



# Adult Social Care Extension to Infection Control and Testing Fund 2021

## Local Authority Circular

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# 1. 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.

This funding will be paid as a Section 31 grant ring fenced exclusively for actions which support care homes and CQC-regulated community care providers mainly to tackle the risk of COVID-19 infections and enable close-contact visiting, and is in addition to funding already received.

This document is accompanied by five annexes which amongst other things set out the conditions upon which the grant is paid and the local authorities to whom it will be paid:

- Annex A – Extension to Infection Control and Testing Fund grant determination
- Annex B – Extension to Infection Control and Testing Fund grant allocations

[Insert title]

- Annex C – Extension to Infection Control and Testing Fund grant conditions and reporting requirements
- Annex D – Extension to Infection Control and Testing Fund assurance statement
- Annex E – Extension to Infection Control and Testing Fund Local Authority Reporting Templates

From 1 January, the government is no longer bound by the EU state aid rules. Public authorities should familiarise themselves with the guidance published by the Department for Business, Energy and Industrial Strategy on 31 December on complying with the UK's international obligations on subsidy control.

DHSC considers that this grant, and the measures it is intended to support as specified in annex C are consistent with the UK's international obligations on subsidy control. This is because the measures 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.

The measures that can be compensated under the IPC and testing allocations of funding are detailed in Annex C.

## 2. The grant

This grant will be paid in a single instalment in July 2021.

### Grant conditions

Pursuant to section 31(4) of the Local Government Act 2003 the Secretary of State has attached conditions to the payment of the grant, which are set out in Annex C.

All funding must be used for the measures outlined. Local authorities should pass on:

- 70% of the IPC allocation to care homes on a 'per beds' basis, and CQC-regulated community care providers on a 'per user' basis; and
- the 'direct funding to providers' portion of the testing allocation (70% nationally) to care homes on a 'per beds' basis

within the local authority's geographical area, including to social care providers with whom the local authority does not have existing contracts.

The local authority has discretion to use the remaining 30% of the IPC allocation, and discretionary portion of the testing allocation (30% nationally) to provide further support to the care sector, as outlined in annex C.

No payments should be made unless certain conditions are met, including the local authority being satisfied that the funding will be used for the measures outlined and the conditions stipulated in annexes A and C are met. Clawback provisions apply to this fund including that the local authority and provider must repay any unspent amounts at the end of the fund, and the provider must repay any amounts not used for the measures outlined.

### Local Authorities

All eligible local authorities will be paid this funding in July 2021, according to the distributions set out in annex B. DHSC expects local authorities to transfer the 'direct funding for providers' allocation of this funding to providers within 20 working days, subject to providers meeting the conditions set out in annex C.

### Providers

In order to receive funding, care providers will be required to adhere to the following requirements for the duration of the fund (until 30 September 2021):

[Insert title]

- have completed the Capacity Tracker at least twice (two consecutive weeks);
- have committed to completing the Capacity Tracker at least once per week; and
- have committed to providing the local authority with two reports on spending (as detailed at annex E).

Providers in receipt of LFTs are required to register the results as per the [guidance](#).

## **Distribution of funding**

Allocations of funding per local authority are attached at annex B. Local authorities should prioritise passing on the 'direct funding to providers' allocations to care homes and CQC-regulated community care providers. DHSC's expectation is that this should take no longer than twenty working days from receipt of the funding in a local authority.

DHSC's expectation is that the grant will be spent in its entirety by 30 September 2021.

If at 30 September 2021 there is any underspend or DHSC is not convinced that the fund has been spent according to the grant conditions outlined in the Grant Determination, 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 in writing to the authority. However, DHSC will only look to recover funding where there is clear and obvious evidence that the fund has not been used in accordance with the grant conditions, or that there is unspent funding.

## 3. Reporting

Local authorities must distribute the money in line with this document and are required to provide two high level returns covering the information set out in annex E and return it by the dates below. Providers will need to provide this information at least one week prior to DHSC's deadline (or as indicated by their local authority) to the following timetable:

- Reporting point 1: 1 September 2021
- Reporting point 2: 29 October 2021

Providers are also required to complete the Capacity Tracker at least once per week until 30 September 2021.