

# Nottingham City Council Delegated Decision



**Nottingham**  
**City Council**

Reference Number:

4904

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Finance and Resources

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Subject:

COVID Outbreak Funds spend approval to increase staffing in Commissioning and Contracts

Total Value:

£664,845 over 3 years (Type: Revenue)

Decision Being Taken:

1. To approve the transfer of £664,845 from Public Health COMF Grant to Commissioning and Partnerships  
2. To approve the spend of £664,845 on the following roles: Three Contract Officers - Grade G, for 3 years at the cost of £398,907 One additional Micro Provider Development Officer, Grade G, for 3 years at the cost of £132,969 to bolster capacity One additional broker - Grade G, for 3 years at the cost of £132,969

Nationally we are facing a social care emergency that is failing our most vulnerable citizens, leaving unpaid carers and families struggling, and exacerbating the current pressures on the health and social care system. Acharya et al. (2021) reported that the gradual spread of C-19 and the insufficient capacity of hospitals has led to an increase in demand for home care, in an already unstable and fractious market.

Despite this social care in Nottingham City have continued to function and the majority of people were not left without care. However, several pressures which already existed have been amplified by the pandemic. One of these pressures is the increase in % of providers with CQC ratings of 'requires improvement' or 'inadequate'. A second pressure is an insufficient homecare market and an underdeveloped micro market to support people who could be given a personal budget.

Although work has started to improve waiting lists, people are still experiencing deconditioning from extended bed rest. They are isolated from social contact due to long delays in the hospital as a result of securing a package of support and care in their own homes. Throughout the pandemic, the regulatory role of CQC did not change, however, routine inspections were paused. This has led to a significant backlog for CQC quality visits which has presented a risk to the current provision. This has both reduced the lens on quality and the ability to spot problems early, but also delayed new homecare providers who want to enter the market to gain accreditation through a first visit from CQC.

On-site quality monitoring visits were paused during the pandemic. Providers also struggled to recruit and retain staff, due to several reasons including workers having to avoid seeing family members to protect vulnerable people, Covid-19 vaccinations becoming mandatory for care workers in care homes and the intention to roll out this approach to home care workers (which was subsequently withdrawn).

Currently the department does not have enough staff to ensure:

- All ASC providers receive an annual quality monitoring visit.
- Action plans completed and monitored as necessary

- **Being**  
able to understand the quality of provision across the market as a whole
- **Ability**  
to identify cross-market issues where additional support/guidance/information is required.
- **Resource**  
available to support recovery where quality is at risk
- **Electronic**  
monitoring information is received on time (chasing and supporting providers where necessary to supply all information required
- **Analysing**  
electronic monitoring information to be able to work as a system to understand gaps in learning/resources/training in the market
- **Quality**  
monitoring visits to providers identified as part of our multi-agency quality assurance information-sharing meetings.
- **Sufficient**  
support to new providers wanting to enter the market

The money will provide the following roles:

**1. Three Contract**

Officers - Grade G, for 3 years at the cost of £398, 907 to

- **bolster**  
the capacity to undertake quality monitoring visits and support to improve quality for vulnerable people. This will include the following:

"an intensive first six months of visits to homecare providers who have not had their first CQC inspection and all providers that have a CQC rating of 'requires improvement' or 'inadequate'";

- **a**  
robust schedule of quality monitoring visits across the social care market link

with other dashboards across the ICS to support a strategic overview.

**2. One additional**

**Micro Provider Development Officer, Grade G, for 2/3 years at the cost of £132,969 to bolster capacity - This officer will work at pace to support the development of a diverse social care market, including personal assistants. This will widen the market for direct payments.**

**3. One additional**

**broker - Grade G, for 2/3 years at the cost of £132,969- bolsters the capacity to move faster, reduce waiting lists, and find the proper support for people. The brokerage function will help minimise bureaucracy and create a streamlined business process optimised to connect people to the types of support they need.**

**Briefing notes documents:** Contain Outbreak Management Fund Application Adult Care Sector Quality Jan 23 (002).docx

**Other Options Considered:** Do nothing was not considered due to risks:  
Significant reputational risk for the council as a result of poor-quality provider market  
Impact of poor quality on individuals  
Lack of homecare provision impacting upon individuals and the overarching Health and social care system

**Background Papers:** Contain Outbreak Management Fund Application Adult Care Sector Quality Jan 23

**Published Works:** N/A

**Affected Wards:** Citywide

**Colleague / Councillor Interests:** N/A

**Consultations:** Those not consulted are not directly affected by the decision.

**Crime and Disorder Implications:** N/A

**Equality:** EIA not required. Reasons: This is simply a transfer of funds from COMF to Commissioning and Contracts to expand contracting staffing provision

**Regard for NHS Constitution:** Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making this decision relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community.

**Relates to staffing:** Yes

**Decision Type:** Portfolio Holder

**Subject to Call In:**

**Yes**

**Call In Expiry date:**

**11/04/2023**

**Advice Sought:**

**Legal, Finance, Human Resources**

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. 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 \(mcusercontent.com\)](#) ).

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 make arrangements 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,

include economic, environmental and social value, when reviewing service provision.

Richard Bines, Solicitor - Contracts and Commercial team - 22.02.23

**Advice provided by Richard Bines (Solicitor) on 22/02/2023.**



The staffing costs will all be met from the COMF budget, and therefore there is no pressure on the general fund in this instance. Due to the grant lasting over two years, management need to plan for redundancy costs for the staff employed as they will be eligible for redundancy payments when the grant funding ceases, and these payments would be a risk for the general fund.

Clare Rickett- Senior Commercial Business Partner (Children's and Commissioning) 23/03/23

This DDM report follows on from a previous COMF report agreed on the 14th September 2021 at the Executive Board Committee.

There was £14.8m awarded to Nottingham City Council under the COMF grant and £3.1m under Test and Trace Support Grant. Under grant conditions there is an amount which remains underspend and we have received confirmation that this can be carried forward to 2023-24.

This report seeks permission to spend £664,845 from the COMF grant allocation.

Transferring the £664,845 grant to the Commissioning and Partnership Budget would still require that the original grant conditions are met and spent within the grant allocated timescale. To date we have received confirmation that any underspend of the grant can be carried forward into 2023-24 and thus the grant is confirmed for one year. There is a risk that the government will not continue the carry forward into future years.

Once any decision is approved, a journal will be posted to realign the grant income from Public Health supporting budget managers to robustly monitor the budgets.

The actual costs associated with this decision will require regular monitoring to form an audit trail against this grant funding and support robust forecasting. Any decisions taken will need to be robustly captured against this decision value to ensure it is not exceeded ensuring no financial pressure arises from this decision. This information will also be used for internal/external reporting purposes as required.

Tracey Moore, Commercial Business Partner, Public Health - 23rd March 2023

**HR Advice:**

Management are proposing to transfer budget of £664,845 from the Covid Outbreak Funds from Public Health to Commissioning and Contracts. Management have outlined that the budget transferred will be used to recruit to 5 new roles: 3x Contract Officers (Grade G), 1 x Micro Provider Development Officer (Grade G) and 1 x Broker (Grade G) on 3-year fixed term contracts. Management need to ensure that these posts have been through the job evaluation process.

Management will need to ensure that recruitment is conducted through the appropriate processes, including redeployment. 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.

Category of Worker should be made clear in any recruitment advertisement and process and expectations should be clearly outlined with regard to attendance in the office, dependant on the role and responsibilities and flexibility given the nature of this role. There will need to be a support and development plan for the new post holders once appointed in line with managing performance through the probationary policy.

As the posts are temporary, an appropriate exit strategy must be in place in order to terminate the contract in line with NCC guidance in the event that the posts are not made permanent at the end of the fixed term period. Risks should be managed with regard to the impacts of fixed-term workers and allowances will need to be made within the department's budget for redundancy costs given the length of the contract and potential continuity of service implications. Timelines associated with notice periods and redeployment obligations will also need to be considered.

Advice provided by Louise Hobbs (HR Consultant) on 15/02/2023.

**Signatures**

Linda Woodings as Portfolio Holder (PH Adult Social Care and Health)
<b>SIGNED and Dated: 30/03/2023</b>
Lucy Hubber (DPH)
<b>SIGNED and Dated: 29/03/2023</b>