

Cabinet – 28 October 2020

ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020 – ROUND 2

Portfolio: Councillor Rose Martin

Related portfolios: All

Service: Adult Social Care

Wards: All

Key decision: Yes

Forward plan: No

1. Aim

1.1 Department of Health and Social Care guidance was issued on the 1 October 2020 with regard to the allocation of the Adult Social Care Infection Control fund ring-fenced Grant 2020. This funding is to support Adult Social Care providers in England to reduce the rate of transmission in and between care homes and to support workforce resilience. The Grant allocation for Walsall is £2,342,514 based on the registered care home beds and community care users at September 2020.

2. Summary

2.1 The Infection Control Fund Ring Fenced Grant was issued on 1 October 2020. This Grant will provide additional financial support to Adult Social Care providers who have a vital role in ensuring the safety and security of the most vulnerable in our community.

2.2 The Infection Control Fund is ringfenced for Adult Social Care and the Grant determination letter makes clear that it must be used to provide support to Adult Social Care providers, including those providers with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission within and between care settings. The Grant must only be used to support care providers to tackle the risks of COVID-19 infections. Funding will be distributed to local authorities in England, to ensure funding reaches adult social care providers in their administrative area.

2.3 The Grant conditions stipulate that 80% of the total Grant should be passported directly to CQC registered providers delivering care in residential or nursing care or in a community setting such as extra care, supported living or in a person's own home ie domiciliary care providers. The Grant should be passported in two instalments the first no later than 20 days after the 1 October, and the second in December 2020.

- 2.4 The Grant conditions stipulate that the remaining 20%, £468,503 must be spent by the Local Authority on the funding of support to the care sector on other COVID-19 infection control measures but this can be allocated at their discretion.
- 2.5. Cabinet is asked to support partial commitment of the 20% to fund additional resources to administer the Grant. The balance will be used to fund any other infection related expenditure across Adult Social Care including any funding approved as a result of the flexible arrangements currently offered to providers.

3. Recommendations

- 3.1. That Cabinet determines:
- 3.2. The Interim Executive Director of Adult Social Care, in consultation with the Portfolio Holder for Adult Social Care, distributes 80%, £1,874,011 of the Adult Social Care Infection Control Grant 2020 in accordance with the Grant conditions as set out.
- 3.3. The Interim Executive Director of Adult Social Care, in consultation with the Portfolio Holder for Adult Social Care distributes the remaining 20% (£468,503), to be utilised to fund other COVID-19 infection control measures and to meet the costs of administering the grant in accordance with the relevant Grant conditions.

4. Report detail - know

Context

- 4.1. The Infection Control Fund Ring Fenced Grant – Round 2 was issued on 1 October 2020 and follows round 1 issued on 22 May 2020. The primary purpose of the fund is to support Adult Social Care providers, including those providers with whom the Local Authority does not have a contract, to reduce the rate of COVID-19 transmission both in care home settings and wider CQC regulated community care providers (domiciliary care, extra care and supported living) within the local authority's administrative area on a 'per user' basis. This funding will be paid as a Section 31 Grant, ring fenced exclusively for actions that tackle the risk of Covid-19 infections and is in addition to funding already received.
- 4.2. The Grant will be paid to the Local Authority in two instalments, one received in October and the second in December 2020.
- 4.3. The Minister of Care's expectation is that the Grant will be fully spent by providers on infection control measures of the specified kinds by the end of March 2021. Both instalments are subject to providers meeting grant conditions including grant payments being fully spent by 31 March, 2021. Each local authority must write to DHSC by 31 October, 2020 confirming a winter plan is in place, and that we are working with care providers in our area on their business continuity plans and submit high level returns specifying how the grant has been spent based on an example template has been provided for the submission.
- 4.4. The Grant is contingent on the Department of Health and Social Care being satisfied that the Grant is being used in accordance with the conditions which

includes providers completion of the Capacity Tracker at least twice (ie two consecutive weeks) and continue to do so once per week until 31 March 2021.

- 4.5. Local Authorities must distribute the money in line with the Local Authority Circular Adult Social Care Infection Control Fund ring-fenced Grant 2020, which was published on the 1 October guidance and the first instalment should be paid by no later than the 20 October 2020. There are statutory reports to be submitted in respect of the first instalment that must be made to the Department of Health and Social Care (DHSC) by no later than 31 October, 2020. There are 6 report points which must be submitted to DHSC with the final one on 30 April 2021. There are statutory annexes for completion attached to the government guidance.
- 4.6. Subject to the Grant conditions being met 80% of funding should be prioritised for funding straight to care homes within the local authority administrative area on a 'per bed' basis, and to CQC regulated community care providers within the local authority's administrative area on a 'per user' basis, including to social care providers with whom the local authority does not have existing contracts.
- 4.7. The expectation of the DHSC is that this takes no longer than twenty days upon receipt of the funding in a Local Authority. The remaining 20% must be spent by the Local Authority on the funding of support to the care sector on other COVID-19 infection control measures. This funding can be allocated at each local authority's discretion. It is proposed to be utilised to fund any additional expenditure incurred as a result of the flexible arrangements currently offered to providers and to meet costs incurred to administer the Grant.

Council Corporate Plan priorities

- 4.8. People have increased independence, improved health and can positively contribute to their communities.
 - P1 - Enhancing quality of life for people with care and support needs and those with long term conditions.
 - P2 - Delaying and reducing the need for care and support.
 - P3 - People recover from episodes of health or injury.
 - P4 - The most vulnerable are protected from avoidable harm, including treating and caring for people in a safe environment.
- 4.9. All of the above corporate priorities are supported by this approach in these extraordinary circumstances.

Risk management

- 4.10. Providers must account for all payments paid out to them on the 'per beds' and 'per user' basis and keep appropriate records. In so far as a provider does not use the entirety of the 'per beds' or 'per user' allocation in pursuit of infection control measures, any remaining funds must be returned to the Local Authority. Local Authorities must ensure that appropriate arrangements are in place to enable them, if necessary, to recover any such overpayments. None of the funding provided is to be used for any purpose other than the specified infection control measures. A Local Authority must ensure that the funding, which it allocates for a measure described above, is allocated on condition that the recipient care provider uses it only for infection control measures which are stated in the Circular, and will

provide the Local Authority with a statement certifying that that they have spent the funding on those measures by 31 October 2020.

- 4.11. To mitigate the risk of not being able to passport the Grant to providers additional resources will be secured to support with the compliance.

Financial implications

- 4.12. Adult Social Care Infection Control fund ring-fenced Grant 2020 – Round 2. The Grant allocation for Walsall is £2,342,515 based on ‘per bed’ and ‘per user’ basis as registered with the Care Quality Commissioning September 2020. Of this total sum, 80% (£1,874,011) of this funding is required to be passported to care homes within the local authority area on a ‘per bed’ basis, and to CQC regulated community care providers within the local authority’s geographical area on a ‘per user’ basis, including to social care providers with whom the Local Authority does not have existing contracts.
- 4.13. The remaining 20%, £468,503 must be spent by the Local Authority on the funding of support to the care sector on other COVID-19 infection control measures. From this element it is proposed that it will be used to fund other Covid-19 infection control related expenditure, including any such expenditure as a result of the flexible arrangements currently offered to providers and any costs to administer the Grant.
- 4.14. A recipient authority must maintain a sound system of internal financial controls. If a recipient authority has any grounds for suspecting financial irregularities in the use of any grant paid under this funding agreement, it must notify the Department immediately, explain what steps are being taken to investigate the suspicion and keep the Department informed about the progress of the investigation. For these purposes “financial irregularity” includes fraud or other impropriety, mismanagement, and the use of the Grant for purposes other than those for which it was provided.

Legal implications

- 4.15. In distributing this Grant the Council must ensure that it follows the terms and conditions set out in the Grant document pertaining to the Adult Social Care Infection Control Fund especially as there is a power of recovery.
- 4.16. The Council must ensure that any Grant funding distributed by it to care providers is State Aid compliant. The ‘Background’ section of the ‘Adult Social Care Infection Control Fund Ring-fenced Grant 2020 Local Authority Circular’ sets out central government’s view that such grants are State Aid compliant, but in addition the Council will require all recipients of this funding to give a written endorsement to the Council that they:
 - (i) have satisfied themselves that any such funding is State Aid compliant; and
 - (ii) will repay to the Council any funding that is found not to be.
- 4.17. Adult Social Care will engage with the Council’s legal department as required to support the safe allocation of funds and the preparation of appropriate

documentation. The allocation process must be implemented in a fair and transparent way, as well as in compliance with the applicable Grant conditions.

Procurement Implications/Social Value

- 4.18. Adult Social Care will engage with the Council's procurement team as required to support the safe allocation of funds.
- 4.19. Detailed procurement advice will be provided if there are any contractual implications that require consideration, in particularly in relation to the 20% of the grant which the Council has discretion over, to ensure compliance with Public Contract Regulations 2015 as appropriate.

Property implications

- 4.20. Not applicable

Health and wellbeing implications

- 4.21. This Grant will allow a proactive approach to support vulnerable care home and domiciliary care clients by ensuring that the providers have the means to provide the best infection control measures to their residents/clients.

Reducing Inequalities

- 4.22. This Grant will support Walsall providers to deliver care and support services to our most vulnerable residents who have been very high profile in the media over the last 6 months.
- 4.23. An Equality Impact Assessment (EqIA) is not required for this report.

Consultation

- 4.24. Due to the urgent nature and timescales for payments of this legislation and guidance there has been limited consultation with key partners.

5 Decide

- 5.1. To agree to speedy administration of 80% of this ring fence Grant to Walsall borough residential, nursing, domiciliary care, supported living and extra care providers in two instalments.
- 5.2. To agree that the Local Authority's discretion is applied to use the remaining 20% of the Grant (£468,503) on the funding of support to the care sector on other COVID-19 infection control measures and to administer the Grant in accordance with the relevant Grant conditions.

6 Respond

- 6.1. This Grant funding supports Adult Social Care providers in Walsall to reduce the rate of transmission in and between care homes and community packages at this time of Covid-19.

6.2. This report provides the framework to respond to the distribution of the Adult Social Care infection control Grant 2020 – Round 2. Following the requirements of the Grant as set out in the local authority circulate sent by DHSC.

7 Review

7.1. The distribution of this Grant is time limited and the first instalment will need to be distributed by 20 October, 2020. The providers will have to submit returns to show compliance with the requirements of the ring fenced Grant.

Background papers



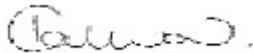
Adult Social Care
Infection Control Func

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A handwritten signature in blue ink, appearing to read 'Kerrie Allward'.

Kerrie Allward
Interim Executive Director

13 October 2020

A handwritten signature in blue ink, appearing to read 'Rose Martin'.

Councillor Rose Martin
Portfolio holder

13 October 2020

1. Home (<https://www.gov.uk/>)
 2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
 3. Healthcare workers, carers and care settings during coronavirus
(<https://www.gov.uk/coronavirus-taxon/healthcare-workers-carers-and-care-settings>)
 4. Adult Social Care Infection Control Fund: round 2
(<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2>)
- Department of Health & Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Guidance

Adult Social Care Infection Control Fund – round 2: guidance

Published 1 October 2020

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This publication is available at <https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-guidance>

Background

The Adult Social Care Infection Control Fund (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund>) was first introduced in May 2020 (<https://www.gov.uk/government/news/care-home-support-package-backed-by-600-million-to-help-reduce-coronavirus-infections>) and was initially worth £600 million. The purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission within and between care settings, in particular by helping to reduce the need for staff movements between sites.

Due to its success in limiting the transmission of COVID-19 within and between care settings, the Adult Social Care Infection Control Fund has been extended until March 2021, with an extra £546 million of funding. This is a new grant, with revised conditions from the original Infection Control Fund. It brings the total ringfenced funding for infection prevention and control to £1.146 billion.

When the funding will be issued

The funding will be paid in 2 tranches. The first will be paid to local authorities on 1 October 2020. The second tranche will be paid in December 2020.

We expect the grant will be fully spent on infection control measures (as outlined in the grant determination letter) by 31 March 2021. We are clear that 'spent' means that expenditure has been incurred on or before 31 March.

Local authorities should prioritise passing on the 'per bed'/'per user' allocation (as outlined below) to care homes and CQC-regulated community care providers (domiciliary care, extra care and supported living) in their geographical area. We expect this to take no longer

than 20 working days upon receipt of the funding in a local authority, subject to providers meeting the conditions as stated in the local authority circular (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) (October 2020).

About the 80/20 split of the funding

All funding must be used for COVID-19 infection control measures. Local authorities should pass 80% of each instalment to:

- care homes¹ within the local authority's geographical area on a 'per beds' basis
- CQC-regulated community care providers (domiciliary care, extra care and supported living) within the local authority's geographical area on a 'per user' basis

This includes social care providers with whom the local authority does not have existing contracts. The allocations per local authority have been published in annex B of the local authority circular (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) (October 2020).

The other 20% of the funding must be used to support care providers to take additional steps to tackle the risk of COVID-19 infections but can be allocated at the local authority's discretion. We expect any funding allocated through this 20% will be used to support the full range of social care providers regardless of whether the local authority already commissions care from them.

About the 80% 'per beds'/'per user' allocation

Local authorities should pass the entirety of the 'per beds'/'per user' allocation straight to care homes and community care providers within their geographical area. We expect this to take no longer than 20 working days upon receipt of the funding in a local authority, subject to providers meeting the conditions as stated in the local authority circular (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) (October 2020). This includes social care providers with whom the local authority does not have existing contracts.

Infection prevention and control (IPC) measures

Local authorities must assure themselves that all funding passed on to providers as part of the 'per beds' or 'per user' allocation is spent on the following infection prevention and control measures. Providers can use this funding to pay for the continuation of infection control measures they may have already taken if they are in line with these measures:

Residential settings:

- ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so. At the time of issuing the grant circular, this includes:
 - staff with suspected symptoms of COVID-19 waiting for a test

- where a member of the staff's household has suspected symptoms of COVID-19 and are waiting for a test
- where a member of the staff's household has tested positive for COVID-19 and is therefore self-isolating
- any staff member for a period of at least 10 days following a positive test
- if a member of staff is required to quarantine prior to receiving certain NHS procedures (generally people do not need to self-isolate prior to a procedure or surgery unless their consultant or care team specifically asks them to)
- limiting all staff movement between settings unless absolutely necessary, to help reduce the spread of infection. This includes staff who work for one provider across several care homes, staff that work on a part-time basis for multiple employers in multiple care homes or other care settings (for example in primary or community care). This includes agency staff (the principle being that the fewer locations that members of staff work in the better). Where the use of agency staff is absolutely necessary, this should be by block booking
- limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents
- to support active recruitment of additional staff (and volunteers) if they're needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from COVID-19
- steps to limit the use of public transport by members of staff (taking into account current government guidance on the safe use of other types of transport (<https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>) by members of staff)
- providing accommodation for staff who proactively choose to stay separate from their families in order to limit social interaction outside work
- supporting safe visiting in care homes, such as dedicated staff to support and facilitate visits, additional IPC cleaning in between visits, and capital-based alterations to allow safe visiting such as altering a dedicated space
- ensuring that staff who need to attend work for the purposes of being tested (or potentially in the future, vaccinated) for COVID-19 are paid their usual wages to do so, and any costs associated with reaching a testing facility

Community care settings:

- ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so. At the time of issuing the grant circular, this includes:

- staff with suspected symptoms of COVID-19 waiting for a test
- where a member of the staff's household has suspected symptoms of COVID-19 and are waiting for a test
- where a member of the staff's household has tested positive for COVID-19 and is therefore self-isolating
- any staff member for a period of at least 10 days following a positive test
- if a member of staff is required to quarantine prior to receiving certain NHS procedures (generally people do not need to self-isolate prior to a procedure or surgery unless their consultant or care team specifically asks them to)
- steps to limit the number of different people from a home care agency visiting a particular individual or steps to enable staff to perform the duties of other team members/partner agencies (including, but not limited to, district nurses, physiotherapists or social workers) when visiting to avoid multiple visits to a particular individual
- meeting additional costs associated with restricting workforce movement for infection control purposes. This includes staff who work on a part-time basis for multiple employers or in other care settings particularly care homes. This includes agency staff (the principle being that the fewer locations that members of staff work in the better)
- ensuring that staff who need to attend work for the purposes of being tested (or potentially in the future, vaccinated) for COVID-19 are paid their usual wages to do so
- steps to limit the use of public transport by members of staff (taking into account current government guidance on the safe use of other types of transport (<https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>) by members of staff)

A non-exhaustive list of examples of ways in which providers can spend funding as part of the 'per beds' or 'per user' allocation can be found in annex A.

Unoccupied beds

As outlined in annex B of the local authority circular (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) (October 2020), the 'per beds' allocation of local authority grants is based on the Care Quality Commission (CQC) Care Directory with Filters (September 2020). We have set out that, for care homes, funding must be allocated on a 'per bed' basis.

In some limited circumstances, local authorities may need to take account of care home specific circumstances that mean there are a significant number of unoccupied beds not related to the outbreak of COVID-19. This could be due to a new and recently opened care home, or a care home that is closing. In these circumstances, local authorities may add unallocated funding to the 20% allocation. We do not expect local authorities to penalise those care homes that have temporary vacancies due to COVID-19.

Community care users

As outlined in annex B of the local authority circular (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) (October 2020), the 'per user' allocation of this funding is based on the Care Quality Commission (CQC) Community Care Users as collected at the time of providers' date and is based upon an average number of service users receiving regulated activities in a seven day period. Where there has been a change in these user numbers since that data was collected, local authorities can use more up to date information to make the allocation to their providers. Local authorities who choose to do this should inform the department of the basis of their decision.

Providers who refuse funding

If a provider in a local authority's geographical area does not accept their allocation, the local authority may add unallocated funding to the 20% allocation. However, local authorities should make every effort to enable all providers to accept this funding, and any unallocated funding must be used by the local authority to support the whole market, including providers the local authority does not currently commission care from. Local authorities will also continue to receive this allocation at the second instalment, assuming the other grant conditions have been met.

About the 20% allocation for other care settings and infection control measures

Local authorities must use 20% of the funding to support the care sector to put in place other COVID-19 infection control measures but this can be allocated at their discretion.

A non-exhaustive list of wider measures that this could include is below:

- providing support on the IPC measures outlined above to a broader range of care settings, including, but not limited to:
 - community and day support services (the department would like local authorities to consider using this fund to put in place infection prevention and control (IPC) measures to support the resumption of services)
 - other non-CQC regulated residential settings
 - carers support services
 - individuals who directly employ one or more personal assistants to meet their care needs
 - individuals who are in receipt of direct payments
 - the voluntary sector
- paying care staff their usual wages in order to attend a GP or pharmacy to be vaccinated against flu outside of their normal working hours
- measures the local authority could put in place to boost the resilience and supply of the adult social care workforce in their area to support effective infection control

Local authorities may also choose to allocate this funding in line with the 80% 'per

beds'/'per user' allocation.

We expect any funding allocated through this 20% will be used to support the full range of social care providers regardless of whether the local authority already commissions care from them.

Specific restrictions on the use of the funding

The purpose of this funding is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission within and between care settings, in particular by helping to reduce the need for staff movements between sites. This funding must not be used to pay for activities that do not support the purpose of this fund.

Staff who are off sick with conditions other than COVID-19, furloughed or shielding

This funding cannot be used by providers to pay usual wages to staff who are off sick with conditions other than COVID-19, nor to top up the pay of staff who are furloughed or to pay the wages of staff who may be shielding (in line with government guidance). This funding can be used to pay usual wages of staff who are self-isolating with suspected COVID-19 symptoms (rather than only after a positive test), but those individuals must be seeking to confirm whether this is COVID through a test. In these circumstances, where a member of staff receives a negative test for COVID, a provider can still use this fund to pay usual wages where the symptoms were suspected to be COVID in line with government guidance.

The fund is specifically for supporting providers with the additional costs they will face in complying with the government guidance on infection prevention and control with respect to COVID-19, particularly workforce measures that restrict staff movement.

The department is content that this approach is important to ensure that staff who are isolating in line with government guidance on COVID-19 receive their normal wages while doing so. If providers have concerns, they should seek legal advice.

Personal protective equipment (PPE)

The 80% 'per bed'/'per user' allocation cannot be used by providers to pay for the cost of purchasing personal protective equipment (PPE).

Local authorities may use 20% of the grant on other COVID-19 infection control measures to support the care sector. This could include, for example, additional financial support for the purchase of PPE by providers or by the local authority directly (although not for costs already incurred).

However, the Adult Social Care Winter Plan (<https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>) set out the government's commitment to the provision of free PPE for COVID-19 needs for adult social care providers until March 2021. We expect this scheme to mean that this funding does not need to be routinely used to cover the cost of PPE.

Visiting

Providers should only use this funding to put in place extra measures to facilitate safe visiting (in line with government guidance) due to the risk of transmission of COVID-19.

Interaction with Test and Trace

The government announced that people on low incomes would be eligible for support to self-isolate through the Test and Trace scheme (<https://www.gov.uk/government/news/new-package-to-support-and-enforce-self-isolation>). This will be available to people on a low income, required to self-isolate who would otherwise lose income from not working.

The Infection Control Fund provides financial support to providers so they can continue to pay their staff their normal wages whilst self-isolating according to government guidelines. The fund aims to ensure that care workers do not lose income because they are self-isolating.

We expect the Infection Control Fund to be the primary way to support workers in social care to self-isolate, however, this does not exclude individuals from being eligible for the Test and Trace scheme in certain circumstances.

Retrospective costs

This funding cannot be used retrospectively to compensate for expenditure incurred before 1 October 2020. It can, however, be used by providers to cover the ongoing costs of activities consistent with the aforementioned IPC measures.

The grant must not be used to compensate for activities for which the local authority has already earmarked or allocated expenditure.

Financial pressures

This funding cannot be used to address general financial pressures that providers might be experiencing.

Requirements for local authorities

Local authority reporting on spending

Local authorities must submit monthly returns specifying how the grant has been spent. This information should be returned at the following points:

Reporting point	Department Deadline	Information required
Reporting point 1	23 November 2020	Spending up to the end of October, and planned spending for the entirety of the fund

Reporting point	Department Deadline	Information required
Reporting point 2	31 December 2020	Spending up to the end of November, and planned spending for the entirety of the fund
Reporting point 3	29 January 2021	Spending up to the end of December, and planned spending for the entirety of the fund
Reporting point 4	26 February 2021	Spending up to the end of January, and planned spending for the entirety of the fund
Reporting point 5	31 March 2021	Spending up to the end of February, and planned spending for the entirety of the fund
Reporting point 6	30 April 2021	Spending up to the end of March (the full lifetime of the grant)

These returns should be returned to the mailbox: scfinance-enquiries@dhsc.gov.uk

An example template can be found in annex E of the local authority circular (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) (October 2020), and demonstrates the information required. This includes:

- whether the 80% 'per bed'/'per user' allocation has been fully transferred to providers
- the number of providers in each setting that have received funding
- the number of settings that have used funding under each IPC measure
- the total amount of funding that has been spent on each IPC measure up to the end of that reporting period (as specified on the reporting template)
- the number of providers who have not accepted funding
- the planned spending for the overall allocation, up to 31 March 2021

The template that local authorities will need to complete will be made available before the reporting point.

The department does not require any information further to that outlined in the template. If you experience any difficulties completing this template, please contact the department using the above email address.

Local authorities must also write to the department by 31 October, confirming that they have put in place a winter plan, and that they are working with care providers in their area on business continuity plans.

Departmental assurance processes

Local authorities must comply with any departmental assurance processes, including requests for information they have received from providers on spending of this funding, and the first Infection Control Fund. The department will review the information provided by local authorities and may request that providers make their financial records available. If the department finds evidence of the grant being misused it will recover the funding.

If the department finds that a local authority has not spent the entirety of the first instalment (at reporting point 3) or the second instalment (at reporting point 6), the department will want to understand why and may choose to recover any unspent monies.

Local authority assurance processes

Local authorities must put in place sufficient processes to assure themselves that this fund is correctly spent by providers.

Ensuring funding is spent in line with grant conditions

In relation to the first instalment of funding issued on 1 October 2020, a local authority must ensure that the 80% 'per bed'/'per user' allocation is only allocated on condition that the recipient care provider agrees to use it only for the infection prevention control measures outlined above, commits to completing either the Capacity Tracker or the CQC homecare survey (as per government guidance) at least once per week, and will provide the local authority with information on how they have spent the funding on a monthly basis, at least one week prior to each monthly reporting point (or as directed to them by their local authority).

We are aware that, at the time of issuing the grant, some community care sectors (for example Shared Lives) do not have access to the CQC homecare survey. In the rare circumstances where this is the case, this condition does not apply. However, such sectors will be expected to complete the survey (or any successor, as per government guidance) if and when it becomes available to them.

If the information that local authorities receive from providers about their spending on the first Infection Control Fund gives local authorities cause for concern that spending was not consistent with the conditions of the first Infection Control Fund, they should withhold payment on this fund until they are satisfied providers have understood the conditions on this funding, and that funding can be reclaimed if spent inappropriately. More generally, if the information that local authorities receive from providers at any reporting point gives them concerns that a provider's spending is not in line with the grant conditions, they should withhold further allocations until they are satisfied or recover misused funding.

If the local authority finds that the provider has not spent the entirety of the first instalment (at reporting point 3) they should consider whether the provider has a realistic plan for spending the rest of the funding they have been allocated. If not, they should take steps to recover unspent funding. The department wants this funding to be spent evenly over the lifetime of the fund.

If the local authority finds that the provider has not spent the entirety of the funding (at reporting point 6), they must take steps to recover any unspent monies.

Managing the risk of fraud

Local authorities should have access to Spotlight, a digital assurance tool. Alongside other checks conducted by local authorities, the tool can help with pre-payment, and in some cases post-payment, assurance. The government Grants Management Function and Counter Fraud Function can offer support in using Spotlight and interpreting results. We expect local authorities to undertake additional due diligence where Spotlight highlights issues and recognise this could cause some delays in payment to those specific providers.

We also want local authorities to work with us and each other in identifying and sharing good practice, including protecting eligible businesses which may be targeted by fraudsters pretending to be central or local government or acting on their behalf. If local authorities detect any instances of fraud we expect them to share that information with the department.

Local authorities carry the financial risk through grant agreements with providers, and will therefore need to manage this risk and put in place effective processes to ensure an efficient recovery of funds in the case of fraudulent payments.

Contingency of funding

All local authorities will be allocated the first instalment of this funding on 1 October 2020.

In order to receive the second instalment, local authorities must have written to the department by 31 October, confirming that they have put in place a winter plan, and that they are working with care providers in their area on business continuity plans.

The payment of the second instalment of the grant is contingent on local authorities having fully transferred the 80% 'per bed'/'per user' allocation of the first instalment to providers (the department expects that this should take no longer than 20 working days, subject to reasonable exceptions). The department will use the information provided reporting point 1 to check this and inform decisions on whether to delay or withhold payment of the second instalment.

Local authorities must also have complied with any requests for further information by the department (in respect of both Infection Control Funds 1 and 2) to receive the second instalment.

Payment of the grant

Local authorities should promptly notify and repay immediately to the department any money incorrectly paid to it either as a result of an administrative error or otherwise. This includes (without limitation) situations where the local authority is paid in error before it has complied with its obligations under the grant conditions (as outlined in the local authority circular (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) (October 2020)). This funding would be due immediately. If the local authority fails to repay the due sum immediately the sum will be recoverable summarily as a civil debt.

Requirements for providers

Reporting requirements

Capacity Tracker or CQC homecare survey

In order to receive the first instalment of funding, care providers will be required to adhere to the following requirements for the duration of the fund (which is until 31 March 2021):

- care homes, including homes with self-funding residents and homes run by local authorities, will be required to have completed the Capacity Tracker at least twice (two consecutive weeks), and have committed to completing the Tracker at least once per week
- community care providers, including those with exclusively self-funded clients, will be required to have completed the CQC homecare survey at least twice (two consecutive weeks), and have committed to continuing to complete this survey (or any successor, as per government guidance) at least once per week

To receive the second instalment of the fund, providers must have been completing the Capacity Tracker or CQC homecare survey (as per government guidance) at least once per week since they first received support from the new Infection Control Fund (which came into place on 1 October 2020).

We are aware that, at the time of issuing the grant, some community care sectors (for example Shared Lives) do not have access to the CQC homecare survey. In the rare circumstances where this is the case, this condition does not apply. However, such sectors will be expected to complete the survey (or any successor, as per government guidance) if and when it becomes available to them.

As outlined in the Adult Social Care Winter Plan (<https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>), we expect providers to continue to update the Capacity Tracker daily, or more frequently, if requested by HM Government. Nevertheless, as a condition of receiving this funding, providers need to complete the Capacity Tracker at least once per week.

The local authority must not make a first allocation of any funding to a provider unless they have met the above conditions, even if this means payments are not made within 20 working days.

Information on spending required by local authorities

Providers must provide information to local authorities about how they have spent the funding to date and their planned expenditure over the lifetime of the fund on a monthly basis. They will need to provide this information at least one week prior to the department's deadline (or as indicated by their local authority) to the following timetable:

Reporting point	Department Deadline	Information required
Reporting point 1	23 November 2020	Spending up to the end of October, and planned spending for the entirety of the fund
Reporting point 2	31 December 2020	Spending up to the end of November, and planned spending for the entirety of the fund
Reporting point 3	29 January 2021	Spending up to the end of December, and planned spending for the entirety of the fund
Reporting point 4	26 February 2021	Spending up to the end of January, and planned spending for the entirety of the fund
Reporting point 5	31 March 2021	Spending up to the end of February, and planned spending for the entirety of the fund
Reporting point 6	30 April 2021	Spending up to the end of March (the full lifetime of the grant)

Assurance processes

If the information that local authorities receive from providers about their spending on the first Infection Control Fund gives local authorities cause for concern that spending was not consistent with the conditions of the first Infection Control Fund, they should withhold payment on this fund until they are satisfied providers have understood the conditions on this funding, and that funding can be reclaimed if spent inappropriately.

More generally, if the information that local authorities receive from providers at any reporting point gives them concerns that a provider's spending is not in line with the grant conditions, they should withhold further allocations until they are satisfied or recover misused funding.

We do not expect local authorities to require providers to prove that they have spent all of the first instalment before passing on the second instalment.

We do not expect providers to have spent all of the first instalment before reporting point 1. However, we do expect providers to report how much they have spent by that point and how they intend to spend the funding at this point. We also expect providers to have spent all of the first instalment by the 31 December (and to demonstrate this at reporting point 3), and to have fully spent the funding by the end point of the fund on 31 March 2021 (and to demonstrate this at reporting point 6). Those providers who have not fully spent their allocation at the of the fund will be expected to repay any unspent monies.

We do not expect local authorities to routinely require providers to provide them with receipts or invoices to prove how the funding has been spent. Providers will, however, need to keep these records in the event that they are required to provide reassurances that the

funding has been used in accordance with the grant conditions. These records need to be sufficient to show how much of the Infection Control Fund they have actually spent on different measures.

The government will not accept deliberate manipulation and fraud – and any business caught falsifying their records to gain additional grant money will face prosecution and any funding issued will be subject to claw back, as may any grants paid in error.

The department will review the information provided by local authorities and councils and may request that providers make their financial records available. If the department finds evidence of the grant being misused it will recover the funding.

Contingency of funding

In order to be eligible for funding, providers must be able to demonstrate to their local authority that:

First instalment:

- they have completed, the Capacity Tracker or CQC homecare survey (as per government guidance) at least twice (two consecutive weeks) and have committed to doing so once per week until 31 March 2021.
- where applicable, previous spending was in line with IPC measures, as outlined in the grant determination letter for ICF1 (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund/local-authority-circular-adult-social-care-infection-control-fund-ring-fenced-grant-2020>)

Second instalment:

- they have completed the Capacity Tracker or CQC homecare survey (as per government guidance) at least once per week since they first received support from the new Infection Control Fund (which came into place on 1 October 2020)
- they have complied with any requests for more information by the department in regard to Infection Control Funds 1 and 2
- previous spending was in line with IPC measures, as outlined in grant determination letter, at reporting point 1
- have concrete plans to spend the funding that are consistent with the conditions of the fund at reporting point 1

These conditions apply per setting, rather than per provider.

State aid considerations

As stated in the local authority circular (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) (October 2020), in relation to the 'per bed'/'per user'; allocation, the department considers that the aforementioned IPC measures are covered by the Services of General Economic Interest Decision (SGEI) 2012/21/EU.

Annex A: examples

A non-exhaustive list of examples of ways in which providers can spend funding as part of the 'per beds' or 'per user' allocation can be found here:

Residential settings

IPC measure	Examples of how funding can be spent
Ensuring that staff who are self-isolating receive their normal wages	Uplift the pay of staff who are self-isolating in line with government guidance to their normal wages to ensure they do not lose income while doing so. This would uplift the pay of those who need to isolate and who would normally receive less than their full wages (whether Statutory Sick Pay or a preferential but partial payment) while unwell or isolating.
Limiting all staff movement between settings unless absolutely necessary, to help reduce the spread of infection. This includes staff who work for one provider across several care homes, staff that work on a part-time basis for multiple employers in multiple care homes or other care settings (for example in primary or community care). This includes agency staff (the principle being that the fewer locations that members of staff work in the better).	Compensating staff whose normal hours are reduced due to restrictions on their movement. Paying overtime rates for staff to take on additional shifts in order to reduce reliance on agency or other workers who would normally work across settings (although not for a general increase in rates of pay for shifts they would have typically worked). Cover additional costs incurred to ensure employee doesn't work in other settings, such as compensating for lost wages
Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents	Paying for extra staff cover to provide the necessary level of care and support to residents. Paying for structural/physical changes to support separation of floors/wings and/or residents. Payments to offset reduced occupancy where this is required to implement appropriate cohorting/zoning of residential establishments.

IPC measure	Examples of how funding can be spent
Supporting active recruitment of additional staff (and volunteers) if they're needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home	Recruitment costs, paying for additional staff, agency staff costs, associated management costs, training costs (free induction training is available through Skills for Care) incurred as a result of these measures.
Steps to limit the use of public transport by members of staff (taking into account current government guidance on the safe use of other types of transport by members of staff)	The cost of bike, taxi, minibus or car mileage to collect staff teams in a locality. The cost of parking, provided that there is no free parking available on site. Costs associated with the creation of a changing facility, including structural changes. The cost of reduced occupancy where this is required to convert a bedroom into a changing facility. Provision of extra facilities such as bike stands.
Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work	This may be provision on site or in partnership with local hotels: the use of spare rooms within the home which should be equipped to make staff comfortable, and the 'accommodation cost' being charged with the addition of light, heat and food.
Safe visiting	Dedicated staff to support and facilitate visits. Additional IPC cleaning in between visits. Capital based alterations to allow safe visiting such as altering a dedicated space.
Ensuring that staff who need to attend work for the purposes of being tested (or potentially in the future, vaccinated) for COVID-19 are paid their usual wages to do so, and any costs associated with reaching a testing facility	Payments to staff at their normal hourly rate to attend work or a suitable testing facility when are not on shift. This includes compensation for travel time taken to reach a testing facility if required. Costs associated with testing, including the costs of fuel or transport to reach a testing facility.

Community care settings

IPC measure	Examples of how funding can be spent
Ensuring that staff who are self-isolating receive their normal wages	Uplift the pay of staff who are self-isolating in line with government guidance to their normal wages to

IPC measure	Examples of how funding can be spent
	<p>ensure they do not lose income while doing so. This would uplift the pay of those who need to isolate and who would normally receive less than their full wages (whether Statutory Sick Pay or a preferential but partial payment) while unwell or isolating.</p>
<p>Meeting additional costs associated with restricting workforce movement for infection control purposes. This includes staff who work on a part-time basis for multiple employers or in other care settings particularly care homes. This includes agency staff (the principle being that the fewer locations that members of staff work in the better).</p>	<p>Compensating staff whose normal hours are reduced due to restrictions on their movement. Paying overtime rates for staff to take on additional shifts in order to reduce reliance on agency or other workers who would normally work across settings (although not for a general increase in rates of pay for shifts they would have typically worked). Cover additional costs incurred to ensure employee doesn't work in other settings, such as compensating for lost wages.</p>
<p>Steps to limit the number of different people from a home care agency visiting a particular individual or steps to enable staff to perform the duties of other team members/partner agencies (including, but not limited to, district nurses, physiotherapists or social workers) when visiting to avoid multiple visits to a particular individual.</p>	<p>Paying for additional staff and/or staffing costs to implement successful 'cohorting'. Funding additional administrative costs of dividing up the workforce and arranging logistics. Paying for additional training and relevant risk assessments to enable staff to perform the duties of other team members/partner agencies.</p>
<p>Ensuring that staff who need to attend work for the purposes of being tested (or potentially in the future, vaccinated) for COVID-19 are paid their usual wages to do so, and any costs associated with reaching a testing facility</p>	<p>Payments to staff at their normal hourly rate to attend work or a suitable testing facility when are not on shift. This includes compensation for travel time taken to reach a testing facility if required. Costs associated with testing, including the costs of fuel or transport to reach a testing facility.</p>
<p>Steps to limit the use of public transport by members of staff (taking into account current government guidance on the safe use of other types of transport by members of staff)</p>	<p>The cost of bike, taxi, minibus or car mileage to collect staff teams in a locality. The cost of parking, provided that there is no free parking available on site. Costs associated with the creation of a changing facility, including structural changes. The cost of reduced occupancy where this is required to convert a bedroom into a changing facility. Provision of extra facilities such as bike stands.</p>

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1. As per the Care Quality Commission Care Directory. This includes residential drug and alcohol services. 