



Adult Social Care Infection Control and Testing Fund 2021

Annex C: Grant Conditions

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Grant conditions

In this Determination:

- “an authority” means an upper tier or unitary local authority identified in the annex B.
- “the Department” means the Department of Health and Social Care;
- “grant” means the amounts set out in the Adult Social Care Extension to Infection Control and Testing Grant Determination 2021
- "conclusion of the fund" means 30 September 2021
- “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; and the Common Council of the City of London.

The purpose of the grant is to provide support to adult social care providers, including those with whom the local authority does not have a contract, to: (a) 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 (b) conduct testing of staff and visitors in care homes, high risk supported living and extra care settings, to enable close contact visiting where possible.

Direct funding for providers

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

Infection prevention and control (IPC) funding

Local authorities must ensure that 70% of this funding is allocated to:

- care homes within the local authority's geographical area on a 'per bed' basis; and
- CQC-regulated community care providers (domiciliary care, extra care and supported living) within the local authority's geographical area on a 'per user' basis

as set out in annex B.

[Insert title]

Local authorities may propose alternative approaches to that set out in annex B 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
- 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:

in respect of care homes:

- 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.

in respect of CQC-regulated community care providers:

- 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

If a provider in a local authority's geographical area refuses this funding or is unable to use all of its allocation, the local authority may add unallocated IPC funding to their 30% discretionary allocation. If a local authority decides to do this, they must notify the Department when they return their spending report. Any funding reallocated in this way must still be spent before the conclusion of the fund.

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

If a provider in a local authority's geographical area refuses this funding or is unable to use all of its allocation, the local authority may add unallocated testing funding to their discretionary allocation. If a local authority decides to do this, they must notify the Department when they return their spending report. Any funding reallocated in this way must still be spent before the conclusion of the fund.

Conditions to be imposed on care providers

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 spend their allocation by 30 September 2021;
- will provide the local authority with a statement certifying that that they have spent the funding on those measures at reporting point 2 (29 October 2021);
- if requested to do so will provide the local authority or the Department with receipts or such other information as they request to evidence that the funding has been so spent. This may include proof that results of LFTs have been registered;
- provide the Department 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 or are unspent at the conclusion of the fund (30 September 2021); and
- has completed the Capacity Tracker at least twice (two consecutive weeks) and has committed to completing the Tracker at least once per week until the conclusion of the fund.

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

The local authority should not make an allocation of this grant to a care provider that has not completed the Capacity Tracker at least twice (two consecutive weeks).

Local authorities must make it a condition of the provision of the direct funding for providers that the cost of any specific infection prevention and control measures or testing measures are met by providers on the basis that:

1. 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;

2. third party charges (for example, of costs to avoid the use of public transport) are paid at the normal market rates; and
3. 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 direct funding for providers allocation and keep appropriate records.

If, at the end of the fund, a provider has not used the entirety of the 'direct funding to providers' allocation in pursuit of the IPC and testing measures outlined, 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 'direct funding to providers' funding is to be used for any purpose other than the IPC and testing measures specified in annex C. If a local authority finds that a provider has used the 'direct funding for providers' allocation to pay for measures not outlined in annex C, they should take all reasonable steps to recover the misspent amounts.

Local authority obligations

This grant includes two distinct allocations of funding - infection prevention and control (IPC) funding and testing funding.

Infection prevention and control (IPC) funding

Local authorities must pass on 70% of the IPC funding to care providers in their geographical area.

Local authorities must use 30% of the IPC funding to support the sector to put in place other COVID-19 infection prevention and 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), supporting providers who face increased infection control costs as a consequence of their individual circumstances or due to effects of the pandemic, 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.

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 funding

Local authorities must pass on the direct funding portion of the testing funding to care homes within their geographical area.

Local authorities must use their discretionary allocation of the testing allocation of the grant to support the care sector to operationally deliver testing.

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. This can include providing support for extra care and supported living settings.

Conditions imposed on local authorities

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

- make the 'direct funding for providers' allocation directly to 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 care provider is made on condition that the provider has completed the Capacity Tracker at least twice (i.e. two consecutive weeks) and has committed to do so on a weekly basis until 30 September 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 or if it is not spent by the provider by 30 September 2021.
- provide the Department with two returns on how providers and the local authority have spent this funding, to be returned on 1 September 2021 (reporting point 1) and 29 October 2021 (reporting point 2).
- provide the Department with a statement as per annex D, certifying that that they have spent the funding on those measures at reporting point 2 (29 October 2021).
- return any amounts unspent at the conclusion of the fund by either the local authority, or providers in the local authority's geographical area to the Department. The local

authority must provide a final value of unspent funding by no later than 31 December 2021, after which time the local authority may no longer amend this value.

Reporting

Requirements on local authorities

A local authority must report on spending against this grant at two points:

1. 1 September 2021, with information on July spending
2. 29 October 2021, with information on spending for the entirety of the grant duration

The template for both reporting points can be found at annex E and should be returned to the mailbox (further information can be found in the accompanying guidance).

We expect local authorities to fully allocate the 'direct funding to providers' allocation of the grant within 20 working days to enable providers to full spend the grant before the fund closes on 30 September 2021. We will not penalise local authorities that fail to do this.

At the close of the fund the authority's Chief Executive (or the authority's S151 Officer) and the Director of Adult Social Services must certify 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. Chief Executives have been provided with a statement of assurance for their signature as per annex D.

Requirements on providers

Providers will be required to have completed the Capacity Tracker at least twice (two consecutive weeks) and have committed to continuing to do so at least once per week for the duration until 30 September 2021 to be eligible to receive funding via the 'direct funding to providers' allocation.

The local authority must not allocate any funding to a provider unless they have met the above conditions, even if this means that payments are not made within 20 working days.

Providers will need to demonstrate that the funding passed to them has been spent in line with the measures outlined above. Those providers who have not fully spent their allocation or have unspent monies from their allocation after the close of the fund (30 September 2021) will be expected to repay any unspent monies.

Providers are required to provide local authorities with the information needed to complete the two returns on their spending at least one week before the deadlines specified above (or as indicated by their local authority).

We do not expect local authorities to routinely require providers to provide them with receipts or invoices to prove how funding has been spent. Providers will, however, need to keep these records and make them available to the local authority or the Department if they are required to provide reassurances that the funding has been used in accordance with the grant conditions.

If the information that a local authority receives from a provider at any reporting point gives them concerns that the provider's spending is not in line with the grant conditions, they should work with the provider to understand their spending, and if necessary, recover misused funding.

Financial Management

A recipient authority and providers must maintain a sound system of internal financial controls.

If a recipient authority has any grounds for suspecting financial irregularity in the use of any grant paid under this funding agreement, it must notify the Department immediately, explain what steps are being taken to investigate the suspicion and keep the Department informed about the progress of the investigation. For these purposes “financial irregularity” includes fraud or other impropriety, mismanagement, and the use of grant for purposes other than those for which it was provided.

Breach of Conditions and Recovery of Grant

If the authority fails to comply with any of these conditions, or if any overpayment is made under this grant or any amount is paid in error, 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 notified in writing to the authority. Such sum as has been notified will immediately become repayable to the Secretary of State who may set off the sum against any future amount due to the authority from central government. An authority must submit monthly returns specifying how the grant has been spent. An example template is provided at annex E. These must be submitted to the Department who may review the returns on behalf of the Secretary of State for Health and Care.