Department of Health & Social Care

Adult Social Care Extension to Infection Control and Testing Fund Ring-Fenced Grant 2021

Guidance

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Background

The Adult Social Care Infection Control Fund was first introduced in May 2020, to support adult social care providers in England to reduce the rate of COVID-19 transmission within and between care settings. It was extended in October 2020 and, in April 2021, it was consolidated with the existing Rapid Testing Fund, to support additional lateral flow testing (LFT) of staff in care homes, and enable indoors, close contact visiting where possible.

By June 2021, these funding streams had provided almost £1.35 billion ring-fenced funding for infection prevention and control, and £288 million for rapid testing in care settings.

Due to the success of the Infection Control and Testing Fund in supporting care providers to reduce transmission and re-enabling close contact visiting, this fund has been extended until September 2021, with an extra £251 million of funding.

This is a new grant, with separate conditions to the original Infection Control Fund, the extension to the Infection Control Fund, the original Rapid Testing Fund and the Infection Control and Testing Fund. This brings the total ring-fenced funding for infection prevention and control to almost £1.5 billion and support for testing to almost £400 million in care settings.

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:

1. reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination; and

2. conduct testing of staff and visitors in care homes, high risk supported living and extra care settings, in order to enable close contact visiting where possible.

When the funding will be issued

The funding will be paid to local authorities in July 2021. This will include allocations for both infection prevention and control and testing.

We expect the grant to be fully spent on infection prevention and control and testing measures (as outlined in the grant determination letter) by 30 September 2021, where ‘spent’ means that expenditure has been incurred on or before that date.

Local authorities should prioritise passing on the direct funding for providers (as outlined below) to adult social care providers 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. This includes social care providers with whom the local authority does not have existing contracts.

Direct funding for providers

This funding consists of two distinct allocations– infection prevention and control (IPC) funding and testing funding.

All direct funding must be used for the infection prevention and control measures or testing measures outlined. We expect each allocation to be used to pay for the respective measures; however we recognise that some costs might cut across both purposes (e.g. an individual staff member brought in for infection prevention control purposes could also be involved in supporting visiting). Please note that there have been some changes to the measures that can be paid for under the direct funding for providers from the previous Infection Control and Testing Fund.

All allocations include 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. To note, these allocations include residential drug and alcohol services[1].

Infection prevention and control (IPC) funding

Local authorities should pass 70% of this funding to:

- care homes, including residential drug and alcohol services, within the local authority's geographical area on a 'per bed' 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

We expect this to be the default approach in most locations. However, as part of previous COVID-19 funds some local areas have put in place alternative arrangements – such as allocation based on staffing ratios – which we are keen to support if there is local consensus. Local authorities may propose alternative approaches for allocating the funding in cases where this would help facilitate the allocation of funding. However, any alternative approaches must:

- be consistent with the intention of the funding to provide an equitable level of funding among providers of community care, including those with which the local authority does not have existing contracts

[1] As per the Care Quality Commission Care Directory. Residential drug and alcohol services are not categorised as 'care homes' within the directory, so we have indicated the relevant bed numbers we have used for these services in the allocations table, which can be found in annex B.

- have been consulted upon with the local provider sector
- be carried out at the local authority's own risk

If a local authority takes an alternative approach, they must notify the department via email.

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

Care homes (including residential drug and alcohol 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. Mitigations such as block booking should be used to further minimise staff movement where agency or other temporary staff are needed.
- 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 prevention and control while permanent staff are isolating or recovering from COVID-19

- Costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams.

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 provider providing care to a particular individual or steps to enable staff to perform the duties of other team members/providers (including, but not limited to, district nurses, physiotherapists or social workers) to reduce the number of carers attending a particular individual
- meeting additional costs associated with restricting workforce movement for infection prevention and 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)
- costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages

to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams

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.

Testing funding

Local authorities should pass the direct funding portion of the testing allocation to care homes, including residential drug and alcohol services, within the local authority’s geographical area on a ‘per beds’ basis.

At a national level, this represents 70% of the testing allocation. However, this will vary by local authority, depending on how many of each type of setting there is within the local authority's geographical area. For instance, if a local authority has more community care users than care home beds in their geographical area, the local authority's discretionary funding may be greater than their allocation of direct funding to providers.

Local authorities must assure themselves that all direct funding for providers from this allocation is spent on the following testing measures. Care homes can use this funding to pay for the continuation of measures that they may have already taken if they are in line with the below:

- Paying for staff costs associated with training and carrying out lateral flow testing, including time to:
    - attend webinars, read online guidance and complete an online competency assessment
    - explain the full lateral flow test (LFT) process to those being tested, and ensuring that they understand all other infection prevention and control (IPC) measures
    - ensure that any LFTs are completed properly, including overseeing the self-swabbing process, processing tests and logging results
    - wait for results, if staff are taking tests prior to their shift.
- Supporting safe visiting, including:
    - welcoming visitors;
    - gaining consent to conduct lateral flow testing;

    - overseeing that PPE is correctly donned;
    - additional IPC cleaning in between visits; and
    - alterations to allow safe visiting such as altering a dedicated space
- Costs associated with recruiting staff to facilitate increased testing
- Costs associated with the maintenance of a separate testing area where staff and visitors can be tested and wait for their result. This includes the cost of reduced occupancy where this is required to convert a bedroom into a testing area, but only if this is the only option available to the setting. We expect that most costs will have been covered by the first Rapid Testing Fund, which ran from December 2020 to March 2021.
- Costs associated with disposal of LFTs and testing equipment
- Costs of PCR testing, including:
    - ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so
    - any costs associated with reaching a testing facility
    - any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests

Further guidance on direct funding for providers

Unoccupied beds

As outlined in annex B of the local authority circular, the allocations for care homes are based on the Care Quality Commission (CQC) Care Directory with Filters (June 2021). The allocations for residential drug and alcohol services are listed separately and are based on data held by CQC. 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 LA discretionary 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, the community care 'per user' allocation of the IPC funding is based on the number of non-residential service users per local authority recorded on the Capacity Tracker Home Care Survey as of 14 June. We ask local authorities not to exclude providers who did not complete the Capacity Tracker before that date if there was a reasonable explanation. Moreover, if local authorities find that the number of users does not reflect the correct numbers of users, they may 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 when they return their spending reports, and should be aware that no further funding will be provided.

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 LA discretionary allocation. However, funding must be added to the corresponding allocation. For example, if a provider refuses IPC funding, this money must be added to the IPC 30% discretionary allocation and cannot be re-purposed for testing measures.

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.

Dormant locations

Local authorities will note that the CQC Directory with filters now notes where providers are considered 'dormant'. This means that a provider is registered, but there is no active regulated service being provided. In general, the number of care home providers in this category is very small and we have not disregarded these providers from the allocations. However, we would ask local authorities to confirm that providers are active (providing a care service) before allocating funds. Where providers are not active, the funding which may have been passed to these providers may be added to the local authority's discretionary funding.

Registering lateral flow tests

Care providers in receipt of LFTs are required to register the results of all tests as per the testing guidance for staff and residents, and the visitors and visiting professionals guidance.

Local authority discretionary funding

Infection prevention and control (IPC) measures

Local authorities must use 30% of the IPC allocation to support the care sector to put in place other COVID-19 infection control measures, but this can be allocated at their discretion. Some providers may have more significant infection prevention and control costs, due to the nature of the care provided (affecting staffing ratios) or the impact of a local outbreak or variant of concern. The Department would like local authorities to consider using this fund to put in place infection prevention and control measures to support the resumption of services, including those providers who may be facing more significant IPC costs.

A non-exhaustive list of wider measures that the funding could be used for is below:

- providing additional support to care homes or other providers that are currently experiencing an outbreak to ensure that they are able to put in place sufficient IPC measures
- 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
    - 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
- 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 prevention and control
- 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

Local authorities may use a small amount of this funding (capped at 1% of their total IPC allocation) for reasonable administrative costs associated with distributing and reporting on this funding.

Testing measures

The current Coronavirus testing regimes for adult social care settings are set out here. Local authorities must use their discretionary allocation of the testing allocation of the grant to support the care sector to operationally deliver testing. Please note that in this grant, this includes support to community care providers for costs associated with PCR testing (this was part of the passported IPC funding in the previous Infection Control and Testing Fund). We therefore ask local authorities to use this allocation to provide funding to community care providers for that purpose. We know from reporting against the extended Infection Control Fund that around £7 million was spent on this measure between January and March 2021. We have included an indicative distribution (Annex B) of how these costs could be distributed, to aid local authorities in determining how much funding to provide from this allocation.

Given the rollout of lateral flow testing for visitors to supported living and extra care settings, we expect local authorities – who have been referring and approving settings for this purpose – to use a portion of this funding to support testing in those settings.

As such, we expect local authorities to use their discretionary portion of the testing allocation to support:

- supported living and extra care settings eligible for LFTs[2]
- care homes or other providers that are currently experiencing an outbreak to ensure that they have the resources needed to administer the LFTs and equipment that they need to increase lateral flow testing
- smaller homes to implement lateral flow testing as they may face relatively higher costs compared to large homes
- CQC-regulated community care providers with the costs of PCR testing; including ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so, any costs associated with reaching a testing facility, and any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests.

[2] For eligibility see guidance on testing service for extra care and supported living settings.

- other parts of the sector with lateral flow testing in line with any further rollouts.

These settings can use this funding in line with the testing measures outlined above.

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 (1) reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination; and (2) conduct testing of staff and visitors in care homes, high risk supported living and extra care settings, in order to enable close contact visiting where possible. This funding must not be used to pay for activities that do not support the primary purpose of this fund.

Interaction between IPC allocation and testing allocation

As a general rule, the testing allocation should not be used to pay for IPC measures, either at a local authority or provider level, and vice versa. However, we recognise that some costs might cut across both purposes (e.g. an individual staff member brought in for infection prevention and control purposes could also supporting visiting). Local authorities and providers must keep relevant records to demonstrate that spending is in line with grant conditions if required by the department.

Staff who are off sick with conditions other than COVID-19

This funding cannot be used by providers to pay usual wages to staff who are off sick with conditions other than COVID-19. 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, including 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.

PPE

The Department is providing free personal protective equipment (PPE) for COVID-19 needs to CQC-registered care homes and domiciliary care providers via the PPE portal until the end of March 2022. These providers are able to register to the PPE portal and place orders using their CQC-registered emails. Non CQC-registered providers can access free PPE for COVID-19 needs until the end of March 2022 through their Local Resilience Forum (LRF), or local authority where LRFs have stood down regular distribution of PPE. The direct funding for providers cannot therefore be used by providers to pay for the cost of purchasing PPE.

Local authorities may use their 30% discretionary portion of the IPC allocation on other COVID-19 infection prevention and 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 we expect the PPE portal to be the first port of call for CQC-registered providers, and LRFs/local authorities for non-CQC registered providers.

Designated settings

To prevent the risk of infections entering care homes, anyone who is likely to be infectious with COVID-19 should be discharged to a designated setting, a facility that meets a set of agreed standards to specifically provide safe care for COVID-19 positive residents. The Department is providing an additional £594 million through the hospital discharge programme to ensure that patients who have tested positive for the virus to be discharged safely from hospital into a specifically designated setting where they will receive appropriate care in a COVID-secure environment, before returning or moving into a care home or other care environment to prevent the spread of COVID-19.This will enable new packages of care and designated care settings to be funded between now and the end of September 2021.

Therefore, the Infection Control and Testing Fund should only be used for the IPC and testing measures outlined. Any additional costs incurred by a designated setting to reach the standards to provide safe care for COVID-19 positive residents should be met from the hospital discharge programme.

Visiting

Where funding is spent on supporting visiting, this must be limited to measures that relate to managing the risks of COVID-19 transmission through visiting – in line with government guidance. Funding must not be spent on generic visiting facilities.

Interaction with Test and Trace

The Test and Trace Support Payment Scheme is available to people in England who have been asked to stay at home and self-isolate by NHS Test and Trace or are the parent or guardian of a child that has been told to self-isolate. An eligible applicant must be on a low income, unable to work from home and losing income as a result.

The Infection Control and Testing Fund provides financial support to providers so they can continue to pay their staff their full wages while they are self-isolating according to government guidelines on COVID-19. The fund aims to ensure that care workers do not lose income because they are self-isolating.

We expect the Infection Control and Testing Fund to be the primary way to support social care workers who need to stay at home and self-isolate. If an individual is receiving their full wage from their employer through the Infection Control and Testing Fund, they will not be eligible for the Test and Trace Support Payment scheme.

We expect the majority of social care staff will not require the Test and Trace Support Payment. However, those who are not being paid to self-isolate by their employer in this way could be eligible if they meet the criteria.

Interaction with Statutory Sick Pay rebate

Eligible employers can use the Coronavirus Statutory Sick Pay Rebate Scheme to claim back employees' coronavirus-related Statutory Sick Pay (SSP). The rebate is available to social care providers as well as funding provided through the Infection Control and Testing Fund.

The rebate is targeted at employers with fewer than 250 employees, and they could be eligible if they meet the criteria.

Retrospective costs

This funding cannot be used retrospectively to compensate for expenditure incurred before 1 July 2021. It can, however, be used by providers to cover the ongoing costs of activities consistent with the aforementioned IPC and testing 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 returns

Local authorities must submit two 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	1 September 2021	Spending up to 31 July
Reporting point 2	29 October 2021	Spending up to 30 September

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

The template that local authorities will need to complete can be found at annex E.

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.

Departmental assurance processes

Local authorities must comply with any departmental assurance processes, including requests for information on providers' spending of this funding, the first Infection Control Fund and its extension, the Rapid Testing Fund and the original Infection Control and Testing Fund. Departmental assurance processes will follow the same approach as previous funds. 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, at the conclusion of the fund, the Department finds that a local authority has not spent the entirety of their allocation, the Department will recover any unspent monies.

The local authority must provide a final value of unspent funding and updated final spending report by no later than 31 December 2021, after which time the local authority may no longer amend this value. We expect local authorities to return unspent amounts to the department promptly after this date. In January 2022, the Department will send letters out to all local authorities advising them on how to return any unspent or misspent

amounts. We ask that all local authorities make arrangements prior to this point to recoup any unspent amounts from providers in their local area.

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

A local authority must ensure that the direct funding to providers is only allocated on condition that the recipient care provider agrees to use it only for the IPC and testing measures outlined above, commits to completing the Capacity Tracker at least once per week, and will provide the local authority with information on how they have spent the funding at two points, at least one week prior to each reporting point (or as directed to them by their local authority).

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 work with that provider to determine if this is the case, and if necessary, recoup any misspent amounts.

If the local authority finds that the provider has not spent the entirety of the funding at the conclusion of the fund, they must take steps to recover any unspent monies.

Managing the risk of fraud

Local authorities 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.

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). 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

In order to receive funding, care providers (including providers with exclusively self-funded clients 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 until the conclusion of the fund.

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 funding made available to them through this grant. 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	1 September 2021	Spending up to 31 July
Reporting point 2	29 October 2021	Spending up to 30 September

Assurance processes

If the information that local authorities receive from providers about their spending on the initial Infection Control Fund, its extension, the Rapid Testing Fund or the original Infection Control and Testing Fund gives local authorities cause for concern that spending was not consistent with the conditions of that grant, 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.

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 work with that provider to determine if this is the case, and if necessary, recoup any misspent amounts.

We do not expect local authorities to require providers to prove that they have spent all of any previous grants (including the original Infection Control and Testing Fund) before passing on allocations of this grant.

Providers must fully spend the funding by the end point of the fund on 30 September 2021 (and to demonstrate this at reporting point 2). Those providers who have not fully spent their allocation at the conclusion 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 this grant has been spent on different measures, and that each allocation has been spent on corresponding 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:

- they have completed the Capacity Tracker at least twice (two consecutive weeks) and have committed to doing so once per week until 30 September 2021.

- where applicable, previous spending on the initial Infection Control Fund, its extension, the Rapid Testing Fund or the original Infection Control and Testing Fund was in line with the conditions outlined in that grant

These conditions apply per setting, rather than per provider.

Subsidy Control

As stated in the local authority circular, in relation to the 'direct funding to providers' allocation, DHSC considers that this grant, and the measures it is intended to support, are consistent with the UK's international obligations on subsidy control. We consider that the measures are services of public economic interest, since they will help detect COVID-19, hence reducing its incidence and spread, and are over and above that which care providers would normally be expected to provide.

Due to their potential to limit the transmission of COVID-19 and therefore prevent loss of life, these measures are of particular importance to care users, workers and their families, as well as being in the general public interest. Furthermore, without intervention they would not be provided by the market at the level or quality required, and thus to secure their provision, compensation needs to be provided to incentivise an undertaking or set of undertakings.

Local authorities should however take their own individual legal advice on subsidy control and consult the relevant BEIS guidance for public authorities available at: https://www.gov.uk/government/publications/complying-with-the-uks-international-obligations-on-subsidy-control-guidance-for-public-authorities

The BEIS guidance above states that Subsidies of Public Economic Interest (SPEIs) must meet the terms of the Article 3.4 Principles if their value is over 750,000 Special Drawing Rights. SPEI are public services whose end user are private citizens, which the market would not normally provide or not to the extent required. Article 3.3 of the UK-EU Trade and Cooperation Agreement (TCA) sets out conditions for such subsidies, including that compensation is limited to what is necessary to cover all or part of the costs incurred in the discharge of the public interest task, taking into account the relevant receipts and a reasonable profit for discharging that task. Public authorities must ensure that any subsidy for SPEI is not used to cross-subsidise the beneficiary's commercial activities.

Local authorities may also choose to rely on the de minimis exemptions in Article 3.3(3) or Article 3.2(4) TCA where available or to consider that the financial assistance does not fall within the definition of a "subsidy", for instance, because it does not have "an effect on trade or investment" between the UK and the EU or is not "specific" for the purposes of Article 3.1 TCA (see section 4 of the BEIS guidance).

If, after internal consideration, a local authority continues to have concerns about the compatibility of their subsidy with UK law, or the UK's international obligations, they can contact subsidycontrol@beis.gov.uk for further advice.

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:

IPC allocation

Care homes

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. Mitigations such as block booking should be used to further minimise staff movement where agency or other temporary staff are needed.	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,	Paying for extra staff cover to provide the necessary level of care and support to residents.

including segregation of COVID-19 positive residents	Paying for structural/physical changes to support separation of floors/wings and/or residents. We would expect this only in very limited circumstances where previous structural changes have not been possible. Payments to offset reduced occupancy where this is required to implement appropriate cohorting/zoning of residential establishments.
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.
Costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams	Payment of staff at their normal hourly rate to attend a vaccination appointment, and any travel time and cost associated with this.

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 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.
Meeting additional costs associated with restricting workforce movement for infection prevention and 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).	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.
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.	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.
Costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not	Payment of staff at their normal hourly rate to attend a vaccination appointment, and any travel time and cost associated with this.

being supported by other government funding streams	

Testing allocation

Testing measure	*Examples of how funding can be spent*
Paying for staff costs associated with training and carrying out lateral flow testing	Including time to: • attend webinars, read online guidance and complete an online competency assessment • explain the full lateral flow testing process to those being tested, and ensuring that they understand all other infection prevention and control (IPC) measures • ensure that any lateral flow tests are completed properly, including overseeing the self-swabbing process, processing tests and logging results • wait for results, if staff are taking tests prior to their shift.
Supporting safe visiting	In addition to the staff costs of carrying out lateral flow testing of visitors covered above, this may include: • welcoming visitors, and briefing them on how to conduct their visit safely; • gaining consent to conduct lateral flow testing; • overseeing that PPE is correctly donned, and other IPC measures are properly followed; • additional IPC cleaning in between visits; and • alterations to allow safe visiting such as altering a dedicated space.

Costs associated with recruiting staff to facilitate increased testing	Including existing staff time to: • Conduct the hiring process of additional staff to facilitate increased testing. • Induct new staff members specifically for this purpose.
Costs associated with creating a separate testing area where staff and visitors can be tested and wait for their result.	For Care Homes, we expect that most set-up costs for Care Homes will have been covered by the first Rapid Testing Fund though do recognise there may be some ongoing costs for testing areas. For extra care and supported living settings, we recognise there may be a need to set-up a safe testing area. Including: • Reasonable costs to purchase or rent an external testing area e.g. a portacabin, external shed, enclosed gazebo area etc. • Costs to maintain a safe testing area e.g. cleaning products etc. • The cost of reduced occupancy where this is required to convert a bedroom into a testing area, but only if this is the only option available to the setting.
Costs associated with disposal of LFTs and testing equipment	Including: • Any additional collection costs for healthcare waste associated with lateral flow testing. • Additional equipment costs to manage waste e.g. additional bins
Costs of PCR testing; including ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so, any costs associated with reaching a testing facility, and any reasonable administrative costs associated with	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.

organising and recording outcomes of COVID-19 tests	Costs associated with testing, including the costs of fuel or transport to reach a testing facility.

Annex B - Indicative costs of PCR testing

As noted above, in this grant, support to community care providers for costs associated with PCR testing is provided through the discretionary portion of the testing funding. We therefore ask local authorities to use this allocation to provide funding to community care providers for that purpose. We know from reporting against the extended Infection Control Fund that up to £7 million was spent on this measure between January and March 2021. The table below is an indicative distribution - based on the numbers of community care users in each local authority - of how these costs are distributed, to aid local authorities in determining how much funding to provide from this allocation.

Total Quantum	£7,000,000	
Local Authority	Indicative costs (based on the number of Community Care Users in each local authority - 15 June 2021)	Capacity Tracker Service User Data - Community Care Users - 15 June 2021
Barking and Dagenham	£29,277	1,956
Barnet	£46,433	2,995
Barnsley	£21,788	1,558
Bath and North East Somerset	£18,977	1,312
Bedford	£23,895	1,648
Bexley	£21,823	1,458
Birmingham	£130,084	9,229
Blackburn with Darwen	£18,250	1,305
Blackpool	£26,557	1,899
Bolton	£50,989	3,600
Bournemouth, Christchurch and Poole	£61,546	4,401
Bracknell Forest	£21,207	1,383
Bradford	£59,570	4,258
Brent	£42,526	2,743
Brighton and Hove	£36,969	2,633
Bristol, City of	£49,844	3,446
Bromley	£61,517	4,110
Buckinghamshire	£58,970	3,945
Bury	£17,804	1,257
Calderdale	£23,979	1,714
Cambridgeshire	£63,039	4,376
Camden	£34,975	2,089
Central Bedfordshire	£24,025	1,657
Cheshire East	£57,443	4,073
Cheshire West and Chester	£39,053	2,769
City of London	£1,750	91

Cornwall	£71,503	5,113
County Durham	£79,209	5,664
Coventry	£54,844	3,891
Croydon	£57,716	3,856
Cumbria	£70,091	5,012
Darlington	£13,495	965
Derby	£40,122	2,869
Derbyshire	£99,878	7,142
Devon	£97,557	6,976
Doncaster	£43,534	3,113
Dorset	£52,666	3,766
Dudley	£33,885	2,404
Ealing	£62,013	4,000
East Riding of Yorkshire	£46,876	3,352
East Sussex	£64,741	4,611
Enfield	£45,412	3,034
Essex	£183,005	12,802
Gateshead	£23,648	1,691
Gloucestershire	£70,192	4,946
Greenwich	£27,290	1,630
Hackney	£34,087	2,036
Halton	£14,019	994
Hammersmith and Fulham	£25,097	1,499
Hampshire	£169,025	11,697
Haringey	£21,643	1,446
Harrow	£31,332	2,021
Hartlepool	£18,180	1,300
Havering	£35,533	2,374
Herefordshire, County of	£26,193	1,873
Hertfordshire	£119,972	8,050
Hillingdon	£29,425	1,898
Hounslow	£32,852	2,119
Isle of Wight	£20,953	1,450
Isles of Scilly	£378	18
Islington	£27,156	1,622
Kensington and Chelsea	£16,927	1,011
Kent	£194,415	13,781
Kingston upon Hull, City of	£25,620	1,832
Kingston upon Thames	£31,844	2,054
Kirklees	£43,943	3,141
Knowsley	£30,860	2,201
Lambeth	£41,220	2,462
Lancashire	£172,165	12,311
Leeds	£82,528	5,899
Leicester	£59,183	4,232
Leicestershire	£76,510	5,471

Lewisham	£58,314	3,483
Lincolnshire	£98,438	7,039
Liverpool	£76,246	5,438
Luton	£24,997	1,724
Manchester	£33,894	2,393
Medway	£27,891	1,991
Merton	£32,604	2,103
Middlesbrough	£18,516	1,324
Milton Keynes	£35,150	2,355
Newcastle upon Tyne	£36,905	2,639
Newham	£26,223	1,752
Norfolk	£107,402	7,680
North East Lincolnshire	£28,710	2,053
North Lincolnshire	£15,341	1,097
North Somerset	£25,920	1,792
North Tyneside	£31,731	2,269
North Yorkshire	£89,180	6,377
Northamptonshire*	£66,248	4,701
Northumberland	£45,870	3,280
Nottingham	£49,658	3,528
Nottinghamshire	£90,829	6,453
Oldham	£39,276	2,773
Oxfordshire	£78,583	5,341
Peterborough	£32,873	2,282
Plymouth	£22,753	1,627
Portsmouth	£23,886	1,653
Reading	£23,536	1,556
Redbridge	£39,021	2,607
Redcar and Cleveland	£20,963	1,499
Richmond upon Thames	£12,418	801
Rochdale	£30,395	2,146
Rotherham	£35,549	2,542
Rutland	£5,244	375
Salford	£37,293	2,633
Sandwell	£55,577	3,943
Sefton	£49,214	3,510
Sheffield	£67,783	4,847
Shropshire	£51,757	3,701
Slough	£19,030	1,241
Solihull	£26,992	1,915
Somerset	£70,818	5,064
South Gloucestershire	£34,946	2,416
South Tyneside	£21,718	1,553
Southampton	£36,689	2,539
Southend-on-Sea	£24,888	1,765
Southwark	£32,782	1,958

St. Helens	£25,686	1,832
Staffordshire	£83,348	5,960
Stockport	£34,573	2,441
Stockton-on-Tees	£25,466	1,821
Stoke-on-Trent	£40,010	2,861
Suffolk	£115,091	8,229
Sunderland	£47,128	3,370
Surrey	£166,835	10,880
Sutton	£35,394	2,283
Swindon	£28,923	2,034
Tameside	£25,495	1,800
Telford and Wrekin	£26,850	1,920
Thurrock	£16,093	1,095
Torbay	£23,494	1,680
Tower Hamlets	£49,407	2,951
Trafford	£31,755	2,242
Wakefield	£33,702	2,409
Walsall	£35,900	2,547
Waltham Forest	£19,638	1,312
Wandsworth	£24,042	1,436
Warrington	£28,545	2,024
Warwickshire	£61,618	4,335
West Berkshire	£19,996	1,322
West Sussex	£101,808	7,188
Westminster	£11,803	705
Wigan	£39,262	2,772
Wiltshire	£57,092	4,015
Windsor and Maidenhead	£10,964	715
Wirral	£43,143	3,077
Wokingham	£22,008	1,455
Wolverhampton	£45,513	3,229
Worcestershire	£72,077	5,154
York	£22,263	1,592
Total	£7,000,000	485,978