

## Grant conditions

In this determination:

- ‘an authority’ means an upper tier or unitary local authority identified in annex B (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/annex-b-grant-allocations>)
- ‘the Department’ means the Department of Health and Social Care
- ‘grant’ means the amounts set out in the Adult Social Care Infection Control Grant 2 Determination 2020/21
- ‘upper tier and unitary local authorities’ means:
  - a county council in England
  - a district council in England, other than a council for a district in a county for which there is a county council
  - a London borough council
  - the Council of the Isles of Scilly
  - the Common Council of the City of London

Local authorities must ensure that 80% of the grant is allocated to care homes and CQC-regulated community care providers on a ‘per bed’ and ‘per user’ basis in order to support the following specific measures:

in respect of care homes:

- ensuring that staff who are isolating in line with government guidance receive their normal wages 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 are 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 separately 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

in respect of CQC-regulated community care providers:

- ensuring that staff who are isolating in line with government guidance receive their normal wages 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 homecare 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)

A local authority must ensure that funding which it allocates for a measure described above is allocated on condition that the recipient care provider:

- uses it for those 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 (30 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

Local authorities must use 20% of the funding to support the sector to put in place other COVID-19 infection control measures, but this can be allocated at their discretion. This can include providing support on the infection prevention and control measures to a broader range of care settings (for instance, community and day support services) and other measures that 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.

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.

To be compliant with the conditions of this fund a recipient local authority must:

- make the allocation directly to pay care providers (care providers include local authorities who provide care directly, care homes with self-funding residents; care homes with which local authorities do not have contracts, CQC-regulated community care providers with self-funded clients, and community care providers with which local authorities do not have contracts, other organisations providing care)
- report on their spending as outlined in the Reporting Section below
- ensure any support made to a residential care provider is made on condition that the provider has completed the Capacity Tracker at least twice (that is, 2 consecutive weeks) and continues to do so on a weekly basis until 31 March 2021
- ensure any support made to a community care provider is made on condition that the provider has completed the CQC homecare survey at least twice (that is, 2 consecutive weeks), and has committed to completing the CQC homecare survey (or successor, as per government guidance) at least once per week until 31 March 2021
- ensure that payments to the care provider are made on condition that the provider will repay the money to the local authority if it is not used for the infection control purposes for which it has been provided
- provide DHSC with a return describing how providers in their area have spent the funding up to 31 October 2020 and what their planned use of their total infection control fund allocation by reporting point 1 as specified below and thereafter monthly returns on spending to April 2021
- write to DHSC by 31 October 2020 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
- provide the department with a statement as per annex D (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/annex-d-assurance-statement>), certifying that that they have spent the funding on those measures at reporting point 6 (30 April 2021)
- publish their progress in distributing the funding at reporting points 3 (29 January 2021), and 6 (30 April 2021)

Local authorities must allocate 80% of the first instalment straight to care homes within the local authority's geographical area on a 'per beds' 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.

The local authority must not make an allocation of the second instalment of funding to a care provider who has not completed the Capacity Tracker or CQC homecare survey (as applicable, as per government guidance) at least weekly since 1 October 2020. And if the authority believes that the provider has not used the money for the purposes for which it was provided it must withhold the second payment until satisfied that the provider has so used it. And if the provider has not used it or any part of it for the infection control measures for which it was provided the local authority must take all reasonable steps to recover the money that has not been so used.

Local authorities must make it a condition of the provision of the 'per beds'/'per user' payment that the cost of any specific infection control measures are met by providers on the basis that (a) there is no increase in any relevant rates (except those relating to hourly rates of pay to ensure staff movement from one care home to another care home is minimised) from the existing rates (b) third party charges (for example, of costs to avoid the use of public transport) are paid at the normal market rates and (c) in no circumstances is any element of profit or mark-up applied to any costs or charges incurred.

Local authorities must make it a condition of allocation of funding that providers must be able to account for all payments paid out of the 'per beds' or 'per user' allocation 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 the 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 'per beds' or 'per user' funding is to be used for any purpose other than the infection control measures specified