

Delegated Decision Report

22 November 2021

COVID-19 Testing Fund Round 4



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) Testing Fund (TF) grant Round 4 in Durham, in light of the ongoing need to financially support care 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 Testing Fund round 4; 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 c70% of the Testing Fund to care homes on a per bed basis, as per national guidance. This includes the small number of care homes not contracting with Durham County Council (DCC).
 - b) Agree to the proposals for distribution of the remainder of the c30% of the funding to Domiciliary Care (including Extra Care and

Supported Living) services and Day 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.

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 earlier rounds of the Testing Fund; as well as 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 21 October 2021, DHSC announced a further national round of Testing Fund (TF). This again includes distinct allocations of Infection Control Funding (ICF) and TF. The allocation of funding to Durham amounts to c£4.3m in total. A series of conditions are again 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.
- 9 TF funding for this round amounts to a total for Durham of c£1.4m.

Round 4 Grant Conditions

- 10 DHSC have mandated that c70% 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 remainder of the c30% of the grant allocation. DHSC specify potential use for supported living and extra care services.
- 13 AHS will therefore allocate the c30% discretionary element of the funding to eligible markets, including domiciliary (home care, extra care, supported living services) and day services, who also have testing requirements. Pro-rata allocations per place will be used as a principle for extra care and supported living, using a similar bed / place value rationale as applied to care homes. 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 TF grants on. Full details can be found at:
<https://www.gov.uk/government/publications/adult-social-care-infection-control-and-testing-fund-round-3>
- 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.
- 17 The grant agreement also outlines reporting requirements. Registered 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 March 2022.
- 18 Registered 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 eligible 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 October 2021 to 31 March 2022. The grant must not be used for expenditure incurred prior to the October date. 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 TF grant also mirrors the DHSC conditions of the ongoing and linked 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. 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 (which may be as a result of the pandemic). 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.

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 c30% 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 DCC in house services will receive a mandatory allocation of funding where required by grant conditions. A smaller discretionary amount of grant funding will also be allocated to DCC services. 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.

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

Conclusion

- 28 The distribution of TF round 4 grant as outlined above to both care homes and wider extra care / supported living services will ensure an ongoing 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.
- 29 Robust monitoring and reporting arrangements are being put in place to ensure that providers and AHS comply with the grant conditions specified by DHSC.

Appendix 1: Implications

Legal Implications

The report sets out the basis on which Durham County Council will allocate the TF round 4 grant in accordance with DHSC conditions.

Finance

The Durham allocation from the national TF round 4 is c£1.4m. 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.

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 Homes	1,094,888.10
Community Care (Domiciliary Care, Supported Living, Extra Care)	254,308.60
Day Services	63,575.83
Total Grant Allocation	1,412,772.53

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

Delegated Decision Report

22 November 2021



COVID-19 Infection Control Fund – Round 5

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 5 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 5; 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 (including the new vaccination element) 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 services; with the remaining balance used to provide additional funding to care homes / domiciliary registered 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.

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 21 October 2021, DHSC announced a further national Infection Control & Testing Fund. This again includes distinct allocations of Infection Control Funding (ICF) and Testing Funding (TF). An additional smaller allocation has also been made of vaccination funding in this funding round. The allocation of funding to Durham amounts to c£4.3m in total. A series of conditions are again specified in relation to care homes in particular, with further guidance around potential uses in domiciliary care. As with previous rounds, some minor variations to the previous grant conditions are again outlined, particularly regarding eligibility, funding allocations and reporting.
- 9 ICF funding for this round amounts to a total for Durham of £2.65m.

Care Homes and Domiciliary Care Providers

- 10 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.

- 11 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.
- 12 Commissioning and finance teams have reconciled bed / placement numbers to AHS information. As previously, 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.
- 13 All eligible providers will be paid their initial funding allocation as quickly as possible, once 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

- 14 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-round-3>
- 15 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.
- 16 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 returns to DHSC on spend across the whole eligible social care market, running to end of March 2022.

- 17 Providers receiving passported funding 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.
- 18 Providers must return any amounts which are not spent on eligible 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, as with previous rounds, is that any returned funding can be reclaimed by DHSC following national reporting deadlines.
- 19 Provider expenditure which meets the grant conditions as set out above will be eligible to be funded from 1 October 2021 to 31 March 2022. The grant must not be used for expenditure incurred prior to the October date. If any provider does not comply with the funding eligibility conditions and / or reporting requirements, DCC can reclaim funding.
- 20 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 31 March 2022):
 - have completed the Capacity Tracker at least twice (2 consecutive weeks)
 - have committed to completing the Capacity Tracker at least once per week for the duration of the fund; and
 - have committed to providing the local authority with three reports on spending
- 21 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 (which may be as a result of the pandemic). DCC can always reclaim funding if the position requires it.
- 22 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 is regularly re-iterated to the market in provider forums etc.

- 23 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

- 24 The DHSC ICF grant conditions allow limited discretion over the remaining 30% of the grant allocation. DHSC support potential use for day services etc. as with previous rounds of funding.
- 25 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. Day services will receive funding, at similar proportion levels to which they received previously. While unpaid carer services will not be prioritised for this round of funding as pressures on such services are currently stable, AHS will monitor the situation in terms of re-allocation of returned / refused funding to such services if required. This is allowable under the terms of the grant.
- 26 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.
- 27 A summary of provider sector which will receive funding, and the amounts allocated to each, is set out at Appendix 2.

Further Conditions

- 28 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.

- 29 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.
- 30 DCC in house services will receive a mandatory allocation of funding where required by grant conditions. A smaller discretionary amount of grant funding will also be allocated to DCC's one care home and extra care services. 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.
- 31 Full communications, guidance and return forms will be developed for providers being allocated funding, as per DHSC grant conditions. Providers will be asked to provide information and evidence on associated expenditure if required.
- 32 Regional feedback suggests broadly similar plans in other LA's.

Conclusion

- 34 The distribution of round 5 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.
- 35 Robust monitoring and reporting arrangements are being put in place to ensure that providers and AHS comply with the grant conditions specified by DHSC.

Appendix 1: Implications

Legal Implications

The report sets out the basis on which Durham County Council will allocate the Infection Control Fund Round 5 in accordance with DHSC conditions.

Finance

The Durham allocation from the national ICF round 5 is c£2.649m, and vaccinations funding c£280k. Funding allocated to providers will be closely monitored and reported, through the local grant agreements, provider communications and in accordance with DHSC conditions.

Consultation

Not applicable

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	ICF Amount (£)	Vaccine Funding Amount (£)	Total
Care Home Allocation	1,963,186.92	135,611.82	2,098,798.74
Community Care Allocation (inc. supported living & extra care)	611,934.95	136,476.31	748,411.26
Day Services Allocation	73,840.57	8,416.29	82,256.86
Total	2,648,962.44	280,504.42	2,929,466.86

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