

Contain Outbreak Management Fund (COMF) Funding Application

COMF Prioritisation Criteria

Contain Outbreak Management Fund (COMF): Prioritisation Criteria FY 2023/24

1. Introduction

Carry over 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 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.

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:

- 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

The COVID Steering Group will review all proposals and will ultimately retain the right to decide the use of the COMF as part of the funding governance and criteria, in line with fund availability and considering the Authority's risk including reputational damage.

2. Funding Eligibility

Applications are welcome from any Nottingham partner and bodies (internal and external), registered charities and any constituted Community Voluntary Sector to support Nottingham residents.

3. Funding Criteria

The use of the funding remains open to audit by government, and to local audit.

Any spend must meet the following criteria:

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

4. C-19 Impact and Consequences

C-19 Impact and consequences will need to be demonstrated within each application.

Consideration should be given to: -

- **Inequalities** – demonstrate within your proposal how the fund will be used to help tackle relevant inequalities
- **Recovery** – demonstrate within your proposal how the fund will support your specified area to recover from the impact of C-19
- **Resilience** – demonstrate within your proposal how the fund will be used to build specified resilience (physical, mental, social, etc) and to contribute to sustainability and support for future challenges.

5. Fund Governance

Proposals must agree to abide by the following Nottingham Council policies as appropriate: -

- Safeguarding adults and children
- Equality and equity
- Health & Safety
- Financial Regulations and relevant legal requirements

Organisation - Nottingham City Council

Lead Contact Name - Roz Howie

Job Title – Director of Commissioning and Partnerships

Description of application for COMF funding

Adult External Care Market – sufficiency and quality of support for vulnerable adults with physical, mental and social needs.

Background

The challenges of COVID-19 are many and the impacts ongoing. The sector already faced enormous challenges prior to the pandemic - longstanding financial pressures, a precarious and narrow provider market, limited choice, and control for citizens in many areas, struggles to scale innovation and engage community assets, an undervalued workforce and increasing workforce shortages.

The crisis has magnified these issues and local authorities are taking a substantial financial hit. 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.

A recent research article (Hana, 2021) suggests that the long-term effects on carers and people living with dementia has been significant resulting in a decline in independence for the cared for and increased feelings of carers' stress. The findings of the research suggest that providers need to be more imaginative, flexible and resourceful to provide support

Where people do need more support, that support should promote wellness and maximise independence. Demand is rising, not only from an ageing population but also from the increasing number of people living longer with complex, chronic or multiple conditions, such as diabetes, cancer, heart disease and dementia.

We know that the following public health indicators are significantly worse in the City compared to the England Average and in some instances decreasing and getting worse.

- life expectancy at 65
- Healthy life expectancy at 65
- Adults with a learning disability who live in stable and appropriate accommodation
- Loneliness
- Emergency hospital admissions due to falls in people aged 65-79

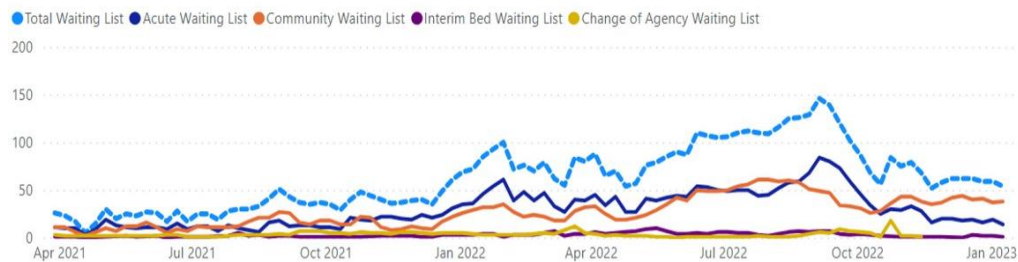
Despite this social care in Nottingham City have continued to function and the majority of people were not left without care. However, several pressures which already existed have been amplified by the pandemic. One of these pressures is the increase in % of providers with CQC ratings of 'requires improvement' 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 (see figure 1), 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.

Figure One:

#Citizens Waiting by Date and Referral Reason (taken every Monday)



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.

The Director for Commissioning and Partnerships has written to CQC requesting priority action for Nottingham City providers who are applying to be CQC registered. Council Contract and Quality resources were also reduced, and on-site quality monitoring visits were paused during the pandemic. Resources are so depleted that visits are carried out based on risk.

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). This meant that people working in care moved to more 'attractive' retail and hospitality jobs.

Current quality ratings are as follows:

- 18% Supported living provider market (22 providers) rated by CQC as requires improvement
- 29% Care Homes (20 providers, 23 locations) rated as either requires improvement or inadequate by CQC
- 12% Domiciliary care providers (13 providers) rated as inadequate and 48% not yet rated
- Note: Supported living and domiciliary care ratings are show by provider, care home ratings are shown per setting. Information taken from Dec 22 published data.

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

To help address these challenges, we need to create a sustainable and diverse social care market and workforce which enables social care providers to be creative and flexible with their support and be able to plan for extremes of demand, such as sickness in winter. The workforce is still reporting high levels of stress and burnout. The number of social care vacancies in the City has increased by 600 compared to 20/21, resulting in poorer health outcomes for people.

To support and develop a diverse marketplace, we need to empower individuals and families to take control of their support and build the lives they want to live. This approach aims to build upon every person's unique gifts and talents and helps to reduce health inequalities. This will put people at the centre of their care by enabling activities and support to be flexibly designed to deliver outcome-focused support.

To be able to deliver this effectively, we need to:

- Have a diverse market to buy from with a range of creative, community-led support
- Increase the use of direct payments and individual service funds

Resources Required

The resources required are what are needed to manage the impact of the COVID-19 pandemic as described in the body of the paper. These will be in addition to the current business as usual capacity.

Total resource request five grade G officers, for 3-years = £664,845

The Department proposes appointing

1. Three Contract Officers – Grade G, for 2/3 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.

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.