

Report of Sarah Burns, Joint Head of Integrated Strategic Commissioning

Purpose of the Report

- 1 To outline the approach to use of the Department of Health & Social Care (DHSC) Infection Control Fund (ICF) grant – round 2 in Durham in light of the ongoing need to financially support care home providers to minimise transmission and infection during the ongoing COVID 19 outbreak.

Executive Summary

- 2 This paper outlines the approach to allocation of the DHSC's recently announced Infection Control Fund – round 2; both to care homes, domiciliary care providers and the wider social care sector.
- 3 Funding rationale and allocations to specific front-line social care markets have been determined. An equitable approach to providers in Durham, where DHSC conditions allow for discretion, has been established.
- 4 DHSC have specified grant conditions and the methodology used in Durham to ensure compliance with these is set out, including the development of a Grant Funding Agreement for providers where required, and reporting arrangements.

Recommendation(s)

- 5 The Corporate Directors for Resources and Adults and Health are recommended to:
 - a) Agree to the distribution of 80% of the Infection Control Fund, in two tranches as specified and received from DHSC, to care homes and domiciliary care providers on a per bed / per service user basis. This includes the small number of care homes and domiciliary care providers not contracting with DCC.

- b) Agree to the proposals for distribution of the remaining 20% of the funding to day service and unpaid carer services; with the remaining balance used to provide additional funding to care homes in recognition of the pressures on that sector locally and as permitted by the discretion set out in the DHSC guidance.
- c) Note the development of detailed grant funding agreements to ensure that providers understand grant funding terms and conditions and the need to provide information required by DHSC to retain eligibility for funding.
- d) Note that detailed communications for providers will outline the above.
- e) Provide a report outlining the exercise of the urgency power to the next convenient meeting of the Cabinet.

Background

- 6 DCC / CCG have already taken significant steps to financially support critical social care and transport providers during the COVID 19 outbreak. Previous delegated decisions and associated reports have outlined this approach; including advance payments, temporary COVID specific financial uplifts, increased general inflationary uplifts and coverage of COVID specific funding for self / funding / private contracting individuals.
- 7 Previous reports acknowledged that regional / national guidance and funding may change as the pandemic progresses and it may be necessary to revisit the financial support offered in relation to some markets as a result.
- 8 On 13th May 2020, DHSC announced a new national £600m Infection Control Fund (ICF). The allocation of funding to Durham amounted to c£6.75m in total. A series of conditions were specified in relation to care homes in particular, with further guidance around potential uses in the domiciliary care market. DCC distributed this funding successfully, with providers being required to submit summary of the spending they utilised the grant for. This was used to submit detailed DCC returns to DHSC.
- 9 On 1st October 2020, DHSC announced a second round of IFC grant. This amounts to c£6.46m for Durham. Some variations to the grant conditions have been specified, particularly regarding eligibility, funding allocations and reporting. The approach to these is outlined in this report.

Care Homes and Domiciliary Care Providers

- 10 ICF funding will be released by DHCS in 2 tranches, with the first received in October and the second due in December 2020.
- 11 DHSC have mandated that 80% of funding must be passported to care homes and domiciliary care providers on a per bed / per service user basis. Care Quality Commission (CQC) national information must be used to determine the providers and place / user numbers in scope, which includes the small number who do not contract with DCC / CCG.
- 12 In respect of domiciliary care providers, which includes supported living and extra care services, funding must be allocated based on CQC data on current service user numbers for organisations registered in Durham, even if some (or all) of their service users are not Durham residents. This is reciprocated across all Local Authorities.
- 13 Commissioning and finance teams have reconciled bed / placement numbers to AHS information. Care homes which have closed in the recent past have been included in the CQC data – this has been taken into account and a slightly higher per bed payment allocated to remaining care home providers as a result.
- 14 All eligible providers are due to be paid their initial funding allocation in November 2020, if they comply with the conditions of grant funding.

Grant Eligibility and Conditions – Care Homes / Domiciliary Services

- 15 DHSC have set out a series of measures which care homes may spend ICF grant on, which are specific to residential and domiciliary care settings. Full details can be found at:
<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-guidance>
- 16 AHS Commissioning have developed a Grant Agreement which specifies that eligible services should use the allocated funding for those measures identified above only. Providers are required to sign and return the agreement to confirm compliance with the grant.
- 17 The grant agreement also outlines reporting requirements. Care home and domiciliary care providers must provide DCC with monthly statements certifying what they have spent, and intend to spend, the grant on. Commissioning will monitor that they have spent the funding on those measures only and manage the AHS reporting requirements, which consist of 6 separate monthly submissions to DHSC on spend

across the whole eligible social care market, running to end of April 2021.

- 18 Providers must supply AHS with receipts, if requested, or such other information to evidence that the funding has been spent appropriately and these will be shared with DHSC if required.
- 19 Providers must return any amounts which are not spent on those measures, in line with the grant conditions specified by DHSC. The presumption at this stage is that any returned funding may be reclaimed by DHSC following national reporting deadlines, but this is yet to be confirmed.
- 20 Provider expenditure which meets the grant conditions as set out above will be eligible to be funded from 1 October 2020, i.e. the date the second round of Infection Control Fund was announced. The grant must not be used for expenditure incurred prior to this date. If any provider does not comply with the funding eligibility conditions and / or reporting requirements in respect of the first funding allocation, AHS will withhold further funding, as well as considering reclaim of funding already allocated.
- 21 The payment of the ICF grant is also conditional on providers completing the national Capacity Tracker on a consistent basis. In order to receive the first instalment of funding, care providers will be required to adhere to the following requirements for the duration of the fund (until 31 March 2021):
 - care homes, including homes with self-funding residents, will be required to have completed the Capacity Tracker at least twice (two consecutive weeks), and have committed to completing the Tracker at least once per week
 - community care providers, including those with exclusively self-funded clients, will be required to have completed the CQC homecare survey at least twice (two consecutive weeks), and have committed to continuing to complete this survey (or any successor, as per government guidance) at least once per week
 - To receive the second instalment (i.e. in December) of the fund, providers must have been completing the Capacity Tracker or CQC homecare survey (as per government guidance) at least once per week since they first received support from the new Infection Control Fund (which came into place on 1 October 2020).

- 22 Monitoring of the above conditions across such a large volume of eligible providers in Durham is a significant challenge for DCC commissioning. Additional questions have been added to the capacity tracker to monitor specific infection control issues; however it is not clear whether providers must complete all questions in full to remain eligible.
- 23 A further complication is that LA's must use the 'LG Inform' website to determine the frequency that domiciliary care providers complete the tracker, but all update dates are not captured on the site. Performance teams are assisting with tracking information as well as possible.
- 24 The working assumption from regional discussions, which include ADASS and NHSE, are that from the formal date of adding questions in full to the tracker (i.e. week commencing 9 November 2020) the additional infection control questions must be completed. The grant conditions remain unchanged.
- 25 Further clarity has been sought from DHSC. In the meantime, a pragmatic approach will be taken to compliance, also recognising that some providers have / are under extreme pressure due to the outbreak position in their services. This means that it is possible to miss a weekly update when under significant staffing pressures. DCC can always reclaim funding if the position requires it.
- 26 AHS commissioning is able to support providers with completing the capacity tracker if required, in accordance with our local data collection and support processes. This offer has been re-iterated to the market.
- 27 The AHS grant agreement reflects the DHSC conditions relating to any possible rate inflation or profit making, i.e. that specific infection control measures are met by providers on the basis that;
- there is no increase in any relevant rates (except those relating to hourly rates of pay to ensure staff movement from one care home to another care home is minimised) from the existing rates
 - third party charges (for example, of costs to avoid the use of public transport) are paid at the normal market rates and
 - in no circumstances is any element of profit or mark-up applied to any costs or charges incurred.

Other Care Services

- 28 The DHSC ICF grant conditions allow limited discretion over the remaining 20% of the grant allocation, which amounts to c£1.29m for

Durham. DHSC specify potential use for day services, unpaid carer support etc.

- 29 AHS will therefore allocate a proportion of the 20% to both of our commissioned unpaid carer services, pro-rata to the value of their contract. As in the first round of ICF grant, day services will also receive funding.
- 30 Round 1 day care grant funding was prioritised to help providers meet the significant challenges of re-opening after the initial lockdown period, acknowledging associated higher levels of infection control spending. Now that virtually all services have successfully re-opened the grant funding paid to day services will reduce, recognising both the change in grant criteria and to balance the need to prioritise care homes, while still allowing day services to cover costs linked to reducing COVID spread (including paying for staff who need to self-isolate).
- 31 A summary of provider sector which will receive funding, and the amounts allocated to each, is set out at Appendix 2.

Further Conditions

- 32 Allocated funding in respect of any providers who decline to accept the grant will be added to the overall allocation and redistributed in the second round of payments (in December 20), as was the case in ICF round 1. DHSC have previously confirmed that this is acceptable.
- 33 ICF grant conditions confirm that, where providers are utilising the funding to pay staff who are self-isolating in full, this would be expected to remove the need for the Council to pay those staff a Test & Trace payment should they make an application to the scheme. Provider return information can be shared with the relevant finance teams by commissioning to assist with this.
- 34 Following the agreed protocol from ICF round one, where permissible DCC in house services will not receive grant funding. This will maximise the amount available to the independent sector. If significant pressures / infection control costs do become apparent in in-house services, this position could be revisited utilising any 'refused' grant funding as part of the allocation of the second funding payment in December 2020.
- 35 Full communications, guidance and return forms will be developed for providers being allocated funding from the 80% grant ringfence, as per DHSC grant conditions. Providers will be asked to provide information and evidence on associated expenditure if required.

- 36 Regional feedback suggests broadly similar plans to above from other North East systems.

Conclusion

- 15 The distribution of the infection control fund as outlined above to both care homes, domiciliary and wider care services will ensure an equitable level of support to critical front-line social care services as they work in partnership with the local health & social care system to control infection rates during the COVID-19 outbreak.
- 16 Robust monitoring and reporting arrangements are being put in place to ensure that providers and AHS comply with the grant conditions specified by DHSC.

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Appendix 1: Implications

Legal Implications

The report sets out the basis on which Durham County Council will allocate the Infection Control Fund Round 2 in accordance with the DHSC conditions.

Finance

The Durham allocation from the national ICF round 2 is c£6.46m, to be provided by DHSC in two tranches – October and December 2020. Funding allocated to providers will be closely monitored and reported, though the local grant agreements, provider communications and in accordance with DHSC conditions.

Consultation

Not applicable – independent sector provisions only.

Equality and Diversity / Public Sector Equality Duty

Care Home funding allocations have been determined by DHSC. AHS have taken an equitable stance to funding allocation in the local social care and health provider market.

Climate change

Not applicable

Human Rights

Not applicable

Crime and Disorder

Not applicable

Staffing

Funding is designed to minimise spread of infection and this has staffing implications for providers, which are covered by the body of the report.

Implementing these proposals will put pressures on commissioning and finance teams in terms of accounting for payments, reporting to DHSC and actioning of any reclaims of unspent funding, or funding allocated to providers who have not complied with grant conditions.

Accommodation

Not applicable

Risk

Financial risk to the Council is minimised by the grant funding being made available by DHSC with instructions on distribution and the development of a

comprehensive local grant agreement. Risks in terms of resources are captured under the Staffing section above.

Procurement

Not applicable

Appendix 2 – Summary of Grant Funding

Sector	Amount (£)
Care Home Allocation	4,590,660
Community Care Allocation	1,620,984
Unpaid Carers Allocation	60,000
Day Services Allocation	194,208
	6,465,852