

NCF Analysis of Round 2 of Infection Control Fund Grant Conditions

The [grant conditions](#) for the round 2 of the infection control fund have been published. The fund provides £546 million until March 2021. Unlike the first round, this round provides funding for a wider range of care settings than just care homes. The grant conditions are stricter than the first round of funding - we also feel the reporting requirements are excessive.

The funding will be issued in 2 tranches. The first will be paid to LAs on 1 October and the second in December. The guidance states that you should receive the first payment within 20 working days. It is only applicable to costs from 1 October onwards.

The funding is split 80/20.

LAs should pass on 80% of each instalment to:

- Care homes within the LA's geographical area on a **per bed basis**, including those the LA does not have contracts with.
- **CQC-regulated** community care providers (dom care, extra care, supported living) within the LA's geographical area on a **'per user' basis**, including those the LA does not have contracts with.

The allocations can be seen in [Annex B](#). We're a little concerned that this split on the basis of 'per bed' and 'per user' doesn't leave a lot of money for each provider compared to the first round of funding. Look at 1.3 of Annex B to see how the 80% allocations are split in each LA.

The remaining 20% is up to the LA's discretion but the grant condition guidance encourages LAs to use it for non-regulated services such as day and community services, PAs and other non-CQC regulated residential settings.

It now gets a little more complicated as there are slightly different grant conditions ([Annex C](#)) depending on what type of setting you are and whether the funding is coming from the 20% or 80% portion of the fund.

80% Funding Grant Conditions

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 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 (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
- 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 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 (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 separately from their families in order to limit social interaction outside work.
- 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
- 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

CQC-regulated community care providers

These are similar to the above with a few differences to reflect the types of setting.

- 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:
 - 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 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
- 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)
- 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

- 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)

The 80% funding cannot be used for PPE. Technically the LA has the discretion to use the remaining 20% for PPE (not retrospectively) but the guidance unhelpfully discourages this by stating that care providers will have all their PPE needs met by the government.

20% of the fund

The remaining 20% of the funding allocation is for other care settings and infection control measures. The guidance lists some non-exhaustive examples of how this might be used:

- 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 (the department would like local authorities to consider using this fund to put in place infection prevention and control (IPC) measures to support the resumption of services)
 - other non-CQC regulated residential settings
 - 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
- paying care staff their usual wages in order to attend a GP or pharmacy to be vaccinated against flu outside of their normal working hours
- 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 control

Visiting

The guidance states that providers should only use this funding to put in place extra measures to facilitate safe visiting (in line with government guidance) due to the risk of transmission of COVID-19.

Reporting requirements

This looks to be more arduous than the first round. LAs must submit monthly returns on how the money has been spent starting on 23 November for October spend. This has an impact on you.

According to the guidance in order to be eligible for funding:

- care homes, including homes with self-funding residents 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
- community care providers, including those with exclusively self-funded clients, will be required to have completed the CQC homecare survey at least twice (two consecutive weeks), and have committed to continuing to complete this survey (or any successor, as per government guidance) at least once per week



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).

The recommendation is to complete both trackers daily.

Care providers must also provide the LA with information on how they have spent the funding on a monthly basis.

For some in the community care sector who do not have access to either tracker, this condition will be waived but they will still need to report on how the money was used. A survey may be created later for these settings.

For LA's to receive the second instalment of money, they must have a Winter Plan in place by the end of October and notified the government, as well as spending **all** of the first instalment.