

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
11 JANUARY 2022	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Irene Walsh, Cabinet Member for Adult Social Care, Health and Public Health	
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PORTFOLIO HOLDER PROGRESS REPORT FROM THE CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH, INCLUDING THE ADULT SERVICES SELF ASSESSMENT

RECOMMENDATIONS	
FROM: Director of Public Health	Deadline date: N/A
<p>It is recommended that the Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Notes and comment on the Portfolio Holder Progress report for Public Health including updates on managing Covid-19 and Public Health Programme Delivery during 2021/22 – Prevention and Health Improvement 2. Note and comment on the summary of findings from the adult social care self-assessment and approve the public facing Local Account for publication. 3. Note the updates from Adult Social Care, including the process for allocating the Covid-19 specific grants. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at the request of the Adults and Health Scrutiny Committee group representatives, as part of the 2021/22 committees work programme.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide the Adults and Health Scrutiny Committee a portfolio holder progress report on Adult Social Care, Health and Public Health.

2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council -

- 1.Public Health;
- 2.The Health and Wellbeing
- 4.Adult Social Care;
5. Safeguarding Adults.

2.3 This report links to Corporate Priorities 6 and 7:
6. Keep all our communities safe, cohesive and healthy
7. Achieve the best health and wellbeing for the city

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	n/a
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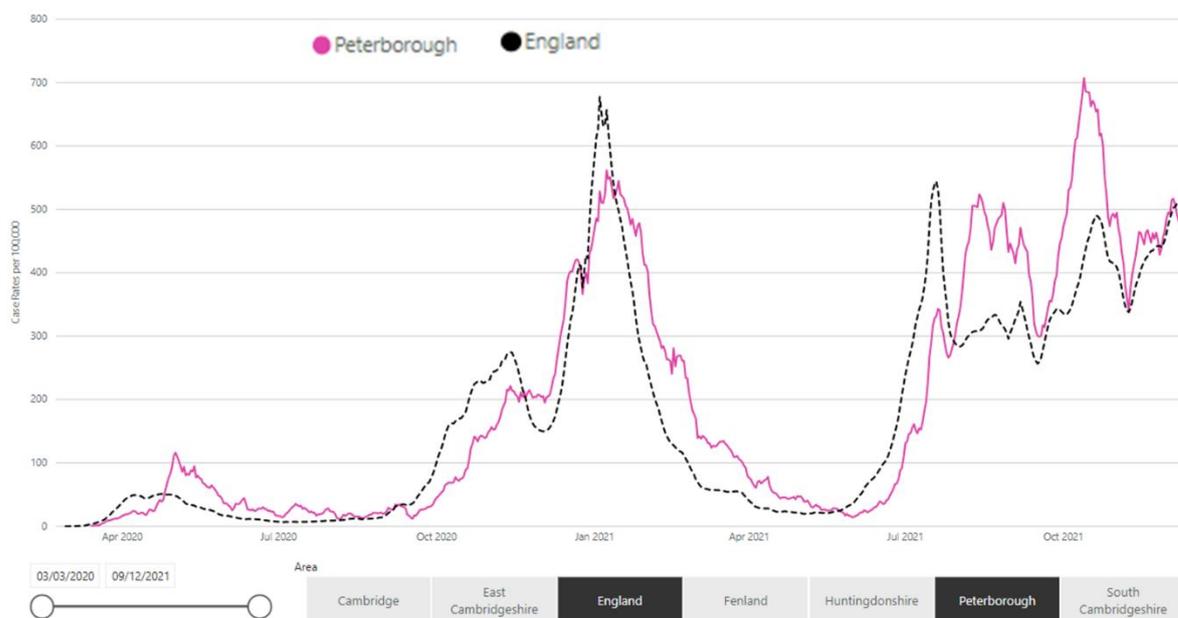
4. BACKGROUND AND KEY ISSUES

4.1 Public Health Update: Managing Covid-19

The local response to the Covid-19 pandemic was last scrutinised by the Health Scrutiny Committee at its meeting on 15th March 2021 and the Adults and Health Scrutiny Committee on 13th July 2021.

4.2 Epidemiology of cases

Nationally and locally, cases of Covid-19 reached a peak in early January 2021 and declined between then and the summer due to the impact of national lockdowns. However, the emergence of the Delta variant with increased transmissibility led to an increase in cases through July 2021 with Peterborough having higher case rates than the England average for much the period from August to October 2021. In November, all age case rates were similar to the England average. However, with the emergence of the Omicron variant which has a considerable growth advantage over the Delta variant, there is the national expectation that this will become the dominant variant in December with the potential for considerable impact on the number of cases and potentially the number of hospitalisations.



4.3 Enhanced response area (ERA) status

On 1st November 2021, Cambridgeshire and Peterborough was provided ERA (enhanced response area) status by national government. At the time, incidence rates in Peterborough had been increasing exponentially, with Covid-19 cases doubling every 20 days since mid-September till mid-October and Peterborough had also consistently been in the top 20 local authorities in England for case rates. Covid19 hospitalisations in Peterborough City Hospital were consistently high and the health system was under pressure.

The ERA enabled Education to continue the measures put in place before half-term such as face coverings in communal areas and use of virtual meetings for staff and parents where possible. In addition, the use of further measures in outbreaks were available such as school dissemination of outbreak information, school identification of close and household contacts enabling daily LFD testing, including in primary school settings at parent/guardian discretion. The ERA also enabled Cambridgeshire and Peterborough to target low vaccine uptake areas with support from the national Surge Rapid Response Team (SRRT) with a program of

intervention from 22nd November to 23rd December 2021, with an additional SRRT visit in Peterborough on Friday 12th November. Prioritisation of 12-15 vaccination uptake was an area of focus with walk-in opportunities and efforts to increase consent and uptake in Peterborough in this younger age group. National support was also provided for communications. The ERA was extended until 24th December 2021 to enable these measures to be continued.

A preliminary evaluation of the ERA measures was carried out which identified that schools welcomed the ability to use the ERA measures especially the setting identification of close contact/household contacts and use of daily LFDs to reduce transmission. ERA status also enabled better discussion around arranging Covid-safe events both in schools and elsewhere. However, with the emergence of Omicron, the changes in regulations and changes in behaviours it will not be possible to truly evaluate the impact of the ERA status.

4.4 **Enduring Transmission**

In January 2021 the East of England and East Midlands were experiencing high rates of COVID 19 with infection embedded into communities. The Pilot proposal was developed following a Cabinet Office visit to Peterborough and Fenland in response to their high rates of COVID 19 and enduring transmission. South Holland District Council in Lincolnshire was included, following a request from Government.

There were strong indicators of significant structural and cultural factors/barriers associated with reducing transmission as well as increased risks of Variants of Concern in the working age population. Seasonal, transient and zero hours workers employed in the food production, packaging/distribution, general warehousing, and construction industries were especially affected by these barriers.

Rates of workforce testing and compliance with self-isolation in low wage economies like food production and agriculture were low. The Pilot focused on the provision of employment security, removal of financial barriers to self-isolation, ensuring that Covid- safe accommodation would be available for workers to self-isolate and enabling workers to travel safely to work.

The Pilot faced considerable challenges from the delay of four months from writing the proposal to approval during which time rates fell dramatically. This meant a slow start, but the Pilot responded flexibly, and alternative approaches were used such as refocusing on other sectors that had lower paid workers such as construction and hospitality.

Since the increase in cases from September the Pilot has become increasingly busier and was extended until March 31, 2021. There is now an integrated approach across the Pilot and other parts of the system including contact tracing, support for self-isolation as well as the involvement of a range of organisations. Peterborough Asylum and Refugee Community Association (PARCA) has been commissioned to support the Pilot specifically around vaccination in the community and workplaces. Environmental Health and Public Health have been making intensive visits to workplaces to increase awareness of the Pilot, promote the COVID-19 safe practices and vaccination.

The external evaluators have produced initial interim findings which were positive, and they observed that the pilot has increased understanding of the issues which will contribute to policy, a key aim for the Pilot.

4.5 For the week ending the 7th December 2021, Peterborough's case rate was 483 per 100,000 and is currently below the England average (508 per 100,000) and East of England average (558 per 100,000).

Case rates and other data are updated daily, and a further verbal update will be provided at the Scrutiny meeting.

4.6 **Public Health Update: Public Health Programme Delivery during 2021/22 – Prevention and Health Improvement**

- 4.6.1 While much public health capacity is still devoted to managing the Covid-19 pandemic, there is still ongoing work by the Prevention and Health Improvement Team whose work includes the commissioning of Public Health services and wider partnership working.
- 4.6.2 The Healthy Child Programme (health visiting and school nursing) has been moving more contacts back to face-to-face delivery with all New Birth Visits delivered this way. Development continues with the integrated approach to delivery of the 2-year check alongside colleagues from Child and Family Centres and Early Years settings, looking at how to ensure a broader support offer of identified needs from across the partnership. In addition, a working group is looking at how to strengthen support to families in relation to oral health for children aged under 5.
- 4.6.3 The Integrated Sexual and Reproductive Health Services started a new contract in April 2021 as a Section 75 agreement. This is a collaborative agreement between Peterborough City Council Cambridgeshire County Council, the Clinical Commissioning Group (CCG) and NHS England. These partners are also working closely with the Terrance Higgins Trust Sexual Health Prevention Service which is targeting clients who are harder to reach. COVID-19 impacted on staff capacity, but the Services are making a good recovery. Other methods introduced in response to the pandemic have been maintained due to their popularity, for example virtual consultations with anti-biotics and contraception pills being supplied through the postal service. We are currently working with the CCG and NHS England on the development objectives that are required in the new Section 75.
- 4.6.6 The Drug and Alcohol Treatment Services secured additional funding this year from Public Health England and MHCLG to support and increase interventions targeting drug and alcohol users who are rough sleepers and those leaving prison who require additional support. The Rough Sleeper Team is up and running and is now delivering regular outreach on the streets. Office based services are open to service users within COVID protocols. During COVID the number of young people aged 12-18 has fallen in the service and the number of adult opiate clients 18+ presenting to the service has also fallen. These areas are being kept under review and work is currently underway to promote services locally to help reach these service user groups.
- 4.6.7 The Integrated Lifestyle Services has continued to accelerate its return to more face-to-face delivery of services as well community activities. These services focus upon supporting lifestyle behaviour changes for prevention and harm reduction which includes stopping smoking healthy diet, physical activity, mental wellbeing, weight management and falls prevention. Lifestyle behaviours have changed during the pandemic and poorer outcomes are expected. Additional funding has been secured from the Cambridgeshire and Peterborough Clinical Commissioning Group and NHS England to provide additional services to address the backlog of people waiting to access these services.
- 4.6.8 The Healthy Schools Service works with schools, parents/carers, and communities to ensure that the school environment supports and promotes good health. It has been working with partners across the system in joining up the different offers available to schools to support them in addressing the health and wellbeing needs of pupils and staff. One notable development is the introduction of a new young person's smoking cessation and prevention pathway. Despite the ongoing pressures schools are facing due to Covid-19, they continue to be well engaged with the service, with several schools achieving Bronze Level Healthy School accreditation status this quarter.
- 4.6.9 The Healthy Workplace Service works with employers and employees to ensure that the workplace environment supports good employee health. Although delivery was challenged during the pandemic it has created some closer relationships with workplaces, leading to the recruitment of additional employers into the scheme. It is now increasing and tailoring its support

to respond to increased employer needs around mental health which have been exacerbated by the pandemic.

- 4.6.10 Stop smoking, long-acting reversible contraception, NHS health checks and emergency contraception are Public Health services that GP practices and community pharmacies are commissioned to carry out. Activity fell considerably during the pandemic and had started to recover in mid-2021. However, with the onset of winter and an increase in practice workloads along with the focus upon vaccination in practices it has been difficult for them to sustain the recovery.

4.7 **Adult Social Care Self-Assessment**

- 4.7.1 As a core part of the Sector Led Improvement Programme in the Eastern Region led by the Association of Directors of Adult Social Services (ADASS), Directors are asked to complete a self-assessment. The self-assessment covers a wide range of themes. Peterborough City Council submitted a self-assessment on 31 March 2021 which covered the previous 18 months. Subsequent to this the Council met with a former Director, Andrew Cozens, commissioned by the Regional ADASS for an external challenge session in August 2021. The Council then took part in a regional challenge event in September 2021. There is also a system where we meet with another Council and compare data and provide peer challenge. This paper summarises the key themes that have emerged through these processes.

- 4.7.2 There is a requirement for councils to produce an annual statement to the public about adult social care called a Local Account. Appendix One provides this public summary of the self-assessment for approval for publication as the Local Account.

- 4.7.3 The self-assessment tool, referred to above, is structured around high-level themes, each with a number of prompts to draw out both strengths and areas for development or risks. It covers the entire remit of adult social care statutory duties - operational, commissioning and strategic. On the whole the feedback from the external challenge process was positive with the Council having shown consistent progress in recent years in a number of areas. However, a number of risks and challenges have also been identified within the process.

- 4.7.4 The Council reflected on the following main achievements during 2020/21

- a) Adult Social Care's response to COVID-19 has focused on promoting independence, Technology Enabled Care and supporting carers. The Council redeployed staff to establish a COVID-19 community hub, fill gaps in reablement staffing, provide public information about COVID-19 and support shielded residents.
- b) Supporting Care Providers – we have received positive comments and compliments from care providers about the support they received from the Council during the pandemic. These focused on the flow of information, support with interpreting government guidance, vaccination responsiveness and financial support.
- c) Sharing the management of some of our adult social care services across two Councils has helped our joint working with partners who cross our Council boundaries and provided an opportunity to increase resilience

- 4.7.5 In our self-assessment we stated the following three areas as our biggest challenges:

- a) Demand management – COVID-19 and lockdowns has created higher levels of need in the community. We are seeing more complex cases, increased levels of frailty, reduced confidence, reduced mobility and increased carer strain. Some of this is linked to reduced access to NHS services, and hospital discharges are more complex with most admissions being driven by urgent treatment requirement rather than planned surgery.
- b) Stability of the care market – The social care workforce has been under an unprecedented amount of pressure during the last year with potential long-term impacts on health and

wellbeing. Indications are that older, more experienced workers might choose to retire sooner. We have also seen problems with retention throughout the workforce.

- c) Financial situation – The challenging financial position of the local NHS and Council, and the growing costs of care, have increased pressures in the system. This is not helped by the temporary nature of some of the current national funding streams including those for hospital discharge and infection control.

4.7.6 Engagement

Healthwatch Cambridgeshire and Peterborough are commissioned by the Council to bring together individuals with lived experience and local partners through our five Adult Social Care Partnership Boards. These groups support us in our continuous improvement of social care practice and commissioning. The Partnership Boards met virtually during 2020/21 and have developed the following joint objectives for focus in 2021/22.

Partnership Board	Annual priorities set by the Partnership Board
Carers Partnership Board	<ul style="list-style-type: none"> 1) Support for adult sibling carers 2) Prioritisation of healthcare services for carer 3) Improvements in health and social care communications
Older Peoples Partnership Board	<ul style="list-style-type: none"> 1) Transport 2) Digital inclusion / exclusion and resilience
Physical Disability Partnership Board	<ul style="list-style-type: none"> 1) Digital inclusion / exclusion and resilience 2) Stroke (cause/prevention/rehabilitation) 3) Hate Crime (disability) 4) Membership recruitment
Sensory Impairment Partnership Board	<ul style="list-style-type: none"> 1) Transport 2) Digital inclusion/exclusion 3) Membership recruitment
Learning Disability Partnership Board	<ul style="list-style-type: none"> 1) Digital inclusion / exclusion and resilience 2) Health subgroup 3) Transport 4) Coronavirus delivery

4.6.7 Healthwatch Cambridgeshire and Peterborough undertook a survey of people who left hospital between June and August 2020 (during the COVID-19 pandemic). Not all discharges were those involving adult social care and themes identified were therefore useful to and shared across the health and social care acute and community system. Positive themes from the report were:

- a. Three in four people said they definitely felt prepared to leave hospital or felt prepared to leave to some extent
- b. Nearly three in four people discussed where they were being discharged to and went to the place they wanted to go to and most people were positive about the care put in place

4.6.8 Key issues from the report were:

- a. A significant number of people reported lack of communication during discharge, meaning that they did not know what support they should expect when they got home, and they did not have information on who to contact if they needed help. Only one in five people were given information about the voluntary sector and the support they could offer.
- b. Just over one in three people waited over 24 hours to go home. There were lots of reasons for the wait, but the main one was transport.
- c. Some patients reported not having the equipment they needed, or not knowing how to use it.

4.7.9 **Performance**

The performance of local authority adult social care functions is currently compared nationally via the Adult Social Care Outcomes Framework (ASCOF). This framework has been in place for a number of years and many of the indicators no longer reflect the outcomes and challenges of the current function. A national consultation is underway on a replacement for this framework. A number of the indicators are drawn from an annual national service user survey and a twice yearly national carer's survey. These indicators were not updated for 2020/21 as the survey was not undertaken due to the pandemic. There were also previously hospital discharge indicators which are no longer reported by the hospitals and therefore could not be updated.

Peterborough performs better than the regional average on the following outcomes:

Indicators updated in 2020/21

- More people receiving self-directed support
- More people accessing long term support receiving Direct Payments
- More adults with learning disabilities living in their own home or with family
- Fewer permanent admissions to care homes
- More people still living in their own homes 91 days after receiving some short-term support following a stay in hospital
- More people successfully completing reablement, needing no further care or support

Indicators not updated in 2020/21

- More people said they find it easy to get information and advice
- More people with as much social contact as they want
- More people who use services who feel safe
- Fewer delayed transfers of care

4.7.10 Peterborough performs less well than the regional average on the following outcomes :

Indicators updated in 2020/21

- Fewer adults with learning disabilities in employment – latest 2020-21
- Fewer people receiving a period of short term (reablement support) after a stay in hospital

Indicators not updated in 2020/21

- Lower satisfaction with care and support
- Fewer people with control over their daily life
- Fewer people who say the services they use make them feel safe and secure

4.7.11 **Impact of COVID-19 adult social care in Peterborough**

The impact of COVID-19 on adult social care has been unprecedented. Adult social care has been given high priority by the Council, with additional resources redeployed at the peak of the pandemic and dedicated public health support throughout. The system wide response, including

voluntary and community sector colleagues, has provided an opportunity to build sustained relationships, levels of trust and mutual understanding across the system.

The pandemic had a significant impact on the providers of direct social care support services, such as care homes, domiciliary care and day services. Collaboration with social care providers has been central to the response to COVID-19. This included ensuring that where we have discretion about use of infection control funding, we consulted providers to understand what will achieve the greatest benefit. We face a significant challenge going forward in understanding and planning for the long-term impact of the pandemic.

4.7.12 **Areas for focus in 2021/22**

A valuable aspect of the self-assessment process is the external challenge conversations described earlier. From these conversations a number of areas for further development have been agreed. These are summarised in the table below alongside the current actions.

Theme	Current actions
Market sustainability and market management	Close working with the region to share knowledge and tools to support what is a challenge for all. This includes looking at how we might better utilise the regional Provider Assessment and Market Management Solution (PAMMS). This is an web based IT system that allows for gathering and sharing quality assurance and financial information about commissioned care services across the region.
Data Quality and Performance Reporting	Project underway to rebuild the full suite of adult social care reporting as self service dashboards. Preparations for new national assurance framework and performance metrics and new statutory client level data set return.
Integrated neighbourhoods and early intervention and prevention	Linking into the work of the integrated care system (ICS) and Integrated Care Partnership (ICP) work on developing integrated neighbourhoods and developing a clear adult social care ask and offer. Work is ongoing with the adult social care forum and partnership boards to review and improve access to information and advice.
Workforce pressures	Looking at in house recruitment, retention and career pathways. Development of wider workforce strategy in partnership with providers.
Carers support	Continued development of the carers support offer. Learning from the national carers survey, currently underway, to understand the current experience of carers and the impact of Covid-19.
Co-production	Co-producing our vision working with our “expert by experience” groups and partnership boards, and drawing from the nationally recognised Making It Real model and Social Care Futures movement.

Other Adult Social Care updates

4.8 **Adult Positive Challenge programme**

4.8.1 The council is currently in the final year of a 3 year transformation programme, which has delivered a annual target of £1.7 million in savings and cost avoidance, built into the base budget from April 2021. The programme focussed on delivering better outcomes for individuals, recognising that better outcomes cost less. The programme used the following levers for better outcomes:

- Changing the conversation – from what’s wrong to what’s strong. Having the right conversations at the right time to identify what can really make a difference. This includes undertaking targeted post hospital discharge reviews for people discharged from hospital with long term care and support.
- Support for carers’, improving carers’ conversations and carers support.
- Reablement and Technology Enabled Care – taking every opportunity to support people with short term care and / or equipment to delay or reduce the need for long term care and support
- Preparation for adulthood- supporting young people and their families to think about preparing for adulthood sooner and considering all aspects of support, such as technology enabled care to reduce the amount of high cost long term care and support where possible.

4.8.2 In June and September 2021 we undertook a quarterly impact log of case level outcomes. The log tracked the outcomes and cost impact for all assessment and reviews completed in a 2 week period in both June and September. The logs were able to evidence a cost avoidance or saving in 30 of the 80 cases logged (38%) and an increase in cost for only 16 (20%).

4.9 COVID-19 Grants

4.9.1 Throughout the period of the pandemic, central government have issued a number of grants to utilise in supporting providers of adult social care services to mitigate against the financial impact of the COVID-19. In October 2021, the latest round of grants funds were announced. These included Infection Control, Rapid Testing, Vaccination Funding as well as Recruitment and Retention Funding. All grants have been awarded on a one-off basis to cover spend within the period of 1st October 2021 and 31st March 2022 in accordance with grant conditions. Funding levels have been outlined within the table below:

Infection Control Funding	Rapid Testing Funding	Vaccination Funding	Recruitment and Retention
£825,947	£454,528	£101,349	£537,375.

4.9.2 The purpose of the funding is to support adult social care providers, including those with whom the local authority doesn’t contract, to:

1. Reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention control practices and increase COVID-19 and flu vaccine uptake amongst staff.
2. Conduct testing of staff and visitors in care settings to identify and isolate positive cases to enable close contact visiting where possible.
3. To support Councils to address adult social care workforce capacity pressures amongst CQC Registered Providers

4.9.3 Central Government has specified the fund be allocated in accordance with guidance issued. This along, with the approach to allocating discretionary funds, has been summarised within the table below. All allocations were determined following consultation with local providers, care associations, other Councils from across the region and public health.

Fund	Mandatory	Discretionary	PCC Approach to Allocating Discretionary Funds
Infection Control Fund	70% to CQC Registered Care Homes and Community Providers	30% local authority discretion to support the care sector to put in place other COVID-19 infection control measures. The local authority should consider using this funding to put IPC measures in place to support the	CQC Registered Community providers of domiciliary care, extra care and supported living as well as providers commissioned by Peterborough City Council to deliver Day Services which are open and operational and Housing Related Support. The grant will be allocated to these providers on a per unit basis. In addition to this, it is recommended the Council ring fence 1% of the fund to support

		resumption of services, including those providers who may be facing more significant costs.	with the costs of administering the grant as significant level of resource is required to do this.
Rapid Testing Fund	70% of the allocation to care homes on a per bed basis.	30% local authority discretion to support the care sector to operationally deliver testing.	CQC Registered Community providers in line with grant conditions set. Allocation will also be extended to voluntary sector providers commissioned by the Council where they are actively engaged in lateral flow testing outside of the wider community offer.
Vaccination Fund	70% of the funding should be passed to care homes on a per bed basis and CQC regulated community care providers on a per user basis	30% local authority discretion to support the above measures in other care settings, including non CQC registered settings.	The current uptake of both flu and COVID-19 vaccinations across CQC Registered Care Homes and Community Providers is low in comparison to the intelligence held on the uptake within the voluntary sector. It is therefore recommended that the discretionary element of this grant is allocated to all CQC Registered Care Homes and Community Providers.
Recruitment and Retention		100% local authority discretion 100% local authority discretion to support CQC Registered providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care; support timely and safe discharge from hospital and prevent admission to hospital; enable timely new care provision in the community and support and boost retention of staff within social care.	100% of the grant funding to CQC Registered Care Home and Community Providers in contract with, and delivering services on behalf of, adult social care. The grant will be allocated to these providers based on staffing numbers reported through CQC. The expectation is that providers should determine the best use of funding for their own circumstances in line with the grant conditions set

5. CONSULTATION

- 5.1 No consultations have been undertaken by the Council on this paper. However, there is close working with community leaders on the overall response to the pandemic, and on preparation of appropriate materials for communication.
- 5.2 The partnership groups that support the development and implementation of prevention and health improvement initiatives have re-commenced meeting. This includes the Cambridgeshire and Peterborough Tobacco Control Alliance, Healthy Schools, Sexual and Reproductive Health Oversight and Development Group and Drug and Alcohol Delivery Group.
- 5.3 The adult social care self-assessment reflects a range of co-production and engagement activities including the work undertaken to agree priorities with the Partnership Boards.
- 5.4 All allocations for adult social care COVID-19 grants were determined following consultation with local providers, care associations, other Councils from across the region and public health.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 This report provides an update on the current situation with regard to the Covid-19 pandemic and its management in Peterborough as well as Public Health Programme Delivery during 2021/22 in order to ensure that the Committee has up to date information about this and can conduct appropriate scrutiny.
- 6.2 The report also sets out the results of the adult social care self-assessment processes, including a public facing Local Account for publication.

7. REASON FOR THE RECOMMENDATION

- 7.1 The Committee is asked to note and comment on the Public Health and Adult Social Care updates and the Adult Social Care Assessment.
- 7.2 The Committee is also asked to review and approve the Local Account for publication.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The Committee could have chosen not to scrutinise updated information on the Covid-19 pandemic, its management and the update on Public Health Programme delivery during 2021/22 in Peterborough. However, this would have omitted key issues for Peterborough residents' health and wellbeing.

9. IMPLICATIONS

Financial Implications

- 9.1 Peterborough City Council has received a Test and Trace grant from national government of £1,017,883 to fund the initial costs of outbreak management. Peterborough also receives a Contain Outbreak Management Fund (COMF) grant. In 2020/21 Peterborough received £4,839,769 and in 2021/2022 Peterborough has received £1,642,774 – a total of £6,482,543 to date.

These funds are allocated through business cases to the Finance Sub Committee of the Cambridgeshire and Peterborough Health Protection Board. Several outbreak management costs are shared with Cambridgeshire, which maximises value for money. Business cases are awarded on the basis of meeting the criteria set out in the grant conditions.

The current financial position for the COMF grant across PCC is summarised in the below table. Both Councils are showing a similar position with around half of the grant committed, and half of this committed grant spent.

A recent exercise to get a more accurate reflection of what the business cases will actually spend has reduced commitment by £1,238k (across both PCC and CCC). With 35 out of the 50 open business cases provided an updated forecast, of these 19 had an updated figure. A combined change form will be brought to the next HPB Board to officially agree these changes to the committed figures.

Contain Outbreak Management Fund (COMF) Grant

Grant Details	PCC Totals
Grant Income	£6,482,593
Allocated Grant	£3,169,176
Unallocated Grant	£3,313,417
Spent Grant	£2,177,659

Legal Implications

- 9.2 The Coronavirus Act (2020) has brought in new legal powers for the Council in relation to management of outbreaks.

Equalities Implications

- 9.3 Outcomes from Covid-19 have been shown to be worse for older people, men, people with a range of long term health conditions, black and ethnic minority communities, and people living in areas of deprivation. These factors are considered when planning for Covid-19 prevention and outbreak management. There is also impact of the covid-19 pandemic, including changes in restrictions, behaviours and care that impact these communities in the longer term.

Rural Implications

- 9.4 Rates of Covid-19 infection are higher in urban areas in Peterborough than rural areas currently

Carbon Impact Assessment

- 9.5 No change from carbon impact assessment from the Covid-19 report to the previous Health Scrutiny Committee in November

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 The Cambridgeshire and Peterborough Local Outbreak Control Plan and the associated Roles and Responsibilities document are available on <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks>

PHE provides weekly updates on variants of concern here [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91242/sars-cov-2-variants-of-concern-and-variants-under-investigation)

The Adult Social Care Outcomes Framework results for 2020/21 are published here - <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/england-2020-21>

11. APPENDICES

- 11.1 Appendix 1 – public facing Local Account