

06 May 2021

Dear Community Care Provider,

Adult Social Care Infection Control and Testing Fund Ring-Fenced Grant 2021 – 1 April to 30 June 2021

Further to the Government announcement of the Adult Social Care Infection Control and Testing Fund, I am writing to set out the arrangements for distributing that fund to Birmingham based CQC registered Community Care locations.

This letter forms the Grant Agreement and sets out further details of the administration of the Grant, its purpose, conditions and reporting requirements. Please read this carefully and ensure that you comply with the conditions, reporting requirements and instructions contained within.

Grant Agreement, Conditions of Payment and Assurance Statement

Section 1 - Background

The Adult Social Care Infection Control Fund was first introduced in May 2020. It was extended in October 2020 and, by March 2021 had provided over £1.1 billion of ring-fenced funding to support adult social care providers in England for infection prevention and control (IPC). The Rapid Testing Fund was introduced in January 2021 to support additional lateral flow testing (LFT) of staff in care homes, and enable indoors, close contact visiting where possible.

Due to the success of the Infection Control Fund and the Rapid Testing Fund in supporting care providers to reduce transmission and re-enabling close contact visiting, these funding streams have been consolidated and extended until June 2021, with an extra £341 million of funding nationally.

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 rapid testing of staff and visitors in care homes, high risk supported living and extra care settings, to enable close contact visiting where possible.

Section 2 - The Grant

Birmingham City Council's total allocation of funding is £5,730,185. The fund is split into an Infection Control element and a Rapid Testing element. Of the total fund, CQC registered Community Care Locations are allocated £650,284.40 (Infection Control) and

£882,554.10 (Rapid Testing) The remainder of the fund will be allocated to care homes and other measures to support the care market.

The grant will be paid in a single instalment in May 2021.

Birmingham City Council shall issue the funding to grant conditions compliant CQC registered Community Care Locations within its local authority boundary on a 'per user' basis, i.e. the number of service users each registered Location is supporting as recorded the NECSU Capacity Tracker.

The amounts to be paid have therefore been calculated (with rounding) as follows:

Total Birmingham allocation	£5,730,185
Allocation for CQC Community Care Locations	£1,532,838.50
Infection Control element	£650,284.40
Rapid Testing element	£882,554.10
Total services users recorded by eligible Locations	8845
Infection Control 'Per User' allocation	£73.52
Rapid Testing 'Per User' allocation	£99.78
Total 'Per User' allocation	£173.30

Of the remainder, £4,197,286.66 will be issued to Care Homes, Day Centres or will be used by the Council for other infection control measures.

Section 3 - Grant Purpose

The Grant is allocated to support the following measures in care homes:

Infection Control element

- 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 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, and any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests
- 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
- 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)

Rapid Testing Fund element

- 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 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.
- Costs associated with disposal of LFTs and testing equipment

Section 4 - Specific 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, and no payments shall be made unless certain conditions are met, including the local authority being satisfied that the funding is being used for infection control and rapid testing purposes. Clawback provisions

apply, including that the provider must repay any amounts not used for infection control measures.

The grant funding is allocated to recipient care providers, and recipient care providers accept the funding on condition that the care provider:

1. uses it for the measures outlined in Section 3 only;
2. will spend their allocation by 30 June 2021;
3. will provide the local authority with the attached Care Provider Assurance Statement by 21 May 2021 and commits to reporting to the Council in May and July when requested which measures it has used the funding for. The Council will require Community Care Locations to complete an online form detailing which measures they have spent the Grant on. Links to the online form shall be distributed in advance via the Council Commissioning Team's weekly communication bulletin;
4. will provide the local authority with a statement certifying that that they have spent the funding on those measures in Section 3 at reporting point 2 (30 July 2021);
5. 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;
6. 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;
7. will return any amounts which are not spent on those measures;
8. 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;
9. will repay the money to the local authority if it is not used for the infection control or rapid testing purposes for which it has been provided;
10. must not use the grant 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;
11. must ensure 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 provider to another care provider 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
12. must account for all payments paid out of the 'per user' allocation and keep appropriate records. In so far as a provider does not use the entirety of the 'per user' allocation in pursuit of the infection control and rapid testing measures any remaining funds must be returned to the local authority.

In addition, several restrictions apply to the use of this funding:

- *Interaction between IPC allocation and rapid testing allocation*

As a rule, the rapid testing allocation should not be used to pay for IPC measures and vice versa. However, we recognise that some costs might cut across both purposes (e.g. an individual staff member brought in for infection prevention and control purposes could also supporting visiting). Providers must keep relevant records to demonstrate that spending is in line with grant conditions if required by the department.

- *Staff who are off sick with conditions other than COVID-19, furloughed or shielding*

This funding cannot be used by providers to pay usual wages to staff who are off sick with conditions other than COVID-19, nor to top up the pay of staff who are furloughed or to pay the wages of staff who may be shielding (in line with government guidance). This funding can be used to pay usual wages of staff who are self-isolating with suspected COVID-19 symptoms (rather than only after a positive test), but those individuals must be seeking to confirm whether this is COVID through a test. In these circumstances, where a member of staff receives a negative test for COVID, a provider can still use this fund to pay usual wages where the symptoms were suspected to be COVID in line with government guidance.

- *PPE*

The Department is providing free PPE for COVID-19 needs to CQC-registered care homes and domiciliary care providers via the PPE portal until the end of June 2021. These providers are able to register to the PPE portal and place orders using their CQC-registered emails. The direct funding for providers cannot therefore be used by providers to pay for the cost of purchasing personal protective equipment (PPE) and we expect the PPE portal to be the first port of call.

- *Visiting*

Where funding is spent on supporting visiting, this must be limited to measures that relate to managing the risks of COVID-19 transmission through visiting – in line with government guidance. Funding must not be spent on generic visiting facilities.

- *Interaction with Test and Trace*

The Test and Trace Support Payment scheme is available to people in England who have been asked to stay at home and self-isolate by NHS Test and Trace or are the parent or guardian of a child that has been told to self-isolate. An eligible applicant must be on a low income, unable to work from home and losing income as a result.

The Infection Control and Testing Fund provides financial support to providers so they can continue to pay their staff their full wages while they are self-isolating according to government guidelines on COVID-19. The fund aims to ensure that care workers do not lose income because they are self-isolating.

We expect the Infection Control and Testing Fund to be the primary way to support social care workers who need to stay at home and self-isolate. If an individual is receiving their full wage from their employer through the Infection Control and Testing Fund, they will not be eligible for the Test and Trace Support Payment scheme.

We expect the majority of social care staff will not require the Test and Trace Support Payment. However, those who are not being paid to self-isolate by their employer in this way could be eligible if they meet the criteria.

- *Interaction with Statutory Sick Pay rebate*

Eligible employers can use the Coronavirus Statutory Sick Pay Rebate Scheme to claim back employees' coronavirus-related Statutory Sick Pay (SSP). The rebate is available to social care providers as well as funding provided through the Infection Control and Testing Fund.

The rebate is targeted at employers with fewer than 250 employees, and they could be eligible if they meet the criteria.

- *Retrospective costs*

This funding cannot be used retrospectively to compensate for expenditure incurred before 1 April 2021. It can, however, be used by providers to cover the ongoing costs of activities consistent with the aforementioned IPC and rapid testing measures.

The grant must not be used to compensate for activities for which the local authority has already earmarked or allocated expenditure.

- *Financial pressures*

This funding cannot be used to address general financial pressures that providers might be experiencing.

Section 5 – How the money will be paid

The Council will prioritise distribution of the fund and take all reasonable steps to make payments within twenty working days of receipt of the funding from Government. Where the Council holds a contract with a community care location, it will use the latest vendor and payment details to make the Infection Control Fund payments.

Where the Council does not hold a contract with a community care location, but is currently funding a placement/placements on a spot purchase basis, the latest vendor and payment details will be used to make the Infection Control Fund payments.

Where the Council does not hold any vendor or bank details, we will take all reasonable steps to obtain those details and process payments as promptly as possible.

Section 6 – Reporting Arrangements

As set out above, each Location will be required to submit:

- A signed Assurance Statement by 21 May 2021
- Two spending reports to the Council setting out which measures the funding has been used for in May and July 2021. Links to the online form shall be distributed Council Commissioning Team's weekly communication bulletin which can also be found at:

<https://www.birmingham.gov.uk/blog/stm-bulletin>

Section 7 - State Aid and Subsidy Control

The government considers that in relation to the 'direct funding to providers' allocation this grant and the measures that it is intended to support are consistent with the UK's international obligations on subsidy control.

Section 8 – Care Provider Assurance Statement

Please complete Appendix 1 'Section 8 – IC and T Fund Community Care Assurance Statement' return this by email to marketintelligence@birmingham.gov.uk by 21 May 2021.

Yours sincerely,



Alison Malik
Head of Service – Commissioning (Adult Care)

Adult Social Care and Health Directorate

Commissioning (Adult Care)

10 Woodcock Street

Aston

Birmingham

B7 4BL

Email: operationalcommissioning@birmingham.gov.uk