

Executive Board – 21st March 2023

Subject:	Proposed Use of Covid Outbreak Management Funds (COMF) to mitigate impact of COVID on Children in Care and with Special Education Needs.
Corporate Director(s)/Director(s):	Catherine Underwood, Corporate Director for People
Portfolio Holder(s):	Cllr Linda Woodings, Portfolio Holder for Adult Social Care and Health
Report author and contact details:	Roz Howie, Interim Director of Commissioning and Partnerships Roz.howie@nottinghamcity.gov.uk
Other colleagues who have provided input:	Katy Ball, Director of Commissioning and Procurement Lucy Hubber, Director of Public Health Frank Jordan, Corporate Director of Communities, Environment and Resident Services
Subject to call-in: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Key Decision: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Criteria for Key Decision:	
(a) <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more taking account of the overall impact of the decision	
and/or	
(b) Significant impact on communities living or working in two or more wards in the City	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Type of expenditure: <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital	
If Capital, provide the date considered by Capital Board	
Date:	
Total value of the decision: £1,260, 880 over 3 years	
Wards affected: All	
Date of consultation with Portfolio Holder(s): 2nd March 2023	
Relevant Council Plan Key Outcome:	
Clean and Connected Communities	<input type="checkbox"/>
Keeping Nottingham Working	<input type="checkbox"/>
Carbon Neutral by 2028	<input type="checkbox"/>
Safer Nottingham	<input checked="" type="checkbox"/>
Child-Friendly Nottingham	<input checked="" type="checkbox"/>
Healthy and Inclusive	<input checked="" type="checkbox"/>
Keeping Nottingham Moving	<input type="checkbox"/>
Improve the City Centre	<input type="checkbox"/>
Better Housing	<input type="checkbox"/>
Financial Stability	<input type="checkbox"/>
Serving People Well	<input checked="" type="checkbox"/>
Summary of issues (including benefits to citizens/service users):	
<p>In June 2020, the government distributed £300 million to English LAs to action the development of local outbreak management plans, under the former name of the Test and Trace Support Service Grant. The Test and Trace Support Service Grant was subsequently renamed as the COMF and expanded to provide LAs with further financial support.</p> <p>The Contain Outbreak Management Fund (COMF) provides funding to local authorities in England to help reduce the spread of coronavirus and support local public health. In 2021/22 Nottingham City Council was awarded £3,014,514.41 in funding. The funding was originally intended to be spent by 31st March 2022 but in 2022 the UK Health Security Agency wrote to Local Authorities saying the monies can be carried over until 31st March 2023. The Agency then wrote again in 2023 to confirm carryover of funding is allowed into the 2023-24 financial year for purposes of COVID control and COVID recovery, including mitigating the impact of COVID on health and health inequalities in your populations (Guidance on use of COMF Letter.pdf (mcusercontent.com)).</p> <p>The Contain Outbreak Management Fund (COMF) provides funding to local authorities in England to help reduce the continuing spread of COVID-19 (C-19) and continued support to Nottingham residents, in particular vulnerable adults and children who are significantly impacted by C-19.</p> <p>The main scope of the fund remains the control of COVID-19 and dealing with its management and consequences. For the avoidance of doubt, this scope can also include funding work on:</p> <ul style="list-style-type: none"> • Public health action on addressing the impact of COVID-19 on health outcomes and health inequalities, • Public health projects aimed at directly addressing health inequalities arising from the pandemic 	

- Public health prevention projects intend to prevent or mitigate health inequalities or unequal impact on populations in future outbreaks

There has been a significant impact of COVID on children in care and children with special education needs as detailed below.

A fast-track urgent response is required to build relationships and capability within the market. Most local authorities are in this position and therefore competing for the same providers and placements. We need to move fast in partnering with providers to ensure we have a market that can meet the change in demand and complexity.

The COMF funding is required to deliver critical market interventions to mitigate the impact of the COVID pandemic as outlined below. The funding will be used to address the additionality caused by COVID impact, which is on top of the business-as-usual activity.

This short-term funding will address the COVID impacts with a view to then returning to business as usual. This approach will deliver best value for the council as children will be placed in the right placement first time, this will reduce the number of costly and out of area placements, provide a more efficient solution and will deliver better and improved outcomes for our most vulnerable children.

It is expected that this approach will result in a more diverse local market which is of good quality, resulting in children being placed locally and in the right placement first time. This approach should increase social worker capacity, provide efficiently and effective processors to engage with the market and place children quickly and safely.

We have taken a mixed-resourcing approach, because of the recruitment challenges currently in the market. It is difficult and time consuming to recruit experienced care placement and SEND commissioners, given the risk in the market and the need to ensure our children are placed in a placement that will deliver good outcomes for them, we have decided to appoint expert interim support, whilst we recruit permanent commissioners, this will ensure that the work that the expert interim support will do, will be sustainable via permanent commissioners, in addition there is an expectation that the expert interim support will upskill the permanent commissioner, if required. This is the best way to ensure that we can move at pace to deliver this project. This market is a circa £40m spend and one of the outcomes of this project is securing effective and effective placements which will be at a lower cost than placing children out of area or in more expensive settings.

An executive board report delegated authority to agree the approach to the COMF to the Director of Public Health in Consultation with Director of Finance and the Chair of the Engagement Board (Deputy Leader) and the Portfolio Holder for Adults and Health. The Director for Public Health has approved the use of the COMF and further assurance for use of the COMF sought and approved by the COVID Steering Group. Cllr Wooding agreed the use of COMF for the purposes detailed below on 2nd March 2023.

Does this report contain any information that is exempt from publication?

No

Recommendation(s):

- 1 To agree the use of Public Health Contain Outbreak Management Fund grant funding of £1,260, 880 to mitigate the impact of COVID-19 as described in the document**
- 2 To agree the transfer of £1,260, 880 from the Public Health COMF grant funding into the Commissioning and Partnerships Budget.**

1. Reasons for recommendations

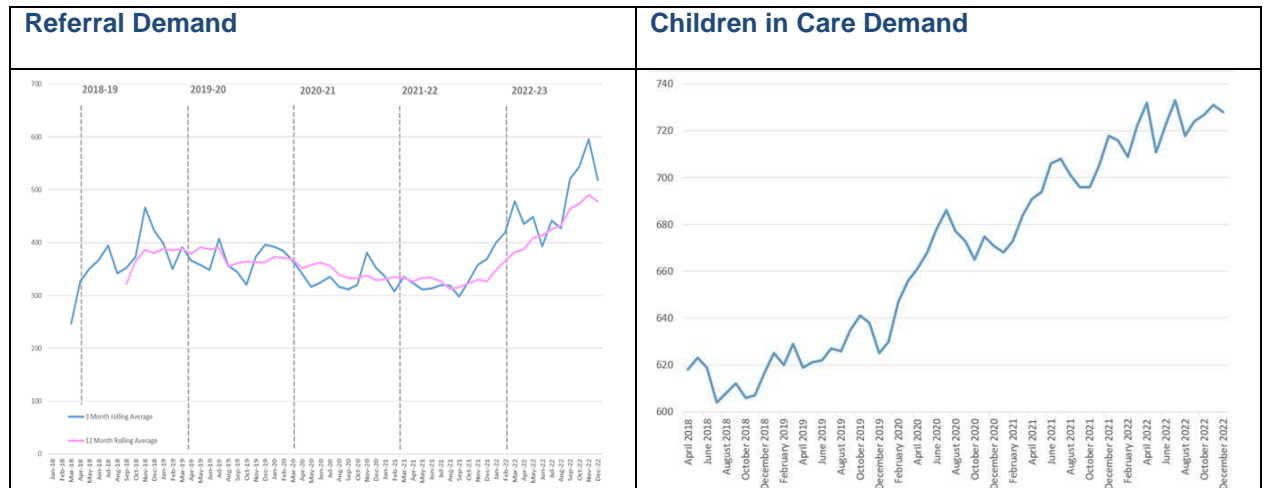
- 1.1 To ensure that the COMF grant funding is being correctly used in line with the funding guidance and criteria – recommendation 1
- 1.2 The budget will need to be transferred from Public Health to the Commissioning and Partnerships Budget – recommendation 2

2. Background (including outcomes of consultation)

2.1. Impact of COVID-19 on Children in Care and Children with SEND in Nottingham City

The impact of COVID on children has meant that the needs of our children have increased; this can be seen from the sharp increase in social care referrals, which has risen from March 2020 circa 375 to 600 referrals in November 2022, a 60% increase in referrals since the onset of COVID (sharp increase initially however this has plateaued since January 2022). Research and additional demand in mental health has suggested that this increase is due to the impact of lockdown and loss of education.

In February 2020 there were circa 625 children in care as of December 2022 there are 730 children in care, there are now over a 100 more children in care, this is an increase of 16.8%, since the start of COVID.



To mitigate this increase in demand, we are seeking funding to increase commissioning and placement capacity to focus (at pace) on securing services to meet the increase in demand. We need placement that are of quality, meet the needs of our children, are safe, secure and offer a stable environment which will lead to better outcomes for our most vulnerable children.

1.1 Reduction in Foster Care Provision

In Nottingham, COVID has contributed to people re-evaluating their ability to foster for a variety of reasons including:

- Their own health
- The health of their family members (particularly if there are elderly/clinically vulnerable members of the extended foster family)
- Fewer spare rooms due to:
 - More people working at home all or part of week, and need an office space with no disruptions
 - Adult children are not moving out, have returned home or stay over more
 - Older relatives have moved in or stay over more
 - Adult children at University less likely to move out due to a lot of their course still being online

In addition, during COVID the system of buddying up Foster Carers, more informal peer support and training online has been challenging. This has led to Foster Carers being slower to get up to speed once again impacting upon the pool of Foster Carers available, in Nottingham.

Since September 2020 our Nottingham City foster carer numbers have reduced from 164 to 139, a reduction of 25 foster care placements.

2.2 Reduction in Appropriate Residential Care Provision

There are increased numbers of children in care being placed in spot purchased provisions. This situation has been compounded by COVID, detailed below:

Children in Care Placement as at 31/01/2020 31/01/2023		
In care	633	729 <i>increase of 15.2%</i>
Placement within 20 miles of City Centre?		
Yes	535 (84.5%)	567 (77.7%)
No	98 (15.5%)	162 (22.2%)
		<i>increase of 6.7 percentage point</i>
External Residential Placements	9.2%	15.4%
		<i>increase of 6.2 percentage point</i>

- Recruitment and retention of residential care staff. Many staff have left the sector due to worrying about being more at risk from catching COVID, caring for family members at risk from COVID and the governmental mandate of all care staff being vaccinated for COVID (now not mandated).

2.3 Children with Special Educational Needs (SEND)

Nationally during and after COVID, evidence from multiple sources suggest that children and young people with SEND and their families struggled in a wide range of ways.

- Families of children with specific health needs requiring shielding lost their support networks of family and friends, becoming increasingly isolated and families reported decline in both mental and physical health.
- The Disabled Children's Partnership's report ('Left in Lockdown' 2020) showed that parents experienced increased caring loads during COVID, both for themselves and for their disabled children's siblings, leading them to experience greater levels of exhaustion, stress, and anxiety, which many families report has had a long-term impact on them.
- The mental health and wellbeing surveillance report¹ indicates that some children and young people's mental health and wellbeing has been substantially impacted during the pandemic², with a pronounced effect on children and young people with SEND, especially where there are communication barriers. This is impacting on Carers and their families.

In Nottingham financial help such as direct payments and disability allowances continued as normal, however much of the practical support, such as short breaks and respite, stopped. Children and young people with SEND experienced an immediate halt to their social networks, alongside the removal of all other consistent aspects of their lives, including therapeutic interventions. The ongoing effect of this experience has had some impact on children's development.

As a direct result of COVID, which caused a shift away from face-to-face provision, the range of short breaks opportunities and respite support available to Nottingham City families remains depleted with just one provider on our short breaks framework. Consequently, a change in the way in which services are commissioned is needed to re-develop the market.

¹ <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report>

² <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

In Nottingham families tell us that this lack of provision is impactful on their lives. Parents want more accessible and inclusive places for their children to attend, with well trained staff, offering a wide variety and choice of activities, to support the following outcomes:

- Children remain within their family and local community, without interruption to their education
- Children experience positive activities and increased opportunities where complex needs can be met.
- Parents receive a break from caring responsibilities and develop wider support networks.
- Children learn new skills that are transferable to their education setting.
- Upskilled community-based workforce.
- Children live an inclusive life and are prepared for an independent adult life.
- Reduced risk of exclusion from mainstream settings, bullying, and loneliness.
- Promotion of positive mental health for children and their families.

Resources Required

The significant impact of COVID, has resulted in a greater gap in provision and capability in the provider market, this is due to the increased need being seen in children and young people because of lockdown, low school attendance and limited face to face contact.

Providers and foster carers have not had the support or training opportunities to develop their capabilities at the same pace as demand has changed and therefore, there is urgent work to be done which is above and beyond business as usual.

A fast-track urgent response is required to build relationships and capability within the market. Most local authorities are in this position and therefore competing for the same providers and placements. We need to move fast in partnering with providers to ensure we have a market that can meet the change in demand and complexity.

The resources required are to deliver the market interventions and to mitigate the impact of the COVID-19 pandemic are outlined below. These resources will be in addition to the current business as usual capacity.

Issue Caused by COVID	Capacity to Provide a Crisis Response	Outcomes
<p>The frequency and complexity of children and young people's mental health issues have increased need for care and complexity of need.³</p> <p>The distribution of places does not match demand: there are not enough of the right places in the areas where they are needed.</p> <p>A lack of suitable places in the required locations has been reported across all provision types, including fostering and, in particular, children's homes, and secure children's homes.³</p> <p>Concerns about placement disruption have increased during</p>	<p>Fast paced and urgent work is required in the following areas, if we are going to bridge the gap created by COVID:</p> <ul style="list-style-type: none"> • Build relationships with the market, including local providers who we have no contractual relationship with NCC. • Undertake provider engagement to encourage providers to move onto the framework. • Develop new and creative provision by working on a provider-by-provider basis. 	<ul style="list-style-type: none"> • Aim to get the placement right first time. Find the most suitable placement to foster better outcomes. • Avoid/reduce failed and/or temporary placements that can lead to undue stress and trauma. • New and creative provision • An increase in more suitable placements for children to be placed closer to their home and maintain existing support networks... • Children will be placed in

³ <https://www.gov.uk/government/publications/childrens-social-care-2022-recovering-from-the-covid-19-pandemic/childrens-social-care-2022-recovering-from-the-covid-19-pandemic>

<p>and post COVID-19.</p> <p>Reduction in foster care placements.</p> <p>As a direct result of COVID, the range of short breaks opportunities and respite support available to families remains significantly depleted</p> <p>There is a particular gap in support for children and young people with complex health needs and physical disabilities.</p>	<ul style="list-style-type: none"> • Explore options to support children with increased needs and complexity in different ways. • Undertake a raft of market interventions to improve placement stability. • Ensure more suitable children are placed close to their home and maintain existing support networks. • Explore options to support children with increased needs and complexity in different ways. • Ensure that current mechanisms are fully utilised to support the fast-paced market intervention activity. • Expressions of Interests need to be sent out to the market urgently to meet the requirements of children with the most complex and diverse needs so that we can avoid having to place in unregistered placements. • Increase capacity to broker support well, which is effective and best value for the council and our children • Quality assurance visits engaging face-to-face with providers, reducing Ofsted notices. • Urgently develop new provider processes to enable the placement team and commissioners to explore options to support children using a personalised approach. 	<p>the right placement first time.</p> <ul style="list-style-type: none"> • Children will be placed more efficiently and effectively. • An increase in social worker capacity. • Children will be placed with good quality providers. • Efficiency and effective provider processes to ensure that our children stay local.
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Post	Grade	SCP	FTE	Salary	NI	Supn	App'ship Levy	Total cost year 1
				£	£	£	£	£
Interim senior commissioners	Agency		2.50	442,871				442,871
Commissioner	NCC I	I1	2.00	82,992	8,942	15,354	416	107,704
Placements/Quality Assurance Officer	NCC G	G1	3.00	96,060	9,489	17,772	483	123,804
Project Manager	NCC F	F1	1.00	28,371	2,659	5,249	142	36,421
Project Support Officer	NCC E	E1	1.00	24,496	2,125	4,532	123	31,276
Total Year 1			9.50	674,790	23,215	42,907	1,164	742,076

Post	Grade	SCP	FTE	Salary	NI	Supn	App'ship Levy	Total cost year 2
				£	£	£	£	£
Commissioner	NCC I	I2	2.00	87,032	9,498	16,100	436	113,066
Placements/Quality Assurance Officer	NCC G	G2	3.00	101,460	10,233	18,771	510	130,974
Project Manager	NCC F	F2	1.00	30,151	2,905	5,578	151	38,785
Project Support Officer	NCC E	E2	1.00	25,878	2,315	4,787	130	33,110
Total Year 2			7.00	244,521	24,951	45,236	1,227	315,935

Post	Grade	SCP	FTE	Salary	NI	Supn	App'ship Levy	Total cost year 3
				£	£	£	£	£
Placements/Quality Assurance Officer	NCC G	G2	3.00	101,460	10,233	18,771	510	130,974
Project Manager	NCC F	F2	1.00	30,151	2,905	5,578	151	38,785
Project Support Officer	NCC E	E2	1.00	25,878	2,315	4,787	130	33,110
Total Year 3			5.00	157,489	15,453	29,136	791	202,869

Total COMF funding required	1,260,880
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Is this within the scope of COMF activity?

It is the view of Public Health that this would meet the following COMF criteria: a. Public health action on the impact of COVID-19 on health outcomes and health inequalities.

3. Other options considered in making recommendations

3.1. Do nothing was considered however the risk of not securing this funding in brief are:

- Foster care placement breakdown, resulting in a higher residential placement and poor outcomes for children
- Family breakdown for children with SEND
- Placing children in unregulated placements
- Children will be placed further from their home and networks will be disrupted.
- Increase in staff burnout and stress
- Increased budget pressures – children being placed in the more expensive settings

We have consulted with other Local Authorities to understand how they are maximising the use of this funding and we are assured that this work is aligned with the approaches of other local authorities.

4. Consideration of Risk

- 4.1 Risks identified in part 3 if nothing is done however it is also recognised that we might incur redundancy costs with agency or fixed term contracts – this would need to factor into the recruitment options.

5. Best Value Considerations, including consideration of Make or Buy where appropriate

Additional resources within Commissioning and Partnerships was considered the best value option. Currently this is provider led market, which is resulting in providers setting their prices above market rate. The impact of this is that social workers are spending more time looking for placements and that children are placed out area. This approach will deliver best value for the council as it will ensure that we have a local diverse market that is able to support our children in a cost effective way, whilst still be of good quality and delivering better outcome for our children.

It will be more efficiently and effective for our social workers, therefore increasing social worker capacity. It will be result in more stable placements, therefore reducing costly placement breakdowns.

We have taken a mixed-resourcing approach, because of the recruitment challenges currently in the market. It is difficult and time consuming to recruit experienced care placement and SEND commissioners, given the risk in the market and the need to ensure our children are placed in a placement that will deliver good outcomes for them, we have decided to appoint expert interim support, whilst we recruit permanent commissioners, this will ensure that the work that the expert interim support will do, will be sustainable via permanent commissioners, in addition there is an expectation that the expert interim support will upskill the permanent commissioner, if required. This is the best way to ensure that we can move at pace to deliver this project. This market is a circa £40m spend and one of the outcomes of this project is securing effective and effective placements which will be at a lower cost than placing children out of area or in more expensive settings.

In consideration of Best Value, this is an **economic** solution, using a mix of agency and fixed term employees are a good use of resources. It is also an **efficient** use of resources using the agency team in the first year to get the work started as soon as practicable. In terms of **effectiveness**, this plan will hopefully allow the Commissioning service to address the current issues faced.

6. Finance colleague comments (including implications and value for money/VAT)

- 6.1 The salary calculations have been confirmed as accurate to the latest pay scale documents.

There is a risk that if pay rises are greater than anticipated, then there will be an impact on the funding, and there is a potential pressure on the general fund if the funding authority will not increase the funds to compensate NCC.

In addition, there needs to be a plan in case the funding is ceased before the end of the agreed period as there will be redundancy issues which could also cause a pressure on the Commissioning Service.

In consideration of Best Value, this is an **economic** solution, using a mix of agency and fixed term employees are a good use of resources. It is also an **efficient** use of resources using the agency team in the first year to get the work started as soon as practicable. In terms of **effectiveness**, this plan will hopefully allow the Commissioning service to address the current issues faced.

This decision is therefore in line with the best value requirement.

Clare Rickett

Senior Commercial Business Partner, Children's and Commissioning
20 February 2023

7. Legal colleague comments

- 7.1 The use of the ring-fenced funding remains open to audit by government, and to local audit. Any spend must meet the following criteria set out by the UK Health Security Agency:

1. The funding proposed must have a clear business rationale/business case for it which must be relevant to:
 - a. Public health action on the impact of COVID-19 on health outcomes and health inequalities, and
 - b. Public health recovery projects aimed at directly addressing health inequalities
2. The rationale/business case must state the public health outcome intended for the spend and its link to the impact of and recovery from COVID-19 and pandemic related health inequalities
3. The rationale/business case must be signed off by the Director of Public Health
4. The rationale/business case should be taken through local approval processes for COMF spending

The key criterion is that the Director of Public Health must be able to articulate a clear public health rationale for the funding.

The money cannot be used to provide direct payments to individuals under the restrictions/exclusions stipulated by the UK Health Security Agency.

Failure to comply with the funding criteria will expose the Council to the risk of clawback of funding, in accordance with the grant determination grant conditions (imposed under s31(3) and s 31(4) of the Local Government Act 2003) under which the funding was first provided to the Council.

In so far as recruitment to the identified posts is concerned it should be noted that once an employee has worked continuously for the Council for 2 years, without any break in continuity, they will automatically become entitled to statutory employment rights, including: the right to claim unfair dismissal, and the right to statutory redundancy pay.

As a Best Value authority, the Council is under the duty in section 3 of the Local Government Act 1999 to decide to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency, and effectiveness. Overall value includes economic, environmental, and social value, when reviewing service provision.

Richard Bines, Solicitor - Contracts and Commercial team - 21.02.23

8. Other relevant comments

Management are proposing to create a series of new post pending the approval of a budgetary transfer of funds from the Covid Outbreak Management Funds Public Health grant

over a period of three years. The rationale for creating these additional posts is supported by HR, subject to finance comments and the transfer of funds.

Please see detail on the roles below:

- 1.5 FTE – Interim Senior Commissioners (Agency)
- 2 FTE – Interim Senior Commissioners SEND (Agency)
- 2 FTE – Commissioners (NCC I)
- 3 FTE – Placement/Quality Assurance (NCC G)
- 2 FTE – Administrator (NCC E) and Project Manager (NCC F)

These posts have been subject to the job evaluation process and the grading outcome is detailed above.

Management will need to ensure that recruitment is conducted through the appropriate processes for the newly created roles within the proposed structure, with approval processes in place during spending controls for all newly created posts. Management should apply pay policy principles in the starting salary for all new post holders and seek HR advice if necessary. Management should be aware that the selected candidates should commence on a starting salary of Level One within the respective Grade, unless the appointed colleague is already in employment at the council and on Level two of the same grade, in which case the employee would be matched over at the rate of pay they currently receive.

This form provides details of the required recruitment activity and therefore there is no additional requirement for management to also complete a business case to recruit. This report should be uploaded to the recruitment portal once authorised. All posts should be considered for redeployment in the first instance. A fair and transparent recruitment process should be followed, in line with the Council's recruitment procedure. Consideration to the Council's EDI agenda should be given in respect of how and where the post is advertised and also a representative recruitment panel to conduct the recruitment process.

This report also advises that the Interim Senior Commissioners roles and the Senior Commission SEND role will be recruited to via agency. Management should carefully consider the need to recruit agency workers in light of the approval processes in place during spending controls and consider internal resource options first. At this point in time, it is not clear why agency colleagues are being considered rather than recruited externally. Management should consider the aspects of Best Value for the authority and be clear as to why this option is being recommended.

The NCC policy and procedures on the hiring of Agency staff should be followed and adhered to, including the neutral vendor system, and the national Agency Worker Regulations. The hiring manager should liaise with their Departmental HR team regarding for further support.

There will need to be a support and development plan for the new post holders once appointed in line with managing performance through the new probationary policy. Future Ways of Working should be discussed with the employee in relation to category of worker and any expectations should be clearly outlined with regard to attendance in the office, dependant on the role and responsibilities.

As the posts are initially temporary due to funding arrangements, an appropriate exit strategy must be in place to terminate the contract in line with NCC guidance in the event that the post cannot be made permanent at the end of the fixed term period. Management will need to ensure appropriate timelines are in place to notify the affected employee and give appropriate notice.

At the expiry of the fixed term contracts, management will need to ensure a plan is in place with appropriate timelines to undertake appropriate actions. Post holders may also have access to Redeployment jobs. Any costs relating to time on the redeployment register such as potential work trials and pay protection must be picked up by the exporting department. If individuals are not redeployed into alternative roles prior to the termination of their contracts, there may be redundancy costs if they have accumulated two or more years' service and in addition there may also be pension strain costs if the affected individuals are between the age of 55 and 60. The report should highlight this as a consideration in terms of how costs will be met at the end of the fixed term contracts.

Management will need to ensure that organisational decision principles and the Decision Making Accountability Principles (DMA) and therefore any proposed staffing structure must be compliant, taking into account levels of management as well as spans of control.

9. **Crime and Disorder Implications (If Applicable)**

9.1 **N/A**

10. **Social value considerations (If Applicable)**

10.1 **As detailed in the background information**

11. **Regard to the NHS Constitution (If Applicable)**

11.1 **Care Act 2014**

12. **Equality Impact Assessment (EIA)**

12.1 Has the equality impact of the proposals in this report been assessed?

No ☒
An EIA is not required because this is a staffing decision to mitigate impact of covid

Yes ☐

13. **Data Protection Impact Assessment (DPIA)**

13.1 Has the data protection impact of the proposals in this report been assessed?

No ☒
A DPIA is not required because this is a staffing decision to mitigate impact of covid

Yes ☐

14. **Carbon Impact Assessment (CIA)**

14.1 Has the carbon impact of the proposals in this report been assessed?

No ☒
A CIA is not required because this is a staffing decision to mitigate impact of covid

Yes ☐