

Delegated Decision Report

27 April 2021



COVID-19 Infection Control Fund – Round 3

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) Infection Control Fund (ICF) grant – round 3 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 3; 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 Director for Adult and Health Services is recommended to:
 - a) Agree to the distribution of 70% of the Infection Control Fund 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 a proportion of the remaining 30% of the funding to day service and unpaid carer services; with the remaining balance used to provide additional funding to care homes / domiciliary care providers in recognition of the pressures on those sectors locally during the ongoing pandemic and as permitted by the discretion set out in the DHSC guidance.
- c) Note the development of detailed grant funding agreements where required, 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 are outlining 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 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 13 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 1 October 2020, DHSC announced a second round of IFC grant. This amounted to c£6.46m for Durham. Funding was again distributed successfully and in accordance with DHSC national grant conditions.

- 10 On 8 April 2021, DHSC announced a third round of ICF funding, alongside a second round of Rapid Testing Fund (RTF). The Durham ICF round 3 allocation amounts to c£2.245m. Some variations to the previous 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

- 11 DHSC have mandated that 70% 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 service user numbers for organisations registered in Durham, even if some (or all) of their service users are not Durham residents. This is replicated 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. Furthermore, providers who have previously refused ICF funding have been contacted as a priority to establish if they still intend to not take up the funding opportunity. Where this is the case, and as allowed by DHSC grant conditions, the funding has been added to the ‘discretionary’ 30% of funding and re-allocated accordingly.
- 14 All eligible providers are due will be paid their initial funding allocation as quickly as possible, one they confirm they will comply with the conditions of grant funding (including completing the national Capacity Tracker on a regular basis, as specified in DHSC grant conditions throughout the ICF funding rounds).

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-and-testing-fund>

- 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 regular 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 specific separate to DHSC on spend across the whole eligible social care market, running to end of July 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. This can be re-allocated to be used as part of the discretionary funding if applicable during the grant period, otherwise the presumption is that any returned funding can be reclaimed by DHSC following national reporting deadlines.
- 20 Provider expenditure which meets the grant conditions as set out above will be eligible to be funded from 1 April to 30 June 2021. The grant must not be used for expenditure incurred prior to the April date. If any provider does not comply with the funding eligibility conditions and / or reporting requirements, DCC can reclaim funding.
- 21 The payment of the ICF grant is also conditional on providers completing the national Capacity Tracker on a consistent basis. Care providers will be required to adhere to the following requirements for the duration of the fund (until 30 June 2021):
- have completed the Capacity Tracker at least twice (2 consecutive weeks)
 - have committed to completing the Capacity Tracker at least once per week; and
 - have committed to providing the local authority with two reports on spending
- 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 in recent months and a pragmatic approach will be taken on whether providers have completed all questions in full to maintain eligibility. This will also apply where, for example, a provider may miss a weekly update when under significant staffing pressures. DCC can always reclaim funding if the position requires it.

23 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.

24 The AHS grant agreement continues to reflect 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

25 The DHSC ICF grant conditions allow limited discretion over the remaining 30% of the grant allocation, which amounts to £673,595 for Durham. DHSC support potential use for day services, unpaid carer support etc. as with previous rounds of funding.

26 AHS have previously allocated funding to these services and will do so again to promote a consistent approach and support as many providers in the sector as possible. AHS will allocate a proportion of the 30% to both of our commissioned unpaid carer services, pro-rata to the value of their contract. Day services will also receive funding, at similar levels to that which they have received previously.

27 The remainder of the 30% discretionary funding will be used to provide additional funding to care homes / domiciliary care services, based on their needs and in recognition that such services have the greatest infection control challenges in the social care sector.

28 A summary of provider sector which will receive funding, and the amounts allocated to each, is set out at Appendix 2.

Further Conditions

- 29 Allocated funding in respect of any providers who decline to accept the grant will be added to the overall allocation and redistributed where necessary, as allowed in DHSC conditions. This may mean a further allocation round is made to some providers and provider communications will give the required clarity should this occur.
- 30 ICF grant conditions have previously confirmed 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.
- 31 Following the agreed protocol from previous ICF funding rounds, where permissible DCC in house services will not receive grant funding. This will maximise the amount available to the independent sector. If required, this position will be revisited utilising any 'refused' or returned grant funding from the wider market, as part of the permitted re-allocation of funding using the discretionary funding mechanism.
- 32 Full communications, guidance and return forms will be developed for providers being allocated funding from the 70% grant ringfence, as per DHSC grant conditions. Providers will be asked to provide information and evidence on associated expenditure if required.
- 33 Regional feedback suggests broadly similar plans to above from other North East systems.

Conclusion

- 15 The distribution of round 3 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 and promote effective recovery from 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.

Contact: Neil Jarvis – Senior Portfolio Lead,
Integrated Commissioning

Tel: 03000 265683

Appendix 1: Implications

Legal Implications

The report sets out the basis on which Durham County Council will allocate the Infection Control Fund Round 3 in accordance with the DHSC conditions.

Finance

The Durham allocation from the national ICF round 3 is £2,245,316. 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 and domiciliary care 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 – Indicative Summary of Grant Funding

Sector	Amount (£)
Care Home Allocation	1,437,227.45
Community Care Allocation (domiciliary homecare and supported living)	548,088.53
Unpaid Carers Allocation	60,000.00
Day Services Allocation	200,000.02
	2,245,316.00

* Note subject to change depending on provider take up and potential re-allocations in line with DHSC conditions

Delegated Decision Report

27 April 2021



COVID-19 Rapid Testing Fund Round 2

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 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 Rapid Testing Fund round 2; both to care homes and the wider 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 60% of the Rapid Testing Fund to care homes on a per bed basis. This includes the small number of care homes not contracting with Durham County Council (DCC).
 - b) Agree to the proposals for distribution of the remaining 40% of the funding to Supported Living / Extra Care services; as permitted by

the discretion set out in the DHSC guidance and in recognition of their lateral flow 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 Round 1 of the Rapid Testing Fund, 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. DCC allocated funding in accordance with DHSC conditions and DCC decision making processes.
- 9 On 8 April 2021 DHSC announced a second round of RTF, along with a further (third) allocation of Infection Control Funding. The allocation of RTF2 funding to Durham amounts to c£1.54m in total. A series of conditions are specified in relation to care homes in particular, with further guidance around potential uses in the wider care market. The approach to distribution of the fund is outlined in this report.

Round 2 Grant Conditions

- 10 DHSC have mandated that 60% 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.
- 11 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.
- 12 The DHSC ICF grant conditions allow limited discretion over the remaining 40% of the grant allocation. DHSC specify potential use for supported living and extra care services, and there is a greater emphasis on providers using lateral flow (LFT) tests than there was during round 1. Both Supported housing and extra care services are using these tests, as are care homes, while the wider sector generally utilises PCR testing.
- 13 AHS will therefore allocate the 40% discretionary element of the funding to 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. This will promote a fair overall approach.
- 14 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

- 15 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-infection-control-and-testing-fund/adult-social-care-infection-control-and-testing-fund-local-authority-circular>
- 16 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.
- 17 The grant agreement also outlines reporting requirements. Providers must supply DCC with statements ahead of DHSC deadlines 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 regular submissions to DHSC on spend across the eligible social care market, running to end of July 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. Clawback processes are included in DCC grant agreements, should these be 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.
- 20 Provider expenditure which meets the grant conditions as set out above will be eligible to be funded from 1 April 2021 to 30 June 2021. The grant must not be used for expenditure incurred prior to the April date, as that period was covered by the round 1 funding. If any provider does not comply with the funding eligibility conditions and / or reporting requirements, AHS is able to reclaim funding.
- 21 The payment of the RTF grant also mirrors the DHSC conditions of the ongoing ICF grant, specifically that providers must:
 - have completed the national Capacity Tracker at least twice (2 consecutive weeks);
 - have committed to completing the Capacity Tracker at least once per week; and
 - have committed to providing the local authority with the prescribed reports on their spending against this grant
- 22 Monitoring of the above conditions across such a large volume of eligible providers in Durham remains a significant challenge for AHS commissioning.
- 23 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

- 24 Allocated funding in respect of any care home providers who decline to accept the grant is permitted to be added to the 40% 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.

- 25 Following the agreed protocol from funding round 1 and the ICF grant, where permissible DCC in house services will not receive RTF round 2 funding. This will maximise the amount available to the independent sector. This position could be revisited utilising any 'refused' provider RTF grant, as above, as a pragmatic way to ensure appropriate use of funding and particularly if pressures / testing costs do become more apparent in in-house services.
- 26 Regional feedback suggests broadly similar plans to above from other North East systems.

Conclusion

- 15 The distribution of RTF round 2 grant as outlined above to both care homes and wider extra care / supported living services will ensure an ongoing equitable level of lateral flow 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.

Contact: Neil Jarvis – Senior Portfolio Lead, Tel: 03000 265683
Integrated Commissioning

Appendix 1: Implications

Legal Implications

The report sets out the basis on which Durham County Council will allocate the RTF round 2 grant in accordance with DHSC conditions.

Finance

The Durham allocation from the national RTF round 2 is c£1.54m. 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 and in accordance with DHSC national conditions.

Climate change

Not applicable

Human Rights

Not applicable

Crime and Disorder

Not applicable

Staffing

Funding is designed to assist with testing regimes and to 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	1,326,365.50
Supported Living Allocation	210,356.18
Extra Care – Appleton Lodge	4,160.32
Total Grant Allocation	1,540,882.00

* Note subject to change depending on provider take up and potential re-allocations in line with DHSC conditions