To:	Adults SMT
From:	Paul Graham
Subject:	COVID-19 – Infection Control Funding – Round 2 - Updated
Date:	7th October 2020

1.0 Background

Following the government's recent announcement of an additional £546m investment into Infection Control Prevention, the Department of Health and Social Care (DHSC) published new guidance setting out its expectations aligned to utilisation of the grant. This new grant, with revised conditions, extends the Infection Control Protection funding to March 2021.

2.0 Grant Allocation

The allocation to Stockport is £2.886m, as set out in the table below:

Local authority name	Total allocation amount (A)	Allocation to care homes (B)	Allocation to community care providers (C)	Allocation for other care settings and IPC measures (D)	Number of registered care home beds, September 2020 (E)	Number of community care users, September 2020 (F)
Stockport	£2,885,696	£1,606,116	£702,441	£577,139	2,392	2,064

The funding will be paid in 2 tranches. The first payment was received by the Council on the 6th October. The second tranche will be paid in December 2020.

It is expected the grant will be fully spent on infection control measures (as outlined in the grant determination letter) by 31st March 2021. The term 'spent' means that expenditure has been incurred on or before the 31st March.

Local authorities should prioritise passing on the 'per bed'/'per user' allocation to care homes and CQC-regulated community care providers (domiciliary care, extra care and supported living) in their geographical area, this equates to 80% of the funding allocation (£2.308m). It is expected this takes no longer than 20 working days upon receipt of the funding, subject to providers meeting the conditions as stated in the local authority circular and further clarification from DHSC with regards to the users aligned to Community Care services.

The other 20% (£0.578m) 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. It is expected 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.

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 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.

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.

3.0 Contingency of Funding

In order to receive the second instalment, local authorities must have written to the department by 31st 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 also contingent on local authorities having fully transferred the 80% 'per bed'/'per user' allocation of the first instalment to providers.

DHSC's expectation is that the first instalment of the grant will be fully spent on the infection control measures outlined within 3 months, and the grant will be spent in its entirety by the 31st March 2021.

The grant must not be used for fee uplifts, expenditure already incurred or activities for which the local authority has earmarked or allocated expenditure or activities which do not support the primary purpose of the Infection Control Fund.

4.0 Infection protection and control measures

The measures aligned to the grant conditions are set out below:

Residential and Community Care Setting (80% of allocation):

- 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)

Residential Care specific setting:

- 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 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 specific setting:

- 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 by members of staff)

Other care settings (20% of allocation)

- 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.

5.0 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 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.

Communication via the ASC Commissioning teams is going out to local care providers, highlighting that it is expected that any financial reclaims for PPE will only be in exceptional circumstances, including any retrospective recharges.

6.0 Retrospective Costs

The funding cannot be used retrospectively to compensate for expenditure incurred before 1st 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.

7.0 Reporting Submissions

Local authorities must submit monthly returns annex E 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 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)

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.

The Local Authority should provide the department with a statement as per annex D, certifying that that they have spent the funding on those measures at reporting point 6 (30th April 2021). It should also publish it's progress in distributing the funding at reporting points 3 (29th January 2021), and 6th (30 April 2021).

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.

The reporting submissions and assurance process will require a significant time resource aligned to both care home and community care providers. Consideration is being given on how best to automate this process alongside facilitation with providers and potentially additional administrative support to manage the volume of returns and queries.

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.

If at 31st March 2021 there is any underspend or DHSC is not convinced that the fund has been spent according to the grant conditions outlined in the grant determination, the Secretary of State may reduce, suspend or withhold grant payments or require the repayment of the whole or any part of the grant monies paid, as may be determined by the Secretary of State and in writing to the authority. However, DHSC will only look to recover funding where there is clear and obvious evidence that the fund has not been used in accordance with the grant conditions.

8.0 Requirement of Providers

In order to receive funding, care providers will be required to adhere to the following requirements for the duration of the fund (until 31st 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 (that is, 2 consecutive weeks), and have committed to completing the Tracker at least once per week
- CQC-regulated community care providers, including those with exclusively self-funded clients, will be required to have completed the CQC homecare survey at least twice (that is, 2 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).

Care providers must also:

- uses it for Infection prevention measures only

- will provide the local authority with a statement (1) prior to receiving funding, confirming that they have understood the grant conditions and that their spending plans are compliant with them, and (2) at reporting point 6 (30th April 2021), certifying that they have spent the funding in compliance with the grant conditions
- if requested to do so will provide the local authority or DHSC with receipts or such other information as they request to evidence that the funding has been so spent
- provide DHSC or the local authority with an explanation of any matter relating to funding and its use by the recipient as they think necessary or expedient for the purposes of being assured that the money has been used in an appropriate way in respect of those measures
- will return any amounts which are not spent on those measures

Locally an updated legal agreement is being developed for care home and community care providers to sign and return a statement prior to the distribution of the 1st instalment of the grant.

9.0 State Aid

As stated in the 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.

This is because the measures will help reduce the incidence and spread of COVID-19 and are over and above that which care providers would normally be expected to provide.

10.0 Recommendations

1. Adults SMT review the paper and agree process of implementation.