

Infection Control Fund 2 (ICF 2)

Grant conditions

In respect of care homes, also referred to as providers in this document, the 80% part grant must be used for the following measures:

1. ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing the grant circular, this includes:
 - a. staff with suspected symptoms of COVID-19 waiting for a test
 - b. where a member of the staff's household has suspected symptoms of COVID-19 and are waiting for a test
 - c. where a member of the staff's household has tested positive for COVID-19 and is therefore self-isolating
 - d. any staff member for a period of at least 10 days following a positive test
 - e. 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)
2. 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 (the principle being that the fewer locations that members of staff work in the better). Where the use of agency staff is absolutely necessary, this should be by block booking
3. limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents
4. to support active recruitment of additional staff (and volunteers) if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home, including by using and paying for staff who have chosen to temporarily return to practice, including those returning through the NHS returners programme. These staff can provide vital additional support to homes and underpin effective infection control while permanent staff are isolating or recovering from COVID-19
5. 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)
6. providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work.
7. supporting safe visiting in care homes, such as dedicated staff to support and facilitate visits, additional IPC cleaning in between visits, and capital-based alterations to allow safe visiting such as altering a dedicated space
8. ensuring that staff who need to attend work for the purposes of being tested (or potentially in the future, vaccinated) for COVID-19 are paid their usual wages to do so

In respect of regulated community providers, also referred to as providers in this document, the 80% part grant must be used for the following measures:

1. ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so. At the time of issuing the grant circular, this includes:
 - a. staff with suspected symptoms of COVID-19 waiting for a test

- b. where a member of the staff's household has suspected symptoms of COVID-19 and are waiting for a test
 - c. where a member of the staff's household has tested positive for COVID-19 and is therefore self-isolating
 - d. any staff member for a period of at least 10 days following a positive test
 - e. 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)
2. steps to limit the number of different people from a homecare 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
 3. meeting additional costs associated with restricting workforce movement for infection 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)
 4. ensuring that staff who need to attend work for the purposes of being tested (or potentially in the future, vaccinated) for COVID-19 are paid their usual wages to do so
 5. 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)

Providers must agree that funding is allocated on condition that the recipient care provider:

1. uses it for those measures only
2. will provide the local authority with a statement (1) prior to receiving funding, confirming that they have understood the grant conditions and that their spending plans are compliant with them, and (2) at reporting point 6 (30 April 2021), certifying that they have spent the funding in compliance with the grant conditions
3. if requested to do so will provide DHSE or the local authority with receipts or such other information as they request to evidence that the funding has been so spent
4. 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
5. will return any amounts which are not spent on those measures

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

1. report on their spending as outlined in the Reporting Section below
2. ensure the provider has completed the Capacity Tracker at least twice (that is, 2 consecutive weeks) and continues to do so on a weekly basis until 31 March 2021
3. ensure that the provider has completed the CQC homecare survey at least twice (that is, 2 consecutive weeks), and has committed to completing the CQC homecare survey (or successor, as per government guidance) at least once per week until 31 March 2021
4. agree 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
5. provide the LA with a return describing how provider has spent the funding up to 31 October 2020 and what their planned use of their total infection control fund allocation by reporting point 1 as specified below and thereafter monthly returns on spending to April 2021
6. Agree to work with the LA on the winter plan and their business continuity plans

7. provide the LA with a statement certifying that that they have spent the funding on those measures at reporting point 6 (30 April 2021)

If the LA believes that the provider has not used the money for the purposes for which it was provided it may withhold the second payment until satisfied that the provider has so used it.

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 may take all reasonable steps to recover the money that has not been so used.

Provision of the 80% part of the payment is 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.

Providers must be able to account for all payments paid out of the 80% part of the allocation and keep appropriate records. In so far as a provider does not use the entirety of the 80% part of the allocation in pursuit of the infection control measures, any remaining funds must be returned to the local authority.

None of the 80% portion of the funding is to be used for any purpose other than the infection control measures specified above.

Reporting

Care homes and community providers must report at 6 points:

16 November 2020, with information on October spending

23 December 2020, with information on October and November spending

22 January 2021, with information on October to December spending

22 February 2021, with information on October to January spending

24 March 2021, with information on October to February spending

23 April 2021, with information on October to March spending

At the close of the fund the provider's Director 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.

Providers, including homes with self-funding residents and homes run by local authorities, will be required to have completed the Capacity Tracker at least twice (i.e. two consecutive weeks) and have committed to continuing to do so at least once per week until 31 March 2021 to be eligible to receive funding via the 80% part of the allocation.

CQC-registered community care providers, including those with exclusively self-funded clients, must have completed the CQC homecare survey (or successor, as per government guidance) at least twice (i.e. two consecutive weeks) and have committed to completing that survey at least once per week to be eligible to receive funding via the 80% part of the allocation.

The local authority may 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 twenty working days.

Contingency of second instalment

In order to receive the second instalment, providers will need to be able to demonstrate they have realistic plans to spend the funding that are consistent with the conditions of the fund.

Providers are not expected to have spent all of the first instalment before reporting point 1 (16 November 2020). However, providers are expected to report on the spending they have incurred up to 31 October 2020 and on how they intend to spend the funding over the lifetime of the fund.

It is also expected providers will have spent all of the first instalment by the 31 December 2020 (and to demonstrate this at reporting point 3, due 22 January 2021), and to have fully spent the funding by the end point of the fund on 31 March 2021 (and to demonstrate at reporting point 6, due 23 April 2021).

Providers will need to demonstrate that the funding passed to them has been spent in line with the infection prevention control measures outlined above.

Those providers who have not fully spent their allocation at the end of the fund will be expected to repay any unspent monies.

Providers will need to keep financial records and make them available to the local authority or the DHSC 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 providers at any reporting point gives them concerns that the provider's spending is not in line with the grant conditions, the LA may withhold further allocations until they are satisfied, or recover misused funding.

To receive the second instalment of the fund, providers must have been completing the Capacity Tracker or CQC homecare survey (as per government guidance) at least once per week since they first received support from the new Infection Control Fund (which came into place on 1 October 2020).

Financial management

A recipient provider must maintain a sound system of internal financial controls.

If the LA has any grounds for suspecting financial irregularity in the use of any grant paid under this funding agreement, it will 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

Failure to comply with any of these conditions, or if any overpayment is made under this grant or any amount is paid in error, the LA 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 LA and notified in writing to the provider.

Such sum as has been notified will immediately become repayable to the LA who may set off the sum against any future amount due to the provider.