

Exercise of emergency functions – Acceptance and use of allocation of the £2,687,000 (two million six hundred and eighty seven thousand pounds only) Infection Control Fund for CCC

1. Part 2M of the constitution of the City Council provides for the Scheme of Functions delegated to Employees including to the Chief Executive/Head of Paid Service.
2. Paragraph 3.8 of Part 2M of the Constitution enables the Chief Executive, in consultation with the Leader to make decisions required in an emergency.
3. As part of its response to COVID-19, the Government announced that it would provide local authorities in England with a ring fenced grant of £600m called the Adult Social Care Infection Control Fund. 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 reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience to deliver infection control. Coventry's allocation is £2.687m.
4. Local Authorities are required to pay 75% of each of the 2 instalments that make up the grant to all care homes registered with CQC in the City. The local authority has the discretion to allocate the remaining 25% of funding to care homes or to domiciliary care providers and to support wider workforce resilience in relation to COVID-19 infection control. However, no payments are allowed to be made unless certain conditions are met, including the local authority being satisfied that the funding is being used for infection control purposes.
5. The Government has also issued guidance which sets out how the grant is to be provided, who will benefit from these scheme as well as the eligibility criteria. A copy of the guidance is below



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6. As part of the grant conditions issued on 26th May 2020, it was communicated that the first instalment is due to be paid to the City Council in May with an expectation it is paid to Care Homes within 10 days of receipt and this funding will upon receipt need to be added to the Council's Revenue Budget.
7. On the basis set out above, I am satisfied that the decision being taken pursuant to this emergency provision is critical to the Council's ability to provide financial support to providers in the battle against COVID-19, enabling them to continue to support the most vulnerable people in the City.
8. In light of the above I agree that this constitutes an emergency and I am making the decision that the City Council:

- Accepts the grant in the sum of £2.687m and uses the grant in line with the grant determination issued.
- The grant of £2.687m is added to the Council's Revenue Budget
- Delegated authority be given to Ewan Dewar (following consultation with the Director of Adult Services and Director of Finance and Corporate Service) to administer the grant in accordance with the grant determination referenced above.

I have consulted with the Leader of the City Council to confirm his agreement to this course of action.

A report will be taken to Council at the next appropriate meeting that will include information about this emergency decision.

Signed:

A solid black rectangular box redacting the signature of the Chief Executive of Coventry City Council.

Chief Executive of Coventry City Council

Dated: 29.05.20

Temporary Funding for Adult Social Care providers during the Covid-19 Crisis



Introduction

This statement has been produced to give a framework for the consideration of the locally determined temporary funding of social care providers in the light of the current national emergency.

Its focus is on stabilising the adult social care market during the crisis. It is not intended to impede local successful relationships with providers, but to recognise that nationally there are critical concerns about sustainability and price.

Providers have several concerns which reflect their anxieties about being able to survive in the short term. Some of those concerns are operational such as the need to ensure that care workers have the right personal protective equipment and appropriate testing. However, there are also immediate and very pressing concerns about the increased costs they are facing and the impact this will have on their cash flow.

Councils also have concerns about the range of calls on the Covid-19 funding which has been made available to them by Government and need to carefully monitor the additional costs being incurred to support adult social care providers.

Many authorities have already taken action to support providers in meeting the additional costs that they face locally and in managing cash flow challenges. We hope that the information about the scale and nature of pressures set out in this statement will help councils who have not yet been able to agree what level of temporary additional support providers in their local area will need. We would welcome a local open book dialogue to build trust between commissioners and providers.

Objectives

Adult social care faces three major challenges over the next four weeks and beyond in response to Covid-19:

- a) To ensure that the adult social care sector continues to provide care to those who need it at a time when providers will need to recruit additional employees to replace those who are off sick or to respond to increased demand. This will be a cost pressure for providers which must be recognised. Other sectors have reported staffing absences of over 20% at any point in time.

All the evidence is that adult social care is facing similar challenges. This will be a significant challenge especially given the high level of vacancies in the sector

and the significant turnover of employees and will mean that providers incur additional costs. Providers are likely to face other increased costs especially Personal Protective Equipment (PPE) and the extra time required to deliver care safely whilst following infection control guidance.

It is important to acknowledge the existing fragility of the care market before it had to contend with the challenges arising from Covid-19. It is not intended that the additional £1.6 billion of Government funds are used to make up previous shortcomings.

- b) To support the immediate discharge of hospital patients who are medically fit to leave. Adult social care packages will be required for many of those people. Home care packages and care home placements will need to be sourced locally and fees agreed locally with providers along with the NHS and Government organising appropriate testing.

Given the need for immediate discharge from hospital within two hours, for additional reablement capacity to maximise independence and the implications of Covid-19, we need to invest in safe and sustainable approaches that will in themselves help people recover and free up resources. All organisations should be following the guidance on discharge that has been issued.¹ Local authorities are the lead commissioners of discharge care packages working closely with colleagues from the NHS.

- c) To increase capacity to enable the social care system to meet additional need and demand in relation to hospital discharge the NHS is seeking to achieve. This is through a combination of a 5% increase in care home capacity utilising half of the existing vacancies – 20,000 beds and increasing capacity for care at home by 10% including home care, personal assistants and other community and voluntary services.

In some instances where homes have inadequate quality, this will require additional staffing and oversight from health and social care. Capacity cannot be judged simply by the number of hours but also needs to take account of how the services in the community help people to recover and rehabilitate.

Funding Providers

There are 3 areas where councils can take action to support providers as they manage through this crisis; in many cases some or all these actions will have been taken or be under consideration:

1. It is important that underlying fee increases for 2020/21 consider the impact of the 6.2% increase in the National Living Wage with effect from 1st April 2020. We estimate that the impact of this on provider costs is approximately 5%. Our

¹ <https://www.local.gov.uk/our-support/coronavirus-information-councils/covid-19-adult-social-care-and-support>

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calculation recognises that all providers will face an increase in their labour costs of 6.2%. However, labour related costs only make up a proportion of the costs of providing care. We have assumed that those other costs (accommodation, equipment, overheads and profits) make up 30% of costs.

We have assumed that inflation is 2.5% on those other costs. Councils will have already budgeted for revised fee levels in 2020/21 so this is not a call on the £1.6bn Covid-19 resources.

Providers have given positive feedback about the approach taken by some councils but are also critical about the lack of information provided by other local authorities about the level of fees payable from 1 April. We would refer all local authorities to the commissioning guidance note published by the LGA, ADASS and the Care Provider Alliance². Local government will be working with the Care Provider Alliance to share best practice to help with the implementation of that guidance note.

2. Additional temporary funding to recognise the cost pressures caused by Covid-19: higher dependency levels, higher staff sickness absence rates, higher administration costs due to greater volatility of support packages, and PPE costs. It is suggested that any temporary increase could be initially for 1 month with effect from 1st April 2020 with the expectation that it would be extended further if significant staffing issues persist. It is also suggested that the default position is that this extra temporary funding will end when the Covid-19 emergency finishes or is scaled down significantly.

Councils will want to monitor the actual impact on provider costs, and this will also be reviewed nationally in conjunction with the Care Providers Alliance (CPA) during April and each month thereafter. It could also be affected by the different impact of the pandemic in each area on provider costs.

Local authorities will need to consider the most efficient and effective way of making these additional payments which could include by agreement to directly meet additional costs, by uplifts to fees or through support in kind e.g. staffing. We suggest that any temporary increase is conditional on providers continuing to accept new service users (where it is safe to do so and committing to work collaboratively locally).

An initial review of the information from providers suggests that nationally costs are likely to increase by in the region of 10% in April. However, we want to understand this issue better. It may be the case that costs in learning disability services may be differently affected and may need a differing local solution. There are many calls on the Government grant of £1.6 billion and whilst it was expected that a substantial part of would be needed for adult social care, it would not be possible to sustain substantial temporary increases in funding to providers over a number of months without additional Government resources.

² <https://local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19-guidance-commissioners>

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If temporary costs are increasing by significantly more than is affordable from the £1.6 billion funding, then we will join with providers in requesting more resources from the Government to help fund this additional burden. Consideration of the long term impact on the sector must be taken into account once the additional Government funds cease.

3. To help providers with their cash flow especially in the current month. Many authorities are already taking action to do this, for example, paying on plan in advance, for anticipated care delivery rather than in arrears, with retrospective adjustment as required and appropriate. This would mean payment at the beginning of every month for the work planned for that month. It is important that the first payment is made as early as possible in April.

For providers, this would mean that they would receive two payments in April: the payment for March in arrears and the payment for April in advance. We believe that this will help with the challenges of managing their cash flow.

Funding Services to Support Discharge from Hospital

On 19th March 2020 the Secretary of State for Health and Social Care wrote to local authority Chief Executives and Directors of Adult Social Services about the coronavirus pandemic. As well as commenting on the additional pressures on adult social care which are considered above in this note, he also referred to the £1.3 billion funding to the NHS to support enhanced discharge arrangements.

“This will include providing free out-of-hospital care and support to people discharged from hospital or who would otherwise be admitted into it, for a limited time. This will remove barriers to discharge and transfer between health and social care, and get people out of hospital quicker and back into their homes, community settings or care settings.”

We have been working with the NHS and central Government to provide some advice about those resources. We expect to issue further advice on this in due course.



Cllr Ian Hudspeth
LGA Community Wellbeing
Board Chairman



Julie Ogley
ADASS President



Department
of Health &
Social Care

ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020

Local Authority Circular

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Adult Social Care Infection Control Fund

Background

1. 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 funding will be paid as a Section 31 grant ring fenced exclusively for actions which support care homes and domiciliary care providers mainly to tackle the risk of Covid19 infections and is in addition to funding already received.

2. 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 – Adult Social Care Infection Control Fund grant determination

Annex B – Adult Social Care Infection Control Fund grant allocations

Annex C – Adult Social Care Infection Control Fund grant conditions and reporting requirements

Annex D – Adult Social Care Infection Control Fund assurance statement

Annex E – Adult Social Care Infection Control Fund Reporting Template

3. Support provided to care providers by local authorities using the grant paid to them from the Adult Social Care Infection Control Fund may constitute state aid. Local Authorities must comply with relevant state aid legislation when making allocations of the grant.

4. In relation to allocations to residential care providers to implement COVID-19 infection control measures, the Department of Health and Social Care (DHSC) considers that the measures specified in paragraph [3] of Annex C are covered by the Services of General Economic Interest Decision (SGEI) 2012/21/EU because the measures will help reduce the incidence and spread of COVID-19 and are over and above that which care providers would normally be expected to provide and are of particular importance to and are in the interest of care home residents, workers and their families and the general public. Further, they are not being provided by the market at the level or quality required by the market, and thus to secure their provision compensation needs to be provided to an undertaking or set of undertakings. Local authorities can choose to rely on this Decision to make lawful payments of the aid but must ensure they comply with its requirements.

5. There are three other options local authorities can take and which could be considered before seeking to rely upon the SGEI Decision:

A) Temporary Framework (TF) – Local Authorities must comply with the requirements in the TF for state aid measures to support the economy in the current COVID-19 outbreak, particularly as per Section 3.1, when it intends to provide support to a care provider which is paid for from the grant and must not provide the support if to do so means that the aid is not de minimis. Under the TF grant aid is limited to 800k Euros per undertaking. Local Authorities will need to ensure that no single care home business receives more than 800k Euros under all measures that sit under the DHSC TF approval framework.

- B) State aid is lawful if it is de minimis aid given in relation to an SGEI and made in accordance with Commission Regulation (EU) No 360/2012 of 25 April 2012 on the application of Articles 107 and 108 of the Treaty of the Functioning of European Union to *de minimis* aid granted to undertakings providing services of general economic interest. Broadly the aim is de minimis if in a three-year period the undertaking has not received more than 500,000 euros of aid. This is aid from any government source.
- C) State aid is lawful if it is de minimis state aid and is made in accordance with the Commission Regulation (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to de minimis aid (the Regulation). Local Authorities must comply with the requirements in that regulation and particularly in paragraph 1 of Article 6 when it intends to provide support to a care provider which is paid for from the grant and must not provide the support if to do so means that the aid is not de minimis. Broadly stated aid is de minimis if in a three-year period the undertaking has not received more than 200,000 euros of aid. This is aid from any government source. Accordingly, if aid were found not to fall within the scope of the SGEI Decision or the services it supports found not to constitute services of general economic interest, it might still be exempted from notification provided it fell below the lower de minimis level provided by these general de minimis provisions (which apply to aid other than that granted in relation to an SGEI).
6. It is important to note that if aid is granted in reliance on either of the de minimis bases, that must be specifically stated and the relevant legislation cited at the time the grant is made. It is also important to ensure that the detailed rules concerning cumulation of the aid with other measures or other compensation are complied with. Local authorities will need to be particularly careful to ensure that they have identified all aid funding from other local authorities if a provider works across more than one local authority. In practice, this may make it difficult to rely upon the de minimis levels and local authorities must ensure that they take appropriate advice before doing so.
7. The measures that can be compensated under the 75% and 25% funding split are detailed in Annex C.

The Grant

8. This grant will be paid in 2 equal instalments;
- Payment 1: May 2020
- Payment 2: July 2020
9. 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.
10. In order to receive the second instalment, authorities must have returned a Care Home Support Plan by 29 May 2020.¹ 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

¹ Care Home Support Plans as outlined in the letter of 14 May 2020

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.

11. The Department's expectation is that the grant will be fully spent by local authorities on infection control measures of the specified kinds within 2 months of the authority receiving the second instalment. If at the end of September 2020 there is any underspend or the Department is not convinced that the authority has spent the funding 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.
12. Allocations of funding per local authority are attached at Annex B. The funding should be prioritised for care homes and passed on as quickly as possible. We expect this to take no longer than ten working days upon receipt of the funding in a local authority.
13. All funding must be used for COVID-19 infection control measures. As set out in Annex A and C, local authorities should pass 75% of each month's funding to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts. The local authority has the discretion to allocate the remaining 25% of that month's funding to care homes or to domiciliary care providers and to support wider workforce resilience in relation to COVID-19 infection control. However, no payments should be made unless certain conditions are met, including the local authority being satisfied that the funding is being used for infection control purposes. Clawback provisions apply, including that the provider must repay any amounts not used for infection control measures.

Reporting

14. Local authorities must distribute the money in line with this document and complete Annexes D and E and return them by the dates below.
15. A report in respect of the first instalment must be made to the Department no later than 26 June. A second and final report in respect of both instalments must be submitted to DHSC by 30 September.

Annex A:

DETERMINATION UNDER SECTION 31 OF THE LOCAL GOVERNMENT ACT 2003 OF A RING-FENCED INFECTION CONTROL GRANT TO LOCAL AUTHORITIES FOR 2020/21 No 31/5061

The Minister of State for Care (“the Minister of State”), in exercise of the powers conferred by section 31 of the Local Government Act 2003, makes the following determination:

Citation

1) This determination may be cited as the Adult Social Care Infection Control Grant Determination 2020/21 **No 31/5061**.

Purpose of the grant

2) 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 reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience to deliver infection control. The grant must only be used to support care homes and domiciliary providers to tackle the risks of COVID-19 infections. Funding will be distributed to local authorities in England, to ensure funding reaches adult social care providers in their area. In order to ensure that the relevant infection control measures are put in place as speedily as possible, local authorities should make the relevant payments to providers as quickly as possible on receipt of these allocations. Any funds not used for the relevant infection control measures must be repaid to the local authorities by the end of September 2020 and if such repayments are not made the local authorities must take such steps as a necessary to recover them.

Determination

3) The authorities to which grants are to be paid and the amount of grants to be paid, are the authorities and the amounts set out in Annex B.

4) The grant will be paid in 2 instalments with the first being made in May 2020 and the second in July 2020. The second instalment will only be made if the authority has provided a completed Care Home Support Plan and is contingent on the first instalment being used for infection control.

Grant Conditions

5) Pursuant to section 31(4) of the Local Government Act 2003, the Minister of State determines that the grants will be paid subject to the conditions in Annex C.

6) Subject to the conditions in this grant determination being satisfied, local authorities should pass 75% of the first month's funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts. This funding must be used for Covid19 infection control measures. The local authority has the discretion to target the allocation of the remaining 25% of that month's funding to care homes or to domiciliary care providers and to support wider workforce resilience. Similarly, the second month's funding should be allocated on a 75% basis straight to care homes within the local authority's geographical area, with the remaining 25% to be allocated by the local authority to care homes or domiciliary care providers and to support wider workforce resilience. However, if at any point the authority reasonably believes that the funding is not being used for infection control purposes, they should withhold further payments until satisfied that the previous payments have been used for the purpose set out in this grant determination.

7) Local authorities must allocate 75% of each month's funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts. But 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. No further allocation of funding should be made unless the provider is completing the Capacity Tracker consistently. And if the authority believes that the provider has not used the money for the purposes for which it was provided it must withhold the second payment until satisfied that the provider has so used it. And if the provider has not used it or any part of it for the infection control measures for which it was provided the local authority must take all reasonable steps to recover the money that has not been so used.

8) Providers must account for all payments paid out of the 'per beds' allocation and keep appropriate records. In so far as a provider does not use the entirety of the 'per beds' allocation in pursuit of infection control measures, 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 funding provided is to be used for any purpose other than the specified infection control measures.

Treasury consent

9) Before making this determination in relation to local authorities in England, the Minister of State obtained the consent of the Treasury.

Signed by authority of the Minister of State for Care, Helen Whately

Andrew Cornelius, Deputy Director for Social Care Oversight, Department of Health and Social Care
22/05/2020

Annex B: Grant Allocations

Table of allocations

Source data:

- CQC Care Directory with Filters, May 2020². The small number of care home beds assigned to Flintshire or Unspecified are excluded from the calculation.
- MHCLG Area Cost Adjustment³. Bournemouth, Christchurch and Poole council and Dorset council (both created in April 2019) have been assigned an ACA of 1 as their predecessor councils of Bournemouth, Poole, and Dorset County Council all had an ACA of 1.

Method:

- The allocation shares for each local authority are calculated as [Number of care home beds * Area Cost Adjustment] / England sum of [Number of care home beds * Area Cost Adjustment]. The Area Cost Adjustment reflects differences in wages and prices in different local authorities.

Note:

- It is expected that each care home should receive an amount per CQC registered bed, representing 75% of the funding. The remaining 25% to be allocated by the local authority to care homes or domiciliary care providers and support wider workforce resilience

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Barking and Dagenham	£1,002,873	730
Barnet	£3,564,514	2,505
Barnsley	£3,002,258	2,339
Bath and North East Somerset	£2,189,197	1,649
Bedford	£2,217,113	1,666
Bexley	£2,156,865	1,570
Birmingham	£9,761,003	7,545
Blackburn with Darwen	£1,387,533	1,081
Blackpool	£2,193,612	1,709
Bolton	£2,303,590	1,772
Bournemouth, Christchurch and Poole	£6,063,560	4,724
Bracknell Forest	£653,047	464
Bradford	£5,308,379	4,134

² Care Directory with Filters, May 2020 <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>

³ MHCLG

<https://webarchive.nationalarchives.gov.uk/20140505104701/http://www.local.communities.gov.uk/finance/1314/settle.htm>

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Brent	£1,691,899	1,189
Brighton and Hove	£2,744,929	2,130
Bristol, City of	£4,025,256	3,032
Bromley	£2,178,846	1,586
Buckinghamshire	£6,253,586	4,558
Bury	£2,395,890	1,843
Calderdale	£1,892,731	1,474
Cambridgeshire	£6,146,908	4,649
Camden	£705,338	459
Central Bedfordshire	£2,273,006	1,708
Cheshire East	£5,320,292	4,110
Cheshire West and Chester	£4,005,106	3,094
City of London	£0	0
Cornwall	£6,766,953	5,272
County Durham	£6,746,416	5,256
Coventry	£2,687,025	2,077
Croydon	£4,121,398	3,000
Cumbria	£5,678,490	4,424
Darlington	£1,589,053	1,238
Derby	£2,831,544	2,206
Derbyshire	£9,740,972	7,589
Devon	£10,518,813	8,195
Doncaster	£3,124,196	2,434
Dorset	£5,054,678	3,938
Dudley	£2,983,283	2,306
Ealing	£2,281,005	1,603
East Riding of Yorkshire	£5,737,534	4,470
East Sussex	£10,737,440	8,332
Enfield	£2,478,334	1,804
Essex	£16,308,904	12,430
Gateshead	£2,613,338	2,036
Gloucestershire	£7,751,543	5,951
Greenwich	£1,421,432	925
Hackney	£508,642	331
Halton	£1,008,396	779
Hammersmith and Fulham	£688,434	448
Hampshire	£18,403,841	13,876
Haringey	£717,123	522
Harrow	£1,736,011	1,220
Hartlepool	£1,144,940	892

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Havering	£2,669,292	1,943
Herefordshire, County of	£2,718,590	2,118
Hertfordshire	£13,298,674	9,722
Hillingdon	£2,114,518	1,486
Hounslow	£1,165,404	819
Isle of Wight	£2,584,973	1,949
Isles of Scilly	£26,956	14
Islington	£845,176	550
Kensington and Chelsea	£599,307	390
Kent	£18,877,765	14,579
Kingston upon Hull, City of	£2,998,407	2,336
Kingston upon Thames	£1,650,633	1,160
Kirklees	£4,553,341	3,546
Knowsley	£1,419,453	1,103
Lambeth	£1,727,232	1,124
Lancashire	£16,197,303	12,619
Leeds	£7,079,123	5,513
Leicester	£3,696,666	2,880
Leicestershire	£6,682,238	5,206
Lewisham	£1,624,275	1,057
Lincolnshire	£10,458,485	8,148
Liverpool	£4,493,862	3,492
Luton	£1,498,481	1,126
Manchester	£3,342,285	2,571
Medway	£2,091,910	1,627
Merton	£1,314,815	924
Middlesbrough	£2,389,997	1,862
Milton Keynes	£2,012,454	1,469
Newcastle upon Tyne	£3,257,687	2,538
Newham	£895,717	652
Norfolk	£12,386,399	9,650
North East Lincolnshire	£2,246,238	1,750
North Lincolnshire	£2,531,190	1,972
North Somerset	£3,860,635	2,908
North Tyneside	£2,205,164	1,718
North Yorkshire	£8,448,423	6,582
Northamptonshire	£8,162,951	6,311
Northumberland	£4,388,508	3,419
Nottingham	£2,727,217	2,111
Nottinghamshire	£11,455,347	8,867

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Oldham	£2,316,590	1,782
Oxfordshire	£7,313,974	5,416
Peterborough	£1,750,593	1,324
Plymouth	£3,125,480	2,435
Portsmouth	£1,521,275	1,147
Reading	£1,168,952	842
Redbridge	£1,860,124	1,354
Redcar and Cleveland	£1,827,796	1,424
Richmond upon Thames	£1,341,851	943
Rochdale	£2,157,991	1,660
Rotherham	£3,008,676	2,344
Rutland	£458,233	357
Salford	£1,935,692	1,489
Sandwell	£2,875,906	2,223
Sefton	£4,858,055	3,775
Sheffield	£5,660,520	4,410
Shropshire	£4,601,579	3,585
Slough	£654,454	465
Solihull	£2,562,829	1,981
Somerset	£8,322,633	6,484
South Gloucestershire	£2,795,907	2,106
South Tyneside	£1,659,649	1,293
Southampton	£2,025,271	1,527
Southend-on-Sea	£2,734,683	2,113
Southwark	£886,666	577
St. Helens	£1,793,941	1,394
Staffordshire	£9,915,537	7,725
Stockport	£3,109,586	2,392
Stockton-on-Tees	£2,528,622	1,970
Stoke-on-Trent	£3,143,450	2,449
Suffolk	£9,029,497	7,034
Sunderland	£3,207,628	2,499
Surrey	£19,177,623	13,626
Sutton	£2,127,325	1,495
Swindon	£1,683,616	1,290
Tameside	£2,130,691	1,639
Telford and Wrekin	£1,528,726	1,191
Thurrock	£1,007,627	747
Torbay	£2,748,112	2,141
Tower Hamlets	£540,913	352

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Trafford	£2,269,790	1,746
Wakefield	£3,536,351	2,754
Walsall	£2,288,564	1,769
Waltham Forest	£1,343,576	978
Wandsworth	£2,162,114	1,407
Warrington	£2,556,588	1,975
Warwickshire	£7,187,125	5,509
West Berkshire	£1,400,798	1,009
West Sussex	£13,362,642	10,279
Westminster	£597,770	389
Wigan	£2,940,587	2,262
Wiltshire	£6,292,025	4,821
Windsor and Maidenhead	£2,249,071	1,598
Wirral	£4,743,521	3,686
Wokingham	£1,876,986	1,352
Wolverhampton	£3,254,961	2,516
Worcestershire	£7,452,377	5,806
York	£1,872,721	1,459
Total	£600,000,000	457,400

Annex C

Grant Conditions

1. 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 Infection Control Grant Determination 2020/21:

“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.

2. 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 determination this included staff with suspected symptoms of Covid 19 awaiting a test, or any staff member for a period following a positive test..
- Ensuring, so far as possible, that members of staff work in only one care home. This includes staff who work for one provider across several homes or staff that work on a part time basis for multiple employers and includes agency staff (the principle being that the fewer locations that members of staff work the better;
- Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;
- To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from Covid-19.
- Steps to limit the use of public transport by members of staff. Where they do not have their own private vehicles this could include encouraging walking and cycling to and from work and supporting this with the provision of changing facilities and rooms and secure bike storage or use of local taxi firms .
- Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work. This may be provision on site or in partnership with local hotels.

3. 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 provide the local authority with a statement certifying that that they have spent the funding on those measures by 23 September.

- if requested to do so will provide the local authority or DHSC with receipts or such other information as they request to evidence that the funding has been so spent,
 - provide DHSC 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.
4. Local Authorities may use the other 25% as described above but do not have to. 25% of the Grant may be used on other Covid19 infection control measures payments including domiciliary care and wider workforce measures.
 5. The grant must not be used for fee uplifts, 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.
 6. A recipient local authority must:
 - Make the allocation directly to pay care providers (Care providers include local authorities who provide care directly and care homes with self-funding residents and care homes with which local authorities do not have contracts).
 - Allocate the grant within two months of receiving the second instalment and return any grant not allocated within this time to DHSC.
 - Report on their spending as outlined in the Reporting Section below.
 - Ensure any support made to a care home provider is made on condition that the provider has completed the Capacity Tracker at least once and has committed to completing the Tracker on a consistent basis ensure that payments of the funding 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.
 - Will provide DHSC with a statement as per Annex D, certifying that that they have spent the funding on those measures by 30 September.
 7. Local authorities must allocate 75% of the first month's funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts.
 8. Local authorities must allocate 75% of the second months funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts. But the local authority must not make an allocation of the second months funding to a care home provider who has not consistently completed the daily Capacity Tracker. And if the authority believes that the provider has not used the money for the purposes for which it was provided it must withhold the second payment until satisfied that the provider has so used it. And if the provider has not used it or any part of it for the infection control measures for which it was provided the local authority must take all reasonable steps to recover the money that has not been so used.
 9. Local authorities must make it a condition of the provision of the 'per beds' payment that the cost of any specific infection control measures are met by providers on the basis that (a) 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 (b) third party charges (for example, of costs to avoid the use of public transport) are paid at the normal market rates and (c) in no circumstances is any element of profit or mark-up applied to any costs or charges incurred.

10. Local authorities must make it a condition of allocation of funding that providers must account for all payments paid out of the 'per beds' allocation and keep appropriate records. In so far as a provider does not use the entirety of the 'per beds' allocation in pursuit of the infection control measures 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 'per beds' funding is to be used for any purpose other than the infection control measures specified in paragraph [2] of Annex C.

Reporting

11. An authority must submit a completed Care Home Support Plan as outlined in Annex B in the letter dated 14 May and two high-level returns specifying how the grant has been spent. A 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.
12. The returns must be certified by the authority's Chief Executive (or the authority's S151 Officer) and the Director of Adult Social Services 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 at Annex D.
13. The first report must be submitted no later than 26 June. The second report and certification of the use of funding must be submitted by 30 September and must be made in respect of both instalments.

Financial Management

14. A recipient authority must maintain a sound system of internal financial controls.
15. 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

16. 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 a completed Care Home Support Plan as outlined in Annex B to the

letter dated 14 May and two high-level returns specifying how the grant has been spent. A template is provided at Annex E. These must be submitted to the Department by who may review the returns on behalf of the Secretary of State for Health and Care.

Annex D:

Use of the Adult Social Care Infection Control Fund

In reply to your letter of (add date) I am writing to certify that (to add name of Authority) has increased the amount of funding paid to social care providers in our area by [insert amount of grant used] which has been incurred in accordance with the Grant Determination Annex A and Grant Conditions in Annex C.

Yours Sincerely

Chief Executive

Director of Adult Social Services

Annex E: Reporting Template

Use of Adult Social Care Infection Control Fund - *please return to scfinance-enquiries@dhsc.gov.uk by 26 June*

In the Grant Determination Letter for the Adult Social Care Infection Control Fund, we stipulated that local authorities must provide two high level returns specifying how the grant has been spent and explaining how the expenditure meets the objectives of the fund.

Please complete the white boxes as appropriate and return the table to scfinance-enquiries@dhsc.gov.uk by 26 June.

Local authority	Please complete
Allocation of Infection Control Fund received as of 26 June	Please complete
Allocation of Infection Control Fund dispensed as of 26 June	Please complete

Under the grant condition, local authorities must allocate 75% of the first month's funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts.

Please confirm whether your LA allocated 75% of the first month's funding straight to care homes within the local authority's geographical area	Y/N
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The grant conditions specify that the funding must be used for infection control measures. At least 75% of the grant funding must be used to support the measures listed within the grant conditions, while the remaining 25% may be used on other COVID19 infection control measures including payments to domiciliary care providers.

	Care Homes	Domiciliary Care	Others
Please indicate the number of providers who have received funding.			

Please indicate which measures have been used by providers as part of this funding as of 19 June, and the proportion of the funding dispensed to date that has been used for this

	How many providers have used funding for this purpose so far?	What proportion of the LA's allocation has been spent on this measure? Total must equal 100%
Measures to isolate residents within their own care homes		
Actions to restrict staff movement within care homes		

Paying staff full wages while isolating following a positive test		
Other (please indicate below)		
Please list other infection control measures your allocation of the Infection Control Fund has been used for. You might find it useful to refer to the measures outlined in the care home support package.		