing measures. These were to be a letter, to friends/ relatives advising them of the risks, asking them to consider their position and reminding them of hygiene and social distancing measures and the potential to visit outside of the home. This was in fact the position agreed at the 8.30 meeting on the 20.2.2020, however, we reverted subsequently after the advice from the DPH and formally changed the decision at a specially reconvened ASC Gold later in the day. Minutes of both meetings are available.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	A risk assessment was not undertaken as the decision was taken urgently in response to national guidance issued by the Government in relation to the COVID-19 Pandemic. Subsequently some adverse impacts have been identified and these have been mitigated against – e.g. by ensuring all DCC HOPs and CCC's have access to Skype technology so family members can keep in touch. Further mitigations have now been developed to allow visiting to take place in prescribed and limited circumstances as detailed in the appendix to this ODR. This reflects changing government guidance in relation to the easing of the lockdown from 4 July 2020 which does permit limited contact with other people, but with the importance of keeping your distance from people not in your household. From 6 July structured, scheduled visits can now take place outdoors. This will need to be reviewed regularly to take account of the local and national circumstances and any further revised guidance. A quick decision may be required in the event of a second spike or localised outbreak to retract these arrangements and return to restricting all visits to residential care homes.
Would the decision normally have been the subject of	Yes, this decision would have been subject to consultation as it would potentially adversely impact on family members, carers and friends of the individual in

consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision	the home, as well as the person living in the care establishment. This decision had to balance the need to consult with the increased risk to vulnerable groups. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	The decision will have had an impact on the people accessing care; their families and carers and staff employed to provide direct care services. The temporary restrictions to the service, brings with it the potential for further risks to those currently using and those needing the service, since it will be more difficult in some ways to monitor well-being, and identify changes in needs, without the fundamental role family and friends provide in advocating on behalf of, and interpreting the needs of their loved ones. It is also likely to be the case that many of those who visit their loved ones and friends within our care homes may be less likely to be connected digitally, so the usual alternative means of providing services, is available to a lesser degree.
Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))	The guidance which initially supported the decision is: https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults Revisions have been made to the visiting arrangements following the publication of this guidance: https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july **Feedback on original Officer Decision:** **Principal Social Worker** The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied this decision has been informed by

	Government advice for residential care and supported living guidance which states: 'How care homes can minimise the risks of transmission? Care home providers should stop all visits to residents from friends and family. Medical staff and delivery couriers can still visit, but you should leave a hand sanitiser by the entrance and ask them to wash their hands as soon as they enter the building.' The Principal Social Worker is satisfied that the decision maker has shown due regard for balancing the impact on Human Rights Act Article 8, Care Act 2014 Wellbeing Principle and the Department of Health and Social Care Ethical Framework when reaching this decision. All Adult Social Care homes have been issued with a laptop and staff are supporting remote contact with family and friends via technology including telephone, videos, email and Skype so that essential family contact and links are maintained. All residents have person centred support plans and personal service plans that identify important others and contingency plans developed to ensure contact is promoted. **Finance** There are no additional costs associated with this decision. **Human Resources** **Legal** Decision is not time limited – would be beneficial to indicate a review date. Response: This decision will be reviewed every two weeks by SMT as part of RODR process and this will be referenced in Cabinet Report as mitigation Decision has HR implications (Article 8 – family life) report should detail how these rights have been balanced and how residents might be supported in having contact with friends and family , otherwise than direct contact.

	Response: This is referenced via mitigations provided via Skype and it is acknowledged that this an issue, however it is felt important in the current climate that this has to be balanced against an individual's wellbeing and the risks to a person's health if visiting is permitted within a home increasing chances of transmission of the disease.
Consultation with relevant Cabinet Member (s) – please note this is obligatory.	This took place with Cllr Wharmby by phone on 20th March 2020. Consultation with Cllr Wharmby on Review 19/05/2020 Consultation with Cllr Wharmby on Review 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee 11/06/2020 ,25/06/2020, 09/07/2020 and 23/07/2020
Decision:	To close all DCC residential homes with immediate effect on 20.3.2020 and to advise independent sector homes of our position and expectation. **SMT review: 22/04/2020** - Social distancing requirements still in place and therefore need to maintain position. The national guidance now states there is a requirement to allow family members to visit loved ones at the end of life which is being delivered locally. Video calling arrangements are in place and has been positively received. SS is to provide clarity on end of life procedures across all establishments. **Review by SMT 06/05/2020**: It is considered necessary to continue with visiting restrictions to DCC care homes as social distancing requirements are still in place and therefore it is important DCC maintains this position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk of COVID-19. Feedback from staff working in Derbyshire County Council operated residential care homes informed the original decision as some individuals were becoming anxious about the on-going visits from relatives and the risk that posed to individuals living in the home. This remains a concern amongst operational teams in relation to infection control. Nationally, it is recommended that visiting restrictions are

	in place for care homes due to concerns about the prevalence of the disease in these settings. National guidance has changed to enable family members to visit loves ones at the end of life and this is being delivered locally. Direct Care staff are developing a consistent approach to end of life visiting arrangements to facilitate the implementation of this national guidance. We have ensured that each DCC home has video calling facilities to allow family members to keep in regular contact with people living in a DCC residential care establishment and this has been received positively received. We have also informed PVI Sector homes of this ongoing position to inform their decision making. **Review by SMT 21/05/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as social distancing requirements are still in place and therefore it is important DCC maintains this position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk of COVID-19. **Review by SMT 04/06/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19. National guidance has changed to enable family members to visit loves ones at the end of life and this is being delivered locally and this is being facilitated. As a result of the latest changes to social distancing arrangements introduced by the Government this week officers are exploring how visiting restrictions can be relaxed to enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained. This work will be undertaken in conjunction with Health and Safety and Public Health colleagues to

	ensure any relaxing of the current arrangements are undertaken in a way that continues to minimise the risk to all parties of infection spread. The outcome of this work will be reported to Cabinet Member and will inform changes to visiting restrictions moving forward. **Review by SMT 11/06/2020:** Hold position as PVI sector currently more broadly is not seeking to relax visiting as a potential risk to the residents in the home in terms of infection prevention control. Officers to undertake a piece of work scoping of what might be possible and under what circumstances. **Review by SMT 18/06/2020:** It is considered necessary to continue with visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19. National guidance has changed to enable family members to visit loves ones at the end of life and this is being delivered locally and this is being facilitated. As a result of the latest changes to social distancing arrangements introduced by the Government this week officers are exploring how visiting restrictions can be relaxed to enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained. This work will be undertaken in conjunction with Health and Safety and Public Health colleagues to ensure any relaxing of the current arrangements are undertaken in a way that continues to minimise the risk to all parties of infection spread. The outcome of this work will be reported to Cabinet Member and will inform changes to visiting restrictions moving forward. **Review by SMT 02/07/2020:** It is considered necessary to continue with general visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions

	which puts them at more risk should they contract COVID-19. National guidance has changed to enable family members to visit loves ones at the end of life and this is being delivered locally and this is being facilitated. As a result of the latest changes to social distancing arrangements introduced by the Government officers a range of prescriptive visiting arrangements that enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained has been developed and will be implemented. **Review by SMT 1607/2020:** Following ongoing work by officers the position has been revised so that whilst general visiting restrictions need to remain in place, temporary arrangements have been put in place to enable short visits to take place by family members in homes that have no cases of COVID-19 Guidelines have been developed and these will continue to be reviewed in line with national guidance and reflect the change in Government guidance on 4 July which still encourages those in the shielding cohort or with an underlying health condition to strictly observe social distancing measures and limit contact with people outside of their household. The newly announced testing for Care Home residents (every 28 days) and staff (every week) may impact on the ability to facilitate these visits i.e. if positive test results are returned.
Signature and Date: Simon Stevens 20/03/2020	

Appendix to ODR: Guidelines for visitors to Derbyshire County Council's residential care settings

Central government has recently announced new guidance relating to social distancing. The Council has considered this guidance alongside advice from its local health protection team. Given the particular risk posed by the virus to those over 70 and with underlying health conditions, a phased approach will be taken to the reintroduction of visits. We are pleased that we are now able to facilitate visits to our residential establishments. To ensure the safety of all of our residents and staff, these visits will need to be structured and the guidance below must be adhered to by all visitors.

Visits will only be permitted to homes where there are no cases of COVID19.

Framework for visits

1 All visits will be held in the garden/outside area of the home. Visitors must not enter the care setting unless there are exceptional circumstances. Visitors should bring their own refreshments to enjoy during the visit if required.

2 Visits must be pre-arranged with the manager on duty at the home.

3 Visits will be restricted to a maximum of two people at any one time. Unfortunately young children are not permitted to visit at this time. All visitors must be able to maintain social distancing during the visit. Unfortunately pets cannot be accepted at the present time

4 Visits will be time limited to a maximum of 30 minutes in order to ensure all residents have the opportunity to spend time with their relatives/friends and to allow staff to clean chairs in between visits.

5 Visitors will not be able to access the interior of the home.

6 Visits may be cancelled at short notice if the weather is inclement or the resident is unwell.

7 On arrival visitors will be asked some COVID-19 related questions about their health;

a. Has anyone tested positive for COVID-19 in your household?
b. What was the date of the positive result?
c. Has 14 days elapsed since the positive test?
d. Do you believe yourself to be free of both symptoms of COVID-19 or any other infectious disease?

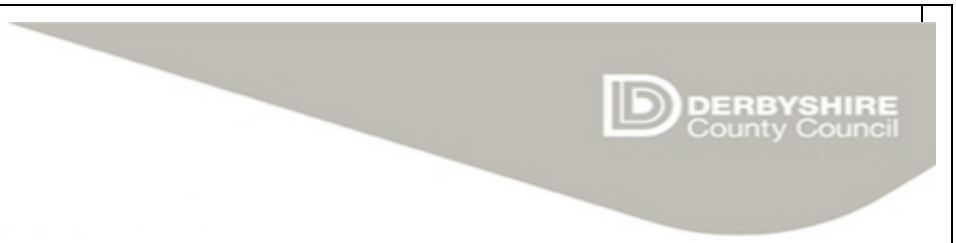
8. Upon arrival, you will be given a visor for your retention which should be taken home and used for subsequent visits.

9 Seats will be provided 2 metres apart in a designated area and must not be moved.

10. No physical contact should take place during the visit to avoid the need for your loved one to socially isolate following the visit.

12. Gifts must be placed in a plastic bag, any food items must be shop bought and in sealed packets.

13 Gifts should be left by the chair and will be retrieved by the staff and given to the resident once they have been sanitised.



Derbyshire County Council

Equality Impact Analysis Record Form 2018

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Homes for Older Adults - Temporary visitor restrictions.
Chair of Analysis Team	Graham Spencer – Group Manager Adult Social Care Transformation

The Public Sector Equality Duty

The Council is required to exercise its functions having careful regard to the need to:

(1) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
(2) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
(3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the Public Sector Equality Duty (PSED) is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and promote the welfare of older and disabled adults who receive care and support services, and any particular risks that might be faced by those who are from BAME communities, mothers or pregnant Women, or whose gender, gender re-assignment, sex or sexual orientation or religion might lead them to experience particular difficulties.

Stage 1. Prioritising what is being analysed

a. Why has the policy, practice, service or function been chosen? (rationale)
b. What if any proposals have been made to alter the policy, service or function?

This Equality Impact Analysis concerns the decision taken by the Service Director of Adult Social Care (Deputy Director of Adult Social Services) on 20/3/20 to temporarily cease visits from friends and family to Older Adults within Council run residential homes known as HOP's (Homes for Older People) and RCCC's (Residential and Community Care Centres).

This decision was undertaken following advice from the Government; Public Health England and The Director of Public Health for Derbyshire, in order to reduce the risk of Covid-19 infection transmission. Specifically, the decision was taken to ensure appropriate social distancing measures, allowing for those adults over the age of 70 years; predominantly with underlying medical conditions to self-isolate more effectively. Therefore, meaning it was neither practical nor safe to keep older adult's Residential establishments open to visits from family and friends. The decision was also undertaken to support Residential Care staff members who were becoming increasingly concerned with the level of risk, not only for the people within their care, but also personally.

There was additional guidance in relation to professional visits from health staff for example, in that only essential visits from professionals should continue during the restrictions, however, use of technology such as Skype should be used to facilitate such consultations where possible and appropriate.

On 22/04/20 the Adult Care Senior Management Team reviewed the measures in place and alongside amendments to national guidance; eased restrictions to allow family members to visit loved ones at the end of life with protective protocols in place, including the use of PPE (Personal Protective Equipment).

Although there are only very small numbers of adults under the age of 70 years living in our HOP's and RCCC's (6 people April 2020), these people are also likely to fall into the category of having an underlying 'high risk' health condition that means they too would be strongly advised to socially distance under government guidelines.

Monitoring of the wellbeing of individuals has been undertaken during the period of visitor restrictions and Individual client-based risk assessments have been undertaken in relation to this decision and concerns relating to the effects on the wellbeing of both the individuals and their family and friends.

c. What is the purpose of the policy, practice, service or function?

Within the County there are 24 homes for Older Adults provided within Adult Care, one of which was opened specifically ahead of time to enable hospital discharge of Older Adults who have contracted Covid-19 only as a temporary measure.

At 1st April 2020 Adult Care supported 567* Adults within HOP's and RCCC's. These services provide 24-hour support for people whose needs are such that they are no longer able to fully manage independently or be cared for safely at home with the addition of a package of domiciliary care and informal care from family carer's where available.

Several of the residential care homes also provide what are referred to as 'Pathway 2' beds or 'Community Support Beds – CSB's'. These are residential beds, often in an identified 'wing' of a care home which provide a short term reablement support for an individual. Most of this type of care attracts intensive therapy input to support a person's discharge from hospital as a 'step down' measure, or to provide a period of therapeutic intensive support to those in the community to avoid hospital admission and empower individuals to reach their potential to remain independent at home. These individuals are primarily aged over 65 years, but on occasion can be Adults who are under 65 years. Enabling people to live independently and at home for as long as possible is key within Derbyshire County Council's Older People's Housing, Accommodation and Support strategy 2019-2035

d. Are there any implications for employees working in the service?

Staff are at reduced risk of contracting and transmitting Covid-19 with visitor restrictions in place. Restrictions also provide staff with a greater sense of security regarding their own health and wellbeing.

As part of the restrictive measures on visiting, relief and agency staff have been directed to work in only 1 home rather than work across multiple homes which is usual practice, in order to lessen infection transmission. Ordinarily this would minimise the availability of shifts accessible to those workers which would have an adverse effect, however with the staffing vacancies within the homes prior to the Covid-19 Pandemic and the increased need to cover shifts for staff sickness and those shielded; it has had little negative impact on those staff.

Stage 2. The team carrying out the analysis

Name	***Area of expertise/ role***
Rebecca Toms	Service Manager Adult Social Care Transformation
Graham Spencer	Group Manager Adult Social Care Transformation
Linda Elba-Porter	Service Director Adult Social Care Transformation

Stage 3. The scope of the analysis – what it covers

This analysis will:

- Examine whether implementing the decision to temporarily cease visits by friends and family members to Older Adults Residential care homes is likely to disproportionally affect particular groups of people, including those currently living within those homes and staff; and whether these groups of people are likely to have protected characteristics and experience other inequality, in line with the requirements of the Equality Act 2010;
- Seek to highlight any concerns over the possible impacts for groups of people and communities in Derbyshire, where these are likely to be negative, adverse or could be deemed to be unfair or discriminatory; and
- Where adverse impacts are identified, the EIA team will suggest suitable mitigations to negate or minimise the impact(s) found.

Stage 4. Data and consultation feedback

a. Sources of data and consultation used

Source	***Reason for using***
Mosaic data – Adult Social Care Management Information Team	Overview of HOP's/RCCC's usage by characteristic groupings.
ONS Mid- year 2018 Population Estimates	Contextual information for Derbyshire
Public Health England Fingertips	Contextual information for Derbyshire
Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018	Contextual information for Derbyshire
Alzheimer Europe and the European Governmental Expert Group on Dementia (24 March 2020) '*Alzheimer Europe recommendations on promoting the wellbeing of people with dementia and carers during the COVID-19 pandemic'* https://www.alzheimer-europe.org/Policy/Our-opinion-on/Wellbeing-of-people-with-dementia-during-COVID-19-pandemic	To identify some of the key issues and challenges faced particularly by people with a dementia, and social care staff during the Covid-19 Pandemic and implement recommendations to reduce the risk of adverse effects.
Quality Compliance Systems *'Care homes, Coronavirus, and Human Rights' Rachel Griffiths 13.03.20* https://www.qcs.co.uk/care-homes-coronavirus-and-human-rights/	To identify some of the key issues and challenges faced particularly by people who have their liberty deprived during Covid-19 visitor restrictions.
Department of Health & Social Care GOV.UK *www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity*	Overview of support for people in care homes who are deprived of their liberty during the Coronavirus pandemic.

Stage 5. Analysing the impact or effects

a. What does the data tell you?

<table>
<tr><th>Protected Group</th><th>Findings</th></tr>
<tr><td>Age</td><td>
The population of Derbyshire, according to the ONS Mid-year estimates (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.

Population of Derbyshire

<table>
<tr><th>Age</th><th>Population[1]</th><th>Known to DCC[2]</th><th>%</th></tr>
<tr><td>0-15</td><td>136,713</td><td>6,722</td><td>4.9</td></tr>
<tr><td>16-17</td><td>16,559</td><td>809</td><td>4.7</td></tr>
<tr><td>18-64</td><td>471,187</td><td>4,561</td><td>0.9</td></tr>
<tr><td>65-74</td><td>96,829</td><td>2,729</td><td>2.8</td></tr>
<tr><td>75-84</td><td>53,961</td><td>4,459</td><td>8.6</td></tr>
<tr><td>85+</td><td>20,893</td><td>4,502</td><td>21.8</td></tr>
<tr><td>N/K</td><td>0</td><td>25</td><td>0</td></tr>
<tr><td>Total</td><td>796,142</td><td>23,807</td><td>3</td></tr>
</table>
Sources:
1-ONS Mid-2018 Population Estimates
2-DCC management information teams

The council currently supports 11,715 people over the age of 65 – 72% of Adult Social Care and Health's total work. There are an estimated 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population.

In addition to age, life expectancy is a factor that can indicate how services will be used in the future. Public Health England report that life expectancy in Derbyshire is 79.3 years for males and 82.8 years for females.

Healthy life expectancy is also being used as a potential indicator of demand for services and shows a much lower age of 63 for males and 62 for females, whilst estimated dementia diagnosis rates average 71% of people above 65 years old.

Life expectancy by area
<table>
<tr><th>Area</th><th>Male</th><th>Female</th></tr>
<tr><td>Amber Valley</td><td>80.0</td><td>82.9</td></tr>
<tr><td>Bolsover</td><td>78.3</td><td>82.0</td></tr>
<tr><td>Chesterfield</td><td>78.2</td><td>81.8</td></tr>
<tr><td>Derbyshire Dales</td><td>80.7</td><td>84.8</td></tr>
</table>
</td></tr>
</table>

Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

***Age range of people cared for in HOP's and RCCC's**

Age range	Number of people within range	Percentage of overall number
45-54	1	0.2%
55-64	5	0.9%
65+	561	98.9%
Total	**567 people**	

*Data correct at 01.04.20

Conclusions

The majority of People living in our homes for Older Adults are aged over 65 years, though a very small number are younger than this.The impact of the decision that this cohort might experience, could result in a reduced sense of wellbeing as well as feelings of isolation especially for those living within our care homes who have a Dementia or other cognitive disability. While it is noted that the visiting restrictions will greatly impact all people living in our care homes, for those with a cognitive disability or mental ill health the impact may be greater as they are more likely to struggle to understand or remember the reasons for the reduced familiar connections. This could have an impact on both physical and mental health if essential steps to mitigate as far as practicable are not taken. Technology has been used to reduce this risk This risk needed to be balanced with the greater risk of the spread of COVID -19 and the need for infection control procedures to be adhered too.

Disability	Across ASCH all disability-related issues must be taken account of for people with a physical disability; sensory impairment; cognitive impairment; learning disability; and mental health issues when services are planned and commissioned. Attention should also be paid to physical access, and the format of information and advice given. The table below details the Primary Support Reasons (PSR) for people accessing ASCH support. Over half of the adults (53%) require physical support, a total of 8,718 of which many are likely to have secondary support needs such as mental ill health or cognitive impairment.

Adult Social Care & Health primary support reasons

Primary Support Reason	Number	%
Physical Support	8,718	53.6
Learning Disability	2,189	13.4
Mental Health	901	5.5
Memory & Cognition	825	5.1
Sensory Support	452	2.8
Social Support	354	2.2
Non-PSR	2,321	14.3
PSR - Other	516	3.2
Totals	16,276	100

Source: Adult Social Care and Health MIT
Note: "PSR - Other" includes Children's cases in transition

In addition to this, it must be noted that whilst PSRs are useful in understanding the number of people accessing services for the various types of support, they should not be relied upon in isolation as they do not provide an accurate picture of people's support needs as they only record the primary need, which may change over time. Often a cognitive impairment is missed in data recording because it has developed subsequent to the initial presenting need. Practitioners within our older adults Care homes understand the figures of people with cognitive impairment such as a Dementia or brain injury following a stroke to be substantially higher than the data suggests.

Older Adult's HOP's and RCCC's – Primary Support Reason

Primary Support Reason		
Physical Support	444	78%
Learning Disability	6	1%
Mental Health	15	3%
Memory and Cognition	57	10%
Sensory Support	28	5%
Social Support	13	2%
Non-PSR	4	1%
Total	**567**	

Source: Adult Social Care and Health MIT at 01.04.20 both long and short term residential care

Most people living in one of Derbyshire County Council's HOP's or RCCC's are doing so with a PSR of physical support, 78%, with the next highest cohort being those with a PSR for Memory and Cognition at 10%. However, given the caveats above, it would not be unreasonable to suggest that some people have multiple support reasons, but these are not recorded in relation to admission to a care

home. The information below gives an overview of the number of people who have disclosed more than one health condition.

ASCH gathers data on the number of conditions people have, in addition to the primary reason for support. The accuracy of this information is adversely affected by people not always disclosing conditions, but it does help us to understand the health challenges facing many people, in addition to the primary reason for support.

Number of people with additional health conditions

	Adults	%
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
Totals	**7,527**	**100**

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing ASCH have between one to five health conditions, however, these may not always constitute a disability.

The impact people face may also depend upon the type of disability. Many people receiving services will, by virtue of their age, be more likely to have a disability relating to mobility, cognitive or visual and hearing impairment, and may have conditions which mean they are at a higher risk of infection regardless of their age.

Employee Information

The number of employees who have declared a disability account for approximately 3% of the Council's total workforce. This has remained relatively unchanged over the last ten years. Levels of disability vary across departments but are higher in ASCH with 5% of staff working in assessment teams with a declared disability.

It is not expected that changes will be made to any of the existing arrangements that may be in place for disabled employees, beyond those temporary arrangements introduced to ensure safe working practices during the Coronavirus e.g. those who are in the extremely clinically vulnerable group must shield and therefore remain at home and those who are vulnerable must remain at home where possible.

	Staff from the care homes for whom this relates to have been asked to do alternative work from home where they can. Those who have family members at extremely high risk will not work with those who have contracted Covid-19. All staff must wear the Public Health England recommended Personal Protective Equipment or PPE in addition to protecting not only those living in our care homes, but those employees working in our care homes by introducing the visitor restrictions. A mental health wellbeing package of support is offered to all employees of the County Council particularly during the Pandemic. **Conclusion** The decision to temporarily restrict visitors to HOP's and RCCC's will impact upon people living with a disability from the perspective of wellbeing, isolation loneliness and advocacy. There are particular risks involving persons who lack capacity or who have reduced capacity to make specific decisions; most specifically in terms of them and their family members understanding to and agreeing to what is proposed in terms of temporary restrictions, but also requirements to socially isolate within the home and the need for increased hygiene practices. Such persons may not understand or may have difficulties understanding the reasons for the temporary restrictions to the service from the point of view of social distancing or Government guidelines on people aged over 70 self-isolating. These concerns are being picked up and addressed where appropriate during the regular review calls that are being made. All the HOP's and RCCC's also have a link worker from an assessment team who is mindful of the impact the restrictions will have and will address these with the individual homes. As part of mitigations all personal service plans for people within the care homes should be updated to reflect any increasing need for support and plan of care the restrictions have resulted in. As restrictions were put in place in March 2020 all HOP's and RCCC's were provided with a laptop to enable staff to support people within their care to access electronic communication such as Skype so that family and friendship connections could continue to be maintained for the wellbeing of both the person and their friends and family. Homes also have smart phones which staff have supported a number of people to make 1:1 calls with family and friends or applications such as WhatsApp to make face to face video calls. Several people within the homes have recorded messages and sent letters to their family members and vice versa. Many of the homes have also been supported by local school children with cards, letters and pictures. All possible steps have been taken to lessen the effects of isolation. For those who have reduced mental capacity that perhaps have their liberty deprived under a DOL's in relation to where they live in a care home, (Deprivation of Liberty Safeguard Mental Capacity Act 2005) it

<table>
<tr><td></td><td>could be perceived that by restricting visitors there is a further deprivation of liberty, however this type of restriction is acceptable under Article 8 of the Human Rights Act 1998 in relation to the right to family life where it concerns the protection of public health.

In terms of access to Best Interest Assessors (BIA's), advocacy and access to the Deprivation of Liberty Safeguards Team during visitor restrictions, alternative ways of supporting people have been put into place temporarily in order to mitigate. A framework for legal decision making and support under the Mental Capacity Act 2005 during Coronavirus has been issued in government guidance whilst temporary restrictions are in place and can be found at: www.gov.uk/government/publications/coronavirus-covid-19-looking-after-people-who-lack-mental-capacity

This risk needed to be balanced with the greater risk of the spread of COVID -19 and the need for infection control procedures to be adhered too.</td></tr>
<tr><td>Gender (Sex)</td><td>The overall population of Derbyshire consists of 2% more women than men – 17% are aged 15 or below, 61% aged 16 to 64 and 22% are over 65 years (Derbyshire Observatory infographic based on ONS Mid-Year projections 2018).

Projections published by the ONS in 2018 suggest the following overall population figures for Derbyshire by gender. The figures show a relatively small deviation in numbers between men and women up to age 64, and beyond 65 the difference increases as women outlive men.

Population of Derbyshire by Gender and Age

<table>
<tr><th>Age</th><th>Male</th><th>Female</th></tr>
<tr><td>0-14</td><td>65,709</td><td>62,723</td></tr>
<tr><td>15-19</td><td>20,877</td><td>19,930</td></tr>
<tr><td>20-64</td><td>225,129</td><td>230,091</td></tr>
<tr><td>65+</td><td>78,455</td><td>89,338</td></tr>
<tr><td>All ages</td><td>390,170</td><td>402,082</td></tr>
<tr><td>Total</td><td colspan="2">792,252</td></tr>
</table>
Source: ONS Mid-Year Projections 2018

The gender split for people accessing older adult's residential care homes indicates that 70.4% of clients are female, with 29.5% male. Which is slightly higher but generally in keeping with other services provided by Adult Social care.</td></tr>
</table>

	<table><tr><th>Gender</th><th>Total</th><th></th></tr><tr><td>Male</td><td>167</td><td>29.5%</td></tr><tr><td>Female</td><td>399</td><td>70.4%</td></tr><tr><td>Unknown/not declared</td><td>1</td><td>0.2%</td></tr><tr><td>Total</td><td>567</td><td></td></tr></table>Source: Adult Social Care and Health MIT **Conclusion** It can, therefore, be concluded that women are more likely to be affected by any adverse impacts resulting from the implementation of the decision. As restrictions were put in place in March 2020 all HOP's and RCCC's were provided with a laptop to enable staff to support people within their care to access electronic communication such as Skype so that family and friendship connections could continue to be maintained for the wellbeing of both the person and their friends and family. Homes also have smart phones which staff have supported a number of people to make 1:1 calls with family and friends or applications such as WhatsApp to make face to face video calls. Several people within the homes have recorded messages and sent letters to their family members and vice versa. Many of the homes have also been supported by local school children with cards, letters and pictures. All possible steps have been taken to lessen the effects of isolation. This risk needed to be balanced with the greater risk of the spread of COVID -19 and the need for infection control procedures to be adhered too.
Gender reassignment	The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's care homes provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their gender status **<u>Conclusion</u>** It is not envisaged that the proposal to temporarily restrict visits to care homes for older people will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Marriage and civil partnership	The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's care homes provided by the Council. However, there will be people who use our services who will be represented under this protected

<table>
<tr><td></td><td>characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status.

<u>Conclusion</u>
It is not envisaged that the proposal to temporarily restrict visits to care homes for older people will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</td></tr>
<tr><td>Pregnancy and maternity</td><td>This protected characteristic is not relevant to the service and the decision that forms the basis of this equality impact analysis.</td></tr>
<tr><td>Race</td><td>At just 4.2%, Derbyshire has a lower than average population of people from a BAME background. The population is spread across a broad range of different racial and ethnic groups, including people from the EU and Eastern Europe, from Black, Chinese and Asian communities.

The following table details the number of people accessing Derbyshire County Council’s care homes for older adults by BAME communities at 01 April 2020. The figure is lower than the average population of Derbyshire as a whole at only 0.2%, however there are another 3% of people who have not stated their ethnicity or it has not been obtained which may account for some of the deficit, however it is clear that proportionally the figures are lower than what would be in line with the Derbyshire demographics as a whole. The majority, 96.8%, identifying as being White or White British/Irish or any other white background.

<table>
<tr><th>Ethnicity</th><th>Total</th><th>%</th></tr>
<tr><td>White British</td><td>543</td><td>95.8%</td></tr>
<tr><td>Not Known</td><td>11</td><td>2%</td></tr>
<tr><td>Not Stated Information not yet obtained</td><td>6</td><td>1%</td></tr>
<tr><td>White Any Other White Background</td><td>5</td><td>0.8%</td></tr>
<tr><td>White Irish</td><td>1</td><td>0.2%</td></tr>
<tr><td>Other Ethnic Group Any Other Ethnic Group</td><td>1</td><td>0.2%</td></tr>
<tr><td>Total</td><td>567</td><td></td></tr>
</table>
Source: Adult Social Care and Health MIT at April 01st 2020

Across Derbyshire some districts have a higher than average BAME population, for example Chesterfield at 5.1% and Erewash at 4.8%, this must be considered in terms of communicating the decision, any updates, and the mitigations as English may not be a first language for some people in these communities.</td></tr>
</table>

	Conclusion Many people who have been affected by the decision are "White British". It is nonetheless a concern that BAME service users could be disproportionately adversely affected by the decision. While social workers and care staff will already be aware of the need to ensure that people from BAME communities are not disadvantaged to any extent and are treated equally in the provision of care services, it would be beneficial for Social Work staff and those caring for people in our HOP's and RCCC's to be reminded of this underpinning principle particularly given that less people are likely to access services from BAME communities, yet as emerging research indicates these are the very communities which are at a far higher likelihood of being affected severely if Covid-19 is contracted. It is important to note that this will be of great concern to people from BAME communities within our care homes and even more so their families who are unable to physically visit them. It is also imperative within the assessment, review and care planning process that consideration be given to whether people from BAME communities using this service require any additions or variation to the service to take account of their cultural needs, or whether they are also in receipt of services from BME based community organisations, which provide essential additional support and community connections to ensure the wellbeing of people at a particularly isolating time. Thought must be given to how people maintain connections with their wider community during visitor restrictions particularly for those who are already at a disadvantage due to their ethnicity.
Religion and belief including non-belief	Data collected relating to this protected characteristic with reference to people accessing older adult's care homes provided by the Council indicates a figure of only 3.6% that describe themselves as practicing a religion. Of that figure 3.3% describe themselves as practicing Christians and 0.3% have stated they practice a religion or belief however have not specified which. Assessments and service provision are offered to people in Derbyshire regardless of their religious status and steps are taken to support people to worship where they live either in a HOP or RCCC. **Conclusion** It is not envisaged that the proposal to temporarily restrict visits to older peoples care homes will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals. It will be important for staff within the care homes to support people to attend worship at a distance in alternative ways.
Sexual orientation	The Council does not collect data relating to this protected characteristic with reference to people accessing older peoples care

	homes provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status. **Conclusion** It is not envisaged that the proposal to temporarily restrict visits to older peoples care homes will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.

Other- non statutory

Socio-economic	Derbyshire has a high variation between households who are affluent and those which experience deprivation or socioeconomic disadvantage. Many services provided by the Council are designed to support people who have fewer resources (low income or in receipt of benefits) and may experience poorer health or have lower life opportunities. In addition, older people accessing residential care have retired (if they previously worked) and may also be in receipt of a low income from benefits and/or a state pension. According to quarterly benefit statistics from May 2018, there are 7,943 individuals in receipt of Pension Credit Guarantee Credit in Derbyshire. Analysis by district is summarised below. **Number of people in receipt of benefits, by Derbyshire locality**

Local authority area	№ of people
Amber Valley	1,258
Bolsover	941
Chesterfield	1,289
Derbyshire Dales	583
Erewash	1,154
High Peak	873
North East Derbyshire	1,138
South Derbyshire	706
DERBYSHIRE	**7,943**

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

Changes to pensions for couples where one person is of retirement age but their spouse is working were introduced in May 2019, but they did not affect pre-existing claimants. Those claiming since May 2019 can only access support through the working age benefit system, replacing access to Pension Credit, pension age Housing Benefit and working-age benefits.

There have also been problems encountered by claimants experiencing the roll-out of Universal Credit across Derbyshire, the

negative impacts of this are still being felt by people accessing ASCH and their family's financial situations will need to be considered when being assessed under the Care Act.

Content for the table below comes from the Index of Multiple Deprivation (2015) and gives an insight into which areas of Derbyshire are less affluent than others. For example, a more affluent area such as the High Peak District has considerably less deprivation than the more urban Chesterfield Borough.

Deprivation by Area

Area	Population deprivation by area
Amber Valley	10%
Bolsover	21%
Chesterfield	29%
Derbyshire Dales	2%
Erewash	16%
High Peak	5%
N.E. Derbyshire	6%
South Derbyshire	3%

Source: 2015 – Index of Multiple Deprivation, MHCLG

The Council employs people from across Derbyshire, including many workers who live in poorer and deprived communities. Additionally, many such workers will work in the same or a nearby community to that which they live in. The decision will not require staff to be redeployed to support other service areas and requires workers to remain at their base location particularly if they are relief or agency staff.

Conclusions

It is assessed that the decision should not have an adverse impact on this area of people's lives.
However, it is essential that the council continues to support people to maximise their income and support opportunities to promote greater independence and wellbeing, whilst reducing financial inequality. This should be noted for staff who are usually employed across several care homes. Any adverse effects should be alleviated by offering additional shifts to cover sickness and shielded staff during the Covid-19 Pandemic.

Rural	It is likely that People living in more rural locations will experience greater adverse effects as a result of the decision compared to those living in urban areas. Those in more rural care homes may have already experienced reduced contact with friends and family because of the nature of the restrictive travelling distances where rurality is more of a consideration; for example, in areas such as the High Peak.

The number of people living in rural or urban areas and accessing adult social care and health services is detailed in the table below.

People accessing services by rurality

Rural Urban classification	People accessing services	
	No.	%
A1 – Major conurbation – Urban	18,391	77%
B1 – Minor conurbation – Urban		
C1- City and town – Urban		
D1 – Town and Fringe – Rural	4,931	21%
E1 – Village – Rural		
F1 – Hamlets and Isolated Dwellings – Rural		
No information	485	2%
Total	**23,807**	**100%**

Source: Adult Social Care and Health Services MIT at April 01 2020

Staff living in rural areas will experience the same limitations as people approaching services for support but are more likely to be able to travel independently, and their existing personal arrangements are unlikely to change as a result of implementing the decision.

Conclusion

The decision to temporarily restrict visitors to older adult's care homes will affect all the people living in care homes in some form or another. Those living in more rural / isolated areas of the County may be more affected and feel greater effects of isolation. It is imperative that staff use all available resources to aid communication. This risk needed to be balanced with the greater risk of the spread of COVID -19 and the need for infection control procedures to be adhered too.

b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

This decision to temporarily restrict visitors to older adult's care homes was an emergency officer decision taken by the Service Director of Adult Social Care (Deputy Director of Adult Social Care). There was no formal engagement undertaken prior to the decision with users of the service, their family/carers, or partner agencies. This was a decision that was undertaken on an urgent basis and in line with Government policies introduced to prevent the spread of the Covid-19 infection e.g. shielding / self-isolation for people over the age of 70 and the need to ensure social distancing of 2 metres can be facilitated where possible.

Protected Group	***Findings***
Age	No comments have been received with regards to this protected characteristic.
Disability	No comments have been received with regards to this protected characteristic
Gender (Sex)	No comments have been received with regards to this protected characteristic.
Gender reassignment	No comments have been received with regards to this protected characteristic.
Marriage and civil partnership	No comments have been received with regards to this protected characteristic.
Pregnancy and maternity	No comments have been received with regards to this protected characteristic.
Race	No comments have been received with regards to this protected characteristic.
Religion and belief including non-belief	No comments have been received with regards to this protected characteristic.
Sexual orientation	No comments have been received with regards to this protected characteristic.

Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

c. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

Derbyshire Carers Association reports there are over 120,000 carers in Derbyshire and data from ASCH management information teams confirms there are 25,002 carers (328 are under 18) known to services in Derbyshire at this time. The table below provides more detailed information.

Number and ages of carers known to the Council

Age	Totals	%
0-15	277	1
16-17	51	0.2
18-64	11,459	46
65+	7,165	28.6
Unknown	6,050	24.2
Totals	25,002	100

Source: Adult Social Care and Health MIT April 01st 2020

Carers of all ages could be affected by the proposal if they created adverse impacts, but it is believed that the most vulnerable groups are the under 18s and over 65s, who are more likely to have support needs of their own, such as educational or health needs.

Conclusion
The impact on carers must be considered and mitigated against as it becomes evident. The use of technology has provided some mitigation in ensuring carer's and families maintain a level of contact with their relatives.

d. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Data in relation to the following protected characteristics: • race and ethnicity, • marriage and civil partnership, • Religion and belief • pregnancy and maternity • sexual orientation, and gender re-assignment	• Review how data can be improved for future analysis • Ensure demographic data is completed at the point of assessment particularly regarding secondary support reasons.

Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations

- Consider the impact of the decisions made on people in receipt of support, and their carers.
- Carers can request to have their own assessment, and this should be reinforced during assessments and reviews of people with family carers.
- Consideration should be given to further developing the online and other advice and help available for carers.
- Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is restricted (tracking need over time).

Stage 7. Do stakeholders agree with your findings and proposed response?

The decision to close older adult's residential care homes was an emergency officer decision as provided for within the Council's constitution. This means there was not time to undertake a consultation or engagement exercise with key stakeholders such as the people themselves, family/carers, staff or Elected Members. However, the Cabinet Member for Adult Social Care was consulted prior to the decision, 20 March 2020, and

on subsequent occasions as part of the ongoing review process (19th and 27th May respectively).

The Principal Social Worker (PSW) has been engaged and consulted on with regards this decision. The PSW is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government's guidance about social distancing and reducing risk of infection spreading for a vulnerable client group, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements:

The Principal Social Worker is satisfied this decision has been informed by Government advice for residential care and supported living guidance. The Principal Social Worker is satisfied that the decision maker has shown due regard for balancing the impact on Human Rights Act Article 8, Care Act 2014 Wellbeing Principle and the Department of Health and Social Care Ethical Framework when reaching this decision.

Stage 8. Main conclusions and recommendations

This document was completed in order to analyse the potential impacts of the decision to temporarily restrict visitors to older adult's residential care homes and the temporary cessation of all but emergency respite provision considering Government guidance concerning the Coronavirus. The original decision was taken in light of guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the imposition of the 2-metre social distancing. Its undertaking is in accordance with the ethical framework for social care.

The decision will have had an impact on the people accessing care; their families and carers and staff employed to provide direct care services. The temporary restrictions to the service, brings with it the potential for further risks to those currently using and those needing the service, since it will be more difficult in some ways to monitor well-being, and identify changes in needs, without the fundamental role family and friends provide in advocating on behalf of, and interpreting the needs of their loved ones. It is also likely to be the case that many of those who visit their loved ones and friends within our care homes may be less likely to be connected digitally, so the usual alternative means of providing services, is available to a lesser degree. Work in now under way by officers to explore the possibility of reinstating some level of visiting. This work is being undertaken in consideration of current national guidance and advice from Public Health.

Stage 9. Direct action to be taken.

Objective	***Planned action***	***Who***	***When***	***How will this be monitored?***
Temporary visitor restrictions and cessation of all except emergency respite within DCC Older Adults residential care homes.	Regular review of peoples' support plans and personal service plans to ensure needs are still being met appropriately.	Adult Social Care and Social Work staff (via Area Teams)	March 2020 onwards	Social work staff will complete a periodic review of clients within their areas. HOP's and RCCC's will review personal service plans on an ongoing basis.
	Regular reviews of Officer Decision taken to introduce the proposals. (Prior to July 2020 these were undertaken by Adult Social Care Senior Management Team)	Councillor Jean Wharmby	July 2020	Through the Cabinet Member meetings scheduled each month, with potential for periodic updates to the Council's Cabinet
	Development of alternative temporary services.	Adult Social Care Leadership Group	June-July 2020	Outcomes of discussions to create alternative services in line with any new guidance will be reported through the Cabinet Member meetings where a decision is required.

Stage 10. Monitoring and review/ mainstreaming into business plans

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

The Adult Social Care and Health Senior Management Team continue to regularly review the decision and its impact:

SMT review: 22/04/2020 - Social distancing requirements still in place and therefore need to maintain position. The national guidance now states there is a requirement to allow family members to visit loved ones at the end of life which is being delivered locally. Video calling arrangements are in place and has been positively received. SS is to provide clarity on end of life procedures across all establishments.

Review by SMT 06/05/2020: It is considered necessary to continue with visiting restrictions to DCC care homes as social distancing requirements are still in place and therefore it is important DCC maintains this position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk of COVID-19.

Feedback from staff working in Derbyshire County Council operated residential care homes informed the original decision as some individuals were becoming anxious about the on-going visits from relatives and the risk that posed to individuals living in the home. This remains a concern amongst operational teams in relation to infection control. Nationally, it is recommended that visiting restrictions are in place for care homes due to concerns about the prevalence of the disease in these settings.
National guidance has changed to enable family members to visit loves ones at the end of life and this is being delivered locally. Direct Care staff are developing a consistent approach to end of life visiting arrangements to facilitate the implementation of this national guidance. We have ensured that each DCC home has video calling facilities to allow family members to keep in regular contact with people living in a DCC residential care establishment and this has been received positively received.
We have also informed PVI Sector homes of this ongoing position to inform their decision making.

Review by SMT 21/05/2020: It is considered necessary to continue with visiting restrictions to DCC care homes as social distancing requirements are still in place and therefore it is important DCC maintains this position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk of COVID-19.

Review by SMT 04/06/2020: It is considered necessary to continue with visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect

vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loves ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government this week officers are exploring how visiting restrictions can be relaxed to enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained. This work will be undertaken in conjunction with Health and Safety and Public Health colleagues to ensure any relaxing of the current arrangements are undertaken in a way that continues to minimise the risk to all parties of infection spread. The outcome of this work will be reported to Cabinet Member and will inform changes to visiting restrictions moving forward.

Review by SMT 11/06/2020: Hold position as PVI sector currently more broadly is not seeking to relax visiting as a potential risk to the residents in the home in terms of infection prevention control. Officers to undertake a piece of work scoping of what might be possible and under what circumstances.

Review by SMT 18/06/2020: It is considered necessary to continue with visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loves ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government this week officers are exploring how visiting restrictions can be relaxed to enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained. This work will be undertaken in conjunction with Health and Safety and Public Health colleagues to ensure any relaxing of the current arrangements are undertaken in a way that continues to minimise the risk to all parties of infection spread. The outcome of this work will be reported to Cabinet Member and will inform changes to visiting restrictions moving forward.

Review by SMT 02/07/2020: It is considered necessary to continue with general visiting restrictions to DCC care homes as general social distancing requirements are still in place. It is important DCC maintains this overall position in order to protect vulnerable people living within the homes who may have long term or underlying health conditions which puts them at more risk should they contract COVID-19.

National guidance has changed to enable family members to visit loves ones at the end of life and this is being delivered locally and this is being facilitated.

As a result of the latest changes to social distancing arrangements introduced by the Government officers a range of prescriptive visiting arrangements that enable a relative to meet with a loved one in an appropriate outdoor space, whilst social distancing is maintained has been developed and will be implemented.

Stage 11. Agreeing and publishing the completed analysis

Where and when published?

This EIA will be published alongside a Cabinet report providing updates on several Emergency Officer Decisions taken in conjunction with services affected by the Covid-19 pandemic.

Decision-making processes

Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures

Attached to report (title):

Review of urgent officer decisions taken to support covid-19 response that have been in place for longer than eight weeks.

Date of report: 30 July 2020
Author of report: Helen Jones, Executive Director Adult Social Care and Health
Audience for report e.g. Cabinet / date: Cabinet / 30 July 2020

Web location of report: The report will be made available online at the following location
https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=135&Year=0

Outcome from report being considered

The Cabinet Member for Adult Social Care and Health is asked to:

v. Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and

vi. Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

Details of follow-up action or monitoring of actions/ decision undertaken

Continual review of this officer Decision will be undertaken by the Cabinet Member for Adult Care. This will include updates on solutions /alternative types of provision for clients if the risks remain too high to re-open older adult's day centres.

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets Day Care - Temporary Closure / cessation of Service	
Subject of Decision: (i.e. services affected)	Service closure – Older Adults Day Centres
Is this a review of a decision? If so, what was the date of the original decision?	Yes, original decision was taken on 20/03/2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	Closure of Older Adults Day Centres with effect from 5pm on 20/03/2020. Cessation of service delivery for people aged over 70 in LD Day Services with effect from 5pm on 20/03/2020 **Review process** Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	Government and PHE advice in relation to reducing the risk of infection spread in relation to COVID-19 states that those over 70 should self-isolate and from 4 July should seek to minimise contact with people from other households. As the vast majority of users of our older adult's day centres are over 70 years old it is not possible to continue to operate those services as individuals self-isolate to adhere with social distancing requirements. Although there are small numbers of people aged under 70 attending the centres they are also likely to fall into the category of having an underlying 'high risk'

	health condition that means they are advised to strongly adhere to social distancing guidelines and reduce contact with others outside of their household. To support the Government guidance for people aged 70 and over to self-isolate and maintain social distancing it is appropriate that our day centres for older adults remain closed and we avoid bringing groups of six or more people together in a closed environment. Similarly we need to cease the attendance for those aged over 70 attending out learning disability day services so that we can follow Government guidance and protect those individuals, other service users and staff from increased risk. From 4 July onwards it is considered appropriate to maintain this position as individuals are advised to limit contact with other people and social distancing measures need to be maintained.
Alternative Options Considered (if appropriate) and reasons for rejection of other options	All individuals have been assessed in relation to ongoing alternative support to enable them to manage without their day centre service.. Monitoring of the wellbeing of individuals will also be undertaken during the closure period. Additional support is being offered to Carers where appropriate. From 4 July onwards consideration is being given to linking in with local community activity created by the Community Response Hub, technology solutions and outdoor activities as alternative forms of provision for individuals where this is appropriate.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, provision of emergency respite if appropriate and alternative arrangements are being considered. These risk assessments are being reviewed on a regular basis to check that they remain appropriate in line with

	national guidance and consideration of the range of support available as lockdown measures are eased.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision	Yes, it would have been subject to consultation with service users. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	An Equality Impact Analysis has been undertaken and identified that the decision will have had an impact on both older people and their families and carers. This EIA was completed on 30 June and is being kept under review. The temporary suspension of the service, and the ongoing assessment of older people's care packages brings with it the potential for further risks to those who were attending the service. However, this risk needs to balance with the risk of infection from COVID-19 and adherence to national guidelines. Mitigations have been put in place through the regular reviews, and where appropriate care packages have been adjusted to accommodate the temporary closure of the building-based day services. The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has also been established to make sure vulnerable residents are supported through the coronavirus outbreak. A small number of older adults who use building-based day services have been referred to and have made use of the Community Response Unit's services. Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision

	being closed and carers emergency plans are being offered. The Council continues to review the access restrictions imposed on all its buildings in line with national guidance concerning social distancing and self-isolation requirements for vulnerable people.
Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))	Staff have been temporarily redeployed to support other service areas responding to the COVID-19 pressures **Feedback in relation to original Officer decision** **Legal** Decision is not time limited, if the issue persists in the longer term then report would be beneficial to highlight longer term strategy to manage the needs of the affected cohort. Response: Two week review process is now in place and captured on RODR pro forma ODR indicates that individual assessments are to be undertaken to ensure affected person receive the support necessary – update and assurance could be given in the report to confirm timescales and outcomes for these assessments Response: This will be detailed in Cabinet report and RODR document, but reviews have taken place and are being actively reviewed by P&P teams every two weeks. If appropriate following an initial RAG rated assessment social work teams are contacting some individuals on a daily basis to check there is no significant change in their circumstances that may require consideration and mitigation. **Principal Social Worker** The Principal Social Worker has been engaged and consulted with this decision. The Principal Social

	Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government's guidance about social distancing, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements: 'All individuals will be assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided.' 'Monitoring of the wellbeing of individuals will also be undertaken during the closure period.' Co-funding contributions will be suspended for people whose only service is day care, but will continue for people who access other community-based services. **Finance** It is estimated that the department will lose approximately £2,800 per week in co-funding contributions. This loss of income will be met from the COVID-19 Emergency Grant. **Human Resources** Staff will be temporarily redeployed to support other service areas responding to the COVID-19 pressures.
Consultation with relevant Cabinet Member (s) – please note this is obligatory.	Discussion with Cllr Jean Wharmby on 19/03/2020 Consultation with Cllr Wharmby on Review 19/05/2020 Consultation with Cllr Wharmby on Review 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee 11/06/2020 ,25/06/2020, 09/07/2020 and 23/07/2020
Decision:	Agreed **Review agreed by CMT 07/04/2020 and SMT 08/04/2020** **Review by SMT 22/04/2020, 06/05/2020, 21/05/2020:**

	It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. Clients who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered. **Review by SMT 04/06/2020, 11/06/2020, 18/06/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance that prohibits people from meeting indoors in large groups. Clients who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered. Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this is feasible as individuals in

	the shielded group have greater restrictions still in place. **Review by SMT 02/07/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance that prohibits people from meeting indoors in large groups. Ongoing work is to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic. Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services. Many of the buildings used as day centres have not been designed with this in mind, as historically the ethos of the offer is the facilitation of group activity for older people to reduce isolation and increase companionship. Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers. The services will not be able to support the same number of people and given the vulnerability of those who attend additional precautions will need to be taken. Consideration is being given to linking in with local community activity created by the Community Response Hub, technology solutions and outdoor activities as alternative forms of provision for individuals where this is appropriate. **Review by SMT 16/07/2020:** following ongoing work by officers the current position is that building-based day services will remain closed due to the national

	government guidance advised against gatherings in indoor spaces unless appropriate social distancing can be maintained and limiting contact with people from outside a household. The following mitigations have been put in place since the original decision was approved, including: • Regular review of older adults , and where appropriate care packages have been adjusted • A small number of older adults who use building-based day services have been referred to and have made use of the Community Response Unit's services. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered. Ongoing work is to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic.
Signature and Date: Simon Stevens 20/03/2020	

Derbyshire County Council

Equality Impact Analysis Record Form 2018

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Older Adults Day Care - Temporary cessation of Service due to National Guidance concerning social distancing
Chair of Analysis Team	Graham Spencer – Group Manager Adult Social Care Transformation

The Public Sector Equality Duty

The Council is required to exercise its functions having careful regard to the need to:

(4) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
(5) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
(6) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the Public Sector Equality Duty (PSED) is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that

this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.
At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and promote the welfare of elderly and disabled individuals who receive care and support services, and any particular risks that might be faced by those who are BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

Stage 1. Prioritising what is being analysed

e. Why has the policy, practice, service or function been chosen? (rationale)
f. What if any proposals have been made to alter the policy, service or function?

This Equality Impact Analysis concerns the decision taken by Derbyshire County Council on the 20th March 2020 to cease the operation of the building-based day services for older people, a small proportion of these older people have a learning disability.

This decision was undertaken following Government and Public Health England advice to reduce the risk of Covid-19 infections spreading. Specifically, the need to ensure appropriate social distancing measures are in place and the proposals for people aged over 70 to self-isolate. These national guidelines warranted the cessation of these day centre services as it was neither practical nor safe to for older people to continue to attend.

All individuals who were attending day centres are being assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this alternative support has been provided. Monitoring of the wellbeing of individuals is also taken place during this period.

Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, provision of emergency respite if appropriate and alternative arrangements have been considered on an individual basis.

g. What is the purpose of the policy, practice, service or function?

Derbyshire County Council's older adult's day centres provide support for people who live in their own homes but would benefit from meeting others, socialising and taking part in regular activities. All those receiving this service are eligible for adult social care support. Most of the day centres offer both half and full day sessions.

The service focuses on the outcomes that people want to achieve, and by enabling people to maximise their independence and improve their quality of life. The offer does reduce social isolation, provide stimulation and can also help improve people's confidence, for example, after a hospital stay or a fall. The offer does provide breaks and support for families and carers.

Services offered include:

- Chair based exercise
- Reminiscence sessions
- Independent living skills
- Dexterity games and rehabilitative exercises
- Carers support sessions
- Advice sessions including nutrition, benefits, housing and medication
- Support to use specialist mobility equipment
- Links with local health services including physiotherapists and community nurses.

h. Are there any implications for employees working in the service?

Yes, there have been implications, employees working within the Day Centres have been temporarily redeployed to support other direct care service areas responding to the Covid-19 pressures for example support to residential care homes.

Stage 2. The team carrying out the analysis

Name	***Area of expertise/ role***
Graham Spencer	Group Manager Adult Social Care Transformation
Linda Elba-Porter	Service Director Adult Social Care Transformation

Stage 3. The scope of the analysis – what it covers

This analysis will:

- Examine whether implementing the decision to temporarily cease older adult's day centres, due to national guidance, has disproportionally affected particular groups of people, including those currently accessing services and staff; and whether these groups of people are likely to have protected characteristics and experience other inequality, in line with the requirements of the Equality Act 2010;
- Seek to highlight any concerns over the possible impacts for groups of people and communities in Derbyshire, where these are likely to be negative, adverse or could be deemed to be unfair or discriminatory.
- Where adverse impacts are identified, the EIA team will explore mitigations, already in place or to be put in place to negate or minimise the impact(s) found.

Stage 4. Data and consultation feedback

b. Sources of data and consultation used

Source	***Reason for using***
Derbyshire County Council SALT information – Adult Social Care Management Information Team	Overview of Day Service usage by characteristic groupings.

Source	***Reason for using***
Staffing Information - Adult Social Care Management Information Team	Understand the redeployment of staff from older adult's day centres during the Covid-19 outbreak.
ONS Mid- year 2018 Population Estimates	Contextual information for Derbyshire
Public Health England Fingertips	Contextual information for Derbyshire
Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018	Contextual information for Derbyshire

Stage 5. Analysing the impact or effects

e. What does the data tell you?

Protected Group	***Findings***
Age	The population of Derbyshire, according to the ONS Mid-year estimates (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.

Population of Derbyshire

Age	Population[1]	Known to DCC[2]	%
0-15	136,713	6,722	4.9
16-17	16,559	809	4.7
18-64	471,187	4,561	0.9
65-74	96,829	2,729	2.8
75-84	53,961	4,459	8.6
85+	20,893	4,502	21.8
N/K	0	25	0
Total	796,142	23,807	3

Sources:
1-ONS Mid-2018 Population Estimates
2-DCC Management Information Team

Adult Social Care within Derbyshire County Council currently supports 11,715 people over the age of 65. This equates to 72% of all the people supported by Adult Social Care.

There are an estimated 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population. In addition to age, life expectancy is a factor that can indicate how services will be used in the future. Public Health England report that life expectancy in Derbyshire is 79.3 years for males and 82.8 years for females.

Life expectancy by area

Area	Male	Female
Amber Valley	80.0	82.9

Bolsover	78.3	82.0
Chesterfield	78.2	81.8
Derbyshire Dales	80.7	84.8
Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

Age breakdown of older adult's day centres

The number of older adult's accessing the 20 day centres during 2019/20 was 633. Of these 21 were aged 64 or under and the majority, 612 aged over 65, There are also a number of older people aged over 70 accessing Learning Disability Day Services.

Conclusion

The cessation of the offer might well have increased the social isolation for this group which does have direct links to wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

Disability

Across adult social care all disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and associated mental health conditions, when services are planned and commissioned. Attention should also be paid to physical access, and the format of information and advice.

The table below details the Primary Support Reasons (PSR) for people accessing adult social care support. Over half of the adults (53%) require physical support, a total of 8,718.

Adult Social Care & Health primary support reasons

Primary Support Reason	Number	%
Physical Support	8,718	53.6
Learning Disability	2,189	13.4
Mental Health	901	5.5
Memory & Cognition	825	5.1
Sensory Support	452	2.8
Social Support	354	2.2
Non-PSR	2,321	14.3
PSR - Other	516	3.2
Totals	16,276	100

Source: Adult Social Care and Health MIT
Note: "PSR - Other" includes Children's cases in transition

It must be noted that whilst PSRs are useful in understanding the number of people accessing services for the various types of support, however they may not give us an entirely accurate picture of people's support needs because they only record the primary need, which may change over time. Please see breakdown below being minded of the above.

Older Adult's Day Centre – Primary Support Reason

Primary Support Reason		
Physical Support	388	61.3%
Learning Disability	12	1.9%
Mental Health	49	7.7%
Memory and Cognition	134	21.2%
Sensory Support	21	3.3%
Social Support	28	4.4%
Non-PSR	1	0.2%
Grand Total	**633**	

Source: Adult Social Care and Health MIT

Adult social care also collects data on the number of conditions people accessing its services have, in addition to their primary reason for support. The accuracy of this information is adversely affected by these people not always disclosing conditions, but it does create a clearer picture to understand the health challenges facing them, in addition to their primary reason for support.

Number of people with additional health conditions

	Adults	%
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
Totals	**7,527**	**100**

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing adult social care have between one to five health conditions, however, these may

<table>
<tr>
<td></td>
<td>not constitute a disability. The impact individuals face may also depend upon the type of disabilities each individual has. Many people receiving the service will, by virtue of their age, be more likely to have a disability relating to mobility, visual and hearing impairment, and may have conditions which mean they are at a higher risk of infection regardless of their age.

<u>Employee Information</u>

The number of employees who have declared a disability account for approximately 3% of the Council's total workforce. This has remained relatively unchanged over the last ten years. Levels of disability vary across departments but are higher in ASCH with 5% of staff working in assessment teams with a declared disability.

It is not expected that changes will be made to any of the existing arrangements that may be in place for disabled employees, beyond those temporary arrangements introduced to ensure safe working practices during the Coronavirus for example working from home, social distancing if making any formal visits as part of an outreach service etc.

<u>Conclusion</u>

The cessation of the offer might have contributed to a lack of supportive activities for older adult's which does have direct links to their wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.</td>
</tr>
<tr>
<td>Gender (Sex)</td>
<td>Projections published by the Office for National Statistics in 2018 suggest the following overall population figures for Derbyshire by gender. The figures show a relatively small deviation in numbers between men and women up to age 64, and beyond 65 the difference increases as women outlive men.

<u>Population of Derbyshire by Gender and Age</u>

<table>
<tr><th>Age</th><th>Male</th><th>Female</th></tr>
<tr><td>0-14</td><td>65,709</td><td>62,723</td></tr>
<tr><td>15-19</td><td>20,877</td><td>19,930</td></tr>
<tr><td>20-64</td><td>225,129</td><td>230,091</td></tr>
<tr><td>65+</td><td>78,455</td><td>89,338</td></tr>
<tr><td>All ages</td><td>390,170</td><td>402,082</td></tr>
<tr><td>Total</td><td colspan="2">792,252</td></tr>
</table>
Source: ONS Mid-Year Projections 2018</td>
</tr>
</table>

	The gender split for older adults using building based day services shows that 65% are female and 35% male. This is in keeping with other service provided by Adult Social care. **Conclusion** The cessation of the offer might have contributed to a lack of support for more females than males. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.
Gender reassignment	The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their gender status **Conclusion** It is not envisaged that the cessation of building based day services for older adults will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Marriage and civil partnership	The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status. **Conclusion** It is not envisaged that the cessation of building based day services for older adults will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Pregnancy and maternity	This protected characteristic is not relevant to the service and decision that forms the basis of this equality impact analysis.
Race	At just 4.2%, Derbyshire has a lower than average population of people from a Black Asian and Minority Ethnic (BAME) background. The population is spread across a broad range of different racial and ethnic

groups, including people from the EU and Eastern Europe, from Black, Chinese and Asian communities.

The following table details the number of older adults accessing building based day services by BAME group as at 31 March 2020. In line with the BAME population of Derbyshire 4.1% of those attending day centres are from non-white backgrounds, with the majority, 95.9%, identifying as being White and/or British

Ethnicity of older adults in day services

Ethnicity		
Any Other Asian Background	2	0.3%
Any Other Mixed / Multiple Ethnic Heritage	1	0.2%
Any Other White Background	5	0.8%
White British	602	95.1%
Indian	2	0.3%
Information not yet obtained	7	1.1%
Irish	6	0.9%
NULL	8	1.3%
Grand Total	**633**	

Source: Adult Social Care and Health MIT

Across Derbyshire some districts have a higher than average BAME population, for example Chesterfield at 5.1% and Erewash at 4.8%, this must be considered in terms of communicating the decision and the mitigations as English may not be a first language for some people in these communities.

Conclusion

Many older adults who are affected by the decision are “White British”. It is nonetheless a concern that BAME service users could be adversely affected by the decision. While social workers will already be aware of the need to ensure that BAME service users are not disadvantaged to any extent and are treated equally in the provision of care services, it has been beneficial for this principle to be underlined to social workers.

It is also important that consideration be given to whether people from BME communities using this service require any additional or variation to the service to take account of their cultural needs, or whether they are also in receipt of services from BME based community organisations, which provide additional support.

Religion and belief including non-belief	The Council does not collect data relating to this protected characteristic with reference to people accessing older adult’s day centres provided by the Council. However, there will be people who use our services who will be represented under this protected

	characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status. **Conclusion** It is not envisaged that the cessation of building based day services will have had an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals through the regular reviewing process. .
Sexual orientation	The Council does not collect data relating to this protected characteristic with reference to people accessing older adult's day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status. **Conclusion** It is not envisaged that the cessation of building based day services will have had an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges this will be addressed in the first instance by social work professionals through the regular reviewing process.

Other- non statutory

Socio-economic	Derbyshire has a high variation between households who are affluent and those which experience deprivation or socioeconomic disadvantage. Many services provided by the Council are designed to support people who have fewer resources (low income or in receipt of benefits) and may experience poorer health or have lower life chances. In addition, older carers may (if they previously worked) have retired and also be in receipt of a low income from benefits and/or a state pension. According to quarterly benefit statistics from May 2018, there are 7,943 people in receipt of Pension Credit Guarantee Credit in Derbyshire. Analysis by district is summarised below. **Number of people in receipt of benefits, by Derbyshire locality** **Local authority area** — **№ of people** Amber Valley — 1,258 Bolsover — 941 Chesterfield — 1,289 Derbyshire Dales — 583 Erewash — 1,154

High Peak	873
North East Derbyshire	1,138
South Derbyshire	706
DERBYSHIRE	**7,943**

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

Changes to pensions for couples where one person is of retirement age, but their spouse is working were introduced in May 2019, but they did not affect pre-existing claimants. Those claiming since May 2019 can only access support through the working age benefit system, replacing access to Pension Credit, pension age Housing Benefit and working-age benefits.

Content for the table below comes from the Index of Multiple Deprivation (2015) and gives an insight into which areas of Derbyshire are less affluent than others. For example, a more affluent area such as the High Peak District has considerably less deprivation than the more urban Chesterfield Borough.

Deprivation by Area

Area	Population deprivation by area
Amber Valley	10%
Bolsover	21%
Chesterfield	29%
Derbyshire Dales	2%
Erewash	16%
High Peak	5%
N.E. Derbyshire	6%
South Derbyshire	3%

Source: 2015 – Index of Multiple Deprivation, MHCLG

The Council employs people from across Derbyshire, including many workers who live in poorer and deprived communities. Additionally, many such workers will work in the same or a nearby community to that they live in. The decision may require some staff to be redeployed to support other service areas, e.g. residential care, or provide outreach services but these proposals would be in line with their existing terms and conditions.

Conclusions

It is assessed that the decision should not have an adverse impact on this area of people's lives. However, it is essential that the council continues to support people to maximise their income and support opportunities to promote greater independence and wellbeing, whilst reducing financial inequality.

<table>
<tr><td></td><td>The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as:

• food shopping and delivery
• checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need
• collecting and delivering prescriptions

Social work professionals are aware of this offer and will refer older people if required.</td></tr>
<tr><td>Rural</td><td>People living in more rural locations may be affected more by the proposals than those living in urban areas. The number of people living in rural or urban areas and accessing adult social care and health services is detailed in the table below.

People accessing services by rurality

<table>
<tr><th rowspan="2">Rural Urban classification</th><th colspan="2">People accessing services</th></tr>
<tr><th>No.</th><th>%</th></tr>
<tr><td>A1 – Major conurbation – Urban</td><td rowspan="3">18,391</td><td rowspan="3">77</td></tr>
<tr><td>B1 – Minor conurbation – Urban</td></tr>
<tr><td>C1- City and town – Urban</td></tr>
<tr><td>D1 – Town and Fringe – Rural</td><td rowspan="3">4,931</td><td rowspan="3">21</td></tr>
<tr><td>E1 – Village – Rural</td></tr>
<tr><td>F1 – Hamlets and Isolated Dwellings – Rural</td></tr>
<tr><td>No information</td><td>485</td><td>2</td></tr>
<tr><td>Total</td><td>23,807</td><td>100</td></tr>
</table>
Source: Adult Social Care and Health Services MIT

It is likely that the 21% of people who live in more rural locations will have fewer services nearby to meet their various needs – requiring them to travel further afield to maintain relationships and access wider community facilities and activities. However, travelling and overall mobility is also affected by location. Rural areas often experience reduced regularity or availability of transport and there is an associated increase in the cost of travelling further afield and/or reliance on family for transport. This in turn may further limit opportunities for people, particularly those with a disability and/or being in receipt of a low income. Furthermore, restrictions put in place during the current pandemic, such us obligatory face masks on public transport may be</td></tr>
</table>

	difficult to understand for some people accessing day services via that route – particularly those with sensory needs who need to be able to see someone's full face to understand what is being communicated. Staff living in rural areas will experience the same limitations as people approaching services for support but are more likely to be able to travel independently, and their existing personal arrangements are unlikely to change as a result of implementing the decision. **Conclusion** It is not envisaged that the proposal to temporarily close older adult's day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals. Social work professionals are aware of the Community Response Unit and will refer older people if necessary.

f. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

The Council's decision to temporarily cease delivery of building based day services for older people was undertaken as an urgent officer decision, this was in line with the Government National directives introduced to prevent the spread of the Covid-19 infection e.g. shielding / self-isolation for people over 70 and the need for social distancing.

There was not an opportunity to complete formal engagement prior to the decision with older adults, their family/carers, or partner agencies. However, all older people and their families/ carers were contacted individually and continue to receive regular rules.

Protected Group	***Findings***
Age	No comments have been received with regards to this protected characteristic.
Disability	No comments have been received with regards to this protected characteristic
Gender (Sex)	No comments have been received with regards to this protected characteristic.
Gender reassignment	No comments have been received with regards to this protected characteristic.
Marriage and civil partnership	No comments have been received with regards to this protected characteristic.
Pregnancy and maternity	No comments have been received with regards to this protected characteristic.
Race	No comments have been received with regards to this protected characteristic.

Religion and belief including non-belief	No comments have been received with regards to this protected characteristic.
Sexual orientation	No specific comments have been received with regards to this protected characteristic.

Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

g. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

Carers are not listed as a protected characteristic group; however, the proposals may have a degree of impact upon those undertaking a caring role as they will no longer have the opportunity for a break in their caring role whilst the day centres are not operating. Carers will continue to be entitled to an assessment of their need in their own right as per the Care Act 2014

Derbyshire Carers Association reports there are over 120,000 carers in Derbyshire and data from ASCH management information teams confirms there are 25,002 carers (328 are under 18) known to services in Derbyshire at this time. The table below provides more detailed information.

Number and ages of carers known to the Council

Age	Totals	%
0-15	277	1
16-17	51	0.2
18-64	11,459	46
65+	7,165	28.6
Unknown	6,050	24.2
Totals	25,002	100

Source: Adult Social Care and Health MIT

Carers of all ages could be affected by the decision if they created adverse impacts, but it is believed that the most vulnerable groups are the under 18s and over 65s, who are more likely to have support needs of their own, such as educational or health needs.

Conclusion

Derbyshire County Council, contracts with Derbyshire Carers Association (DCA) who have been active in supporting carers across Derbyshire during the Coronavirus pandemic. This work has included:

- Physical Isolation and activity packs to offer coping strategies for all Carers. Recipes and menus have been provided to help with meal planning and to encourage a healthy diet. Online exercise classes and ideas were also introduced. Seed packs for gardening were provided. Reading lists and relaxation/breathing techniques were advised.

- Practical Helping of Carers contact pharmacies for repeat prescriptions. Coordinating volunteers to collect medical supplies for Carers who are shielding or self-isolating. Emergency food delivery plans have been arranged. Care and continence packages delivered. Delivery of PPE to vulnerable families.

- Emotional Support calls to help Carers feel less isolated. Referrals to medical professionals relating to mental health concerns. Referrals to DCA's befriending service. Zoom chats and coffee sessions.

- Financial Referrals to food banks and other financial advice and support. Links to employment law and social housing organisations. Personal budgets issued via Support Workers (set criteria). Advice on bill management and referrals to utility providers.

h. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Data in relation to the following protected characteristics: • race and ethnicity, • religion and belief including non-belief, • marriage and civil partnership, • pregnancy and maternity • sexual orientation, and gender re-assignment	Review how data can be improved for any future analysis

Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations

Consider the impact of the decision made by people in receipt of support, on their carers. Carers can request to have their own assessment, and this should be reinforced during assessments of people with family carers. Consideration should be given to further developing the online and other advice and help for carers. Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is suspended (tracking need over time).

Stage 7. Do stakeholders agree with your findings and proposed response?

The decision to cease providing building based day services for older adults an emergency officer decision as provided for within the Council's constitution. This means there was not time to undertake a consultation or engagement exercise with key stakeholders such as older adults, family/carers, staff or Elected Members. However, the Cabinet Member for Adult Social Care was consulted prior to the decision, 19 March 2020, and on subsequent occasions as part of the ongoing review process (19th and 27th May and 11th June and will continue to be updated on a fortnightly basis whilst the decision remains in place.).

The Principal Social Worker (PSW) has been engaged and consulted on with regards this decision. The PSW is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government's guidance about social distancing and reducing risk of infection spreading for a vulnerable group, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements:

All individuals will be assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided

Monitoring of the wellbeing of individuals will also be undertaken during the closure period.

Co-funding contributions will be suspended for people whose only service is day care but will continue for people who access other community-based services.

Stage 8. Main conclusions and recommendations

This document was completed in order to analyse the potential impacts of the decision to cease providing building-based day services for older adults in light of Government guidance concerning the Coronavirus. The original decision was taken in response to guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the imposition of the 2 metre social distancing its undertaking is in accordance with the ethical framework for social care.

The decision will have had an impact on both older people and their families and carers. The temporary suspension of the service, and the ongoing assessment of older people's care packages brings with it the potential for further risks to those who were attending the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to National Guidelines.

Mitigations have been put in place through the regular review of older adults, and where appropriate care packages have been adjusted to accommodate the temporary closure of the building-based day services. The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has also been established to make sure vulnerable residents are supported through the

coronavirus outbreak. Social Care professionals are aware of these services and will make referrals as necessary.
Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

The Council continues to review the access restrictions imposed on all its buildings in line with national guidance concerning social distancing and shielding / self-isolation requirements for vulnerable people. A working group is to be established to explore the future options.

Stage 9. Direct action to be taken.

Objective	***Planned action***	***Who***	***When***	***How will this be monitored?***
Temporary closure of older adult's day services	Regular review of a person's care package to ensure it is meeting their needs	Adult Social Care Social Work staff (via Area Teams)	March 2020 onwards	Social work staff will complete a periodic review of a perosn's within their areas.
	Regular reviews of Officer Decision taken to introduce the proposals. (Prior to July 2020 these were undertaken by Adult Social Care Senior Management Team)	Councillor Jean Wharmby	July 2020	Through the Cabinet Member meetings scheduled each month, with potential for periodic updates to the Council's Cabinet
	Development of alternative temporary services.	Adult Social Care Leadership Group	June-July 2020	Outcomes of discussions to create alternative services in line with any new guidance will be reported through the Cabinet Member meetings where a decision is required.

Stage 10. Monitoring and review/ mainstreaming into business plans

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

The Adult Social Care and Health Senior Management Team continue to regularly review the decision and its impact:

Review agreed by CMT 07/04/2020 and SMT 08/04/2020
Review by SMT 22/04/2020 - social distancing requirements are still in place therefore appropriate to maintain closures for a further two weeks.
Review by SMT 06/05/2020: It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Review by SMT 21/05/2020: It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Review by SMT 04/06/2020: It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate

whether this is feasible as individuals in the shielded group have greater restrictions still in place.

Review by SMT 11/06/2020: Additional weekly review has not resulted in a change in position as the scoping work is continuing to take place. Day Centres to be added to the asset management list to scope in terms of feasibility of re-opening.

Review by SMT 18/06/2020 It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

For People with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this is feasible as individuals in the shielded group have greater restrictions still in place.

Stage 11. Agreeing and publishing the completed analysis

Where and when published?

This EIA will be published alongside a Cabinet report providing updates on a number of Emergency Officer Decisions taken in conjunction with services affected by the Covid-19 pandemic.

Decision-making processes

Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures

Attached to report (title):

Review of urgent officer decisions taken to support covid-19 response that have been in place for longer than eight weeks

Date of report: 30 July 2020
Author of report: Helen Jones, Executive Director Adult Social Care and Health
Audience for report e.g. Cabinet / date: Cabinet / 30 July 2020

Web location of report: The report will be made available online at the following location
https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=135&Year=0

Outcome from report being considered

The Cabinet Member for Adult Social Care and Health is asked to:

vii. Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and

viii. Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

Details of follow-up action or monitoring of actions/ decision undertaken

Continual review of this officer Decision will be undertaken by the Cabinet Member for Adult Care. This will include updates on solutions /alternative types of provision for people if the risks remain too high to re-open older adult's day centres.

Updated by:
Date:

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets Day Care - Temporary Closure / cessation of Service	
Subject of Decision: (i.e. services affected)	Service closure – Learning Disability Day Services
Is this a review of a decision? If so, what was the date of the original decision?	Yes, original decision date was 23/03/2020.
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	Closure of building based Day Centres for people with a Learning Disability with effect from 5pm on 23/03/2020. This will mean the closure of DCC run day centres for people with a day service and advice to PVI services that operate in large groups using a building base to close. Other PVI day services that operate in small groups outside and through one to one activity with personal assistance are not at this time being advised to close. **Review process** Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to	In order to adhere to Government guidance we need to close our day centres for people with a learning disability and avoid bringing groups of people together in a closed indoor environment where social distancing may not be able to be effectively maintained.

Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	
Alternative Options Considered (if appropriate) and reasons for rejection of other options	At the start of lockdown, we tried to deliver the service using opportunities to do this in a way that enable social distancing but this has not proven sustainable. All individuals have been assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided. Monitoring of the wellbeing of individuals will also be undertaken during the closure period. From the 17 April, it was agreed that the limited operation of two day centres would take place to support people with complex needs has been considered and approved as appropriate risk mitigation to prevent placement breakdown and reduce the probability of hospital admission. As lockdown measures are eased from 4 July onwards, the following measures are being considered as alternatives if appropriate for the individual. • digitally • phone calls to Service users or there their carers • Activity packs to do at home • Shopping • Newsletters, Support letters and photographs • Some farms were offering and delivering food packs to service user's doors and into the local community. Some private, voluntary and independent sector services have continued to provide alternative provision to support families and carers.

Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, provision of emergency respite if appropriate and alternative arrangements are being considered. These risk assessments are being reviewed on a regular basis to check that they remain appropriate in line with national guidance and consideration of the range of support available as lockdown measures are eased.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision	Yes, it would have been subject to consultation with people who access DCC day service provision. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken. From 4 July as lockdown measures eased, the intention within Derbyshire is to co-produce “a new offer” with those who have historically used day services/ day activities and their families/ carers, recognising that fewer people will be able to attend a building-based offer on a daily basis and this should be reserved for those most at risk of carer breakdown and those with the highest level of need.

Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	The original decision was taken in response to guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the adhere to the 2 metre social distancing. The decision will have had an impact on both people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of people's care packages brings with it the potential for further risks to those who were attending the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to national guidelines. Mitigations have been put in place through the regular reviews, and where appropriate care packages have been adjusted to accommodate the temporary closure of the building-based day services. A temporary day service is being provided by the Council for some people living with complex learning disabilities where it was felt appropriate to continue to provide that service. This has been done in accordance with Government guidelines concerning social distancing, use of PPE and infection control measures. An EIA was completed on 30 June and is being kept under review. The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. A small number of people with a learning disability who use building-based day services have been referred to and have made use of the Community Response Unit's services. Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

	Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and self-isolation requirements for vulnerable people, it is not expected that building-based services will be returning as previously provided prior to COVID-19. A programme group has been formed to look at options for the future delivery of these services and these will be co-produced with people with a learning disability and will report back to Cabinet with a position that will update/ override this ODR and put longer term arrangements in place.
Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))	**Feedback in relation to original Officer decision** **Principal Social Worker** The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government's guidance about social distancing, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements: 'All individuals will be assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided.' 'Monitoring of the wellbeing of individuals will also be undertaken during the closure period.' Co-funding contributions will be suspended for people whose only service is day care, but will continue for people who access other community-based services. **Finance**

	It is estimated that the department will lose approximately £5,000 per week in client contributions. This loss of income will be met from the COVID-19 emergency grant. **Human Resources** Staff will be temporarily redeployed to support other service areas responding to the COVID-19 pressures. **Legal** The Council has powers in accordance with s1-6 of the Localism Act 2011 to do that which will be to the 'benefit of the authority, its area or persons resident or present in its area'. The proposed benefit of this action is to support the reduction in COVID-19 infections and reduce the transmission of the virus. Due to the timescales involved it has not been possible to consult affected persons but arrangements have been put in place to assess those current service users who will be impacted by the decision and to ensure that they are provided with alternate support should this be required. An evaluation of the risks of this course of action and the mitigation of these risks and an EIA are being undertaken. The decision is a proportionate and reasonable response to COVID-19 risks. The suspension of this service type, in isolation, where other services will continue on a business as usual basis is possible applying flexibilities under the Care Act 2014. It represents a Stage 2 decision as set out within the Care Act easements: Guidance for local authorities
Consultation with relevant Cabinet Member (s) – please note this is obligatory.	Discussion between Helen Jones and Cllr Jean Wharmby on 23/03/2020 Consultation with Cllr Wharmby on Review 19/05/2020 Consultation with Cllr Wharmby on Review 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee 11/06/2020 ,25/06/2020, 09/07/2020 and 23/07/2020.
Decision:	Agreed by CMT 23/03/2020

	Review agreed by CMT 07/04/2020 and SMT 08/04/2020 **Review by SMT 17/04/2020** proposal to utilise two learning disability day service buildings during COVID-19 outbreak was agreed. **Review by SMT 22/04/2020, 21/05/2020, 06/05/2020, 04/06/2020, 11/06/2020, 18/06/2020:** It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. Clients who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered. For clients with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission. **Review by SMT 02/07/2020:** it is considered necessary to keep the closure of day centre provision in place. Everyone who attended a day service has been assessed, contingency plans put into place, with these being reviewed on a two-weekly basis to ensure social care need is being met. A very small number of adults with learning disability have continued to access some building-based support to prevent family breakdown. This has been complex to manage and has required significant risk assessments to be in place.

	Some private, voluntary and independent sector services have continued to provide alternative provision to support families and carers. A variety of the alternative support being delivered is: • digitally • phone calls to Service users or there their carers • Activity packs to do at home • Shopping • Newsletters, Support letters and photographs • Some farms were offering and delivering food packs to service user's doors and into the local community. Ongoing work is to consider how these services are re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic. Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services. Many of the buildings used as day centres have not been designed with this in mind. Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers. Transport provision to support people to get to a day centre also needs to be considered in line with social distancing requirements and this may mean there is reduced capacity. The intention with Derbyshire is to co-produce "a new offer" with those who have historically used day services/ day activities and their families/ carers, recognising that fewer people will be able to attend a building-based offer on a daily basis and this should be reserved for those most at risk of carer breakdown and those with the highest level of need. **Review by SMT 16/07/2020:** Following ongoing work by officers the current position is that learning disability day services will remain closed. A working

	group has been formed to look at options for the future delivery of these services and these will be co-produced with people with a learning disability and reported on at an appropriate time. This group is actively reviewing Government guidance, including that issued from 4 July to consider how these services can be re-opened safely and consideration is required in several areas. It will not be possible for all services to resume at the same time or at the same levels of attendance as pre-pandemic. Social distancing, even if relaxed, will remain a feature within the Country for some time and infection control measures will be required to reduce risk of exposure to COVID – 19 for people who attend these services. Many of the buildings used as day centres have not been designed with this in mind. Detailed risk assessments are required to ensure measures can be put in place to safeguard those who attend, staff and informal carers. Transport provision to support people to get to a day centre also needs to be considered in line with social distancing requirements and this may mean there is reduced capacity. Several factors are being explored these have been raised nationally through the Association of Directors for Adult Social Services (ADASS). This includes testing, use of face masks, the ability to manage with dignity, social distancing for people who lack capacity to understand the need and requirement for this. The experience of the attendee and their family/ carer to ensure that this remains a positive experience The intention within Derbyshire is to co-produce "a new offer" with those who have historically used day services/ day activities and their families/ carers, recognising that fewer people will be able to attend a building-based offer on a daily basis and this should be reserved for those most at risk of carer breakdown and those with the highest level of need. People with Learning Disability and their carers will shortly be receiving letters communicating this approach. The following mitigations have been put in place since the original decision was approved, including:

	• Regular review of people with a learning disability or autism, and where appropriate care packages have been adjusted • Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so. • A small number of people with a learning disability who use building-based day services have been referred to and have made use of the Community Response Unit's services. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.
Signature and Date: Simon Stevens 23/03/2020	

Derbyshire County Council

Equality Impact Analysis Record Form 2018

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Cessation of buildings based Day centres for Adults with a learning Disability
Chair of Analysis Team	Graham Spencer – Group Manager Adult Social Care Transformation

The Public Sector Equality Duty

The Council is required to exercise its functions having careful regard to the need to:

(7) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
(8) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
(9) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the Public Sector Equality Duty (PSED) is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.
At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and

promote the welfare of elderly and disabled individuals who receive care and support services, and any particular risks that might be faced by those who are BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

Stage 1. Prioritising what is being analysed

i. Why has the policy, practice, service or function been chosen? (rationale)
j. What if any proposals have been made to alter the policy, service or function?

This Equality Impact Analysis concerns the decision taken by Derbyshire County Council on the 23rd March 2020 to cease the operation of the building-based day services for people with a learning disability.

This decision was undertaken following Government and Public Health England advice to reduce the risk of Covid-19 infections spreading. Specifically, the need to ensure appropriate social distancing measures are in place and the proposals for people aged over 70 and/or with high-risk clinical conditions to self-isolate. These national guidelines warranted the cessation of these day centre services as it was neither practical nor safe to for people with a learning disability to continue to attend.

All individuals who were attending day centres are being assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this alternative support has been provided. Monitoring of the wellbeing of individuals is also taking place during this period.

People with a learning disability who have accessed day services have had risk assessments undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, provision of emergency respite if appropriate and alternative temporary day-service arrangements have been considered on an individual basis.

k. What is the purpose of the policy, practice, service or function?

Derbyshire County Council's learning disability day services provide activities that have a focus on being community as well as building-based, such as going to a leisure centre or could be provided through groups with a specific aim such as learning life skills.

The activities offered are targeted to the individual to help them achieve their personal objectives, for example, help with learning how to travel on public transport confidently and safely. Some services are provided in buildings that are set up for people who need support with their personal care and need access to facilities that keep them safe. The day service staff monitor and review an individual's progress against their objectives to make sure activities continue to meet their needs.

l. Are there any implications for employees working in the service?

Yes, there have been implications, some employees working within the Day Centres have been temporarily redeployed to support other direct care service areas responding

to the Covid-19 pressures for example support to residential care homes. Some staff have been delivering an emergency day-service in line with Government guidelines on social distancing and use of PPE for some people with complex learning disabilities.

Stage 2. The team carrying out the analysis

Name	***Area of expertise/ role***
Graham Spencer	Group Manager Adult Social Care Transformation
Linda Elba-Porter	Service Director Adult Social Care Transformation

Stage 3. The scope of the analysis – what it covers

This analysis will:

- Examine whether implementing the decision to temporarily cease building based learning disability day services is likely to disproportionally affect particular groups of people, including those currently accessing services and staff; and whether these groups of people are likely to have protected characteristics and experience other inequality, in line with the requirements of the Equality Act 2010;
- Seek to highlight any concerns over the possible impacts for groups of people and communities in Derbyshire, where these are likely to be negative, adverse or could be deemed to be unfair or discriminatory.
- Where adverse impacts are identified, the EIA team will explore mitigations, already in place or to be put in place to negate or minimise the impact(s) found.

Stage 4. Data and consultation feedback

c. Sources of data and consultation used

Source	***Reason for using***
Derbyshire County Council SALT information – Adult Social Care Management Information Team	Overview of LD Day Service usage by characteristic groupings.
Staffing Information - Adult Social Care Management Information Team	Understand the redeployment of staff from LD Day centres during the Covid-19 outbreak.
ONS Mid- year 2018 Population Estimates	Contextual information for Derbyshire
Public Health England Fingertips	Contextual information for Derbyshire

Stage 5. Analysing the impact or effects

i. What does the data tell you?

Protected Group	***Findings***
Age	The population of Derbyshire, according to the ONS Mid-year estimates (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.

Population of Derbyshire

Age	Population[1]	Known to DCC[2]	%
0-15	136,713	6,722	4.9
16-17	16,559	809	4.7
18-64	471,187	4,561	0.9
65-74	96,829	2,729	2.8
75-84	53,961	4,459	8.6
85+	20,893	4,502	21.8
N/K	0	25	0
Total	796,142	23,807	3

Sources:
1-ONS Mid-2018 Population Estimates
2-DCC management information teams

Adult Social Care within Derbyshire County Council currently supports 11,715 people over the age of 65. This equates to 72% of all the people supported by Adult Social Care.

There are an estimated 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population. In addition to age, life expectancy is a factor that can indicate how services will be used in the future. Public Health England report that life expectancy in Derbyshire is 79.3 years for males and 82.8 years for females.

Life expectancy by area

Area	Male	Female
Amber Valley	80.0	82.9
Bolsover	78.3	82.0
Chesterfield	78.2	81.8
Derbyshire Dales	80.7	84.8
Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

Age breakdown of learning disability day centres

The number of people with a learning disability accessing the building based services during 2019/20 was 605. Of these 93 were aged 65 or over and the majority, 512, aged between 18 and 64. Some of those aged over 65 may include older adults with a learning disability who are accessing learning disability day services as opposed to older adult's as it is more appropriate to their needs - these people were advised not to attend services from 20 March 2020 (a separate EIA has been completed for older adult's day services).

Conclusions

The cessation of the offer might well have increased the social isolation for this group which does have direct links to wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

A temporary service has been put in place to support people living with complex learning disabilities and their families. This service has been operating out of the Parkwood Centre in Alfreton and has been open to anyone, regardless of age.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

Disability

Across adult social care and health all disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and associated mental health conditions, when services are planned and commissioned. Attention should also be paid to physical access, and the format of information and advice.

The table below details the Primary Support Reasons (PSR) for people accessing ASCH support. There are 2,189 adults accessing services who have a PSR recorded as being a learning disability (not all of these will be accessing day services, and some with a different PSR may be using the service).

Adult Social Care & Health primary support reasons

Primary Support Reason	Number	%
Physical Support	8,718	53.6
Learning Disability	2,189	13.4
Mental Health	901	5.5
Memory & Cognition	825	5.1
Sensory Support	452	2.8
Social Support	354	2.2
Non-PSR	2,321	14.3
PSR - Other	516	3.2
Totals	16,276	100

Source: Adult Social Care and Health MIT
Note: “PSR - Other” includes Children’s cases in transition

It must be noted that whilst PSRs are useful in understanding the number of people accessing services for the various types of support, they do not give us an accurate picture of people’s support needs

because they only record the primary need, which may change over time.

Learning Disability Day Centres – Primary Support Reason

Primary Support Reason		
Physical Support	58	9.6%
Learning Disability	519	85.8%
Mental Health	4	0.7%
Memory & Cognition	9	1.5%
Sensory Support	8	1.3%
Social Support	5	0.8%
Non-PSR	2	0.3%
Grand Total	**605**	**100**

. Source: Adult Social Care and Health MIT

Adult social care also collects data on the number of conditions people accessing its services have, in addition to their primary reason for support. The accuracy of this information is adversely affected by these people not always disclosing conditions, but it does create a clearer picture to understand the health challenges facing them, in addition to their primary reason for support.

Number of people with additional health conditions

	Adults	%
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
Totals	**7,527**	**100**

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing adult social care services in Derbyshire have between one to five health conditions, however, these may not constitute a disability.

The impact individuals face may also depend upon the type of disabilities they have, whether learning and/or physical and the level of support provided for at the day centre.

	A review of all people with a learning disability accessing day services was in place when this decision was made. It was estimated, as part of that work, that 70% of people attending day services would be considered non-complex and 30% complex. Complex is often referred to as people living with profound and multiple learning disabilities (PMLD). This programme of work has been revised and will continue with the reviews whilst also focussing on the future of in-house learning disability day service provision is currently being established. **Employee Information** The number of employees who have declared a disability account for approximately 3% of the Council's total workforce. This has remained relatively unchanged over the last ten years. Levels of disability vary across departments but are higher in ASCH with 5% of staff working in assessment teams with a declared disability. It is not expected that changes will be made to any of the existing arrangements that may be in place for disabled employees, beyond those temporary arrangements introduced to ensure safe working practices during the Coronavirus – e.g. working from home, social distancing if making any formal visits as part of an outreach service etc. **Conclusion** The cessation of the offer might have contributed to a lack of supportive activities for people with a learning disability which does have direct links to their wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk. A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton. A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July.
Gender (Sex)	Projections published by the ONS in 2018 suggest the following overall population figures for Derbyshire by gender. The figures show a relatively small deviation in numbers between men and women up to age 64, and beyond 65 the difference increases as women outlive men.

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Population of Derbyshire by Gender and Age

Age	Male	Female
0-14	65,709	62,723
15-19	20,877	19,930
20-64	225,129	230,091
65+	78,455	89,338
All ages	390,170	402,082
Total	**792,252**	

Source: ONS Mid-Year Projections 2018

The gender split for people accessing the Council's learning disability day care services shows that 52.9% are male, with 46.9% female. This is slightly different in terms of gender split to other adult social care services such as older adult's day care – where most people tend to be female.

Gender	Total	
Male	320	52.9%
Female	284	46.9%
Not recorded	1	0.2%
Grand Total	**605**	

Source: Adult Social Care and Health MIT

Conclusion

The cessation of the offer might have contributed to a lack of support for more males than females. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

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<tr>
<td>Gender reassignment</td>
<td>The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic.</td>
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	Assessments and services are offered to people in Derbyshire regardless of their gender status **Conclusion** It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Marriage and civil partnership	The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their relationship status. **Conclusion** It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Pregnancy and maternity	The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there may be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of this protected characteristic. **Conclusion** It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Race	At just 4.2%, Derbyshire has a lower than average population of people from a BAME background. The population is spread across a broad range of different racial and ethnic groups, including people from the EU and Eastern Europe, from Black, Chinese and Asian communities. The following table details the number of people accessing learning disability day services by BAME group as at 31 March 2020. There are fewer people from a BAME background attending day centres than

compared to the wider population at just 1%, with most people, 98%, being from a White background.

Ethnicity of people accessing learning disability day services

Ethnicity		
African	1	0.2%
Any Other Asian Background	1	0.2%
Any Other Mixed / Multiple Ethnic Heritage	1	0.2%
Any Other White Background	4	0.7%
British	587	97.0%
Caribbean	1	0.2%
Indian	2	0.3%
Information not yet obtained	1	0.2%
NULL	5	0.8%
White and Asian	1	0.2%
White and Black Caribbean	1	0.2%
Grand Total	**633**	**100%**

Source: Adult Social Care and Health MIT

Across Derbyshire some districts have a higher than average BAME population, for example Chesterfield at 5.1% and Erewash at 4.8%, however, further analysis of the data suggests that services in these areas are under-represented in terms of these groups.

Conclusion

The cessation of the offer might have contributed to a lack of support for people from BAME backgrounds. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who attend the day centres have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

Religion and belief including non-belief	The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there may be people who use our services who will be represented under this protected characteristic.

	Assessments and services are offered to people in Derbyshire regardless of this protected characteristic. **Conclusion** It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals. A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton. A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.
Sexual orientation	The Council does not collect data relating to this protected characteristic with reference to people accessing learning disability day centres provided by the Council. However, there may be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of this protected characteristic. **Conclusion** It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals. A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton. A small number of contracted providers of learning disability day services in Derbyshire are also open or planning to reopen in July.

Other- non statutory

Socio-economic	Derbyshire has a high variation between households who are affluent and those which experience deprivation or socioeconomic disadvantage. Many services provided by the Council are designed to support people who have fewer resources (low income or in receipt of

benefits) and may experience poorer health or have lower life chances. In addition, older carers may (if they previously worked) have retired and be in receipt of a low income from benefits and/or a state pension.

Number of people in receipt of benefits, by Derbyshire locality

Local authority area	№ of people
Amber Valley	1,258
Bolsover	941
Chesterfield	1,289
Derbyshire Dales	583
Erewash	1,154
High Peak	873
North East Derbyshire	1,138
South Derbyshire	706
DERBYSHIRE	**7,943**

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

There have also been problems encountered by claimants experiencing the roll-out of Universal Credit across Derbyshire, the negative impacts of this are still being felt by people accessing ASCH and their family's financial situations will need to be considered when being assessed under the Care Act.

Content for the table below comes from the Index of Multiple Deprivation (2015) and gives an insight into which areas of Derbyshire are less affluent than others. For example, a more affluent area such as the High Peak District has considerably less deprivation than the more urban Chesterfield Borough.

Deprivation by Area

Area	Population deprivation by area
Amber Valley	10%
Bolsover	21%
Chesterfield	29%
Derbyshire Dales	2%
Erewash	16%
High Peak	5%
N.E. Derbyshire	6%
South Derbyshire	3%

Source: 2015 – Index of Multiple Deprivation, MHCLG

The Council employs people from across Derbyshire, including many workers who live in poorer and deprived communities. Additionally, many such workers will work in the same or a nearby community to

<table>
<tr><td></td><td>that they live in. The decision may require some staff to be redeployed to support other service areas, e.g. residential care, or provide outreach services but these proposals would be in line with their existing terms and conditions.

<u>Conclusions</u>
It is assessed that the decision should not have an adverse impact on this area of people's lives. However, it is essential that the council continues to support people to maximise their income and support opportunities to promote greater independence and wellbeing, whilst reducing financial inequality.

A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as:

• food shopping and delivery
• checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need
• collecting and delivering prescriptions

There have been a small number of people with a learning disability who use building-based day services that have been both referred to and used the Community Response Unit.</td></tr>
<tr><td>Rural</td><td>People living in more rural locations may be affected more by the proposals than those living in urban areas. The number of people living in rural or urban areas and accessing adult social care and health services is detailed in the table below.

<u>People accessing services by rurality</u>

<table>
<tr><th rowspan="2">Rural Urban classification</th><th colspan="2">People accessing services</th></tr>
<tr><th>No.</th><th>%</th></tr>
<tr><td>A1 – Major conurbation – Urban</td><td>18,391</td><td>77</td></tr>
</table>
</td></tr>
</table>

B1 – Minor conurbation – Urban		
C1- City and town – Urban		
D1 – Town and Fringe – Rural	4,931	21
E1 – Village – Rural		
F1 – Hamlets and Isolated Dwellings – Rural		
No information	485	2
Total	**23,807**	**100**

Source: Adult Social Care and Health Services MIT

It is likely that the 21% of people who live in more rural locations will have fewer services nearby to meet their various needs – requiring them to travel further afield to maintain relationships and access wider community facilities and activities.

However, travelling and overall mobility is also affected by location. Rural areas often experience reduced regularity or availability of transport and there is an associated increase in the cost of travelling further afield and/or reliance on family for transport. This in turn may further limit opportunities for people, particularly those with a disability and/or being in receipt of a low income. Furthermore, restrictions put in place during the current pandemic, such us obligatory face masks on public transport may be difficult to understand for some people accessing learning disability day services via that route – particularly those with sensory needs who need to be able to see someone's full face to understand what is being communicated.

Staff living in rural areas will experience the same limitations as people approaching services for support but are more likely to be able to travel independently, and their existing personal arrangements are unlikely to change as a result of implementing the decision.

Conclusion

It is not envisaged that the proposal to temporarily close learning disability day centres will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.

A partial service has been put in place to provide a service for people with a learning disability and their families where it is deemed necessary (mainly for people with complex needs). This service has been operating out of the Parkwood Centre in Alfreton.

A small number of contracted providers of learning disability day services in Derbyshire are also open, or planning to reopen in July, and are able to offer places as an alternative.

	The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as: • food shopping and delivery • checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need • collecting and delivering prescriptions There have been a small number of people with a learning disability who use building-based day services that have been both referred to and used the Community Response Unit.

j. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

The Council's decision to temporarily cease delivery of building based day services for people with a learning disability was undertaken as an urgent officer decision, this was in line with the Government National directives introduced to prevent the spread of the Covid-19 infection e.g. shielding / self-isolation for people over 70 and with high-level clinical needs and the need for social distancing.

There was not an opportunity to complete formal engagement prior to the decision with people with a learning disability, their family/carers, or partner agencies. However, all people with a learning disability and their families/ carers were contacted individually and continue to receive regular rules.

Protected Group	***Findings***
Age	No comments have been received with regards to this protected characteristic.
Disability	No comments have been received with regards to this protected characteristic
Gender (Sex)	No comments have been received with regards to this protected characteristic.
Gender reassignment	No comments have been received with regards to this protected characteristic.
Marriage and civil partnership	No comments have been received with regards to this protected characteristic.
Pregnancy and maternity	No comments have been received with regards to this protected characteristic.
Race	No comments have been received with regards to this protected characteristic.

Religion and belief including non-belief	No comments have been received with regards to this protected characteristic.
Sexual orientation	No specific comments have been received with regards to this protected characteristic.

Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

k. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

Carers are not listed as a protected characteristic group; however, the proposals may have a degree of impact upon those undertaking a caring role as they will no longer have the opportunity for a break in their caring role whilst the day centre is closed. Carers will continue to be entitled to an assessment of their need in their own right as per the Care Act 2014

Derbyshire Carers Association reports there are over 120,000 carers in Derbyshire and data from ASCH management information teams confirms there are 25,002 carers (328 are under 18) known to services in Derbyshire at this time. The table below provides more detailed information.

Number and ages of carers known to the Council

Age	Totals	%
0-15	277	1
16-17	51	0.2
18-64	11,459	46
65+	7,165	28.6
Unknown	6,050	24.2
Totals	25,002	100

Source: Adult Social Care and Health MIT

Carers of all ages could be affected by the proposal if they created adverse impacts, but it is believed that the most vulnerable groups are the under 18s and over 65s, who are more likely to have support needs of their own, such as educational or health needs.

Conclusion

Derbyshire County Council, contracts with Derbyshire Carers Association (DCA) who have been active in supporting carers across Derbyshire during the Coronavirus pandemic. Some of the emerging risks they have identified and mitigations that they have undertaken include:

Rising levels of care: Many carers have been affected by the reduction/closure of services or have declined formal care due to fear of infection, others benefitted from increased support and recognition from wider family/community networks.
Response: offered regular telephone support, befriending and/or connection with other carers, information and practical solutions, referral to other agencies and support mechanisms,

Financial pressures: carers facing financial difficulty following a reduction in income or increased living costs.
Response: referred to food banks, community support groups and specialist financial/welfare benefits organisations.

Working carers: carers expected to return to work, raising concerns about the risk this poses to the person depending on them for care, particularly if formal support cannot resume.
Response: provided with 'letters of recommendation' to evidence the caring role to employers.

Worries and Fears: Many carers have experienced distress, anxiety, isolation and fatigue alongside worries and concerns for the wellbeing of the person depending on care.
Response: offered regular telephone support, befriending and/or connection with other carers, together with drive to update emergency plans and/or issue carer identification cards to enable priority access to shopping and other essentials.

Practical issues Response**:** The service has coordinated practical solutions for carers in relation to food, medicine, continence products, aids, PPE and access to on-line information. Many carers have been linked to the Crisis Response Unit and the provision of support from local volunteering and mutual aid schemes.

l. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Data in relation to the following protected characteristics: • race and ethnicity, • religion and belief including non-belief, • marriage and civil partnership, • pregnancy and maternity • sexual orientation, and gender re-assignment	Review how data can be improved for any future analysis

Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations

Consider the impact of the decision made by people in receipt of support, on their carers. Carers can request to have their own assessment, and this should be reinforced during assessments of people with family carers. Consideration should be given to further developing the online and other advice and help for carers. Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is suspended (tracking need over time).

Stage 7. Do stakeholders agree with your findings and proposed response?

The decision to cease providing building based day services for people with a learning disability was an emergency officer decision as provided for within the Council's constitution. This means there was not time to undertake a consultation or engagement exercise with key stakeholders such as people with a learning disability, family/carers, staff or Elected Members. However, the Cabinet Member for Adult Social Care was consulted prior to the decision, 19 March 2020, and on subsequent occasions as part of the ongoing review process (19th and 27th May and 11th June and will continue to be updated on a fortnightly basis whilst the decision remains in place.).

The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the Government's guidance about social distancing, full consideration has been given to contingency discussions and planning for alternative support evidenced by the statements:

All individuals will be assessed as to whether they require ongoing alternative support to enable them to manage without their day centre service and this will be provided.

Monitoring of the wellbeing of individuals will also be undertaken during the closure period.

Co-funding contributions will be suspended for people whose only service is day care but will continue for people who access other community-based services.

Stage 8. Main conclusions and recommendations

This document was completed in order to analyse the potential impacts of the decision to cease providing building based day services for people with a learning disability in light of Government guidance concerning the Coronavirus. The original decision was taken in response to guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the imposition of the 2 metre social distancing its undertaking is in accordance with the ethical framework for social care.

The decision will have had an impact on both people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of peoples care packages brings with it the potential for further risks to

those who were attending the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to National Guidelines.

Mitigations have been put in place through the regular review of people with a learning disability known to Adult Social Care and Health and where appropriate care packages have been adjusted to accommodate the temporary closure of the building-based day services. A temporary day service is being provided by the Council for some people living with complex learning disabilities where it was felt appropriate to continue to provide that service. This has been done in accordance with Government guidelines concerning social distancing, use of PPE and infection control measures.

The Council, through the Community Lives framework, contracts with several private, voluntary, and independent (PVI) groups who also provide learning disability day services. As at the end of June 2020, three providers have re-opened and a further six are planning to during July.

The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. A small number of people with a learning disability who use building-based day services have been referred to and have made use of the Community Response Unit's services.

Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and shielding / self-isolation requirements for vulnerable people, it is not expected that building-based services will be returning as previously provided prior to Covid-19. A programme group has been formed to look at options for the future delivery of these services and these will be co-produced with people with a learning disability.

Stage 9. Direct action to be taken.

Objective	***Planned action***	***Who***	***When***	***How will this be monitored?***
Temporary closure of learning disability day services	Regular review of people's care package to ensure it is meeting their needs	Adult Social Care Social Work staff (via Area Teams)	March 2020 onwards	Social work staff will complete a periodic review of people's within their areas.
	Regular reviews of Officer Decision taken to introduce the proposals. (Prior to July 2020 these were undertaken by Adult Social Care Senior Management Team)	Councillor Jean Wharmby	July 2020	Through the Cabinet Member meetings scheduled each month, with potential for periodic updates to the Council's Cabinet
	Temporary learning disability day centre open for emergency cases	Adult Social Care Social Work and Direct care staff (via Area Teams)	April 202 onwards	Through the periodic reviews of people's care packages, those identified as benefiting from some day centre activities will be able to access the temporary service.
	Development of alternative temporary day service provision	Adult Social Care Leadership Group (via Area Teams)	June 2020 onwards	Outcomes of discussions to create alternative services in line with any new guidance will be reported through the Cabinet Member meetings where a decision is required.

Stage 10. Monitoring and review/ mainstreaming into business plans

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

Review by SMT 17/04/2020 in light of report embedded as a background paper re proposal to utilise two learning disability day service buildings during COVID-19 outbreak.

Review by SMT 22/04/2020 alongside OP Day Centre closure - social distancing requirements are still in place therefore appropriate to maintain closures for a further two weeks.

Review by SMT 06/05/2020 It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

For people with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.

Review by SMT 21/05/2020: It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Review by SMT 04/06/2020: It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

For people with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this is feasible as individuals in the shielded group have greater restrictions still in place.

Review by SMT 11/06/2020: Additional weekly review has not resulted in a change in position as the scoping work is continuing to take place. Day Centres to be added to the asset management list to scope in terms of feasibility of re-opening.

Review by SMT 18/06/2020: It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

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Review by SMT 02/07/2020: It is considered necessary to keep the closure of day centre provision in place due to ongoing social distancing requirements in line with national Government guidance. People with a learning disability who would

normally attend a day centre have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via attendance at a day centre.

Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

For people with a complex learning disability, where appropriate, individual arrangements have been put in place to ensure there is an alternative day service provision and this is in place to prevent placement breakdown or avoid hospital admission.

Officers are actively scoping options to see whether individuals who would normally attend a day centre can be offered alternative provision which would involve activities based outdoors in line with current social distancing requirements. This needs to be considered on a case by case basis in order to take into account a range of factors specific to an individual that may dictate whether this is feasible as individuals in the shielded group have greater restrictions still in place.

Stage 11. Agreeing and publishing the completed analysis

Where and when published?

This EIA will be published alongside a Cabinet report providing updates on a number of Emergency Officer Decisions taken in conjunction with services affected by the Covid-19 pandemic.

Decision-making processes

Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures

Attached to report (title):

Review of urgent officer decisions taken to support covid-19 response that have been in place for longer than eight weeks

Date of report: 30 July 2020
Author of report: Helen Jones, Executive Director Adult Social Care and Health
Audience for report e.g. Cabinet / date: Cabinet / 30 July 2020

Web location of report: The report will be made available online at the following location
https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=135&Year=0

Outcome from report being considered

The Cabinet Member for Adult Social Care and Health is asked to: **ix.** Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and **x.** Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

Details of follow-up action or monitoring of actions/ decision undertaken

Continual review of this officer Decision will be undertaken by the Cabinet Member for Adult Care. This will include updates on solutions /alternative types of provision for people with a learning disability if the risks remain too high to re-open learning disability day services.

Updated by:
Date:

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets Day Care - Temporary Closure / cessation of Service	
Subject of Decision: (i.e. services affected)	Service closure – planned respite.
Is this a review of a decision? If so, what was the date of the original decision?	Yes, review of decision made 23/03/2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and **when it will be (further) reviewed):**	Cessation of planned respite breaks services for Older Adults and people with a Learning Disability with effect from 23/03/2020 **Review process** Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	Government and Public Health England advice in relation to reducing the risk of infection spread in relation to COVID-19 states that those aged 70 and over 70 should self-isolate and adhere to social distancing requirements. We need to reduce the risk of cross infection for both those using respite and long-term care home residents to reduce the number of individuals coming in and out of the services to reduce risks in relation to infection. As the vast majority of users of our older adult respite care services are used by people aged 70 and over it is not possible to continue to operate those services safely.

	Similarly, significant numbers of the people using our learning disability respite services are likely to fall into the category of having an underlying 'high risk' health condition that means they would be advised to socially distance and minimise contact with others from outside of their household. In order to protect them and other residents within our residential care homes non-urgent respite provision remains closed.
Alternative Options Considered (if appropriate) and reasons for rejection of other options	All individuals are being monitored and reviewed during the period the provision does not operate as normal to ensure that the withdrawal of planned respite does not lead to significant risks to their health and wellbeing.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term emergency respite if appropriate and alternative arrangements are being considered.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision	Yes it would have been subject to consultation with service users. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	The decision will have had an impact on older adults, people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of peoples care packages brings with it the potential for further risks to those who make use of the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to national guidelines.

	Mitigations have been put in place through the regular review of people who would normally access the provision, and where appropriate care packages have been adjusted to accommodate the temporary cessation of the service Emergency respite services have continued to operate from a number of the Council's establishments, or as an outreach services for some people, to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown. The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. Whilst it is not known if people who have previously accessed respite services have been referred to or used the Unit, it is known that older adults and people with a learning disability who use other services such as building-based day care have accessed this Unit's services. Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of the cessation of planned respite and carers emergency plans are being offered. Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and self-isolation requirements for vulnerable people, it is not expected that the building-based planned (bookable) respite service will return to normal operating arrangements in the short to medium term. An EIA was completed on 30 June and is being kept under review.
Background/Reports/Information considered and attached (including Legal,	Any excess staffing capacity generated as a result of this cessation of service will be temporarily redeployed

HR, Financial and other considerations as required))	to support other service areas responding to the COVID-19 pressures **Feedback on original Officer Decision:** **Legal** Decision is not time limited, if the problem persists in the longer then report would be beneficial to highlight longer term strategy to manage the needs of the affected cohort. Response: Two week review process is now in place and captured on RODR pro forma ODR indicates that individual assessments are to be undertaken to ensure affected person receive the support necessary – update and assurance could be given in the report to confirm timescales and outcomes for these assessments Response: This will be detailed in Cabinet report and RODR document, but reviews have taken place and are being actively reviewed by P&P teams every two weeks. **Finance** There are no additional financial considerations in relation to this proposal**.** **Principal Social Worker** The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the government's guidance about social distancing and COVID-19 guidance in relation to residential care and supported living full consideration has been given to contingency discussions and planning for alternative support evidenced by the following statement: 'All individuals will be monitored and reviewed during the cessation period to ensure that the withdrawal of planned respite doesn't lead to significant risks to their health and wellbeing'.

	Guidance has been issued to frontline assessment staff to inform their person centred conversations when exploring equivalent levels of support. Associated RAG rating records have been regularly completed and updated.
Consultation with relevant Cabinet Member (s) – please note this is obligatory.	Discussion between Helen Jones and Cllr Jean Wharmby on 22/03/2020 Consultation with Cllr Wharmby on Review 19/05/2020 Consultation with Cllr Wharmby on Review 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee 11/06/2020 ,25/06/2020, 09/07/2020 and 23/07/2020
Decision:	Agreed **Review agreed by CMT 07/04/2020 and SMT 08/04/2020** **Review by SMT 22/04/2020, 06/05/2020, 21/05/2020, 04/06/2020, 18/06/2020 and 02/07/2020:** It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. Clear evidence that spread within care homes is due to bringing people in from the community. We continue to need to reduce the risk of cross infection for both those using respite and long-term residents and so reducing the number of individuals coming in and out of the service is essential. Clients who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

	In addition, the respite beds are being utilised to support hospital discharge and increase bedded capacity in residential care. Urgent respite provision is still in place as a mitigation where this is considered appropriate. **Review by SMT 16/07/2020:** Following ongoing work by officers the current position is that building-based planned respite services will remain closed. Emergency respite provision continues to be offered , both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control). The following mitigations have been put in place since the original decision was approved, including: • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted • Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.
Signature and Date: Simon Stevens 22/03/2020	

Derbyshire County Council

Equality Impact Analysis Record Form 2018

Department	Adult Social Care and Health
Service Area	Adult Social Care
Title of policy/ practice/ service of function	Cessation of planned respite breaks service for older adults and people with a learning disability
Chair of Analysis Team	Graham Spencer – Group Manager Adult Social Care Transformation

The Public Sector Equality Duty

The Council is required to exercise its functions having careful regard to the need to:

(10) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2020;
(11) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
(12) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In this context, the relevant protected characteristics are age, disability, gender re-assignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation,

The essential aim of the Public Sector Equality Duty (PSED) is to promote equality, equality of opportunity and good relations.

The Council, including its decision-makers, is required to do its best to provide services that promote the equality and equality of opportunity of persons with relevant protected characteristics and to promote good relations between them and others.

In the present case, where there is a proposed change of approach to the delivery of some care and support services, decision-makers are required to carefully assess any risks that this might pose for persons with relevant protected characteristics, how any such risks can be mitigated, how they should be monitored and whether they can be justified.

At the risk of simplification, when considering whether to approve the proposed way forward, decision-makers are required to carefully consider the need to protect and promote the welfare of elderly and disabled individuals who receive care and support services, and any particular risks that might be faced by those who are BAME, mothers or pregnant, or whose gender, gender re-assignment, sex or sexual orientation might create particular difficulties for them.

Stage 1. Prioritising what is being analysed

m. Why has the policy, practice, service or function been chosen? (rationale)
n. What if any proposals have been made to alter the policy, service or function?

This Equality Impact Analysis concerns the decision taken by Derbyshire County Council on the 23rd March 2020 to cease the provision of the building-based planned respite services for older people and people with a learning disability. This decision was undertaken following Government and Public Health England advice to reduce the risk of Covid-19 infections spreading. Specifically, the need to ensure appropriate social distancing measures are in place and the proposals for people aged over 70 and/or with high-risk clinical conditions to self-isolate. These national guidelines warranted the cessation of the service as it was neither practical nor safe to for people to attend. All individuals and their family or carers who had respite care planned are being regularly assessed as to whether they require ongoing alternative support to enable them to manage without this service being provided. Monitoring of the wellbeing of individuals is also taking place during this period. Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term planning, carer support, carer breakdown, have been considered and the provision of emergency respite if appropriate provided on an individual basis.

o. What is the purpose of the policy, practice, service or function?

Derbyshire County Council's provides respite, or short term breaks / care, for people who require assistance with personal care because of disability, frailty, mental ill health or who are recovering from a period of ill health or family difficulty. Short term care can also give carers, who provide a substantial amount of support to a cared for person, the chance to take a break.

p. Are there any implications for employees working in the service?

Yes, there have been implications, some employees working within the settings that provide respite care may have been temporarily redeployed to support other direct care service areas responding to the Covid-19 pressures for example support to residential care homes. Some staff have been been delivering an emergency respite services either from one of our designated respite centres – or in some cases as an outreach service in a person's home. All services that have been operating have done so in accordance with

Government guidelines on social distancing, use of personal protective equipment and infection control.

Stage 2. The team carrying out the analysis

Name	***Area of expertise/ role***
Graham Spencer	Group Manager Adult Social Care Transformation
Linda Elba-Porter	Service Director Adult Social Care Transformation

Stage 3. The scope of the analysis – what it covers

This analysis will:

- Examine whether implementing the decision to temporarily cease provision of respite services is likely to disproportionally affect particular groups of people, including those currently accessing services and staff; and whether these groups of people are likely to have protected characteristics and experience other inequality, in line with the requirements of the Equality Act 2010;
- Seek to highlight any concerns over the possible impacts for groups of people and communities in Derbyshire, where these are likely to be negative, adverse or could be deemed to be unfair or discriminatory.
- Where adverse impacts are identified, the EIA team will explore mitigations, already in place or to be put in place to negate or minimise the impact(s) found.

Stage 4. Data and consultation feedback

d. Sources of data and consultation used

Source	***Reason for using***
Derbyshire County Council SALT information – Adult Social Care Management Information Team	Overview of respite service usage by characteristic groupings.
Staffing Information - Adult Social Care Management Information Team	Understand the redeployment of staff from respite settings during the Covid-19 outbreak.
ONS Mid- year 2018 Population Estimates	Contextual information for Derbyshire
Public Health England Fingertips	Contextual information for Derbyshire

Stage 5. Analysing the impact or effects

m. What does the data tell you?

Protected Group	***Findings***
Age	The population of Derbyshire, according to the ONS Mid-year estimates (2018) is currently 796,142. Details of the various age ranges are outlined in the table below.

Population of Derbyshire

Age	Population[1]	Known to DCC[2]	%
0-15	136,713	6,722	4.9
16-17	16,559	809	4.7
18-64	471,187	4,561	0.9
65-74	96,829	2,729	2.8
75-84	53,961	4,459	8.6
85+	20,893	4,502	21.8
N/K	0	25	0
Total	796,142	23,807	3

Sources:
1-ONS Mid-2018 Population Estimates
2-DCC management information teams

Adult Social Care within Derbyshire County Council currently supports 11,715 people over the age of 65. This equates to 72% of all the people supported by Adult Social Care.

There are an estimated 171,683 people aged 65+ in Derbyshire, which equates to 22% of the population. In addition to age, life expectancy is a factor that can indicate how services will be used in the future. Public Health England report that life expectancy in Derbyshire is 79.3 years for males and 82.8 years for females.

Life expectancy by area

Area	Male	Female
Amber Valley	80.0	82.9
Bolsover	78.3	82.0
Chesterfield	78.2	81.8
Derbyshire Dales	80.7	84.8
Erewash	79.3	83.5
High Peak	79.9	83.4
North East Derbyshire	79.8	82.8
South Derbyshire	79.7	82.9

Source: PHE Fingertips, accessed 07/05/2020

Age breakdown of respite care services

During 2019/20 the Council's building-based respite services were accessed 1,980 times by 741 people. Of these 198 were aged between 18 and 64 and the majority, 543, aged over 65.

Conclusions

The cessation of the offer might well have increased anxiety for this group, or their family / carer which does have direct links to wellbeing and independence. This had to be balanced with the risk of infection

<table>
<tr><td></td><td>from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who access respite services have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk. Emergency respite provision has continued to be provided where appropriate either at a DCC establishment or via an outreach service.</td></tr>
<tr><td>Disability</td><td>Across adult social care and health all disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and associated mental health conditions, when services are planned and commissioned. Attention should also be paid to physical access, and the format of information and advice.

The table below details the Primary Support Reasons (PSR) for people accessing adult social care support. There are 8,718 adults accessing services who have a PSR recorded as physical support (not all of these will be accessing respite services, and some with a different PSR may be using the service).

<u>Adult Social Care & Health primary support reasons</u>

<table>
<tr><th>Primary Support Reason</th><th>Number</th><th>%</th></tr>
<tr><td>Physical Support</td><td>8,718</td><td>53.6</td></tr>
<tr><td>Learning Disability</td><td>2,189</td><td>13.4</td></tr>
<tr><td>Mental Health</td><td>901</td><td>5.5</td></tr>
<tr><td>Memory & Cognition</td><td>825</td><td>5.1</td></tr>
<tr><td>Sensory Support</td><td>452</td><td>2.8</td></tr>
<tr><td>Social Support</td><td>354</td><td>2.2</td></tr>
<tr><td>Non-PSR</td><td>2,321</td><td>14.3</td></tr>
<tr><td>PSR - Other</td><td>516</td><td>3.2</td></tr>
<tr><td>Totals</td><td>16,276</td><td>100</td></tr>
</table>
Source: Adult Social Care and Health MIT
Note: “PSR - Other” includes Children’s cases in transition

It must be noted that whilst PSRs are useful in understanding the number of people accessing services for the various types of support, they do not give us an accurate picture of people’s support needs because they only record the primary need, which may change over time.

<u>Respite – Primary Support Reason</u>

<table>
<tr><th>Primary Support Reason</th><th></th><th></th></tr>
<tr><td>Physical Support</td><td>440</td><td>59.4%</td></tr>
<tr><td>Learning Disability</td><td>191</td><td>25.8%</td></tr>
<tr><td>Mental Health</td><td>19</td><td>2.6%</td></tr>
<tr><td>Memory & Cognition</td><td>50</td><td>6.7%</td></tr>
</table>
</td></tr>
</table>

Sensory Support	21	2.8%
Social Support	12	1.6%
Non-PSR	8	1.1%
Grand Total	**741**	**100**

Source: Adult Social Care and Health MIT

Adult social care also collects data on the number of conditions people accessing its services have, in addition to their primary reason for support. The accuracy of this information is adversely affected by these people not always disclosing conditions, but it does create a clearer picture to understand the health challenges facing them, in addition to their primary reason for support.

Number of people with additional health conditions

	Adults	%
1	2,068	27.47%
2	2,008	26.68%
3	1,613	21.43%
4	1,044	13.87%
5	506	6.72%
6	177	2.35%
7	77	1.02%
8	20	0.27%
9	9	0.12%
10	3	0.04%
11	2	0.03%
Totals	**7,527**	**100**

Source: Adult Social Care and Health MIT

The data shows that over 95% of the people accessing adult social care services in Derbyshire have between one to five health conditions, however, these may not constitute a disability.

The impact individuals face may also depend upon the type of disabilities they have, whether learning and/or physical and the level of support they receive when in respite.

Employee Information

The number of employees who have declared a disability account for approximately 3% of the Council's total workforce. This has remained relatively unchanged over the last ten years. Levels of disability vary across departments but are higher in ASCH with 5% of staff working in assessment teams with a declared disability.

It is not expected that changes will be made to any of the existing arrangements that may be in place for disabled employees, beyond those temporary arrangements introduced to ensure safe working

practices during the Coronavirus – e.g. working from home, social distancing if making any formal visits as part of an outreach service, appropriate use of Personal Protective Equipment etc.

Conclusion

The cessation of the service might have contributed to a lack of supportive activities for people with physical support or a learning disability which does have direct links to their wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who have used respite services have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.

Emergency respite service have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.

Gender (Sex)

Projections published by the ONS in 2018 suggest the following overall population figures for Derbyshire by gender. The figures show a relatively small deviation in numbers between men and women up to age 64, and beyond 65 the difference increases as women outlive men.

Population of Derbyshire by Gender and Age

Age	Male	Female
0-14	65,709	62,723
15-19	20,877	19,930
20-64	225,129	230,091
65+	78,455	89,338
All ages	390,170	402,082
Total	**792,252**	

Source: ONS Mid-Year Projections 2018

The gender split for people accessing respite services shows that 59.5% are female, with 40.4%% male. This is in keeping with other service provided by Adult Social care.

Gender	Total	
Female	441	59.5%
Male	299	40.4%
Not recorded	1	0.1%
Grand Total	**605**	

Source: Adult Social Care and Health MIT

Conclusion

The cessation of the service might have contributed to a lack of supportive activities for people with physical support or a learning

	disability which does have direct links to their wellbeing and independence. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who have used respite services have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk. Emergency respite service have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.
Gender reassignment	The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their gender status. **Conclusion** It is not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Marriage and civil partnership	The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their gender status **Conclusion** It is not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Pregnancy and maternity	The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their gender status

<table>
<tr><td></td><td><u>Conclusion</u>
It is not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.</td></tr>
<tr><td>Race</td><td>At just 4.2%, Derbyshire has a lower than average population of people from a BAME background. The population is spread across a broad range of different racial and ethnic groups, including people from the EU and Eastern Europe, from Black, Chinese and Asian communities.

The following table details the number of people accessing respite services by BAME group as at 31 March 2020. There are fewer people from a BAME background using respite care than compared to the wider population at just 0.5%, with most people, 96.4%, being from a White background.

Ethnicity of people accessing respite services during 2019/20

<table>
<tr><th>Ethnicity</th><th></th><th></th></tr>
<tr><td>Any Other Ethnic Group</td><td>1</td><td>0.1%</td></tr>
<tr><td>Any Other Mixed / Multiple Ethnic Heritage</td><td>1</td><td>0.1%</td></tr>
<tr><td>Any Other White Background</td><td>8</td><td>1.1%</td></tr>
<tr><td>British</td><td>701</td><td>94.6%</td></tr>
<tr><td>Caribbean</td><td>1</td><td>0.1%</td></tr>
<tr><td>Indian</td><td>1</td><td>0.1%</td></tr>
<tr><td>Information not yet obtained</td><td>7</td><td>0.9%</td></tr>
<tr><td>Irish</td><td>2</td><td>0.3%</td></tr>
<tr><td>NULL</td><td>16</td><td>2.2%</td></tr>
<tr><td>White and Asian</td><td>2</td><td>0.3%</td></tr>
<tr><td>White and Black Caribbean</td><td>1</td><td>0.1%</td></tr>
<tr><th>Grand Total</th><th>741</th><th>100%</th></tr>
</table>
Source: Adult Social Care and Health MIT

Across Derbyshire some districts have a higher than average BAME population, for example Chesterfield at 5.1% and Erewash at 4.8%, however, further analysis of the data suggests that services in these areas are under-represented in terms of these groups.

<u>Conclusion</u>
The cessation of the offer might have contributed to a lack of support for people from BAME backgrounds. This had to be balanced with the risk of infection from COVID-19 and the practicalities of national guidance on social distancing in building based services. All people who have used respite services have been contacted, additional community support provided and are reviewed on a fortnightly basis which in part mitigates this risk.</td></tr>
</table>

	Emergency respite service have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.
Religion and belief including non-belief	The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their gender status **Conclusion** It is not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.
Sexual orientation	The Council does not collect data relating to this protected characteristic with reference to people accessing respite services. However, there will be people who use our services who will be represented under this protected characteristic. Assessments and services are offered to people in Derbyshire regardless of their gender status **Conclusion** It is not envisaged that the proposal to cease provision of planned respite services will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals.

Other- non statutory

Socio-economic	Derbyshire has a high variation between households who are affluent and those which experience deprivation or socioeconomic disadvantage. Many services provided by the Council are designed to support people who have fewer resources (low income or in receipt of benefits) and may experience poorer health or have lower life chances. In addition, older carers may (if they previously worked) have retired and be in receipt of a low income from benefits and/or a state pension. **Number of people in receipt of benefits, by Derbyshire locality** **Local authority area** — **№ of people** Amber Valley — 1,258 Bolsover — 941

Chesterfield	1,289
Derbyshire Dales	583
Erewash	1,154
High Peak	873
North East Derbyshire	1,138
South Derbyshire	706
DERBYSHIRE	**7,943**

Source: Pension Credit Quarterly Statistics, DWP Stat Xplore, May 2018.

There have also been problems encountered by claimants experiencing the roll-out of Universal Credit across Derbyshire, the negative impacts of this are still being felt by people accessing ASCH and their family's financial situations will need to be considered when being assessed under the Care Act.

Content for the table below comes from the Index of Multiple Deprivation (2015) and gives an insight into which areas of Derbyshire are less affluent than others. For example, a more affluent area such as the High Peak District has considerably less deprivation than the more urban Chesterfield Borough.

Deprivation by Area

Area	Population deprivation by area
Amber Valley	10%
Bolsover	21%
Chesterfield	29%
Derbyshire Dales	2%
Erewash	16%
High Peak	5%
N.E. Derbyshire	6%
South Derbyshire	3%

Source: 2015 – Index of Multiple Deprivation, MHCLG

The Council employs people from across Derbyshire, including many workers who live in poorer and deprived communities. Additionally, many such workers will work in the same or a nearby community to that they live in. The decision may require some staff to be redeployed to support other service areas, e.g. residential care, or provide outreach services but these proposals would be in line with their existing terms and conditions.

Conclusions

It is assessed that the decision should not have an adverse impact on this area of people's lives. However, it is essential that the council continues to support people to maximise their income and support

opportunities to promote greater independence and wellbeing, whilst reducing financial inequality.

Emergency respite services have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.

The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as:

- food shopping and delivery
- checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need
- collecting and delivering prescriptions

Data is not available to determine if there have been any people who have used respite services that have been both referred to and used the Community Response Unit. However social work professionals are aware of the service and can make referrals as necessary.

Rural

People living in more rural locations may be affected more by the proposals than those living in urban areas. The number of people living in rural or urban areas and accessing adult social care and health services is detailed in the table below.

People accessing services by rurality

Rural Urban classification	People accessing services	
	No.	%
A1 – Major conurbation – Urban	18,391	77
B1 – Minor conurbation – Urban		
C1- City and town – Urban		
D1 – Town and Fringe – Rural	4,931	21
E1 – Village – Rural		
F1 – Hamlets and Isolated Dwellings – Rural		
No information	485	2
Total	**23,807**	**100**

Source: Adult Social Care and Health Services MIT

It is likely that the 21% of people who live in more rural locations will have fewer services nearby to meet their various needs – requiring

	them to travel further afield to maintain relationships and access wider community facilities and activities. However, travelling and overall mobility is also affected by location. Rural areas often experience reduced regularity or availability of transport and there is an associated increase in the cost of travelling further afield and/or reliance on family for transport. This in turn may further limit opportunities for people, particularly those with a disability and/or being in receipt of a low income. Furthermore, restrictions put in place during the current pandemic, such us obligatory face masks on public transport may be difficult to understand for some people accessing respite services via that route – particularly those with sensory needs who need to be able to see someone's full face to understand what is being communicated. Staff living in rural areas will experience the same limitations as people approaching services for support but are more likely to be able to travel independently, and their existing personal arrangements are unlikely to change as a result of implementing the decision. **Conclusion** It is not envisaged that the proposal will have an additional adverse impact on persons within this protected characteristic, beyond those considered above. If any adverse impact emerges it should be addressed in the first instance by social work professionals. Emergency respite services have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown. The Community Response Unit, established by the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. The Unit has been helping people with activities such as: • food shopping and delivery • checking up on people who are isolated with a phone call or online help to prevent loneliness and check whether there is anything they need • collecting and delivering prescriptions Data is not available to determine if there have been any people who have used respite services that have been both referred to and used the Community Response Unit. However social work professionals are aware of the service and can make referrals as necessary.

n. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

The Council's decision to temporarily cease delivery of respite services for older people and people with a learning disability was undertaken as an urgent officer decision, this was in line with the Government National directives introduced to prevent the spread of the Covid-19 infection e.g. shielding / self-isolation for people over 70 and with high-level clinical needs and the need for social distancing.

There was not an opportunity to complete formal engagement prior to the decision with people with a learning disability, their family/carers, or partner agencies. However, all people with a learning disability and their families/ carers were contacted individually and continue to receive regular rules.

Protected Group	***Findings***
Age	No comments have been received with regards to this protected characteristic.
Disability	No comments have been received with regards to this protected characteristic
Gender (Sex)	No comments have been received with regards to this protected characteristic.
Gender reassignment	No comments have been received with regards to this protected characteristic.
Marriage and civil partnership	No comments have been received with regards to this protected characteristic.
Pregnancy and maternity	No comments have been received with regards to this protected characteristic.
Race	No comments have been received with regards to this protected characteristic.
Religion and belief including non-belief	No comments have been received with regards to this protected characteristic.
Sexual orientation	No specific comments have been received with regards to this protected characteristic.

Other

Socio-economic	No comments have been received with regards to this protected characteristic.
Rural	No comments have been received with regards to this protected characteristic.
Employees of the Council	No comments have been received with regards to this protected characteristic.

o. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

Carers are not listed as a protected characteristic group; however, the proposals may have a degree of impact upon those undertaking a caring role as they will no longer have the opportunity for a break in their caring role whilst this decision is in place. Carers will continue to be entitled to an assessment of their need in their own right as per the Care Act 2014

Derbyshire Carers Association reports there are over 120,000 carers in Derbyshire and data from ASCH management information teams confirms there are 25,002 carers (328 are under 18) known to services in Derbyshire at this time. The table below provides more detailed information.

Number and ages of carers known to the Council

Age	Totals	%
0-15	277	1
16-17	51	0.2
18-64	11,459	46
65+	7,165	28.6
Unknown	6,050	24.2
Totals	25,002	100

Source: Adult Social Care and Health MIT

Carers of all ages could be affected by the proposal if they created adverse impacts, but it is believed that the most vulnerable groups are the under 18s and over 65s, who are more likely to have support needs of their own, such as educational or health needs.

Conclusion

Emergency respite services have continued to operate to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.

In addition to the emergency respite, Derbyshire County Council, contracts with Derbyshire Carers Association (DCA) who have been active in supporting carers across Derbyshire during the Coronavirus pandemic. Some of the emerging risks they have identified and mitigations that they have undertaken include:

Rising levels of care: Many carers have been affected by the reduction/closure of services or have declined formal care due to fear of infection, others benefitted from increased support and recognition from wider family/community networks.
Response: offered regular telephone support, befriending and/or connection with other carers, information and practical solutions, referral to other agencies and support mechanisms,

Financial pressures: carers facing financial difficulty following a reduction in income or increased living costs.
Response: referred to food banks, community support groups and specialist financial/welfare benefits organisations.

Working carers: carers expected to return to work, raising concerns about the risk this poses to the person depending on them for care, particularly if formal support cannot resume.

Response: provided with 'letters of recommendation' to evidence the caring role to employers.

Worries and Fears: Many carers have experienced distress, anxiety, isolation and fatigue alongside worries and concerns for the wellbeing of the person depending on care.
Response: offered regular telephone support, befriending and/or connection with other carers, together with drive to update emergency plans and/or issue carer identification cards to enable priority access to shopping and other essentials.

Practical issues Response**:** The service has coordinated practical solutions for carers in relation to food, medicine, continence products, aids, PPE and access to on-line information. Many carers have been linked to the Crisis Response Unit and the provision of support from local volunteering and mutual aid schemes.

p. Gaps in data

What are your main gaps in information and understanding of the impact of your policy and services? Please indicate whether you have identified ways of filling these gaps.

Gaps in data	Action to deal with this
Data in relation to the following protected characteristics: • race and ethnicity, • religion and belief including non-belief, • marriage and civil partnership, • pregnancy and maternity • sexual orientation, and gender re-assignment	Review how data can be improved for any future analysis

Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations

Consider the impact of the decision made by people in receipt of support, on their carers. Carers can request to have their own assessment, and this should be reinforced during assessments of people with family carers. Consideration should be given to further developing the online and other advice and help for carers. Consideration to be given to having more regular contact with carers as a means of identifying risk for individuals as the service is suspended (tracking need over time).

Stage 7. Do stakeholders agree with your findings and proposed response?

The decision to cease providing respite services for older people and people with a learning disability was an emergency officer decision as provided for within the Council's constitution. This means there was not time to undertake a consultation or engagement exercise with key stakeholders such as people who have accessed respite care, family/carers, staff or Elected Members. However, the Cabinet Member for Adult Social Care was consulted prior to the decision, 22nd March 2020, and on subsequent

occasions as part of the ongoing review process (19th and 27th May and 11th June and will continue to be updated on a fortnightly basis whilst the decision remains in place.).

The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the government's guidance about social distancing and COVID-19 guidance in relation to residential care and supported living full consideration has been given to contingency discussions and planning for alternative support evidenced by the following statement:

All individuals will be monitored and reviewed during the cessation period to ensure that the withdrawal of planned respite doesn't lead to significant risks to their health and wellbeing'.

Guidance has been issued to frontline assessment staff to inform their person centred conversations when exploring equivalent levels of support. Associated RAG rating records have been regularly completed and updated.

Stage 8. Main conclusions and recommendations

This document was completed in order to analyse the potential impacts of the decision to cease providing respite services for older adults and people with a learning disability considering Government guidance concerning the Coronavirus. The original decision was taken in response to guidance published by the Department for Health and Social Care concerning the high-risk groups of people who should self-isolate for 12 weeks, and the imposition of the 2 metre social distancing its undertaking is in accordance with the ethical framework for social care.

The decision will have had an impact on older adults, people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of peoples care packages brings with it the potential for further risks to those who make use of the service. However, this risk needs to balance with the risk of infection from COVID 19 and adherence to National Guidelines.

Mitigations have been put in place through the regular review of peoples care packages, and where appropriate these have been adjusted to accommodate the temporary cessation of the service Emergency respite services have continued to operate from a number of the Council's establishments, or as an outreach services for some people, to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.

The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. Whilst it is not known if people who have previously accessed respite services have been referred to or used the Unit, social work professionals are aware of the service and are able to make referrals as necessary.

Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of the cessation of planned respite and carers emergency plans are being offered.

Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and shielding / self-isolation requirements for vulnerable people, it is not expected that the building-based planned (bookable) respite service will be opening imminently.

Stage 9. Direct action to be taken.

Objective	***Planned action***	***Who***	***When***	***How will this be monitored?***
Temporary cessation of planned respite services	Regular review of a person's care package to ensure it is meeting their needs	Adult Social Care Social Work staff (via Area Teams)	March 2020 onwards	Social work staff will complete a periodic review of person's within their areas.
	Regular reviews of Officer Decision taken to introduce the proposals. (Prior to July 2020 these were undertaken by Adult Social Care Senior Management Team)	Councillor Jean Wharmby	July 2020	Through the Cabinet Member meetings scheduled each month, with potential for periodic updates to the Council's Cabinet
	Continued provision of Emergency respite services (building-based and outreach)	Adult Social Care Social Work and Direct care staff (via Area Teams)	April 2020 onwards	Through the periodic reviews of people's care packages, those identified as at risk of carer breakdown or in need of emergency respite provision will be offered an emergency service

Stage 10. Monitoring and review/ mainstreaming into business plans

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

Review agreed by CMT 07/04/2020 and SMT 08/04/2020
Review by SMT 22/04/2020 - Respite needs to continue to cease non urgent activity to support social distancing and the respite beds are also being utilised to support hospital discharge. Urgent respite provision is still in place as a mitigation.

Review by SMT 06/05/2020: It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. Clear evidence that spread within care homes is due to bringing people in from the community.

We continue to need to reduce the risk of cross infection for both those using respite and long-term residents and so reducing the number of individuals coming in and out of the service is essential.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

In addition, the respite beds are being utilised to support hospital discharge and increase bedded capacity in residential care.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate.

Review by SMT 21/05/2020: It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. Clear evidence that spread within care homes is due to bringing people in from the community.

We continue to need to reduce the risk of cross infection for both those using respite and long-term residents and so reducing the number of individuals coming in and out of the service is essential.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

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In addition, the respite beds are being utilised to support hospital discharge and increase bedded capacity in residential care.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate

Review by SMT 04/06/2020: It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. The revised guidance from the Government reducing some of the lockdown measures does not suggest the recommencing this type of activity is appropriate at this time. There continues to be clear evidence that spread within care homes is due to bringing people in from the community to these settings.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate.

Review by SMT 18/06/2020: It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. The revised guidance from the Government reducing some of the lockdown measures does not suggest the recommencing this type of activity is appropriate at this time. There continues to be clear evidence that spread within care homes is due to bringing people in from the community to these settings.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate.

SMT Review 02/07/2020: It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. The revised guidance from the Government reducing some of the lockdown measures does not suggest the recommencing this type of activity is appropriate at this time. There continues to be clear evidence that spread within care homes is due to bringing people in from the community to these settings.

People who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Urgent respite provision is still in place as a mitigation for people where this is considered appropriate.

Stage 11. Agreeing and publishing the completed analysis

Where and when published?

This EIA will be published alongside a Cabinet report providing updates on a number of Emergency Officer Decisions taken in conjunction with services affected by the Covid-19 pandemic.

Decision-making processes

Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures

Attached to report (title):

Review of urgent officer decisions taken to support covid-19 response that have been in place for longer than eight weeks

Date of report: 30 July 2020
Author of report: Helen Jones, Executive Director Adult Social Care and Health
Audience for report e.g. Cabinet / date: Cabinet / 30 July 2020

Web location of report: The report will be made available online at the following location
https://democracy.derbyshire.gov.uk/ieListMeetings.aspx?CId=135&Year=0

Outcome from report being considered

The Cabinet Member for Adult Social Care and Health is asked to:

xi. Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and

xii. Note that future review decisions will be made on a fortnightly basis by the Cabinet Member for Adult Care.

Details of follow-up action or monitoring of actions/ decision undertaken

Continual review of this officer Decision will be undertaken by the Cabinet Member for Adult Care. This will include updates on solutions /alternative types of provision for people if the risks remain too high to re-open planned respite services.

Updated by:
Date:

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DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets Risk Management in relation to Residential Care	
Subject of Decision: (i.e. services affected)	Essential maintenance and specific fire risk mitigation works in our Residential Care Homes for Older People
Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of decision taken on 22/03/2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	To continue to undertake essential maintenance and specific fire risk mitigation works in our Residential Care Homes for Older People in order to deliver on previously identified risk mitigation and ensure the safety of residents and staff. **Review process** Decision is subject to a minimum of fortnightly review by SMT and CMT in line with national guidance re vulnerable groups and social distancing from HM Government.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state	Despite the Coronavirus outbreak and the requirements for people to work from home where possible and manage contact with other individuals through social distancing it is necessary for previously identified fire risk mitigation works to be completed so that residents and staff are supported to operate in a safe environment. Property colleagues had identified that all non-essential works should cease to protect their staff from the risk of infection and had suggested that the

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how this has been taken into consideration.	remaining fire risk mitigation works could be suspended. Further detailed discussions have taken place between Directors from both departments to weigh up the risks to residents and ASC staff associated with not completing the works against the risks to Property staff from undertaking them and it has now been agreed that those fire risk mitigation works and any other essential maintenance will continue to be completed.
Alternative Options Considered (if appropriate) and reasons for rejection of other options	Property and adult social care managers and staff will complete individual risk assessments for each establishment / area of work and seek to ensure that infection control measures and social distancing requirements are maintained whilst the operatives are on site, including ensuring that the work area is closed to access for residents and staff whilst the tradespeople are on the premises.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	Ongoing risk assessments have taken place to inform the wider mitigation works programme by Property Services and colleagues in health and safety.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision	No, this would not have been subject to consultation with service users and the public as it relates to maintenance of residential care homes. It is separate to the decision which has been subject to consultation regarding the long-term strategy for Direct Care Homes for Older People.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	Not applicable as decision relates to maintenance work.
Background/Reports/Information considered and	Property fire risk mitigation reports and work progress documents.

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attached (including Legal, HR, Financial and other considerations as required))	**Feedback on original Officer decision:** **Principal Social Worker** The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework when reaching decisions which take due account of existing legislation and guidance alongside flexible approaches to ensure safety standards are maintained as evidence in the following statement: 'Property and Adult Social Care managers and staff will complete individual risk assessments for each establishment / area of work and seek to ensure that infection control measures and social distancing requirements are maintained whilst the operatives are on site, including ensuring that the work area is closed to access for residents and staff whilst the tradespeople are on the premises.' **Finance** There are no additional costs associated with this decision. **Legal** The proposed work and the risks inherent in either undertaking or discontinuing this has been carefully evaluated. The decision to continue the work is a proportionate response to this evaluation. In the event of new guidance being received regarding the presence of operatives within residential settings the decision should be promptly revisited.
Consultation with relevant Cabinet Member (s) – please note this is obligatory.	Agreement at Cabinet 23/04/2020 Taken to CMT for discussion w/c 30/03/2020 Discussion with Cllr Wharmby 30/03/2020 Consultation with Cllr Wharmby on Review 19/05/2020 and 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee 11/06/2020 ,25/06/2020, 09/07/2020 and 23/07/2020
Decision:	Agreed

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	Review agreed by CMT 08/04/2020 and SMT 07/04/2020 **Review by SMT 22/04/2020,06/05/2020, 21/05/2020, 04/06/2020, 18/06/2020 and 02/07/2020:** Fire risk mitigation works are continuing to take place and there have been some delays to the delivery of the work as per the programme plan. Therefore in light of these outstanding issues it is appropriate the arrangements remain in place. **Review by SMT 16/07/2020**: The current position is that the majority of scheduled work has taken place across the Homes for Older People estate, with only a small number of tasks outstanding and will be undertaken from the end of July. This work relates to tasks that have been delayed due to disruption with the supply chain for key supplies due to the COVID-19 pandemic. Restrictions still remain in place for general visiting to the Homes for Older People as outlined in a separate Officer Decision Record, therefore these interim measures need to remain in place
Signature and Date: Simon Stevens 22/03/2020	

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DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones	Service: Adult Social Care and Health all care packages
Delegated Power Being Exercised: Emergency Powers	
Subject of Decision: (i.e. services affected)	To adjust the client contribution guidance to meet changes in service due to COVID-19
Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of a decision approved by CMT on 8 April
Key decision? If so have Democratic Services been notified?	Yes,
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	That client charging for specific scenarios will be as outlined in the attached appendix. This decision will be subject to a fortnightly review to make sure that the change arrangements appropriately reflect operational service arrangements which are in place in line with national guidance regarding social distancing and supporting vulnerable people throughout the COVID-19 pandemic.
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	A number of services have now been closed and some people are prevented from accessing other services. In these circumstances, guidance is required to outline which charging regime applies in these different scenarios.
Alternative Options Considered (if appropriate) and	The only alternative option would have been to continue to charge people, which we could technically have done under our current co-funding scheme. But as

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reasons for rejection of other options	individuals are no longer receiving a service, it was thought that they would consider this to be unfair and would give rise to numerous complaints.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	No risk assessment was carried out with regards to the ceasing of charging. But risk assessments were carried out for all people to ensure that they would be safe when their services were removed.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision	No. We would not expect to go to consultation when removing a charge, only when introducing or changing a charging regime.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	No.
Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))	There will be a reduction in income, but this is not expected to be significant, as the number of clients who cease to receive any services is a small proportion of the total client base. **Feedback on original Officer Decision** **Principal Social Worker** https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities#annex-b-guidance-on-streamlining-assessments-and-reviews *Local Authorities should always ensure there is sufficient information and advice available in suitable formats to help people understand any financial contributions they*

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	are asked to make, including signposting to sources of independent financial information and advice. *Legal approved – 07/04* *No comments on ODR received from HR and Corporate Finance*
Consultation with relevant Cabinet Member (s) – please note this is obligatory.	Consultation with Cllr Wharmby on Review 19/05/2020 Consultation with Cllr Wharmby on Review 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee 11/06/2020 ,25/06/2020, 09/07/2020 and 23/07/2020
Decision:	08/04/2020 **SMT Review 22/04/2020, 06/05/2020, 21/05/2020, 04/06/2020, 18/06/2020 and 02/07/2020:** There are no changes and the interim arrangements are approved for a further two weeks as position remains the same. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed. **Review by SMT 16/07/2020:** Following ongoing work by officers the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place.
Signature and Date: Julie Vollor	

	APPENDIX
COVID-19 CHANGES TO THE CHARGING POLICY	
Situation	Action

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A client is only having a day service, and this is closed (or the client follows government guidance about avoiding groups) without the client accessing any replacement service	Co-funding (CoF) ceased from date of day centre closure or day centre non-attendance
A client is only having a day service, and this is closed (or the client follows government guidance about avoiding groups), but the client then accesses replacement services	CoF continues unchanged, unless the reduced package is less that the CoF, in which case CoF is reduced to match the cost of the reduced package
A client is only having a day service, and this is closed (or the client follows government guidance about avoiding groups), but the client already accesses other services	CoF continues unchanged, unless the reduced package is less that the CoF, in which case CoF is reduced to match the cost of the reduced package
Their care package is decreased due to shortage of care staff etc	CoF continues unchanged, unless the reduced package is less that the CoF, in which case CoF is reduced to match the cost of the reduced package
Their care package is increased due to shortage of informal care at home	CoF continues unchanged
A client goes into respite care and then can't return home for a Covid-19 related reason (e.g. home in lockdown, or home care package has failed) and they **do not** currently receive a community package	Respite charge during planned period of respite. Thereafter - no charge
A client goes into respite care and then can't return home for a Covid-19 related reason (e.g. home in lockdown, or home care package has failed) and they currently receive a community package	Respite charge during planned period of respite. Thereafter - to charge as for services they would have had i.e. in a domiciliary setting (presumably what was being provided prior to respite placement) were it not for C-19; provided that charge is the lower of the two options
A client goes into emergency respite due to Covid-19	Added as an interim service with no charge to the client
A client goes into respite care and then can't return home for a Covid-19 related reason (e.g. home in lockdown, or home care package has failed) and a 3rd Party contribution is in place	Respite charge (plus top up) during planned period of respite. Thereafter - to charge as for services they would have had i.e. in a domiciliary setting (presumably what was being provided prior to respite placement) were it not for C-19; provided that charge is the lower of the two options

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APPENDIX 2

CHARGING GUIDANCE FOR HOSPITAL DISCHARGES DURING THE COVID 19 PANDEMIC

Scenario	Financial Clarification
RESIDENTIAL PLACEMENT	
Client discharged to **DCC** Community Support bed for further assessment, recuperation, recovery from delirium or any other reason.	**Nil** client contribution applies for the duration of the Covid 19 pandemic. Purchase order request required although these are already funded by health so no recharge will be required.
Client discharged to an **external** residential placement for further assessment, recuperation, recovery from delirium, lack of provision, hospital pressures or any other reason.	**Nil** client contribution applies including any top-up fees Top up fees to be treated as a specialist fee adjustment. Purchase order request should be completed stating that the whole cost (including top up) to be funded from the Covid 19 budget, rechargeable to health. However, If the placement continues on a long term basis after the pandemic has ended, client needs to be aware that any top-up would have to be met by a third party (not the client) and would have to be sustainable.
Client discharged to a short term placement in a **DCC HOP** for further assessment, recuperation, recovery from delirium, lack of provision, hospital pressures or any other reason.	**Nil** client contribution applies. Purchase order request should be completed, stating that it is re-chargeable to Health under the Covid 19 Hospital Discharge budget.
Client discharged back to existing long-term residential placement.	Pre-existing funding arrangements continue as before.
Client discharged to an alternative residential placement, because the existing provider declined to accept the person back.	Pre-existing funding arrangements continue as before, any additional costs are re-chargeable to Health under the Covid 19 Hospital Discharge budget. Purchase order request and cancellation of previous contract should be completed.
Client had a home care package before hospital admission and discharged to long-term residential placement	Pre-existing funding arrangements including Co-funding contribution continue as before, any additional costs are re-chargeable to Health under the Covid 19 Hospital Discharge budget. Purchase order request

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	and cancellation of previous contract should be completed.
NURSING PLACEMENT	
Client discharged to a nursing placement for further assessment, recuperation, recovery from delirium, lack of provision, hospital pressures or any other reason. The discharging hospital should provide CCH with an up to date assessment of so that CHC are aware of the person's nursing needs and in agreement that a nursing placement is required.	**Nil** client contribution applies including any top-up fees. Top up fees to be treated as a specialist fee adjustment. Purchase order request should be completed stating that the whole cost (including top up) to be funded from the Covid 19 budget, rechargeable to health. However, If the placement continues on a long term basis after the pandemic has ended, client needs to be aware that any top-up would have to be met by a third party (not the client) and would have to be sustainable. Placements above the CHC contracting rate of £909.15 Will need to be agreed by CHC.
Client discharged back to existing long-term nursing placement.	Pre-existing funding arrangements continue as before.
Client who was previously in residential care discharged to a nursing placement for further assessment, recuperation, recovery from delirium, lack of provision, hospital pressures or any other reason, including long term care. The discharging hospital should provide CCH with an up to date assessment of so that CHC are aware of the person's nursing needs and in agreement that a nursing placement is required.	Pre-existing funding arrangements continue as before, any additional costs are re-chargeable to Health under the Covid 19 Hospital Discharge budget. Purchase order request and cancellation of previous contract should be completed. Placements above the CHC contracting rate of £909.15 Will need to be agreed by CHC.
Client had a home care package before hospital admission and discharged to long-term nursing placement	Pre-existing funding arrangements including Co-funding contribution continue as before, any additional costs are re-chargeable to Health under the Covid 19 Hospital Discharge budget. Purchase order request and cancellation of previous contract should be completed.

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones	Service: Adult Social Care and Health
Delegated Power Being Exercised: Emergency powers	
Subject of Decision: (i.e. services affected)	The ability to make discretionary payments in order maintain our Shared Lives carer capacity and reliance with effect from 1 April 2020 to support placements.
Is this a review of a decision? If so, what was the date of the original decision?	Yes, 22 May 2020
Key decision? If so have Democratic Services been notified?	No – as it does not affect significant numbers of people in two or more electoral divisions.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	From 1 April 2020 it is proposed to: • Pay full time Shared Lives carers an additional £40 per week. • Pay short break and day support Shared Lives carers the amount which they ordinarily would have earned. Due to the lack of day and residential short breaks being available to Shared Lives carers they are in effect being asked to provide unpaid care for three days per week 9am-5pm plus the four weeks 28 days per year (pro rata). Over the two months since the suspension of day and residential services this equates to a total of 27 days unpaid work. This proposal would be initially implemented for a period of eight weeks, after which a review will take place with the service manager responsible for Shared Lives and the appropriate Group Manager with Assistant Director oversight on a fortnightly basis. The review would ascertain whether the additional payments need to continue for a further period of time. This would be a delegated decision.

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Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	Shared Lives carers provide family based 24 hour accommodation and support primarily for people with learning disabilities. Some Shared Lives carers also provide both day care and overnight short break opportunities in order that carers of people who continue to live in a family home can have a break from their caring roles In order to sustain what can be a demanding role, the current offer to DCC Shared Lives carers who provide family type accommodation includes the following regular short breaks from their caring role • three days daytime breaks per week between 9am to 5pm • four weeks residential short breaks This is typically (though not exclusively) accessed through DCC Direct Care day services and DCC or health residential short breaks provision. The COVID-19 pandemic has resulted in closure of all day and short break services including those run by DCC and the NHS health trust. Consequently, this has curtailed available breaks for Shared Lives carers forcing them to undertake care on a 24/7 basis for the foreseeable future. Those Shared Lives carers who provide regular short breaks for the families/carers of people with learning disabilities and breaks during the day are currently unable to do so due to both the closure of day services and the rules on social distancing. Consequently, they have seen a significant drop in their income. These Shared Lives carers are not able to take advantage of government schemes for the self-employed throughout the pandemic response period and are therefore financially disadvantaged unless DCC makes an additional payment. Despite a recent local marketing and media campaign to highlight this valuable role, recruiting Shared Lives

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	carers has been very difficult in Derbyshire. We are very concerned that without providing some additional support to this valuable resource we will be unable to sustain existing carers throughout the COVID-19 pandemic and may also risk losing those carers who may feel they are no longer able to, or afford to continue in this role. Consequently, we propose to make an additional £40 per week payment to all our Shared Lives carers until such times we can reintroduce our previously agreed respite/short breaks arrangements.
Alternative Options Considered (if appropriate) and reasons for rejection of other options	For short break and day support carers a 'one off' payment was considered, but this was thought to be unfair due to the different level of support that each carer gives. The proposed method better reflects the range of activities undertaken by the carer to support each individual/s they care for.
Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated	The ongoing risk for the department is that if we do not show some recognition of the role carers are undertaking in terms of providing increased support as part of as Shared Lives placement they may potentially look to end the Shared Lives placement they support. There is a risk of losing some very good carers and the people they are caring for would then have to be place in significantly more expensive care and support packages put in place. For short break and day support carers the risk to them is they receive no or a reduced income and there is no opportunity to take advantage of the government support schemes. The risk to the department is the loss of Shared Lives carers.
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision	No

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Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	No groups are being negatively impacted as this involves increasing payment to enable individuals to continue to provide support to people with a long term health condition or disability.
Background/Reports / Information considered and attached (including Legal, HR, Financial and other considerations as required))	**Feedback on original Officer Decision:** **Finance** The weekly costs of these proposals are estimated to be: • Full Time Carers - £1,800 • Respite Carers - £1,500 With the total monthly cost being £14,340 This would be a commitment against council resources and partially offset from the non-ring-fenced COVID-19 Government Grant. All decisions around meeting COVID-19 costs are unlikely to be fully funded from current Government additional funding available. As such implications will fall on the ability to provide services for the rest of the financial year and into the medium term **Principal Social Worker** Shared Lives is an important way we can help support people to stay as independent as possible and our Shared Lives carers require both skill and commitment to values of caring for others. This commitment helps to ensure Shared Lives arrangements are safe, supported and valued. This in turn should support the wellbeing of people who are in a Shared Lives placement. Information about these arrangements need to be appropriately shared in accessible formats. **Legal** No implications from a Care Act perspective. It seems to be a financial decision around how much is allocated for this purpose. It is sensible to seek to support these providers, given the market shaping duties under the Care Act.
Consultation with relevant Cabinet Member	Approval of ODR by Cabinet Member 25/06/2020

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(s) – please note this is obligatory.	Consultation with Cllr Wharmby on decision 27/05/2020. Consultation with Cllr Wharmby at Cabinet Member Committee 11/06/2020 ,25/06/2020, 09/07/2020 and 23/07/2020
Decision:	Agreed by CMT 22/05/2020. **Review by SMT 04/06/2020, 18/06/2020 and 02/07/2020**: Due to the lack of day and residential short breaks being available to shared lives carers, individuals are in effect being asked to provide unpaid care for 3 days per week 9 to 5 plus and this needs to be recognised formally via additional payments. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. It is proposed that this arrangement continues. **Review by SMT 16/07/2020:** Following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. Payments to full time Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carer will continue to receive the amount they ordinarily earn. These arrangements remain subject to fortnightly review by Senior Managers to ensure they are appropriate. Shared Lives Carers have stepped up and taken on additional responsibilities to support people at home whilst day centre provision has been closed and these payments recognise those additional responsibilities. As noted in the section above day centre provision continues to remain closed, with only limited respite provision in place due to ongoing requirements in relation to social distancing which means that day centres cannot operate at fully capacity. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and

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	for full time carers we are seeking to liaise with them in terms of accessing respite provision if required.
Signature and Date: Helen Jones 22/05/2020	

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Agenda Item No.6 (k)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Executive Director for Adult Care Social Care and Health

RESHAPING AND RECONFIGURING THE DERBYSHIRE HOMECARE MARKET – TRANSFERRING LONG TERM PACKAGES OF CARE FROM DIRECT CARE TO THE PRIVATE HOMECARE SECTOR

ADULT SOCIAL CARE

1. Purpose of the Report

The purpose of this report is to:

- Provide the Cabinet with an update on the work that the Adult Social Care and Health department has been undertaking to reshape the homecare market in Derbyshire;
- Seek approval for the continued rollout of the transfer of long-term packages of care from Direct Care to the Independent Sector.

2. Information and Analysis

Helping older and disabled people live independent, fulfilled and dignified lives is one of the County Council's key priorities. To ensure this happens it is key that the Council can:

- Support the development of a high-quality, stable and sustainable homecare market.
- Help prevent people going into hospital.
- Make sure people get home from hospital as soon as they safely can.
- Ensure there's enough capacity across the whole care market to support people to remain in their own homes for as long as possible.

Following a Cabinet Member report in August 2017, the department has been undertaking a programme of work to reshape the homecare market in Derbyshire.

The department's Direct Care Homecare Service has been refocused and reconfigured to form a delivery model based upon the provision of mainly Short Term Services (STS) with the private, voluntary and independent (PVI) sector being asked to focus on longer term packages of care.

By doing this, the Council's refocused Direct Care Homecare Service will be in a better position to help manage demand by:

- Reducing delayed transfers of care (DToC).
- Increasing Discharge to Assess (D2A).
- Increasing independence through reablement (including dementia reablement).
- Hospital admission avoidance

The council's Direct Care Short Term Service has also been re-organised to ensure that 'virtual' patch boundaries do not act as barriers to the effective deployment of resources. This service will now only be approached to provide:

- long term support where there is no PVI provider able to meet the package;
- support to people receiving End of Life care;
- Crisis response such as failure of a provider in the market.

The Short Term Service is now at a point where it is necessary to increase its capacity from within its existing resources to enable the effective delivery of the time-limited, reactive short-term services. This work is of significant importance in order to support the department to effectively deliver outcomes for the people of Derbyshire. The Council's key priorities are to ensure people are supported to remain as independent as possible and can get the appropriate care and support at the appropriate time and in the most appropriate setting. By carrying out this important piece of work, the council can increase its capacity to support local residents, helping avoid unnecessary admissions into residential care homes, and offer short-term intensive support on discharge from hospital.

To increase the capacity within the intensive Short Term Service to deliver the more reactive, preventative and time limited support, the department will be required, where appropriate, to transfer clients with long-term packages of care to the PVI sector.

To release the capacity to carry out this important work a joint review of people currently receiving a long-term care package will be undertaken. This will be delivered jointly by Prevention and Personalisation (Social Workers) and Direct Care staff in line with the Care Act duties to ensure assessments are person-centred, promote independence, and allow the individual choice and control as to how their care and support needs are met.

Some clients have received a service from the Council for several years and, staff undertaking the reviews will meet the client or their representative to clearly explain that this is not about changing or reducing their service. All the providers that are contracted by Derbyshire County Council are experienced in meeting the needs of individuals with complex physical and mental health

needs and are registered with the Care Quality Commission. Some people may also wish to take up the option of a Direct Payment in order to have greater choice and control as to how their care and support is provided.

These reviews will be undertaken on a geographical area by area basis, to allow for the PVI homecare market to be able to respond to any requests involving the transfer of long-term clients from Direct Care. The Council's Adult Social Care Contracts Team will continue to work with PVI providers to stimulate growth in the homecare market to facilitate this transfer of long-term work

Each person will have their current circumstances reviewed to ensure that the care and support that they are receiving continues to match their needs and support as detailed in their care package. Where a person is being transferred to a different provider this will be done so at the same level of care as provided by the Council run Direct Care provision unless it is agreed in the review discussions with the person and or their representative that circumstances have changed.

We will write to all people to advise them of our proposals to review and transfer their support packages and to involve them fully in those reviews as well as in the planning for any subsequent transfer. Once a PVI provider has been identified the Direct Care care workers will work with the PVI staff to ensure the new provider has insight into the needs of the client and that the client is supported through the transition process. If there is no PVI provider available to carry out this new work then Direct Care will continue to provide the client's care package until a new provider can be found, or until they decide to receive a Direct Payment and arrange their own care and support provision.

3. Financial Considerations

The financial considerations of this work remain the same as those presented to Cabinet in the initial report on reshaping and reconfiguring the Derbyshire homecare market on 26 July 2018.

4. Human Resources Considerations

There are no specific Human Resources considerations in relation to this report. All staffing structure changes arising from the reconfiguration of the Homecare service to a Short Term Service were detailed in a report to Cabinet on 26 July 2018.

5. Legal Considerations

The proposed change will only effect service delivery and will not impact on the meeting of eligible needs for individuals. Eligible needs will continue to be

met. A formal consultation exercise and Equalities Impact Analysis are not required for this work as it is a transfer of provider that is being undertaken rather than a change in the service being delivered i.e. care and support needs will continue to be met. It will be important to ensure that Clients are kept fully informed of the proposed changes in the arrangements. As outlined in the report each individual currently receiving homecare will be engaged with as part of the transfer process.

6. Other Considerations

In preparing this report the relevance of the following factors has been considered: Legal and Human Rights, equality of opportunity, health, environmental, transport, property and crime and disorder considerations.

7. Background Papers

- Refocusing Direct Care Domiciliary Care Services – report to Cabinet Member 31 August 2017
- Direct Care Homecare Service Transformation – report to Cabinet 26 July 2018

8. Key Decision

Yes

9. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

10. Officer's Recommendation

That Cabinet:

- Notes the work that the Adult Social Care and Health department has been undertaking to reshape the homecare market in Derbyshire;
- Approves for the continued rollout of the programme to support the reshaping of the Derbyshire homecare market.

Helen Jones
Executive Director Adult Social Care and Health
County Hall
MATLOCK

PUBLIC

Author: Chris Allcock (x36514) Agenda Item No.6 (l)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Executive Director for Children's Services

SUPPORT CENTRE FUNDING (YOUNG PEOPLE)

1. Purpose of the Report

To seek Cabinet approval to amend the funding arrangements in respect of Support Centre provision from September 2020.

2. Information and Analysis

2.1 Background

There are three maintained Support Centres - formerly known as Pupil Referral Units, or PRUs – in Derbyshire operating over eight sites. The Centres are:

South Derbyshire;
Amber Valley and Erewash; and
North East Derbyshire.

Between August 2018 and August 2019 the Support Centres converted to academy status and now are all part of the Esteem Multi Academy Trust. The Trust also includes seven special schools in Derbyshire, Derby, and Staffordshire.

The Support Centres work with vulnerable pre 16 children at Key Stages 2, 3 and 4, that have either been permanently or temporarily excluded from mainstream schools with the aim of re-integrating them into school or college settings.

2.2 Current funding arrangements

Support Centres' delegated budget shares are funded out of the High Needs Block of the Dedicated Schools Grant (DSG). Individual centre funding is determined by a combination of the number of places commissioned, at £10,000 per place, plus a site-specific Element 3 top up value. The places and top up rates for 2020-21 were approved by Cabinet at its meeting on 16th March 2020 and are set out in Table 1 below:

Table 1 - September 2020 places, top up rates and allocations

Support Centre	Site	Places	Places funding	Actual NOR	Site top up	Top up funding	Total place/top up funding
			£		£	£	£
Amber Valley & Erewash	Kirk Hallam	12.0	120,000	15.3	12,733	194,702	314,702
	Sawley	48.0	480,000	29.1	2,303	67,014	547,014
	Bennerley	21.0	210,000	20.8	10,000	208,122	418,122
	AP	75.0	750,000	71.7	3,314	237,645	987,645
South Derbyshire	Newhall	26.0	260,000	23.3	19,448	453,953	713,953
North East Derbyshire	Barrow Hill	4.0	40,000	11.0	7,518	82,850	122,850
	Hasland	71.0	710,000	68.6	3,033	208,145	918,145
	Chapel	15.0	150,000	11.4	5,113	58,374	208,374
	Buxton	10.0	100,000	14.0	21,850	305,455	405,455
Total		282.0	**2,820,000**	**265.3**	-	**1,816,258**	**4,636,258**
Total ex AP		207.0		**193.6**		**1,578,613**	

The place-plus model has been in place since 2013-14, when the centres first received both formula budgets and delegated spending powers. The £10,000 place value is a nationally set multiplier, whilst the top up rates have been derived locally based on historic spending levels at each site.

Following conversion to academy status the Centres are no longer part of the Local Authority. Given the change in legal status it would be timely to review the financial relationship between the LA and Esteem, for several reasons, including:

(i) The Element 3 top up values are historic and thus unlikely to reflect current costs;
(ii) The calculation of top ups is unnecessarily complicated and based on the costs of the operations at each site rather than the needs of children;

(iii) The range of top up values from £2,303 to £21,850 is too broad and has the potential to skew where provision is delivered;
(iv) The above range also makes estimating spend by the LA, and likely income levels for Esteem, more challenging;
(v) A more predictable rate across the provisions allows for Esteem to plan a stable staffing and curriculum offer, providing greater consistency for children and young people who are often struggling to maintain routine; and
(vi) The current arrangements do not have any link to performance by the Support Centres and/or the outcomes of the students attending.

There are other strategic considerations that support the need for a review. The first is the overall position of Derbyshire's DSG which reported a £3m deficit in its general reserve at 31st March 2020. All elements of provision supported by the high needs block need to be reviewed to ensure that they are effective and continue to deliver value for money; this includes out of school provision by support centres.

A second consideration is the longer term need to review the balance of responsibility for funding exclusions between the high needs block and schools' delegated budgets. This will be informed by any national changes following the DfE's Call for Evidence in 2019.

The Authority has been in dialogue with Esteem over reviewing support centre funding and as a result proposes a two staged approach.

The first step would be to simplify the current top up rates, moving away from a site based factor to one linked to pupil numbers. In parallel with this would be a Commissioning Agreement which puts the funding and service delivery specification on a more formal footing. The Commissioning Agreement is currently under discussion with Esteem and will link the funding of placements to key indicators which evidence performance of the Support Centres in improving outcomes for children and young people

The second step would be to review, and possibly revise, the responsibilities for meeting the costs of supporting pupils excluded, or at risk of exclusion, from mainstream provision. Currently most of the costs of both permanent and temporary exclusions are met by the High Needs Block. The review could potentially place more responsibility on schools, either individually or in clusters, for commissioning and contributing to the costs of support for such pupils. This would give schools the opportunity to intervene earlier to meet need, allowing schools to support the first signs of disengagement and de-escalate problems associated with challenging behaviour, so avoiding high numbers of young people educated outside mainstream provision. This second stage would be

subject to an extensive consultation with schools, academies, providers and other stakeholders, including the Schools Forum. Given the consultation requirements, it is not envisaged that major changes would take effect before April 2022.

2.3 Proposed funding arrangements for September 2020

Based on the figures in Table 1, the cost of the annual top ups, excluding Alternative Provision, is £1.579m in respect of 193.6 fte students, equivalent to £8,155 per pupil. Alternative Provision (AP) has been excluded from the calculation as this provision is different in nature being largely off site. The use of the term Alternative Provision (AP) in this context refers to additional provision commissioned by the Support Centres away from the Support Centre sites, such as college provision, or vocational courses. AP will remain funded at £10,000 per place plus a £3,314 top up and the value of rates will be included in future discussions.

The simple per pupil model for Support Centre provision could have been refined to reflect the age profiles of the children supported i.e. by weighting the funding by key stage. However, such a refinement would add limited value to the funding process and Esteem have indicated their preference for a single rate across all ages in all settings.

A simple pupil led model would result in variations to the allocations for each site as shown in Table 2 below:

Table 2 – Impact of pupil led allocations

Support Centre	Site	19-20 NOR	Site top up	Top up funding		Pupil driven allocation	Diff
			£	£		£	£
Amber Valley & Erewash	Kirk Hallam	15.29	12,733	194,702		124,699	-70,003
	Sawley	29.10	2,303	67,014		237,336	170,322
	Bennerley	20.81	10,000	208,122		169,716	-38,406
	AP	71.71	3,314	237,645		237,645	0
Sth Derbyshire	Newhall	23.34	19,448	453,953		190,344	-263,608
North East Derbyshire	Barrow Hill	11.02	7,518	82,850		89,872	7,022
	Hasland	68.62	3,033	208,145		559,548	351,403
	Chapel	11.42	5,113	58,374		93,099	34,726
	Buxton	13.98	21,850	305,455		113,999	-191,455
Total		265.29	-	1,816,258		1,816,258	0

Management of the impacts arising from the re-distribution of funding would be a matter for Esteem, either by reallocating funding differently across the Trust, reducing costs or reshaping delivery including, if

necessary, de-commissioning some elements of provision. However, the Trust would still be required to meet its service obligations to the LA under the Commissioning Agreement. The LA has a duty to provide suitable alternative education provisions for children of compulsory school age, including those in Support Centres run by the academy. For 16-18 year olds, the duty becomes a 'power' to arrange alternative education provisions. To ensure the LA continues to meet its statutory responsibilities it will conduct an Equality Impact Assessment (EIA) in conjunction with Esteem.

The transport costs associated with provision are not reflected in the above rates and are instead funded from a central High Needs Block budget. No changes to the funding of transport are proposed at this time, although transport related issues will be included in the proposed EIA. The longer term arrangements are subject to ongoing discussions with Esteem, the aim being to encourage more independent travel as part of the offer for young people.

The financial arrangements for the use of pupil referral units and the education of children otherwise than at school, including the arrangements for paying top-up funding, are all matters for the LA. However, local authorities are expected to consult their Schools Forum on these arrangements and take into account the views expressed.

The draft proposals were shared with the Schools Forum at its meeting on 25th June 2020. There were concerns from some members around the re-distributional effects of the proposed changes on individual centres. However, Esteem made it clear that funding already moves between centres as site allocations no longer reflect costs.

No objections to the revised funding model were received from the Schools Forum.

3. Other Considerations

In preparing this report, the relevance of the following factors has been considered: - prevention of crime & disorder, equality of opportunity, and environmental, health, social value, human rights, human resources, property and transport considerations.

4. Background Papers

Files held within Children's Services Finance.

5. Key Decision

Yes.

6. Call-in

Is it required that the call-in period be waived in respect of the decisions being proposed within this report? No

7. Officer's Recommendations That Cabinet considers this report and:

7.1 Agrees to adopt a per pupil funding rate from September 2020 as set out in section 2.3; and

7.2 Notes the further work the Service intends to undertake regarding the future arrangements for commissioning and paying for support for pupils excluded, or at risk of exclusion, from mainstream provision.

Jane Parfrement
Executive Director for Children's Services

PUBLIC

Author: David Cohen (x38095) Agenda Item No.6 (m)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Executive Director for Children's Services

THE BIG CONSULTATION

1. Purpose of Report

To update Cabinet on 'The Big Consultation' on youth democracy in Derbyshire. This was originally presented to Cabinet on 16 January 2020 and approval was received to proceed with the consultation on proposals to replace the Derbyshire Youth Council.

2. Information and Analysis

Context:

From 26 January to 17 April 2020, a countywide consultation was undertaken to ask young people and other stakeholders whether they agreed with the following proposal:

"For the Derbyshire Youth Council (DYC) to be disbanded and replaced with a strategic network developed around the current school council structure and other locality groups."

- 1290 people responded to the survey and 78% agreed with the proposal
- 819 young people aged 11-15 replied
- 82% of responses were received from young people aged 25 and under

A full and detailed analysis of the results is attached to this paper as appendix A.

Proposal:

Further work is to be undertaken by the participation and children's rights team to finalise how the strategic network will be implemented. Unfortunately the COVID-19 pandemic has severely impacted on the ability of schools to contribute to the planning process at the current time, however this work will commence in autumn 2020 with the network implemented in January 2021. Our vision is that the network will utilise technology and bespoke participation resources in order to maximise the number of schools and other stakeholders who will participate.

There are several benefits to the model proposed. Consultations may be focused through the network depending on demographic or geographic requirements allowing whole-county or localised consultation. Individual services can approach the participation and children's rights team to facilitate consultation with young people through the network where appropriate. By analysing the results of the Big Consultation (see appendix A) we can identify those areas that young people feel should be prioritised for consultation. Consultation events can be mapped against council budget and corporate planning cycles in order to maximise the impact of young people's views on key council decision-making processes, with technology providing more timely and meaningful opportunities for young people to have their say before decisions are made.

The following steps will be undertaken by the participation and children's rights team in order to facilitate the launch of the network:

- Communication with schools and communities to share the outcome of the Big Consultation and evidence how the feedback received has led to action

- The ceasing of the Derbyshire Youth Council, whilst maintaining the final members of the council as a consultation group pending implementation of the new network in January 2021. This will ensure that, during the interim, young people's views will continue to be heard on wider council matters. It will also ensure that partner agencies have ongoing access to a network of young people, to seek their views and feedback.

- Engagement with democracy leads within secondary schools and other stakeholders (including youth forums, Children in Care Council, Care Leavers' Council and BME groups) and support provided for them including training, signposting and resources. The aim would be for the participation and children's rights team to encourage a whole-school/group approach to the network and

engage all stakeholders who have regular contact with young people including facilitators, youth workers and form tutors.

- Engagement across the council to raise awareness of the strategic network, and agree how it can be utilised to seek young people's views and input to the council's priorities and plans.

- Ensuring that school council and other network members know their responsibility to consult with all students/members and encourage participation in virtual questionnaires and consultations.

- Use of technology will be crucial to manage resources but different approaches may be needed for special schools. These will take into account previous work undertaken on promoting participation with children and young people with special educational needs or disabilities (SEND).

- Bespoke methods will be developed to engage with young people placed in secure or other residential settings.

- Development of a feedback system will take place to ensure young people can see the impact of their participation in order to help them feel their input was valued, thereby promoting continued engagement.

Challenges:

Schools work at least a term in advance and the current COVID-19 crisis has forced a huge change in working practices and school attendance. Liaison will take place with headteachers and democracy leads in relation to implementation timescales.

Social distancing regulations could make convening meetings and events challenging.

Mitigation of Challenges:

To ensure that young people can still have a voice about decisions that are made in the interim and whilst the new network is developed, the council has a number of groups that can be consulted. These include a focus group of young people previously involved with Derbyshire Youth Council, as well as the Children in Care Council and Care Leavers' Council. There are also good links with groups including the Locality

Youth Forums and smaller representative groups like the Chesterfield Black and Minority Ethnic Forum.

Whilst COVID-19 has resulted in significant societal changes and challenges, one consequence of social distancing has been the increased use and normalisation of video calling and conferencing technologies. This could be a significant asset in relation to running the network over a geographical area as large as Derbyshire.

Future Developments:

It is currently envisaged that the network is aimed at young people aged over 11. In the future this could potentially be increased to include primary schools, however the resource implications would need to be considered.

Summary

The consultation was extremely successful, with 1059 people under 25 responding. The consultation provided a clear message of the support for the proposal to replace the Derbyshire Youth Council with a strategic participation network across the county.

3. Financial Considerations

The independent review of the arrangements to support children's participation in 2018 highlighted that modest efficiency savings could be achieved through re-focusing the programme. January 2020's Cabinet report highlighted the current costs of facilitating DYC as £58,256, the bulk of which consisted of staff time. DYC met for a full day meeting every 2 months with significant staff preparation time needed. This structure is not proposed for the strategic network. The proposed network will be delivered within existing resources and, although the detail has yet to be finalised, is expected to require less staff preparation and support time. Some savings may also be realised via greater use of technology.

Currently, it is not possible to quantify the level of any efficiency savings; this will be clarified as work is taken forward to develop the model for the strategic network. Any staff time that is freed up by moving to the new model would be re-focused in support of other participation priorities, in particular to strengthen engagement with children in care, care leavers and children and young people with special educational needs and disabilities. Costs will be continually reviewed as the network develops.

4. Other Considerations

In preparing this report the relevance of the following factors has been considered: legal and human rights, human resources, equality and diversity, health, environmental, transport, property, crime and disorder, and social value considerations.

5. Key Decision?

No

6. Is it necessary to waive the call-in period?

No

7. Executive Director's Recommendation

It is recommended that work commences to disband Derbyshire Youth Council and replace it with a strategic participation network, which links school councils and other participation groups in order to strengthen youth democracy in Derbyshire.

Jane Parfrement
Executive Director for Children's Services

Appendix A

Final Results for the Big Consultation 2020

Executive Summary

The Big Consultation was open between 24 January and 17 April 2020. The main purpose of the consultation was to ask people what they thought about the council's proposal to disband the Derbyshire Youth Council and replace it with a strategic participation network based around school councils and other structures.

1,290 people completed the questionnaire of which the vast majority (82.1%) were aged 25 or under. Approximately 79% of all respondents said they agreed with the Council's proposal. Approximately 16% said they disagreed with this proposal, with reasons ranging from concerns around loss of voice, to views that this was a cost-cutting exercise rather than a genuine attempt to improve young people's participation.

Respondents felt that young people should be consulted on issues ranging from employment and education, to environmental issues and leisure opportunities. At school level, the highest number/proportion of young peoples' responses came from: St John Houghton Catholic Voluntary Academy (268 responses); Dronfield Henry Fanshawe School (143 responses); and John Flamsteed School (129 responses).

Introduction:

The Big Consultation was open from 24 January and final responses were extracted on 20 April 2020. The main purpose of the consultation was to ask people what they thought about Derbyshire County Council's proposal to disband the Derbyshire Youth Council (DYC) and replace it with other arrangements based around school councils and other structures.

- 1,290 people responded.
- Of these responses 1,059 (82.1%) were young people aged 25 or under, whilst 218 people (16.9%) were 26 or older.
- The number of responses from Young People was far higher than the number of responses from young people to the 2018 early help consultation (96 people aged 25 or under, or 19.6% of responses to the early help consultation).

Notes on the Analysis

- In the graphs, the number of respondents for different groups such as young people is shown as N=, e.g. N=133 indicates that 133 people from that group answered that question.
- For most graphs, the proportion of pupils that did not answer that question is also displayed. This is to enable the reader to better evaluate any results by taking into account the proportion of people that chose not to answer a question.
  In general, no reply percentages were low at around 1%, but there were some questions such as question 3 where around 5%-6% chose not to answer.

Analysis

Question 3: *Do you agree or disagree with the Council's proposal to disband the Derbyshire Youth Council and develop a new strategic framework for consultation and engagement with young people around the current schools councils and other structures?*

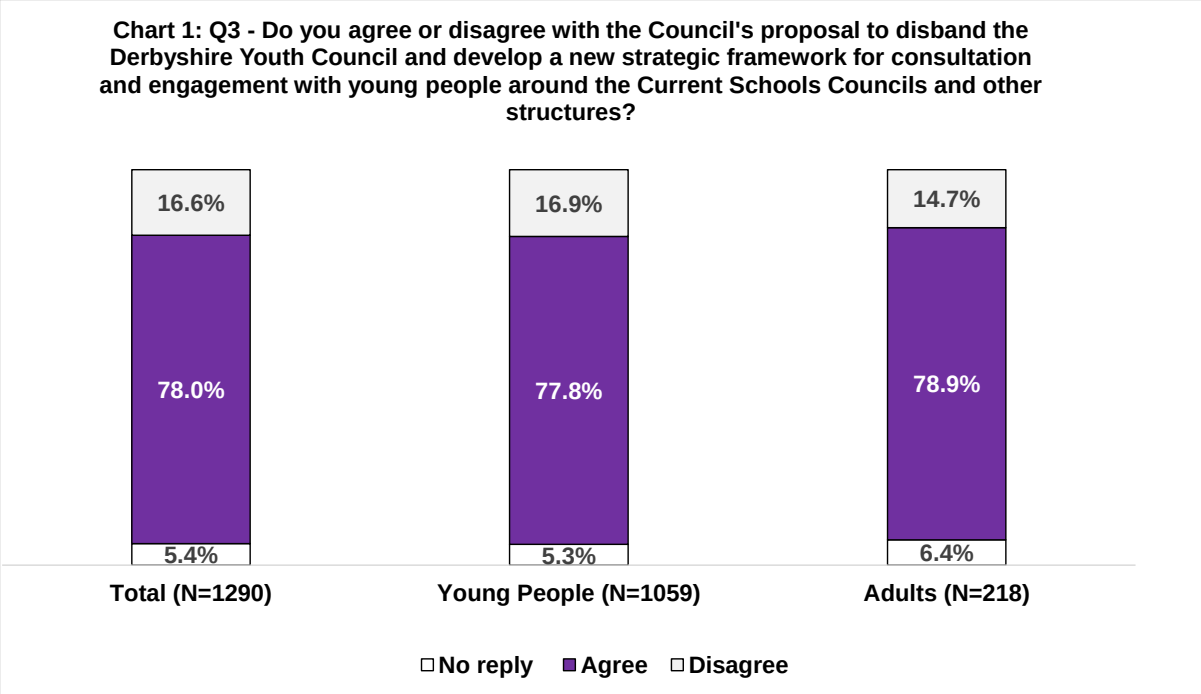
- Chart 1 overleaf shows how people answered this question split into the groupings: all respondents, young people (aged 25 or under), and adults (aged 26+).

- Split by group the following proportions of people said they agreed with the proposal:

    - 78% of all respondents
    - 77.8% of young people
    - 78.9% of adults

- The following proportions said they disagreed with the council's proposal:

    - 16.6% of all respondents
    - 16.9% of young people
    - 14.7% of adults



Question 3a: *If you said you disagree with the proposal, please tell us why?*

- Table 1, overleaf is an analysis of the key issues that people raised for question 3a, split by respondent groups.
- For the 156 young people that responded to this question, the most commonly raised issues were:

    - Young people should be listened to on issues concerning them/disbanding the Derbyshire Youth Council could result in loss of voice for young people and/or no approachable platform for young people to use (40.4%)
    - It is an important system for young people/removing the Derbyshire Youth Council is taking power away from young people/the system ensures the Derbyshire Youth Council is active in the community (12.8%)
    - It is important to get young people to engage with democracy and politics and/or the Derbyshire Youth Council gives experiences to improve young people's skills (7.1%)
    - 'Other' issues (32.1%)

Note, 'Other' included issues such as not knowing what the Derbyshire Youth Council is; a lack of clear information about why the consultation was taking place and the Derbyshire Youth Council's current functions and achievements; and a lack of information about possible replacement options.

- For the 33 adults that responded to this question, the most commonly raised issues were:

- Young people should be listened to on issues concerning them/disbanding the Derbyshire Youth Council could result in loss of voice for young people and/or no approachable platform for young people to use (27.3%)
- It is important to get young people to engage with democracy and politics and/ or the Derbyshire Youth Council gives experiences to improve young people's skills (15.2%)
- The Derbyshire Youth Council should be reformed rather than disbanded (9.1%)
- 'Other' issues (42.4%)

For adults, 'other' included issues such as whether the consultation was really about reductions in services/cost cutting rather than representation, being unclear about what will replace the youth council, and whether the replacement service will be any better; the need to focus on better services rather than mechanisms for representing young people; and whether the current Derbyshire Youth Council was representative in its membership.

Table 1: Key issues raised by people who disagreed with the proposal to disband the Derbyshire Youth Council

Description	Young People		Adults		Age Group Unknown		All Respondents	
	No	%	No	%	No	%	No	%
Detrimental Impact / Poor Idea	7	4.5%	0	0.0%	0	0.0%	7	3.7%
Young people should be listened to on issues concerning them / Loss of Voice / No approachable platform	63	40.4%	9	27.3%	0	0.0%	72	37.9%
Important to get young people to engage with democracy/politics / Experiences to improve skills	11	7.1%	5	15.2%	0	0.0%	16	8.4%
There are not many other avenues for young people to go to raise issues	3	1.9%	1	3.0%	0	0.0%	4	2.1%
An important system for young people / Taking power away from young people / Ensures DYC active in community	20	12.8%	2	6.1%	0	0.0%	22	11.6%
Reform it – don't disband	9	5.8%	3	9.1%	0	0.0%	12	6.3%
Other	50	32.1%	14	42.4%	1	100.0%	65	34.2%
Total number of comments	**156**		**33**		**1**		**190**	

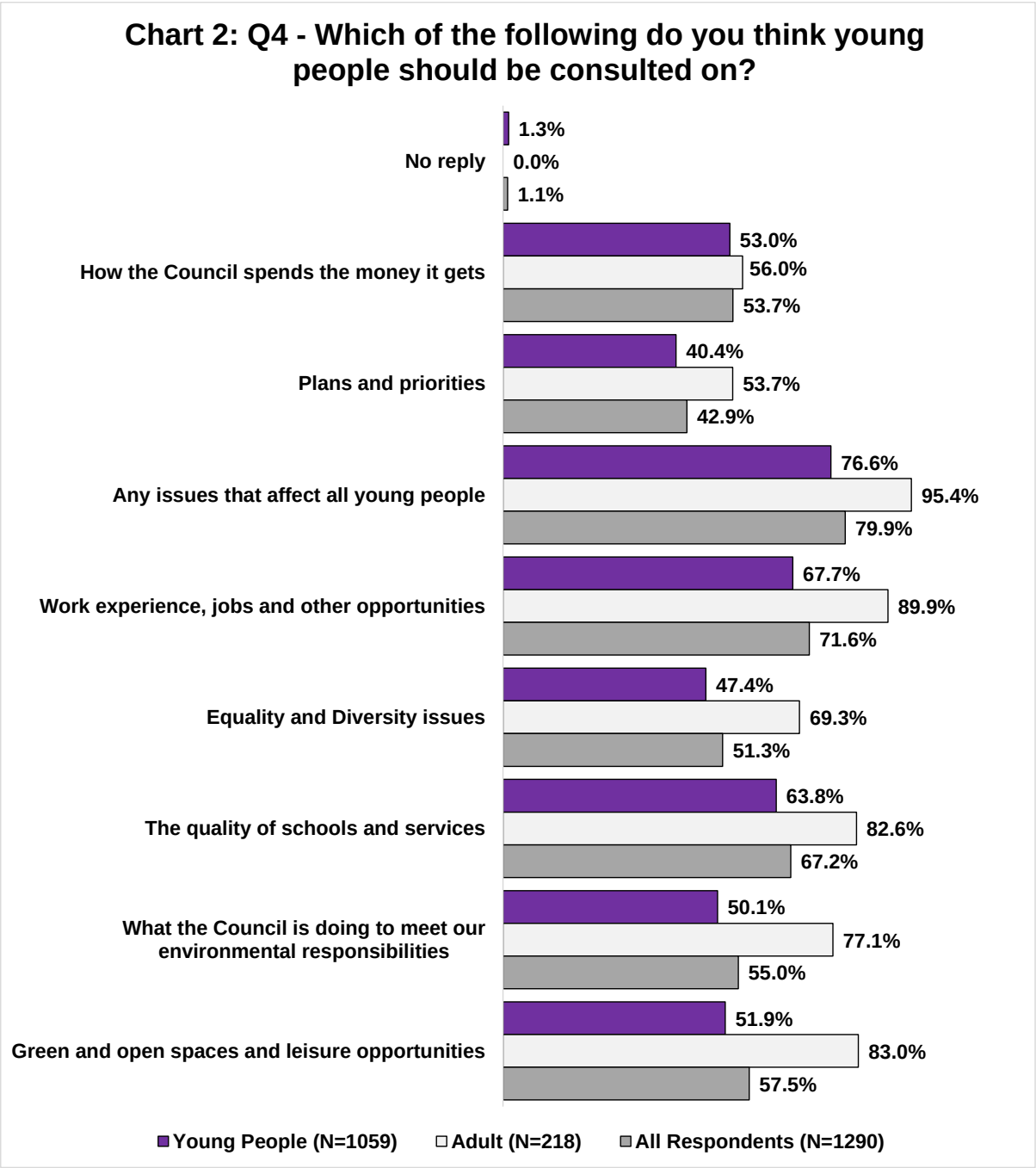
Note: since more than one issue could be raised in people's responses to this question, total percentages may exceed 100%

Question 4: *Which of the following do you think young people should be consulted on?*

- Chart 2 (overleaf) shows the separate responses that young people and adults gave us when asked the question “Which of the following do you think young people should be consulted on?”

- The graph shows:

    - 76.6% of young people and 95.4% of adults said any issues that affect young people
    - 67.7% of young people and 89.9% of adults said work experience, jobs and other opportunities
    - 63.8% of young people and 82.6% of adults said the quality of schools and services
    - 53% of young people and 56% of adults said how the council spends the money it gets
    - 50.1% of young people and 77.1% of adults said what the council is doing to meet its environmental responsibilities
    - 51.9% of young people and 83% of adults said green and open spaces and leisure opportunities
    - 47.4% of young people and 69.3% of adults said equality and diversity issues



Question 5: *Please tell us about any other issues you would like young people to be consulted on that are not on the list above?*

- Table 2, overleaf is an analysis of the key issues that people raised for question 5, split by respondent groups.
- For the 189 young people that responded to this question, the most commonly raised issues were:

    - Health and Wellbeing (staying healthy) (19%)
    - All issues that impact on young people (13.2%)
    - Places to be / things to do (10.1%)

- ‘Other’ issues (17.5%)

‘Other’ issues included people not having any further issues they wished to raise, poor quality of social care, not knowing/understanding what the consultation was about, and various issues around schools such as quality of teaching, access to facilities, and the impact school has on their health.

- For the 53 adults that responded to this question, the top four issues were:

  - All issues that impact on young people (20.8%)
  - Places to be / things to do (17%)
  - Health and wellbeing (13.2%)
  - Other issues (18.9%)

- ‘Other’ issues covered a wide range of issues, for example: focusing on special educational needs and disability (SEND); alleged biased agendas from teachers/media; not just consulting with, but giving young people a real say over key issues; and the importance of family/religious values.

Table 2: Key issues raised by people when asked about any other issues you would like young people to be consulted that were not included in question 4

Description	Young People		Adults		Unknown Age Group		All Respondents	
	No	%	No	%	No	%	No	%
Content of PSHE/PSE/PACE lessons	2	1.1%	1	1.9%	0	0.0%	3	1.2%
General Safety (including E-safety / Bullying)	24	12.7%	4	7.5%	0	0.0%	28	11.5%
Health and Wellbeing (staying healthy)	36	19.0%	7	13.2%	0	0.0%	43	17.7%
Economy and Jobs	3	1.6%	1	1.9%	0	0.0%	4	1.6%
Local /School Transport Issues (including cost)	13	6.9%	3	5.7%	0	0.0%	16	6.6%
Places to be / Things to do	19	10.1%	9	17.0%	0	0.0%	28	11.5%
Decisions taken by Councils (including CC, BC and DCs)	14	7.4%	3	5.7%	0	0.0%	17	7.0%
Developing policies that impact on young people	5	2.6%	6	11.3%	0	0.0%	11	4.5%
All issues that impact on young people	25	13.2%	11	20.8%	1	100.0%	37	15.2%
Independence skills / Adulthood	16	8.5%	3	5.7%	0	0.0%	19	7.8%
Services provided for young people	3	1.6%	4	7.5%	0	0.0%	7	2.9%
Opportunity to get involved in local and national politics	11	5.8%	5	9.4%	0	0.0%	16	6.6%
Other	33	17.5%	10	18.9%	0	0.0%	43	17.7%
All comments for question 5	**189**		**53**		**1**		**243**	

Note: since more than one issue could be raised in people’s responses to this question, total percentages may exceed 100%.

Question 6: *If you have any other comments on the proposal to disband the Derbyshire Youth Council and to develop a new framework for consulting with young people, please provide the detail below:*

Table 3 (overleaf), is an analysis of the key issues that people raised for question 6, split by respondents groups.

- For the 53 young people that responded to this question, the most commonly raised issues were:

    - Keep the Derbyshire Youth Council (17%)
    - The youth council should be representative of all young people (13.2%)
    - The new body should promote awareness and involvement (13.2%)
    - 'Other' issues (39.6%)

'Other' included a variety of issues, for example: is this just about saving money; young people should have been able to design their own survey; young people being unclear what the timescale is for outcomes; and not understanding the survey at all.

- For the 36 adults that responded to question 6, the most common themes were:

    - The youth council should be representative of all young people (25%)
    - The youth council should promote awareness and involvement (22.2%)
    - Young people should be involved throughout the process (11.1%)
    - 'Other' issues (25%)

For adults, 'other' related to various issues, for example: the process being fair, open, transparent and timely; the need to act on the results of the consultation; and a suggestion to bring back a separate youth council for young people with special educational needs and disabilities (SEND).

Table 3: Key issues raised by people when asked if they have any other comments they wish to raise in relation to the proposal to disband Derbyshire Youth Council and replace it with other arrangements

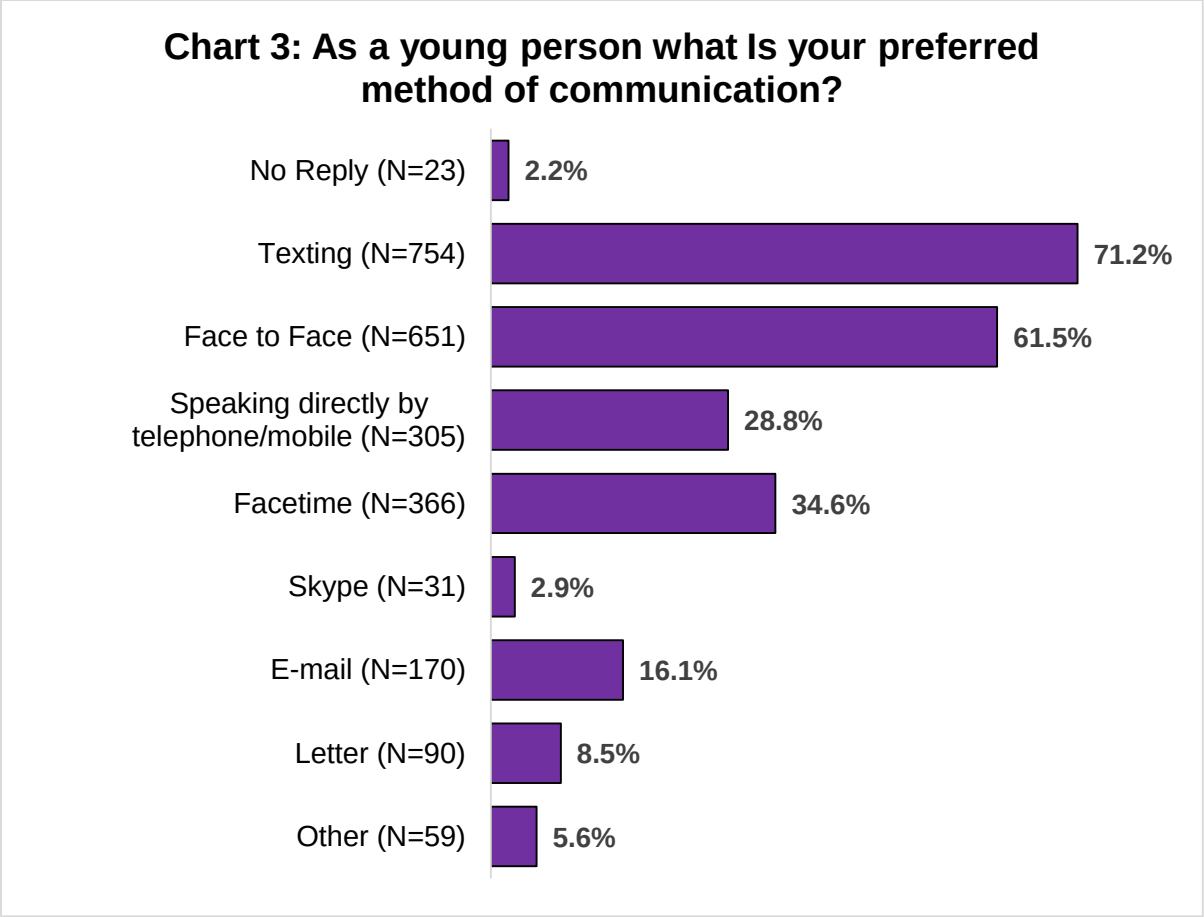
Code	Description	Young People		Adults		Unknown Age Group		All Respondents	
		No	%	No	%	No	%	No	%
1	It should be representative of all young people	7	13.2%	9	25.0%	0	0.0%	16	17.8%
2	Keep the Derbyshire Youth Council	9	17.0%	3	8.3%	0	0.0%	12	13.3%
3	Promote awareness / involvement	7	13.2%	8	22.2%	1	100.0%	16	17.8%
4	Establish Student Councils	1	1.9%	0	0.0%	0	0.0%	1	1.1%
5	Focus on the positive messages / achievements about young people	1	1.9%	1	2.8%	0	0.0%	2	2.2%
6	Use social media	2	3.8%	1	2.8%	0	0.0%	3	3.3%
7	Connections between new body and key groups of young people, eg Children in Care	1	1.9%	0	0.0%	0	0.0%	1	1.1%
8	Involve young people throughout the process	6	11.3%	4	11.1%	0	0.0%	10	11.1%
9	Resource appropriately	0	0.0%	3	8.3%	0	0.0%	3	3.3%
10	Other	21	39.6%	9	25.0%	0	0.0%	30	33.3%
	Total commments for question 6	**53**		**36**		**1**		**90**	

Note: since more than one issue could be raised in people's responses to this question, total percentages may exceed 100%.

Question 2: *As a young person what is your preferred method of communication?*

Chart 3 (overleaf) shows a breakdown of how young people prefer to communicate. From the graph the most common choices were:

- 71.2% said by text
- 61.5% said face to face
- 28.8% said by speaking directly by telephone/mobile
- 34.6% said by using face time



For other methods of communication, two respondents provided the following additional detail:

If 'Other', please specify:
Social Media
Telephone conversations

Who answered the questionnaire?

- 1,290 respondents answered the Big Consultation 2020
- Table 4 shows how people completing the questionnaire identified themselves. The largest single groups of respondents were young people aged 11+ in a mainstream secondary school (78.9%) and parents or carers (11.6%).

Table 4: How people completing the Big Consultation identified themselves

Are you answering this questionnaire as:	**No**	%
No reply (N=<10)	<10 *	<0.8% *
Aged 11+ in a mainstream secondary school (N=992)	992	76.9%
Aged 11+ in a special school (N=<10)	<10 *	<0.8% *
Aged 11+ who is home educated (N=<10)	<10 *	<0.8% *
Aged 11+ who is not in education (N=<10)	<10 *	<0.8% *
Aged 11+ in hospital/secure setting/custody (N=<10)	<10 *	<0.8% *
Child /young person in care (N=10)	10	0.8%
Care leaver (N=<10)	<10 *	<0.8% *
Parent or carer (N=150)	150	11.6%
School (N=43)	43	3.3%
School governing body (N=<10)	<10 *	<0.8% *
Derbyshire County Council staff (N=19)	19	1.5%
Foster carer/ext. residential setting (N=<10)	<10 *	<0.8% *
Elected Member (N=<10)	<10 *	<0.8% *
Voluntary & community sector/district & borough council /service provider (N=<10)	<10 *	<0.8% *
Police and Crime Commissioner (N=0)	0	0.0%
Derby & Derbyshire Safeguarding Children Partnership (N=0)	0	0.0%
** Other (N=27)	27	2.1%
Total	**1290**	**100.0%**

* Data has been adjusted because there are less than 10 people in this group. This is to protect people's anonymity and meet obligations under the General Data Protection Regulation (GDPR).

**For people who chose the 'other' category the following information was provided.

If 'Other', please specify:
College
Derby College
Derby College
Sixth form student
16+ in College
Head of Personal Development at a Multi-Academy
Young person 11+ at College (ESOL)
Teacher
Teaching Assistant
Used to be in children services, now an adult.
College/ Sixth form
Sixth Form
Sixth Form
Sixth Form
Sixth Form
College student
17 year old apprentice
A-level student
Teaching assistant
Age 18, higher education, college
School leavers

Table 5: Gender of respondents

Are you:	All Responses (Nos)	All Responses (%)	Age Group Unknown (Nos)	Age Group Unknown (%)	Young Person (Nos)	Young People (%)	Adult (Nos)	Adult (%)
No reply	11	0.9%	<10 *	<10%	<10 *	0.8%	<10 *	<4.6%
Male	441	34.2%	<10 *	<31%	403	38.1%	34	15.6%
Female	808	62.6%	<10 *	<54%	619	58.5%	174	79.8% *
Other	30	2.3%	<10 *	<10%	25 *	2.4%	<10 *	<4.6%
Total	**1290**	**100.0%**	**13**	**100.0%**	**1059**	**100.0%**	**218**	**100.0%**

* Data has been adjusted because there are less than 10 people in some groups. This is to protect people's anonymity and meet obligations under the General Data Protection Regulation (GDPR).

Table 5 shows there is a better gender balance in the breakdown of male and female respondents for young people (38.1% male/58.5% female) compared to adults (15.8% male/78.8% female).

Table 6: Age of respondents

Age Bands Detail	No	%
No reply	13	1.0%
0-10	<10 *	<0.8%
11-15	819	63.5%
16-20 *	230	17.8%
21-25	<10 *	<0.8%
26-30 *	14	1.1%
31-35	19	1.5%
36-40	18	1.4%
41-45	46	3.6%
46-50	56	4.3%
51-65 *	57	4.4%
66+	<10 *	<0.8%
Totals	**1290**	**100.0%**

* Data has been adjusted because there are less than 10 people in some groups. This is to protect people's anonymity and meet obligations under the General Data Protection Regulation (GDPR).

The highest percentages of respondents were aged 11-15 (63.5%) or 16-20 (17.8%)

Table 7: Which schools did young people attend (young people only)?

Which school do you attend? (If applicable)	No	% of all Responses
St John Houghton Catholic Voluntary Academy	268	25.3%
Dronfield Henry Fanshawe School	143	13.5%
John Flamsteed Community School	129	12.2%
Glossopdale School	115	10.9%
Heritage High School	65	6.1%
Heanor Gate Science College	64	6.0%
Tupton Hall School	45	4.2%
Buxton Community School	37	3.5%
Outwood Academy Newbold	27	2.5%
John Port Spencer Academy	24	2.3%
Lady Manners School	22	2.1%
Long Eaton School	14	1.3%
Wilsthorpe School	<10 *	<=0.9% *
Aldercar High School	<10 *	<=0.9% *
Friesland School	<10 *	<=0.9% *
Netherthorpe School	<10 *	<=0.9% *
Ormiston Ilkeston Enterprise Academy	<10 *	<=0.9% *
St Thomas More Catholic Voluntary academy	<10 *	<=0.9% *
Ecclesbourne School	<10 *	<=0.9% *
Highfields School	<10 *	<=0.9% *
Holbrook School for Autism	<10 *	<=0.9% *
Kirk Hallam Community Academy	<10 *	<=0.9% *
Anthony Gell School	<10 *	<=0.9% *
Bennerley Fields Specialist Speech & Language College	<10 *	<=0.9% *
Brookfield Community School	<10 *	<=0.9% *
Chapel-en-le-Frith High School	<10 *	<=0.9% *
Granville Academy	<10 *	<=0.9% *
Hasland Hall Community School	<10 *	<=0.9% *
Queen Elizabeth's Grammar School	<10 *	<=0.9% *
Springwell Community College	<10 *	<=0.9% *
St Mary's Catholic High School: A Catholic Vol. Academy	<10 *	<=0.9% *
Stanton Vale School	<10 *	<=0.9% *
Stubbin Wood School	<10 *	<=0.9% *
Swanwick School and Sports College	<10 *	<=0.9% *
Tibshelf Community School	<10 *	<=0.9% *
Whittington Green School	<10 *	<=0.9% *
William Allitt School	<10 *	<=0.9% *
No School Selected	61	5.8%
Total	**1059**	**100.0%**
Total	**1059**	**100.0%**

* Data has been adjusted because there are less than 10 people in some schools. This is to protect people's anonymity and meet obligations under the General Data Protection Regulation (GDPR).

Table 8: Which organisation do you work for (adults only)?

Organisation	No. of Responses	%
Buxton Community School	3	3.4%
Childminder	1	1.1%
Community Organisation	2	2.2%
Derbyshire County council	22	24.7%
Finance/Accountancy	3	3.4%
Glossopdale School	2	2.2%
Heritage High School	1	1.1%
HMRC	1	1.1%
Homecare organisation	2	2.2%
Independent School	3	3.4%
Independent health organisation	1	1.1%
Infant/Primary Schools	2	2.2%
John Flamsteed Community School	5	5.6%
Local Government	2	2.2%
Multi Academy Trust (MAT)	6	6.7%
NHS	5	5.6%
Nottinghamshire County Council	2	2.2%
Private Company	8	9.0%
School Governor	2	2.2%
Schools/Teacher	2	2.2%
Scouts/Guides	2	2.2%
Self Employed	4	4.5%
Solicitors	1	1.1%
Social Services	2	2.2%
Derbyshire County Council Education	4	4.5%
University of Derby	1	1.1%
Grand Total	**89**	**100%**

For the 89 adults that answered this question, the top five highest percentages for organisations people work/represent were as follows:

- Derbyshire County Council (24.7%)
- Private companies (9%)
- Multi-academy trusts (5.6%)
- John Flamsteed Community School (5.6%)
- The National Health Service (5.6%)

Table 9: Do you consider yourself disabled?

Answer	All Responses	All Responses (%)	Age Group Unknown	Age Group Unknown (%)	Young Person	Young Person (%)	Adult	Adult (%)
No reply	11	0.9%	<10 *	<=23.1%	<10 *	<0.9%	<10 *	<4.6%
Yes	82	6.4%	<10 *	<=23.1%	70	6.8%	<10 *	<4.6%
No	1197	92.7%	10	76.9%	980 *	92.5%	207	95.0%
Total	**1290**	**100.0%**	**13**	**100%**	**1059**	**100.0%**	**218**	**100.0%**

* Data has been adjusted because there are less than 10 people in some groups. This is to protect people's anonymity and meet obligations under the General Data Protection Regulation (GDPR).

A higher percentage of young people (6.8%) said they were disabled than adults (under 5%).

Table 10: What is your ethnic group?

What is your ethnic group?	All Responses (Nos)	All Responses %	Age Group Unknown *	Age Group Unknown * %	Young Person (Nos) *	Young People % *	Adult (Nos) *	Adults %
No reply	14	1.1%	<10 *	< 50%	10 *	0.9% *	<10 *	<4.6%
White British *	1148	89.0%	<10*	<50%	936	88.6%	204	93.6%
White Other *	49	3.8%	0	0.0%	40 *	3.8%	<10 *	<4.6%
Mixed Heritiage	26	2.0%	0	0.0%	26	2.5%	0	0.0%
Asian/Asian British *	23	1.8%	0	0.0%	18 *	1.7%	<10 *	<4.6%
Black/Black British *	10	0.8%	0	0.0%	<10 *	<0.9% *	<10 *	<4.6%
Other Ethnic Groups *	20	1.6%	<10 *	<50%	15	1.4%	<10 *	<4.6%
Total	**1290**	**100.0%**	**13**	**100.0%**	**1059**	**100.0%**	**218**	**100.0%**

* Data has been marginally adjusted because there are less than 10 people in some groups. This is to protect people's anonymity and meet obligations under the General Data Protection Regulation (GDPR).

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PUBLIC

Author: Chris Allcock (x36514) Agenda Item No.6 (n)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Executive Director for Children's Services

SCHOOLS FORUM CONSTITUTION (YOUNG PEOPLE)

1. Purpose of the Report

To seek Cabinet approval to the proposed changes to the constitution of the schools forum.

2. Information and Analysis

2.1 Size of Schools Forum

The Education Skills and Funding Agency (ESFA) guidance entitled 'Schools Forum, operational and good practice guide' (May 2020) suggest that it is good practice to review regularly the school forum's membership to ensure that the allocation of mainstream school places between maintained schools and academies remains broadly representative of the position within each local authority. The current membership of the schools forum is constituted in accordance with the Schools Forums (England) Regulations 2012 (as amended) and is shown in the table below.

Table 1 – Current Schools Forum Membership

	Head	Governors	Other	Total
Primary	5	5		10
Secondary	2	1		3
Academy – mainstream (cross phase)	*	*	*9	9
Sub Tot – Mainstream places	**7**	**6**	**9**	**22**
Nursery	1	1		2
Special	1			1
Academy – special			1	1
Support Centres			1	1
Total – School places	**9**	**7**	**11**	**27**
Diocesan			2	2
Unions			4	4
16-19			1	1
Non maintained early years			2	2
Total – Non school places	**-**	**-**	**9**	**9**
Total	**9**	**7**	***20**	**36**

As well as reviewing the balance of school and academy places, the advent of Covid -19 makes it necessary to consider the practical operations of the schools forum. The ESFA guidance, 'Schools Forum, operational and good practice guide' (May 2020), stipulates that schools forums can be held remotely until 31 March 2021. The Schools Forums (England) (Coronavirus) (Amendment) Regulations 2020 which came into force on 18 June, make provision to enable the forum to meet remotely.

Locally, one issue is the size of the forum. There is no minimum or maximum size for the forum so as long as the groups are proportionately represented in accordance with the 2012 Regulations, namely that LA maintained and academies schools make up at least 2/3 of the forum and non-school members no more than 1/3.

The size of Derbyshire's forum was last reviewed in 2015 when the LA proposed reducing it from 40 to 28. However, in light of the concerns expressed by the forum at the time a smaller reduction to 36 was agreed.

As Table 2 below shows, Derbyshire's schools forum is the largest in the East Midlands.

Table 2 – East Midlands School Forums (shire LAs)

LA	School reps	Non-school members					Total	Pupils (3-15)
	Total	PVI	16-19	Church	TU	Other		000's
Derbyshire	27	2	1	2	4	-	36	108
Staffordshire	23	2	2	2	2	1	32	125
Leicestershire	23	1	1	2	1	-	28	101
Lincolnshire	24	1	1	1	1	-	28	107
Nottinghamshire	21	2	1	2	2	-	28	121
Northamptonshire	21	1	1	2	-	-	25	118

Since the last review in 2015 the schools forums' and LAs' flexibilities around funding have been significantly curtailed with most LA-level DSG funding allocated via objective formulae with limited movements between blocks. In addition national funding formulae now determine the distribution of institutional-level funding to mainstream schools and academies.

In terms of decision making, the schools forum's powers are now broadly limited to:

- Considering any LA request to transfer up to 0.5% of the Schools Block to other Blocks;
- Considering applications to carry forward DSG re-pooled deficit balances;
- Considering whether or not to de-delegate funding for a range of services;
- Approving Central School Services Block budgets;
- Determining the level of central Early Years Block budgets;
- Setting the budget for, and criteria for allocating, pupil growth funding;
- Approving changes to the Scheme of Management; and
- Determining voting procedures and electing the Chair of the Forum.

As well as the reductions in responsibilities, Covid -19 could mean that the schools forum may have to operate virtually for some time and the Schools Forums (England) (Coronavirus Regulations 2020) facilitate this until 31 March 2021. It is essential that the size of the forum does not impede the efficient operation of future meetings.

In addition to the school and non-school member places the Schools Forums (England) Regulations 2012 (as amended) allow the following persons to attend and speak at forum meetings:

- an observer appointed by the Secretary of State
- the Chief Financial Officer
- the Director of Children's Services
- officers providing financial & technical advice to schools forum
- the Executive Member for Children's Services
- presenters (restricted to the paper they are presenting)
- the Executive Member with responsibility for resources

N.B. The above persons are not members of the forum.

Historically, Derbyshire's Constitution has included five "observers", three for the Council's Elected Members with one each for the Derbyshire Information and Advice Support Service (DIASS) and the ESFA. Meetings are also usually attended by seven or eight LA officers to provide technical advice on the agenda items under discussion meaning, potentially, nearly fifty individuals could be involved.

Although physical meetings have a level of apologies reported, virtual meetings may result in higher attendances and the management of these events is a concern.

Some potential alternative sizes in the school and non-school memberships are provided in Table 3 overleaf. The alternatives ensure that the proposed constitution is representative of the groups, whilst meeting the requirement for at least 2/3 of the forum to be made up of members from maintained schools and academies.

The column headed "revised" retains the current forum size but reflects changes in the proportion of pupils attending mainstream academies, including those schools which are on the DfE list to become academies in the coming months. The options columns reflect both the change in academy and school populations and the potential reductions in the size of the forum.

Table 3- Potential changes to Derbyshire's Schools Forum

	Now	Revised		Opt 1	Opt 2	Opt 3	Opt 4	Opt 5
Places	36	36		34	32	30	28	26
LA schools - primary	10	9		9	8	7	7	6
LA schools - secondary	3	2		2	2	2	2	2
Academies – both sectors	9	11		11	10	9	8	8
Sub total - Mainstream	22	22		22	20	18	17	16
LA schools - nursery	2	2		1	1	1	1	1
LA schools - special	1	1		1	1	1	1	1
Academy – special	1	1		1	1	1	1	1
Academy – PRU	1	1		1	1	1	1	1
Sub total –schools	**27**	**27**		**26**	**24**	**22**	**21**	**20**
Diocese	2	2		2	2	2	2	2
PVI providers	2	2		2	2	2	1	1
Trades unions	4	4		3	3	3	3	2
16-19 providers	1	1		1	1	1	1	1
Sub total - non schools	**9**	**9**		**8**	**8**	**8**	**7**	**6**
Total membership	36	36		34	32	30	28	26
Schools/academies %	75.0%	75.0%		76.5%	75.0%	73.3%	75.0%	76.9%
Quorum (40%)	15	15		14	13	12	12	11

N.B. Items shaded show the point at which the level of representation changes.

The Authority shared a paper on the membership issues with the schools forum at its meeting on 25th June 2020 and sought views on a proposal to reduce the number of places to 28. No objections to the proposal were made at the schools forum, accordingly Cabinet is asked to approve the reduction to 28 to take effect from September 2020.

It is further proposed that DIASS be removed from the list of observers, as their membership is inconsistent with ESFA guidance. Any relevant issues will instead be covered by other senior officers in attendance. DIASS could be asked to attend should an item specifically necessitate this.

2.2 Other Forum Constitution issues

2.2.1 Limits of representation from an individual MAT

The national school landscape has changed significantly since 2015, not least the increase in the number of academies which are part of Multi Academy Trust (MAT) chains. This change gives rise to a theoretical issue as Derbyshire's schools forum constitution, whilst not allowing more than one representative from an individual school, does not currently limit the number of representatives from the same MAT.

In order to ensure that representation remains balanced, it is proposed that the constitution be amended to limit the number of representatives from the same MAT to a maximum of two. This proposal was also considered by the schools forum in June and the amendment was supported.

Cabinet is asked to approve a limit of no more than two representatives from the same MAT with effect from September 2020.

2.2.2 Other matters

The current terms of office of school and academy members were extended to 31st August 2020 and have therefore run for five rather than the usual four years. Although constituting a new forum will be present some difficulties in the current climate, the Authority proposes to undertake this process over the summer and autumn 2020 terms.

The operations of schools forums are set out in government regulations and changes are largely limited to the types referred to in this report. In order to ensure that any necessary changes to the forum's constitution in the future can be agreed quickly, it is proposed that Cabinet approve the delegation of these decisions to the Executive Director for Children's Services in consultation with relevant Cabinet Members.

3. Other Considerations

In preparing this report, the relevance of the following factors has been considered: - prevention of crime & disorder, legal, equality of opportunity, and environmental, health, social value, human rights, human resources, property and transport considerations.

4. Background Papers

Files held within Children's Services Finance.

5. Key Decision?

No.

6. Call-in

Is it required that the call-in period be waived in respect of the decisions being proposed within this report? No

7. Officer's Recommendations That Cabinet considers this report and:

7.1 Approves the proposal for the school and non-school membership of the Schools Forum to be reduced from 36 to 28 places from September 2020 as set out in section 2.1;

7.2 Approves that the 28 places in 7.1 be allocated across sectors in accordance with the details in section 2.1;

7.3 Approves the proposal to remove DIASS from the list of observers;

7.4 Approves the proposal that the number of representatives from an individual MAT be limited to a maximum of two places;

7.5 Approves that decisions on future changes to the schools forum's constitution be delegated to the Executive Director for Children's Services, in consultation with relevant Cabinet Members as necessary; and

7.6 Approves that the Schools Forum's Constitution be amended to reflect 7.1 to 7.5 above.

Jane Parfrement
Executive Director for Children's Services

Author: Jill Beacham (x36549)

Agenda Item No.6 (o)

DERBYSHIRE COUNTY COUNCIL

CABINET

30 July 2020

Report of the Executive Director for Children's Services

CHILDREN'S SERVICES CAPITAL PROGRAMME 2020-21 CAPITAL PROGRAMME ALLOCATIONS (YOUNG PEOPLE)

1. Purpose of Report

To approve the Children's Services Capital Programme 2020-21 and allocations to individual projects.

2. Information and Analysis

School Condition Allocation

On 4 April 2020, the DfE announced School Condition Allocations for 2020-21 which includes £7,153,794 for the Authority to allocate to projects in the schools for which it is responsible for capital funding.

Please note from 2020-2021 Voluntary Aided Schools will receive their School Condition Allocation direct from the DfE and no longer via the Local Authority Voluntary Aided Programme (LCVAP).

Basic Need Allocation

On 5 March 2019, the DfE announced that the Basic Need allocations for 2021-22 onwards would not be announced in March as expected but would await the next spending review that would take place on an unspecified date in 2019. The DfE had previously announced the Basic Need allocations for Derbyshire up to the financial year 2018-19 for schemes to be delivered up to 2020-21. In the event the allocations for 2021-22 were not announced until 15 April 2020 and the Authority were advised that no new Basic Need funding was to be allocated for Derbyshire.

As reported in the Cabinet paper for 9 July 2020, which is currently on circulation, there is unallocated balance from the 2019-20 Childrens Services Capital budget of **£2,240,232** which is made up of £1,644,546 school condition funding and £595,686 basic need funding. The balances represent the unallocated funds from the 2019-2020 budget but also includes elements of unallocated funds from previous years' budgets. Work is in hand to provide a full breakdown of funds by years and this will be reported to Cabinet at a future date.

In the absence of any new Basic Need funding it will only be possible to progress essential projects using the unallocated balance from previous years and School Condition funding. This will restrict the amount of School Condition funding available for capital maintenance schemes.

A breakdown of the proposed programme is included in Appendices A & B. It comprises the following elements:

Appendix A: School Condition - condition & suitability.

- A joint match funding allocation. Schools can bid for 50% funding for projects addressing condition priorities in schools. The terms of the funding will be revised to focus on urgent condition issues as supported by the Area Surveyors.

NB In previous years £100,000 has been allocated for improvements to Children's Homes but these works are now to be funded from Council borrowing as approved by Cabinet on 23 January 2020.

Annex B: School Condition – capital maintenance & contingency

- Capital maintenance major items – these are projects over £40,000 for primary schools and £100,000 for secondary schools.
- Children's Services contribution to Insurance Maintenance Programme (IMP)] for schemes between £20,000 and £40,000 for primary schools and between £50,000 and £100,000 for secondary schools and contingency capital maintenance
  (Projects below that level are a school responsibility, which can be met using Joint Match Funding or IMP).

Schools will be required to provide up to one year's Devolved Formula Capital (DFC) to schemes approved in the Capital Programme in accordance with the Authority's approved policy (Schools Devolved Capital Contributions to Local Authority Schemes – Cabinet, 20 March 2007).

The funding therefore available for allocation is as follows:

Year	Funding	£

2019-20	Unallocated School Condition	£1,644,546
2018-19 (for schemes to be delivered up to 2020-21)	Unallocated Basic Need	£595,686
2020-21	School Condition	£7,153,794
2020-21 (for schemes to be delivered by 2021-22)	Basic Need	£0
	Total	**£9,394,026**

Summary of proposed allocations as set out in Appendices A & B:

Appendix	**Type**	**£**
Appendix A	School condition – condition & suitability	£500,000
Appendix B	School condition – capital maintenance	£2,832,000
	Total	**£3,332,000**

This leaves a balance of **£3,821,794** from the 2020-21 School Condition allocation and an overall unallocated balance of **£6,062,026** which will be the subject of future reports.

3. Financial Considerations

The financial considerations are as explained in section 2 of the report

This report deals with allocations from the 2020-21 School Condition Allocation. Further allocations from the unallocated balances from previous years will be reported to Cabinet at a future date once a full breakdown of funds by years is available.

Where appropriate, it may be necessary to undertake a procurement exercise to commission services in order to undertake works associated with these schemes / budgets, and this report also seeks approval to commence this process. It should be noted that these procurement exercises would normally take the form of a competitive tender process, but should it be decided that using a Framework is the best option, a separate report will be submitted seeking approval for this.

4. Social Value Considerations

This funding is to ensure that there is sufficient capacity at all the schools involved. The schools will have the option to deliver the projects themselves under their own financial regulations. Where the projects are delivered by County Property, this will be done under its usual procedures.

5. Other Considerations

In preparing this report the relevance of the following factors has been considered:- prevention of crime & disorder, equality of opportunity, environmental, health, legal & human rights, human resources, property and transport considerations.

6. Key Decision

Yes

7. Call-in

Is it necessary for the call-in period to be waived in respect of the decisions being proposed in the report? No

8. Background Papers

These are held on file in the Children's Services Development Section.

9. Officer Recommendation

It is recommended that Cabinet approves allocations from the 2020-21 School Condition Allocation to the projects set out in Appendices A & B of the report.

Jane Parfrement
Executive Director for Children's Services

Appendix A: School Condition - condition & suitability

School	Nature of Scheme	Scheme	Allocation £
Joint Match Funding	Condition improvements	Match funding scheme for minor school improvement schemes.	£500,000
		Total Appendix A:	**£500,000**

Appendix B: School condition – capital maintenance

School	Scheme	Amount
St. Oswalds CE (C) Primary School	Install waterproofing detail to retaining wall	£100,000
Newton Primary School	Rebuild defective boundary retaining wall	£100,000
Bolsover Infants School	Heating pipework and radiator renewal	£50,000
Harpur hill Primary school	Window & door framing	£175,000
Cavendish Junior School	Replacement of flat roof coverings	£70,000
Hasland Infant School	Heating pipework and radiator renewal	£42,000
Draycott Primary School	Replacement of slate roof coverings - phase 2	£175,000
Etwall Primary School	Replacement of flat roof coverings - phase 1	£175,000
Findern Community Primary School	Electrical rewire	£115,000
Rowsley CE (C) Primary School	Boiler and heating renewal	£60,000
Codnor CE (C) Primary School	Heating pipework and radiator renewal	£55,000
Killamarsh Infant & Nursery School	Electrical rewire	£110,000
Grange Primary School	Boiler renewal	£55,000
Mapperley Primary School	Renewal of defective floor structure, including installation of new slab	£70,000
Darley Dale Primary School	Replacement of flat roof coverings	£75,000
Morton Primary School	Rebuild defective boundary retaining wall	£70,000
Anthony Bek Community Primary School	Electrical rewire	£85,000
Park Infant & Nursery School	Window and door replacement and structural works	£70,000
Eureka Primary School	Electrical rewire	£175,000
Wirksworth Infant School	Boiler and heating renewal	£90,000
Wirksworth Junior School	Renewal of defective floor structure, including installation of new slab	£100,000
Chapel-en-le-Frith CE (C) Primary School	Boiler renewal	£105,000
Whitwell Primary School	New boiler house and store structure	£60,000

Creswell Junior School	Window and door framing	£50,000
William Levick Primary School	Replacement of rooflights and roof windows	£100,000
	School condition – capital maintenance	**£2,332,000**
	School condition – Children's Services contribution to IMP projects with a value between £20k and £40k for primary and £50k and £100k for secondary and contingency capital maintenance.	**£500,000**
	Total Appendix B:	**£2,832,000**

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