From: NR

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Date: January 2021

MINISTERIAL ADVICE

For decision by 1) Minister for Health and Social Services

2) Deputy Minister for Health and Social Services

3) Minister for Finance and Trefnydd

4) Minister for Local Government and Housing

Subject	**Enhancing COVID-19 testing in care homes**
100 word summary	This advice provides an update on the current asymptomatic testing programme in care homes in Wales and seeks agreement to further enhance this testing programme by introducing additional Lateral Flow Device (LFD) testing for care home staff. It also seeks approval to develop a funding package to support the cost burden of additional testing in care homes and approval to join a Department for Health and Social Care (DHSC) pilot to introduce saliva testing for care home residents.
Timing	URGENT – roll out of additional testing, if approved, to commence form week commencing 1st February
Recommendation	The Minister is asked to agree; 1 – to join the UK repeated LFD testing programme for care homes in Wales in order to; a) introduce twice weekly testing for care home staff in addition to PCR testing for all care homes in alert levels 3 and 4. b) allow local health protection teams, in discussion with care homes, to consider the benefits and appropriate introduction of daily testing of staff for ten days in care homes with outbreaks on a case by case basis. 2– to develop a funding package for care homes in Wales to support the additional cost burden of testing in care homes. Subject to agreement by policy Ministers to the recommendations in this MA;

	a) the Minister for Finance and Trefnydd is asked to agree a MEG to MEG transfer from the Health and Social Services (HSS) Covid response fund to the Local Government Hardship fund for 2020-21. b) The Minister for Local Government and Housing is asked to receive a transfer for the HSS Covid response fund to the Local Government Hardship Fund 3 – that officials continue to work with DHSC and Deloitte to enable some care homes in Wales to participate in the saliva testing pilot study. 4 - the Written Statement at doc 4 for publication.
Decision report	This decision does require a Decision Report, which may be published at any point.

ADVICE

Background

1. We currently have a programme of asymptomatic testing in care homes, a timeline of its development is shown in doc 1.

2. During January we are seeing positivity rates in care homes amongst both staff and residents decreasing. However with over 292/1053 of the care homes for older people in Wales currently managing active incidents and outbreaks it is clear that continued efforts and where possible further intervention is needed to help identify infectious individuals sooner and manage outbreaks more effectively.

3. The positivity rates for testing through the **UK Organisation Portal and the Lighthouse labs (LHL)** (used for asymptomatic testing of care home staff only) have decreased each week during January ;

    a) Week of 23 November 0.8%
    b) Week of 30 November 0.9%
    c) Week of 7 December 1.3%
    d) Week of 14 December 1.7%
    e) Week of 21 December 1.5%
    f) Week of 28 December 1.6%
    g) Week of 4 January 2.8%
    h) Week of 11 January 2.5% (606 positives out of 24,592 tests completed)
    i) Week of 18 January 1.7% (402 positives of 23,474 tests completed)

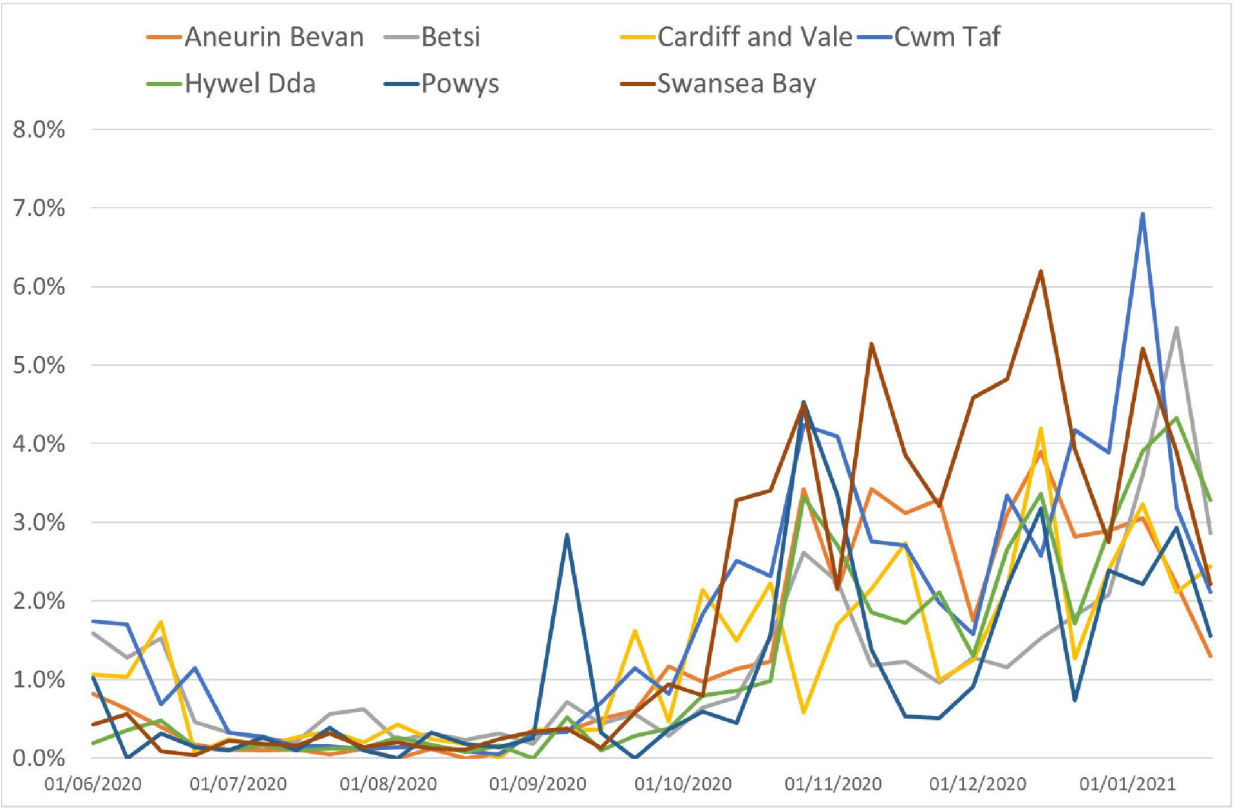
4. The positivity rates for outbreak and incident testing in care homes through **the Public Health Wales (PHW) labs**, are higher than the Lighthouse labs, which is expected as the results include testing of symptomatic staff and residents as part of whole home testing.
   Similar to the LHL data above, the PHW lab data shows a reduction in positivity rates for staff and residents over January;

a)	Week of 23 November	4.1% staff,	7.9% residents
b)	Week of 30 November	3.1% staff,	6.6% residents
c)	Week of 7 December	4.1% staff,	9.1% residents
d)	Week of 14 December	5.6% staff,	9.9% residents
e)	Week of 21 December	2.7%% staff,	6.6% residents
f)	Week of 28 December	3.1% staff,	7.7% residents
g)	Week of 4 January	3.8% staff,	9.0% residents
h)	Week of 11 January	3.7% staff	8.8% residents
i)	Week of 18 January	2.1% staff	5.4% residents
		(135 positives /6500 tests)	(303 positives/5576 tests)

5. For the week of the 18 January, the overall care home prevalence rates (both LHL and PHW lab data) for each Local Health Board (LHB) area are as follows;

a) Hywel Dda – 3.3%
b) Betsi Cadwaladr – 2.9%
c) Cardiff and Vale – 2.4%
d) Swansea Bay – 2.2%
e) Cwm Taf Morganwg – 2.1%
f) Powys – 1.6%
g) Aneurin Bevan – 1.3%

Fig 1- Care homes in Wales testing positivity rates over time



6. In terms of community infection rates we continue to see decreases across Wales with the latest 7 day rolling incidence rate (as at 25/01/21) decreasing to 228.4 and the community testing positivity rate decreasing to 15.2%.

Frequency of testing

7. Frequency of testing for care homes at each of the Wales control plan alert levels has been described in the social care alert levels document published on the 23rd December. Given the whole of Wales is now in alert level 4 the expectation is that care homes undertake weekly testing of staff.

8. While most of Wales moved to weekly testing in line with Welsh Government guidance several months ago it has recently become apparent that Hywel Dda had not moved to weekly testing for Pembrokeshire or Ceredigion and that Cardiff and the Vale have continued to allow care homes to make a choice between weekly or fortnightly testing. Following dialogue we are informed that Hywel Dda have now moved to introduce weekly testing for care homes for the whole region.

Visitor testing

9. In November 2020 Ministers accepted the recommendations set out in MA/VG/3938/20 to participate in the UK government pilot to introduce LFD testing for visitors to care homes. From the 14th December this capability was rolled out to all care homes in Wales in order to facilitate family and friend visits to people living in care homes. However due to changes to the level 4 restrictions introduced on the 19th December, indoor visiting to care homes was no longer supported and as such only very limited visiting and associated testing activity has taken place.

10. However in line with the social care control plan alert level 4 guidance testing for visiting professionals to care homes has now been introduced with visiting professionals who are not yet subject to regular asymptomatic testing being expected to undertake a LFD test at the care home they are visiting (with tests being needed just twice a week).

11. While most care homes are keen to be able to facilitate safe visits wherever possible the additional cost and time burden of creating appropriate testing facilities, training staff, orientating visitors, supervising visitor tests and facilitating safe visits are significant and do create additional burden on care homes.

12. LFD testing figures to date for the care homes visitor testing programme indicate that only 14 care homes have begun actively registering tests kits with 1025 tests recorded, the vast majority of which have been negative (see fig 2).

Metrics	20th Jan	19th Jan	18th Jan	14th Jan
Total Number of Results Recorded	270	270	245	240

Total Number of Negative	270	270	245	240
Total Number of Positive	Suppressed	Suppressed	0	0
Total Number of Voids	0	0	0	0
% Positive	Suppressed%	0%	0%	0%

Fig 2 – Table of registered tests and results in January

***Suppressed** : These are the count of results that fall between 1 and 7. It is the logic that has been built in the Tableau report. Hence, we cannot determine the number of positives in the current scenario as the difference of 5 could be mix of positives and Void.

13. While this data may not offer a complete picture with some care homes possibly undertaking tests but not registering them, it does indicate that care homes have not yet significantly utilised their LFD test kit stocks, which is to be expected given current level 4 restrictions. Further communications to care homes is being drafted to reinforce the need to register tests that are used.

Introducing additional LFD testing for staff

Benefits of repeat testing

14. A report by the London School of Hygiene and Tropical Medicine on repeated testing using antigen tests (see doc 2) found *'that the use of frequent lateral flow testing detects a comparable number of infections to frequent PCR, and can avert more transmission than PCR if they can be used more frequently.*

15. The report also found that, *'results indicate that frequent testing, i.e every 1 or 3 days, is likely to detect a substantial proportion of asymptomatic and pre-symptomatic infections and avert the majority of onwards transmission, whether using LFA [L*ateral-Flow type Antigen (LFA) test – also known as Lateral Flow Device or LFD] *or PCR testing. As LFA tests results can be returned in a fraction of the time required to return PCR test results, infected individuals may be identified and isolated much more quickly, counteracting the loss in sensitivity of LFA tests and averting a similar amount of transmission. For example, the proportion of infections detected by LFA testing every 3 days matches the proportion detected by PCR testing every 5 days (Figure 3). Furthermore, if LFA testing can be used on a more frequent basis than PCR testing due to logistical and cost advantages, then an even greater proportion of transmission may be prevented.'*

16. Following consideration of this report by Public Health Wales the advice given was that a *'strategy of twice weekly LFD [testing] plus weekly PCR [testing] will significantly increase the number of individuals identified, although the reduction in transmission will be less than hoped due to delays in the PCR result.*

17. Therefore by combining PCR testing and LFD testing in care homes an increased number of asymptomatic infectious individuals would be identified and could be isolated more quickly to avoid further transmission. To illustrate; *For a population of 1,000 with a prevalence of 3%, the prevalence of asymptomatic infected individuals would be approx. 1.2% (ie 40% of 3%). The number of asymptomatic infected individuals in the population of 1,000, would be 12. Testing with the LFD (sensitivity 40% would yield 5 true positive (1 false positives) and 7 false negatives. If a PCR test is also performed, a further 6 individuals should be identified with only 1 false negative (negative for both PCR and LFD) individual expected. So 11 of 12 infected individuals (91.7%) would be identified with PCR + LFD, although the PCR result would be delayed by turn around time from the lab.*

Repeat LFD testing in care homes in England

18. Based on the evidence provided above and concerns about the rapid transmission of the new strain of Covid 19 the SAGE group were asked to consider testing options for care homes. The summary of the SAGE advice included at Doc 3 (full technical report awaited) stated that;

*'Modelling suggests that more regular testing of **residents** beyond current protocols will have a very marginal benefit that may be indistinguishable from other proposed strategies focused on staff and given the additional harm and distress potentially caused to residents may not improve outcomes.*

*Therefore for **staff** the following clear recommendations can be provided:*

1. ***Weekly PCR testing for all staff should continue***
2. *Where **a single additional LFD test per staff member per week is available**, this should be carried out on the same day/time as the PCR test and ideally at the start of a shift. Doing two tests at once should minimise disruption to the workers day so is helpful for practical reasons. However the main scientific rationale is the main driver – the LFD will deliver an immediate (30 minute) result which will enable any positive care worker who is likely to be in an infectious phase to be isolated and sent home before any significant contact with care home residents takes place. The PCR test will take longer to deliver a result (24-48 hours) but will be more sensitive and therefore likely to identify additional staff with infection but which the LFD may not detect. The additional accuracy of the PCR test will also minimise disruption to the delivery of care that may stem from any false positives that come from the LFD test.*
3. *Where **two additional LFD tests are available** for staff, maximum effectiveness in detecting infection will be achieved by adding into the programme outlined at 2 above a further LFD test roughly mid week. Wherever possible this should be at the start of a shift and additionally at the start of a working period following leave days. As an example, if the worker normally works Monday to Wednesday and Friday and Saturday then PCR plus LFD1 should be taken on Monday at the start of the shift and LFD2 should be taken Friday at the start of the shift.*

4. ***In outbreak situations and where limited additional LFD tests are available**, staff should be tested on a daily basis until the outbreak is declared over.*

All infection control practices and appropriate PPE should be rigorously implemented, regardless of the testing programme in place.

All these approaches should also apply after Covid vaccine roll out in any residential setting until further robust evidence has accrued, particularly on (1) the impact of the vaccine on viral transmission and (2) its effectiveness in older individuals and those with underlying health conditions.

19. Consequently the UK Government have already moved to introduce twice weekly testing using Lateral Flow Devices, in addition to the weekly PCR testing, for care home staff. This is currently being rolled out to care homes across England. The testing programme for Care homes staff in England will now include the following;

    - One LFD test on the same day as their weekly PCR test.
    - One LFD test midweek between PCR tests. Staff who are not working on the day of the mid-week LFD test do not need to come into work specifically for a test, but they should do the mid-week LFD whenever they are next in work.
    - Ideally staff undertake an LFD test at the beginning of their shift.
    - If any staff test positive, they will need to undertake a confirmatory PCR and then self-isolate at home immediately until they receive their result (*under review as UK Gov move to change policy and not require confirmatory PCR*).

    - In tier four areas, care homes that have a positive case should undertake daily LFD testing for all staff on duty for 7 days, ideally at the beginning of their shift. (Following the announcement of a national lockdown, from the 5th January 7-day testing of all staff following the first positive test now applies to all care homes.)

    - In addition to the asymptomatic testing programme care homes will continue to follow outbreak management processes and will notify their local Health Protection Team of any positive case.

20. While the introduction of this additional testing for care homes staff was initially met with some resistance and concern by English care homes, once implemented the programme has reported that care homes quickly see the benefits of the additional testing and feel overwhelmingly reassured by the earlier detection of asymptomatic cases. Over a three week period in December/early January the testing programme in England reported that of 407,000 LFD test completed on asymptomatic care homes staff 7130 positive cases were identified. This indicates a 1.7% prevalence rate amongst asymptomatic staff who had already received a PCR test. These staff would have continued to operate within the care home for a much longer period, risking transmission, had they had to wait for a further week for their PCR test.

21. In recognition of the additional burden the UK Government has also provided an additional £149m for care homes in England to help with the cost burden of additional testing.

Repeat LFD testing for care homes in Wales

22. Welsh Government has been invited to join the UK Government's programme of repeat LFD testing for care home staff in Wales. After discussion with a range of stakeholders it is felt that joining this programme and introducing additional LFD testing in care homes will add benefits in terms of earlier identification of staff who may be infectious and at risk of transmitting the virus.

23. It is important to note that this additional testing will be implemented under the principle of 'test to find' and not for self-test daily contact testing in relation to 'test to maintain' as that is still to be fully approved by MHRA beyond the pilots agreed. Therefore we must be clear that this testing programme will not be used to allow staff who are isolating as contacts to enter a daily contact testing scheme.

24. After careful consideration a slight variation is recommended for Wales in relation to the introduction of daily testing for staff in care homes with a positive case.

25. SAGE advice is that ideally daily testing should be applied until the outbreak is over, which for care homes would be largely unmanageable in the current circumstances. The advice to DHSC from PHE at the time of creating this policy was for the introduction of daily testing for 7 – 10 days. At that time testing stocks were more limited and so for logistical reasons as well as mitigating the impact on care homes, DHSC opted for 7 days.

26. TTAG members have considered this approach and recognise that the 7-10 day window will have been linked to the usual 10 day incubation period and recognising the few days 'pre test' that, when linked to the 7 days testing, would probably cover the full 10 day incubation period and should catch most people.

27. Advice from TTAG members is that to be on the safe side a 10 day daily testing schedule in care home outbreak situations would provide a greater degree of assurance, not least for those individuals that might have a longer incubation period. Given that testing can now be done at home policy officials think this could be manageable but not without its challenges.

28. TTAG experts are mindful of striking the right balance between a manageable testing ask, with good levels of compliance and capturing most of the infectious people, versus an unmanageable testing ask, low compliance and not capturing most of the infectious people.

29. Advice for Wales therefore is to introduce daily testing in outbreaks for a 10 day period. Any decisions to extend daily testing beyond 10 days would need to be clearly justified with that justification recorded, carefully considering a care homes ability to maintain and comply with testing. It is worth noting that DHSC are currently considering testing in care homes with an outbreak for the duration of the outbreak up until 5 days after the last positive case. At this time officials

view this approach as unmanageable for Welsh care homes, further advice will follow on this if it is felt a policy change is required for Wales.

30. Below is the recommended approach for LFD testing of staff in care homes for Wales. The proposed approach for Wales is set out below;

- **Staff will complete one on site LFD test on the same day as their weekly PCR test**. Undertaking these tests on site alongside the PCR test could help to provide some quality assurance checking and ensure a confirmatory PCR tests is already in the system for those who obtain a positive LFD test result.

- **Staff will also complete one LFD test midweek between PCR tests**. Staff who are not working on the day of the mid-week LFD test do not need to come into work specifically for a test as the MHRA have provided approval to use current stocks of packs of 25 LFD tests for self testing, for a 'test to safeguard' purpose, which could be undertaken at home before a member of staff travels to resume their shift at the care home. This will help reduce the burden of testing on care home capacity and help avoid further transmission of anyone who may test positive.

- Ideally staff undertake an LFD test at the beginning of their shift. If any staff test positive, they will need to book a **confirmatory PCR** and then self-isolate at home immediately until they receive their result. Due to the critical state of care home staffing capacity confirmatory PCR tests are important as every single false positive leading to a member of staff needing to isolate unnecessarily creates additional risk to the safe operation of care homes.

- In level four areas, care homes that have a positive case could consider and/or be advised by health protection professionals to **undertake daily LFD testing for all staff on duty <u>for 10 days</u>** as part of an outbreak management process.

- In addition to the asymptomatic testing programme care homes will continue to follow outbreak management processes and will notify their local Health Protection Team of any positive case.

Deliverability

31. The recently developed channels used for distributing LFD tests to care homes for visitors would be used to deploy LFD tests for staff. Care homes in Wales have already taken delivery of large sums of LFD test kits for testing visitors but given current level 4 restrictions and the large number of care homes currently closed due to outbreaks very limited visiting has taken place and as such care homes are holding stock of unused LFDs. By the first week in February a new ordering portal for care homes will be in place to allow care homes to draw down more LFD tests as necessary.

32. Based on current information with 25,000 care home staff undertaking weekly asymptomatic PCR tests, we have forecast that;

    a. to introduce twice weekly LFD tests potentially an additional **50,000** LFD tests per week would need to be allocated for care homes.
    b. the daily testing for seven days for staff in some care homes with outbreaks would potentially need an extra **42,000** tests per week allocated (based on 250 care homes with 24 staff each undertaking LFD testing for 10 days).

This additional testing capacity would come from the population share of the LFD testing allocation to Wales under the UK testing programme.

Risks and Impacts

33. It is important to consider the impacts and burden of additional testing on care homes alongside the anticipated benefits as set out in paragraphs 8 – 12 above.

34. Care homes have reported significant challenge during this second wave in managing the impacts of a reduced workforce (due to the increasing number of staff needing to isolate) alongside the additional challenges of maintaining effective infection prevention and control measures and caring for vulnerable people living in care homes, many of whom are infected with Covid 19.

35. A large number of our care homes in Wales are reported as being at a point of crisis with staffing availability so low due to Covid infection and contact isolation that they are drawing in staff from a range of different external sources within the community just to maintain operations and care for residents. Based on data from 4th-10th Jan the number of care homes reported as 'red' i.e. managing an active incident or outbreak was 292 across Wales

36. Engagement with the sector has indicated that there is concern that adding an additional twice weekly testing programme for all staff on top of the weekly PCR test will add to their burden and exhaust the limited workforce capacity even further. The additional testing is also likely to identify additional asymptomatic staff and remove them from the workforce leading to even more reduction in capacity.

37. The possible introduction of daily testing for 10 days for care homes in level 4 areas who have a positive case (as implemented in England) was of particular concern and it was felt that some care homes simply could not manage this level of testing in addition to current pressures.

38. However in speaking with the sector, while they are concerned about the impacts of the added burden, they do understand the importance of trying to identify asymptomatic positive staff as early as possible and anticipate that the initial short term burden of additional testing will bring longer term benefits in helping to bring outbreaks under control more quickly and prevent further transmission. They are therefore largely supportive of the introduction of additional LFD testing but with the following caveats;

a. That wherever possible care home staff should be enabled to undertake the mid-week/daily testing at home before coming to work in order to prevent further logistical challenges of arranging mass testing for staff on site and to prevent someone infectious travelling to the care home for testing only to be sent home if positive, having already risked transmission.

b. That the introduction of the daily 10 days testing is not introduced as a blanket approach for all care homes in level 4 with a positive case (as in England) but instead is deployed on a risk based case by case basis using other considerations in analysing risk. These additional considerations could include local community prevalence rates, prevalence of the new virus strain in the community, other local soft intelligence and the particular circumstances of the care home itself and if the risk associated with the additional burden of testing is likely to outweigh the benefits. Care homes by working closely with health protection teams could undertake a risk assessment to determine the benefits and appropriateness of daily testing in these instances.

39. Concerns raised within the sector about the reliability of LFD tests and a prioritising of vaccination over testing may also pose a risk in relation to uptake of LFD testing. Officials are working with the sector and statutory partners to improve understanding and provide reassurance about the reliability of LFD testing and the efficacy of its appropriate use within Welsh Government policy and the importance of continuing to prioritise testing alongside vaccination. Myth busting communications resources are under development to help support this.

Recommendation 1 – to join the UK repeated LFD testing programme for care homes in Wales in order to;

a) Introduce twice weekly testing for care home staff in addition to PCR testing for all care homes in alert levels 3 and 4.

b) Allow local health protection teams, in discussion with care homes, to consider the benefits and appropriate introduction of daily testing of staff for seven days in care homes with positive cases on a case by case basis.

Cost burden of additional testing on Care homes in Wales

40. In recognition of the additional costs associated with the extension of staff and visitor testing the UK Government has made an additional £149m available to care homes in England. The funding will pay for care home providers to set up safe testing areas, provide staff training and contribute towards staff time spent on administering and receiving the tests and facilitating visits from family and friends. It has been calculated on a per resident basis and will be distributed via local authorities.

41. Ensuring sustainability of care homes at this time is essential to ensure flow throughout the health and care system and secure the best outcome for people using health and social care services. Whilst fully recognising the benefits of testing for staff and visitors, providers have highlighted that the

additional costs associated with this are placing increasing strain on their already stretched resources and may act as a barrier to uptake.

42. We want to ensure that care homes are given the tools and support they need to enable them to keep residents and staff safe and enable them to see their loved ones wherever this can be done safely. Development of a funding package to the end of the financial year to support the additional cost burdens associated with increased testing for staff and visiting would facilitate this. This is intended as a contribution to the additional costs rather than seeking to cover them in their entirety.

43. Costs for this package have been calculated based on the following assumptions;

- A care homes staff workforce of 25,000 (in line with current levels of staff undergoing asymptomatic testing in care homes)
- Number of care home residents being 23,400 based on a 90% occupancy of 26,000 residential care beds
- A staff hourly rate of £11.30 (Based on Real Living Wage plus 18.8% on costs).
- A 30 minute test turnaround time for LFD tests
- 1053 care homes that could need to make physical adaptations to dedicate space for safe testing of visitors.

44. Based on these assumptions and in line with the testing policy set out in this Ministerial Advice, the cost of additional testing burden has been calculated as follows;

a. **Staff training to be able to undertake LFD self testing - £282,500** (1 hour per staff member) – one off cost contribution
b. **Staff time to undertake one LFD test per week on care home site - £1,271,250** (30 mins per test) – ongoing cost for 9 weeks to end of March
c. **Staff time for training and orientation for visitors needing testing - £264,420** (30 mins per designated visitor and 30 mins per deputy per resident) – one off cost contribution
d. **Staff time for enabling family visits - £594,945** (30 mins per test and 30 mins per visit, per week, per resident) – ongoing cost for 9 weeks to end of March (some variability expected due to limited visiting during level 4 restrictions).
e. **Care homes can claim up to £600 towards the cost of physical adaptations to provide a dedicated safe testing area/space - £631,000.**

45. Our initial calculations suggest this additional package would cost a total of **£3,045,000** (based on 25% uptake of family visits) for the 9 week period to 31 March 2021. As arrangements for the Hardship Fund currently only extend until the end of March 31st 2021 any ongoing funding requirements to support care homes testing will be considered alongside funding arrangements post March.

46. Subject to agreement by the Minister for Housing and Local Government, it is proposed that this funding be administered through the Local Government Hardship Fund in line with existing support to the social care sector. Distribution of the funding above will be made by offering each care home a single payment based on the following formula;

    a. a flat rate payment of £600 towards the cost of physical adaptations to support testing
    b. a per resident payment of £103 as a contribution towards additional staff time for staff and visitor testing over the 9 week period.

47. Under alert level 4 care home visiting is largely limited to outdoor visiting and visiting within visitor pods or similar structures. Visits inside the care home are restricted to exceptional circumstances only. Public Health Wales has advised that visitor testing should take place for visits within visitor pods, and visits inside the care home at the current alert level. While only limited is visiting is currently taking place, we expect this to increase in line with the increased supply of visiting pods, through the Welsh Government pilot scheme and those hired independently by providers, the costs of which can be claimed back via the Hardship Fund.

48. Therefore we propose an enhancement to the existing Hardship Fund to be supported by a transfer of **£3,045,000** from HSS Covid response funding.

Recommendation 2 – develop a funding package for care homes in Wales to support the additional cost burden of testing in care homes

Subject to agreement by policy Ministers to the recommendations in this MA;

a) the Minister for Finance and Trefnydd is asked to agree a MEG to MEG transfer from the HSS Covid response fund to the Local Government Hardship fund for 2020-21.

b) The Minister for Local Government and Housing is asked to receive a transfer for the HSS Covid response fund to the Local Government Hardship Fund

<u>Participating in DHSC saliva testing pilot in green care homes</u>

49. Current Covid 19 testing methods rely on nasal and throat swabbing which can be invasive, uncomfortable and unpleasant, especially for older people, some of whom will have limited understanding of the process being followed and can become quite distressed, for example people with dementia.

50. Current policy in Wales does not include the regular asymptomatic testing of care home residents (currently testing every month in English care homes) but

they are tested if symptomatic or as part of whole home testing in response to incidents or outbreaks.

51. New testing technologies are being developed to utilise saliva samples as opposed to nasal and throat swabs to test for Covid-19. Officials have been in discussion with colleagues from DHSC and Deloitte about the inclusion of some Welsh Care Homes in a pilot for using saliva tests. Following early discussions with stakeholders, a number of Care Homes in Wales have expressed an interest in taking part in this pilot.

52. In studies so far saliva testing is proving useful as a viable alternative means of testing, where individuals are resistant to the invasive swabbing for the current tests. In early trials, there was a 60% increase in the consent to participate in testing compared with that of the RT-PCR test.

53. Evidence from these trials also indicate saliva testing has around a 98.5% concordance with the current RT-PCR test. The majority of divergent results have been seen where positive RT-PCR results have shown low CT values and considered marginal.

54. Although there are benefits for saliva testing in specific use cases, such as care home residents, there are some operational issues to be considered.

    - To complete the saliva test Individuals are required to provide 1ml of saliva which for some people can be difficult as a result of medication or a personal objection to spitting.
    - To reduce contamination of the sample, individuals should avoid eating or drinking anything for 30 minutes before the sample is provided. Most care homes have established effective routines for the swabbing of residents which may be impacted by this requirement.
    - While turnaround times for processing saliva samples are the same as the current RT-PCR tests, laboratories are required to process samples in a slightly different way to minimise invalidation of the test. To date only the Milton Keynes lighthouse lab has the capability to process saliva tests and samples will need to be directed here which may require a specific courier process.

55. It is therefore felt to be valuable for Wales to participate in the pilot study with a view, subject to positive evaluation, to introducing saliva testing as an alternative method for those care home residents who are unable or unwilling to undertake the RT-PCR swab test.

56. However, as a pilot, there is complication in the level of consent that must be provided by individuals, who must understand that this is only part of an evaluation of the method, the results will not be used for diagnostic purposes and an RT-PCR test will still be required as part of the ongoing screening in Care Homes. Therefore, it is unlikely to be possible to include those with

advanced dementia in the pilot study despite the fact that they would likely be the most appropriate use case long term.

Recommendation 3 – That in order to determine if saliva testing would provide benefit as an alternative testing method for some residents in care homes officials continue to work with DHSC and Deloitte to enable some care homes in Wales to participate in the Pilot study.

Engagement

57. To oversee the developing and ongoing implementation of testing and infection prevention and control policy for social care we have established a multi-disciplinary group, chaired by Albert Heaney, Deputy Director General for Health and Social Services. The group includes representatives from Public Health Wales, Testing Advisory Group, Chief Medical Officers' team and social care and testing policy and operations teams. Members of that group have been engaged in the shaping of this advice and are supportive of the approach outlines

58. We have also undertaken engagement with a range of stakeholders on the recommendations set out in this paper including those who attend the social care planning and response group such as representatives from Care Forum Wales, WLGA, ADSS, Cymorth Cymru, Community Housing Cymru, Local Health Boards, Local Authority testing leads and Public Health Wales. We have also undertaken engagement with unions.

59. Engagement with both the sector and unions has suggested that there would be recognition amongst care homes and their staff that the additional testing could bring benefits in helping to prevent further transmission in care homes. However there would be real concern about the impacts of this additional testing burden on care homes and care workers. Unions in particular felt that some care workers, already exhausted and struggling with current testing and IP&C arrangements, would find the introduction of additional twice weekly testing a real challenge. The introduction of daily testing in outbreaks would be extremely challenging for care homes staff to manage, the point being expressly made that these are staff largely on the minimum wage working in extreme circumstances carrying a huge burden.

60. Unions felt that the introduction of additional testing would need to be balanced with messages of 'hope' and a sense of 'light at the end of the tunnel' with the priority roll out of vaccinations for care homes. With 64.8% of care homes residents and 73.4% of staff in care homes already vaccinated with their first dose (as at 10pm on Sunday 24th January) it is important that care homes staff continue to feel that they are the priority for vaccination as part of the pathway out of Covid 19 restrictions.

Financial implications – in particular value for money

61. If the Minister and Deputy Minister for Health and Social Services are minded to agree recommendation 2, and if the Minister for Finance and Trefnydd and the Minister for Local Government and Housing are minded to agree the transfer of Funds, officials will arrange for a transfer of **£3,045,000** from the HSS MEG - Covid response funding in BEL 020 to the Local Government Hardship Fund in BEL1600 (Emergency Financial Assistance) for February – March 2020-21.

    This will be regularised through the third supplementary budget. The £2.8m is not expected to be exceeded however the HSS MEG will carry the risk of over spend based on a review of claims/ projections by LAs at the end of March.

62. Any underspend may be used to support additional costs or loss of income with the wider local government hardship fund.

63. The intention is for this scheme to run until the 31 March 2021. Any plans to extend the scheme beyond this date will need to be considered as part of the wider Hardship Fund for 2021-22.

64. It is worth noting that in the UK Government Spending Review we received an additional allocation of £766m of Covid-19 funding for 2021-22.This is significantly less than the £5bn received this year. A number of small allocations have been made in the draft Budget, with the intention to provide some allocations at Final Budget for the key areas of the pandemic response including health. There are likely to be a number of pressures needing consideration so allocations from this funding will need to be looked at in the round.

65. We do not anticipate any additional costs directly related to the purchase and distribution of testing kits. The devices and tests are provided for under the UK Mass testing programme (Wales is allocated a population share of 4.7% under the programme including new technology devices and tests).

66. Other implications we will need to be considered in our planning include testing programmes resulting in labour shortages caused by isolation of asymptomatic individuals and close contacts.

67. HSS Finance, Local Government Finance and EPS Ops have seen and cleared the content of the MA.

Communication / media handling

68. It is expected that there will be some media interest in the introduction of additional testing for care homes and the allocation of additional funds to support care homes with the cost burden.

69. We will work with policy and communications colleagues on handling and lines.

70. A drafted Written Statement to announce the intention to introduce additional testing in care homes and allocate additional funds can be found at Doc 4.

71. Clear and carefully crafted advice will be needed for a wider range of stakeholders including;
    a. The general Public
    b. Statutory Partners
    c. Social Care Providers
    d. Social care recipients and family and friends.
    e. Press

72. Key messages must include reemphasis of the message that testing cannot eradicate risk alone, it can only help to mitigate risk alongside robust infection prevention controls, effective use of PPE and social distancing.

Recommendation 4 – Ministers agree the drafted Written Statement at doc 4 for publication.

Annex 1: ASSURANCE AND COPY RECIPIENTS

CLEARANCE TRACKING

Aspect	Tracking	Yes	No	N/A	Clearance no.
Finance	Financial implications over £50,000?	☒	☐	☐	
	Cleared by Group Finance?	☒	☐	☐	GH2021/7852 EPS/VG/2/21
	Cleared by Strategic Budgeting?	☒	☐	☐	SB1476/5
	Cleared by Local Government Finance?	☒	☐	☐	LGF/007/21
Legal	Legal issues?	☐	☐	☐	
	Cleared by relevant lawyers?	☐	☐	☐	
Governance	Novel and contentious issues?	☐	☐	☐	
	Cleared by Corporate Governance Centre of Excellence?	☐	☐	☐	

DEPUTY DIRECTOR, STATEMENT OF ASSURANCE

In clearing this MA, I confirm that I, Andrea Street/Nia Roberts have quality assured this advice, ensuring it is provided on the basis of evidence, accurately presents the options and facts and I am accountable for the recommendations made

I am satisfied that the recommended decision or action, if agreed, would be lawful, affordable and comply with all relevant statutory obligations. Welsh Government policy priorities and cross portfolio implications have been fully considered in line with delivery of the government objectives.

I have fully considered the statement of assurance contained in the MA guidance to ensure all relevant considerations have been taken into account and that the actions and decisions take account of regularity, propriety and value for money.

COPY LIST

All mandatory copy recipients (as indicated in the guidance). Additional copy recipients specifically interested in this advice:

- Jo-Anne Daniels
- Albert Heaney
- Rob Orford
- Alan Brace
- Andrea Street
- Marion Lyons
- NR
- Name Redacted
- Frank Atherton
- Chris Jones
- Frances Duffy
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- Samia Saeed-Edmonds
- Andrew Evans
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- Chrishan Kamalan
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- HSS Finance
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