



Department
of Health &
Social Care

Infection Control Fund Question and Answer

1. Background

The Adult Social Care Infection Control Fund is worth £600 million. The primary 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 in and between care homes and support wider workforce resilience. A small percentage of it may be used to support domiciliary care providers and support wider workforce resilience to deal with COVID-19 infections.

This Q&A has been prepared in response to a number of questions received from local government and care providers. Nothing contained within it supersedes the terms of the grant determination document.

When will the Funding be issued?

The Funding will be paid in two tranches, the first has been paid to local authorities on 22 May 2020. The second tranche will be paid in early July. We expect the grant will be fully spent by local authorities on infection control measures within 2 months of the authority receiving the second instalment, however we will keep this under review.

1.1 Infection Control Measures

We expect care homes to take additional steps to reduce the spread of infection as detailed in Annex C of the Grant Circular.

What are the measures a local authority can fund a provider to carry out in relation to the Infection Control Fund?

The grant must not be used to compensate for 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. 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 the measures below. Funding can be allocated to providers to use the funding for the activities as described in Annex C of the Grant Circular and below.

Local Authorities must ensure that 75% 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 Circular this

included staff with suspected symptoms of COVID-19 awaiting a test, or any staff member for a period following a positive test. e.g. to uplift the pay of those who need to isolate who would normally only be entitled to statutory sick pay;

- 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 in the better; e.g. compensating staff whose normal hours are reduced due to restrictions on their movement;
- Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents; e.g. paying for extra staff cover to provide the necessary level of care and support to residents or paying for structural/physical changes to support separation of floors/wings and/or 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. e.g. 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. 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.

What about staff off sick with other conditions, rather than COVID-19?

The Fund is for specific workforce measures and the Department is content this policy is important to ensure that staff who are isolating in line with government guidance receive their normal wages while doing so. If providers have concerns they should seek legal advice.

Can this funding be used to address general financial pressures providers might be experiencing?

No. The purpose of this funding is to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. This funding can only be used to support activity outlined in annex C of the grant circular.

Can this funding be used to cover costs of activity completed before the fund was announced?

No. The Infection Control Fund was announced on the 13th May and cannot be used retrospectively to cover cost incurred before then. It can be used to cover the ongoing costs of activities consistent with those outlined in annex C of the grant circular.

1.2 Distribution of funds to providers

Which care home providers can I provide funding to?

Local authorities may only fund care homes (including direct local authority care home provision) within the local authorities geographical area and may not exclude providers just because they are providers with whom local authorities do not have contracts.

What is the definition of the 75% 'per beds' basis?

The allocation of local authority grants are based on the CQC Care Directory with Filters, May 2020¹. We have set out that 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, for example this could be due to a new and recently opened care home. In these circumstances, local authorities may add this unallocated funding to the 25% allocation. Local Authorities must ensure they comply with relevant state aid legislation when making allocations of the grant, including the 25% allocation.

Can this funding be used for Personal Protective Equipment?

We have already moved quickly to provide Local Authorities with £3.2 billion which can be used to target support to care providers, including fee uplifts, as well as £1.3bn to enhance the NHS discharge process.

¹ Care Directory with Filters, May 2020 <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>

This funding is to support specific measures for reducing the rate of transmission in and between care homes, such as minimising the movement of staff to reduce the risk of asymptomatic transmission of the virus and ensuring staff do not lose out on wages in doing so. Local authorities may use 25% of the Grant on other Covid-19 infection control measures, including payments to domiciliary care providers or wider workforce measures. These wider measures could include, for example, additional financial support for the purchase of personal protective equipment by providers or by the local authority directly (although not for costs already incurred) or measures the local authority could put in place to boost the resilience and supply of the adult social care workforce in their area in order to support effective infection control.

1.3 Reporting Requirements

In order to receive the second instalment, authorities must have returned a Care Home Support Plan. Residential care providers, including homes with self-funding residents and homes run by local authorities, will also be required to have completed the Capacity Tracker at least once and committed to completing the Tracker on a consistent basis to be eligible to receive funding. The payment of the second instalment is contingent on the first being used for infection control measures and being used in its entirety.

What happens if a local authority has not returned a Care Home Support Plan by 29 May?

In order to receive the second instalment of funding, a care home support plan must be received. No further funding will be allocated if not received.

What happens if a care provider does not complete the Capacity Tracker before the local authority reporting deadline of 26 June?

Care providers are requested to complete a daily Capacity Tracker. 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.

What forms does the local authority need to submit and by when?

The local authority must submit two high-level returns specifying how the grant has been spent. These templates are included in the Grant letter at Annex D and E.

In relation to the first instalment of funding issued on 22 May 2020, a local authority must ensure that funding is allocated on condition that the recipient care provider uses it for infection control measures and completes the Capacity Tracker. Local authorities should complete Annex E and return it by 26 June 2020 to the mailbox: scfinance-enquiries@dhsc.gov.uk.

A local authority must ensure that funding is allocated on condition that the recipient care provider uses it for infection control measures and will provide the local authority with a statement certifying that that they have spent the funding on those measures by 23 September.

In relation to the second instalment to be paid in July 2020, both Annex D and E should be returned and must be made in respect of both instalments. We expect local authorities to have fully allocated the grant within two months of receiving the second instalment and therefore templates should be returned no later than 30 September 2020 to the mailbox address above.