

Delegated Decision Report

15 February 2021

COVID-19 Rapid Testing Fund



Report of Neil Jarvis, Senior Portfolio Lead – Integrated Commissioning

Purpose of the Report

- 1 To outline the approach to use of the Department of Health & Social Care (DHSC) Rapid Testing Fund (RTF) grant 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 Rapid Testing Fund; both to care homes and the wider domiciliary 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 Director for Adult and Health Services is recommended to:
 - a) Agree to the distribution of 80% of the Rapid Testing Fund to care homes on a per bed basis. This includes the small number of care homes not contracting with DCC.
 - b) Agree to the proposals for distribution of the remaining 20% of the funding to domiciliary care services, including domiciliary home

care, supported living and extra care services; as permitted by the discretion set out in the DHSC guidance and in recognition of their testing requirements.

- 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 / Durham 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, distribution of the national Infection Control Fund (ICF) 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 15 January 2021, DHSC announced a new national Rapid Testing Fund (RTF). The main purpose of this funding is to support additional rapid testing of provider staff, and to support visiting professionals and enable indoors, close contact visiting where possible in building based services. The allocation of funding to Durham amounts to c£1.65m in total. A series of conditions are specified in relation to care homes in particular, with further guidance around potential uses in the domiciliary care market. The approach to distribution of the fund is outlined in this report.

Grant Conditions

- 9 DHSC have mandated that 80% of funding must be passported to care homes on a per bed basis. Care Quality Commission (CQC) national information must be used to determine the beds in scope, which includes the small number who do not contract with DCC / CCG.

- 10 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.
- 11 The DHSC ICF grant conditions allow limited discretion over the remaining 20% of the grant allocation. DHSC specify potential use for supported living, extra care services etc.
- 12 AHS will therefore allocate the 20% discretionary element of the funding to domiciliary care services, including home care, independent sector extra care and supported living services. Pro-rata allocations per place will be used for extra care and supported living, using the same bed / place value as applied to residential care. Home care services will receive funding based on the commissioned service hours they provide to the Council.
- 13 An issue with the grant conditions relating to the 20% is that domiciliary care services are not currently using LFD tests as part of the DHSC national testing programme (PCR tests are in use). LFD tests are the specific testing kits the RTF is designed to support. The RTF guidance does, however, state that such services are eligible for LFD tests, meaning that even though they currently use PCR they presumably remain eligible. This working assumption has also been verified from regional discussions, which include ADASS.
- 14 Supported living and extra care services are mentioned specifically in grant conditions and it is also acknowledged that the administrative burden for providers of using LFD tests appears to be no greater than that for PCR tests.
- 15 To provide further assurance that such services remain compliant with grant conditions, the Public Health team are investigating the possibility of supplying an ancillary stock of LFD tests to providers to supplement their existing PCR testing regimes.
- 16 A summary of provider sectors which will receive funding, and the amounts allocated to each, is set out at Appendix 2.

DCC / Provider Grant Agreements

- 17 DHSC have set out a series of measures which providers may spend RTF grants on. Full details can be found at:
<https://www.gov.uk/government/publications/adult-social-care-rapid-testing-fund/adult-social-care-rapid-testing-fund-guidance>

- 18 AHS Commissioning have developed a Grant Agreement which specifies that eligible services should use the allocated funding for those measures identified by DHSC only. Providers are required to sign and return the agreement to confirm compliance with the grant and allow the Council to distribute funding.
- 19 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 separate monthly submissions to DHSC on spend across the whole eligible social care market, running to end of April 2021.
- 20 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. Clawback processes are included in DCC grant agreements.
- 21 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.
- 22 Provider expenditure which meets the grant conditions as set out above will be eligible to be funded from 2 December 2020 to 31 March 2021. The grant must not be used for expenditure incurred prior to the December date. If any provider does not comply with the funding eligibility conditions and / or reporting requirements, AHS is able to reclaim funding.
- 23 The payment of the RTF grant also mirrors the DHSC conditions of the ongoing ICF grant, specifically that providers must:
- be completing the Capacity Tracker regularly (at least weekly)
 - have committed to continuing to complete the Capacity Tracker regularly (at least weekly) for the duration of the grant
 - have committed to providing the local authority with monthly reports on their spending against this grant
- 24 Monitoring of the above conditions across such a large volume of eligible providers in Durham remains a significant challenge for DCC commissioning.

- 25 AHS commissioning is able to support providers with completing the capacity tracker if required, in accordance with our local data collection and support processes.

Further Conditions

- 26 Allocated funding in respect of any care home providers who decline to accept the grant is permitted to be added to the 20% discretionary funding element, as is the case with ICF funding. This could therefore be re-distributed to providers who do accept the grant – including care homes.
- 27 Following the agreed protocol from ICF grant, where permissible DCC in house services will not receive RTF funding. This will maximise the amount available to the independent sector. If pressures / testing costs do become apparent in in-house services, this position could be revisited utilising any 'refused' care home RTF grant as above.
- 28 Regional feedback suggests broadly similar plans to above from other North East systems.

Conclusion

- 15 The distribution of RTF grant as outlined above to both care homes and wider domiciliary care services will ensure an equitable level of testing 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 RTF grant in accordance with DHSC conditions.

Finance

The Durham allocation from the national RTF is c£1.65m. 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 assist with testing regimes and minimise the spread of infection, which has staffing implications for providers, these 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	1,318,726.00
SLS Allocation	194,035.32
Extra Care - Appleton	5,354.46
Dom Care Allocation	130,292.22
Total Grant Allocation	1,648,408.00