

Infection Control Fund grant conditions

Briefing

May 2020



Introduction

On Friday 22 May, the Minister of State for Care wrote to local authorities setting out details of how the Infection Control Fund should be used. The [letter](#) and the [Grant Circular](#) along with the [letter she wrote on 14th May on Support for Care Homes](#) and details of the [Care Home Support Package](#) can be read on these links.

Several issues have been raised about some of the grant conditions and there have been discussions in regions. This note attempts to set out the issues and how they might be managed.

General approach set out in the grant conditions

This briefing does not attempt to summarise the Grant Circular which is an unusually prescriptive document. It will be important that directors of adult social services (DASS) understand the implications and discuss the key issues with corporate colleagues especially the council's chief finance officer (CFO) and monitoring officer. However, these are the key headlines:

- The circular provides funding of £600 million in two equal instalments. £300 million should have been received already by authorities. Another £300 million will be paid in July providing that local authorities have “returned a care home support plan by 29 May 2020”.¹
- Seventy per cent of each instalment will be paid to care homes providers on a “per bed” basis. No distinction must be made whether the local authority has a contract with the provider or not. It is expected that payments to care homes will be made within “ten working days upon receipt of the funding in the local authority”.²
- “The local authority must not make a first allocation of any funding to a provider who has not completed the Capacity Tracker at least once and committed to completing the Tracker on a consistent basis”.³
- The payment for the 75 per cent must only be used to fund a limited range of infection control measures which are specified in paragraph two on page 13. Paragraph two is set out on the last page of this note. Essentially, all these payments relate to additional staffing costs. They do not include either Personal Protective Equipment (PPE) or deep cleans.
- “Twenty-five per cent of the grant may be used on other COVID-19 infection control measures payments including domiciliary care and wider workforce measures”⁴. There are no restrictions on how this can be spent, except that they must be spent on infection control.

¹ Page 4, paragraph 10, Grant Circular. All further references refer to the page and relevant paragraph numbers from the Grant Circular.

² Page 5, paragraph 12

³ Page 7, paragraph 7

⁴ Page 14, paragraph 4

Concerns about the grant conditions

The grant conditions are unusually prescriptive and have led to three major concerns which have caused significant debate amongst some authorities already:

1. The issue of State Aid.
2. The narrow scope of how the main element of the money can be used.
3. The detailed reporting which is set out in Annex E of the document. That reporting reflects the categories of spending listed on the final page of this note and seeks information from each authority of how much of the spending has been incurred on the various categories.

These issues are set out below.

State Aid

This issue arises because of the self-funder dimension. State aid is a highly complicated issue. DASS should be seeking legal advice from the council's monitoring officer and financial advice from the chief financial officer. The Grant Circular sets out several possible scenarios (paragraphs three to six – on pages three on four, set those out). Many authorities are saying that the advice in paragraph four is the most useful but each authority will need to decide how they should proceed.

The narrow scope

This issue has been raised with Department of Health and Social Care although without success. They have promised to reflect on whether the funding can be used to pay for costs already incurred on the activities listed on the final page of this note. We have not had a response to this suggestion which was discussed with them on 27 May. Some people think that this might be helpful if this is agreed.

Reporting

There is consensus that the only way that the information required for local authorities to complete Annex E is for each provider to provide this information and that returning this information will be a condition placed on each provider. This was discussed at a meeting with members of the Care Providers Alliance yesterday evening. They understand the inevitability of this requirement.

The grant circular requires local authorities to submit “two high-level returns specifying how the grant has been spent”.⁵ “The returns must be certified by the authority’s chief executive (or the authority’s S151 Officer) and the DASS that, to the best of their knowledge, the amounts shown on the supporting reports relate to eligible expenditure and that the grant has been used for the purposes intended, as set out in this Determination”.⁶ It is worth noting the words “to the best of their knowledge.” DASS and CFO/chief executives will need to decide how to approach this. One option might be to focus monitoring on providers where there are serious concerns that they are not following infection control guidance.

⁵ Page 15, paragraph 11

⁶ Page 15, paragraph 12

Infection Control Grant Circular - page 13 extract

Local Authorities must ensure that 75 per cent of the grant is allocated to support the following 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 this grant determination this included staff with suspected symptoms of COVID-19 awaiting a test, or any staff member for a period following a positive test.
- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better;
- 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 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. Where they do not have their own private vehicles, this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms.
- 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.