

Report to: STRATEGIC COMMISSIONING BOARD

Date: 24 June 2020

Executive Member: Councillor Eleanor Wills - Executive Member Adults Social Care and Population Health

Clinical Lead: Ashwin Ramachandra (Living Well, Finance & Governance)

Reporting Officer: Stephanie Butterworth – Director Adults

Subject: ALLOCATION OF THE ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020

Report Summary: The report describes the conditions of the Adult Social Care Infection Control Fund Grant and how the Council is expected to allocate, distribute and report on the Grant across the CQC registered care homes in the borough.

Recommendations: That Strategic Commissioning Board be recommended to agree:

1. The distribution of 75% (£1,598,018) of the grant funding, subject to the specified Conditions, is noted.
2. Delegated authority is given to the Director of Adult Services, in discussion with the Director of Commissioning (Strategic Commission) and the Director of Operations at Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT) to distribute the remaining 25% (minimum value of £532,673) of the grant funding in an appropriate manner.

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	Budget Allocation (if Investment Decision)	£ 2,130,691
	CCG or TMBC Budget Allocation	TMBC – Adult Services
	Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	Section 75
	Decision Body – SCB Executive Cabinet, CCG Governing Body	Strategic Commissioning Board

Additional Comments

The report provides details of the proposed allocation of the £ 2.131 million grant that will be received by the Council relating to Infection Control.

Appendix 1 provides details of the allocations to Care Homes via the first instalment of the grant received (£ 1.065 million) with a reconciliation of the residual balance available of the first instalment in section 4.8, table 2. It is expected that instalment two will be distributed to care homes on the same basis as the calculations in **Appendix 1**. The report recommends that delegated authority be given to the

Director of Adult Services, in discussion with the Director of Commissioning (Strategic Commission) and the Director of Operations at Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT) to distribute the remaining 25% (minimum) of the grant funding in an appropriate manner. A sum of £ 0.317 million is available from the first instalment as the 25% element of the grant.

Reports to the Department of Health and Social Care will be due on 26 June and 30 September 2020 respectively on utilisation of the grant allocation.

It is essential that appropriate monitoring arrangements are implemented to ensure the grant is expended in accordance with the grant conditions and that assurance is provided to the Department of Health and Social Care as set out in section 3 of the report.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

If approved as the delegation is a key decision within Council's constitution as for over £500K and/or affects more than 2 wards, a Key decision will be required by the delegated officer in accordance with Openness of Local Government Bodies Regulations 2014, which will need to be published in usual way setting out how that delegated discretion has been exercised including any criteria used and allocation decisions made. This will assist with the submission of a completed Care Home Support Plan and two high-level returns specifying how the grant has been spent to the DHSC who may review the returns on behalf of the Secretary of State for Health and Care together with any FOIAs that may be received.

**How do proposals align with
Health & Wellbeing Strategy?**

The proposals align the Developing Well, Living Well programmes for action.

**How do proposals align with
Locality Plan?**

The service is consistent with the following priority transformation programmes:

- Enabling self-care;
- Locality-based services;
- Planned care services.

**How do proposals align with
the Commissioning
Strategy?**

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person'.

**Recommendations / views of
the Health and Care Advisory
Group:**

This report has not been presented at the Health and Care Advisory Group

**Public and Patient
Implications:**

It is anticipated that the funding will have a positive impact on the people who reside at the care homes and the staff who support them.

Quality Implications:

Through the delivery of this funding is expected that the quality of infection control response within care homes will be supported to maximise the protection of both people living at the homes and the staff who support them.

How do the proposals help

Via Healthy Tameside, Supportive Tameside and Safe

to reduce health inequalities?

Tameside.

What are the Equality and Diversity implications?

The proposals will not affect protected characteristic group(s) within the Equality Act.

The service will be available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender reassignment, pregnancy/maternity, marriage/civil and partnership.

What are the safeguarding implications?

There are no anticipated safeguarding issues. The purpose of the Grant is to enhance the safety of care home residents. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

A privacy impact assessment has not been completed. Services adhere to the Data Protection Act when handling confidential personally identifiable information.

Risk Management:

Close oversight of spend against this non-recurrent funding will be ensured through Adult Management Team and the returns that will be submitted to the Department of Health and Social Care.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Sandra Whitehead



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1. INTRODUCTION

- 1.1 In May 2020 the Prime Minister announced that £600 million was to be made available to local authorities to provide financial support to social care providers, primarily care homes, to support infection control measures across the sector to reduce the rate of COVID-19 transmission.
- 1.2 Annex B of the Department of Health and Social Care *Adult Social Care Infection Control Fund Ring-Fenced Grant 2020 Local Authority Circular* published on 22 May 2020 reports that the allocation given to Tameside Council is £2,130,691. The value is calculated based on the number of CQC registered care homes in the borough. Annex B reports that there are 1639 registered care home beds in the borough – this varies from the number of available beds in the borough as Kingsfield Care Centre, a 54 bed home is registered with CQC, but not currently operational and Hyde Nursing Home has 100 registered beds but only 50 are operational and available. To this end, the Council will assume a total of 1535 registered beds when allocating the grant i.e. a reduced number of 104 beds than the registered total of 1639. Details of the allocation per home are available in **Appendix 1**.
- 1.3 This report provides details of the conditions attached to allocation of the first and second payments of the grant and describes the reporting process that is in place to demonstrate the appropriate application of the grant by the Council and the care home providers.
- 1.4 All care homes in the borough are owned and managed by independent sector providers. The Council and CCG have entered into a Pre-Placement agreement with all local care homes. The Council spot purchases beds across the sector in line with the Care Act 2014 and The Care and Support and After-care (Choice of Accommodation) Regulations 2014. There are no block contracts in place with any of the local care homes.
- 1.5 In order to ensure market stability and to sustain the local market during the current COVID-19 crisis authority has been given to guarantee payment of 90% of available beds in care homes and a 20% enhanced payment on the remaining 10% of beds when they are commissioned. As a result of the high number of deaths in care homes it has been appropriate and necessary to make guaranteed payments to the care home sector to protect the current capacity in the market going forwards. The continuation of this payment beyond 30 June 2020 will be considered in a separate report.

2 PURPOSE AND CONDITIONS OF THE GRANT

- 2.1 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.
- 2.2 The Conditions of the Grant are set out in the LA Circular at Annex B: Grant Conditions:
 - *Ensuring that staff who are isolating in line with government guidance receive their 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.*

2.3 The Director of Adult Social Services (ADASS) has sent an initial communication to the care home providers to inform them of the Grant and to ensure they are clear about the Conditions attached to the Grant – **Appendix 2**.

2.4 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 are required to make the relevant payments to providers as quickly as possible on receipt of these allocations. .

2.5 In addition to the Conditions of the Grant for care home providers, the Council must:

- *Make the allocation directly to pay care providers*
- *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 of the Circular – see section 3 of this report.*
- *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.*

2.6 The grant will be paid in 2 equal instalments with the first being made on 27 May 2020 (£ 1,065,345.50) and the second in July 2020. The second instalment will only be made if the Council has provided a completed Care Home Support Plan and is contingent on the first instalment being used for infection control. Instalment one of the grant has been paid to care homes during week commencing 15 June 2020 and it is envisaged that instalment two of the grant will be distributed to care homes by 14 August 2020. **Appendix 1** provides details of allocations to care homes for instalment one. It is expected that instalment two will be allocated per the same calculation basis.

2.7 The 2 installments to the care home providers will account for 75% of the grant. The remaining 25% of the grant can be allocated in the same way, but the Council does not have to do that. The remaining 25% of the Grant may be used on other Covid19 infection control measures payments including domiciliary care and wider workforce measures.

- 2.8 In discussion with the Director of Operations at Tameside & Glossop Integrated Care NHS Foundation Trust (ICFT) and the Director of Commissioning at the Strategic Commission it is proposed that the remaining 25% of that month's funding is allocated to care homes or to domiciliary care providers and to support wider workforce resilience in relation to COVID-19 infection control as suggested in the Local Authority Circular.
- 2.9 All Care Home providers have been issued with a grant agreement to comply with the related grant conditions with a return date of 19 June 2020 to the Council duly signed. An example of the agreement is provided at **Appendix 4**.

3 REPORTING

- 3.1 The Council must submit a completed Care Home Support Plan and two high-level returns specifying how the grant has been spent. A template is provided to inform the returns that are required. These must be submitted to the DHSC who may review the returns on behalf of the Secretary of State for Health and Care.
- 3.2 The returns must be certified by the Council's Chief Executive (or the Council'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 the Determination.
- 3.3 The first report must be submitted no later than 26 June 2020. The second report and certification of the use of funding must be submitted by 30 September 2020 and must be made in respect of both instalments. The completion and submission of these returns will be overseen by Adult Management Team (AMT).

4. FINANCIAL IMPLICATIONS

- 4.1 The grant will be paid to the Council in 2 equal instalments:
- Payment 1: received 27 May 2020 (£ 1,065,345.50)
 - Payment 2: due July 2020
- 4.2 In order to receive the second instalment, authorities must have returned a Care Home Support Plan by 29 May 2020. This document has been completed, signed off and returned by the Chief Executive within the given timescale and is available at **Appendix 3**.
- 4.3 Residential care providers, including homes with self-funding residents and homes run by local authorities, will 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 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. This will be monitored by the Commissioning Team and overseen by Adult Management Team (AMT).
- 4.4 There are no immediate financial implications for the Council with the allocation of the grant. The Council is expected to make 2 payments to the care homes in the borough, subject to their agreement to the conditions as set out in the grant.
- 4.5 The potential financial implications would be if the DHSC determined that the grant had not been appropriately applied and demanded a return of any part of the funding. The Council would then be in a position of attempting to recoup the allocated funds from the providers it had been distributed to.

- 4.6 The risk of this is low as close monitoring of compliance with the Grant Conditions will be undertaken via the Commissioning team and overseen by Adult Management Team (AMT).
- 4.7 Table 1 provides a summary of the grant and values to be allocated to care homes at 75% of the allocation.

Table 1

	Total	CQC Registered Beds	Rate Per Bed	Rate Per Bed Instalment One
	£		£	£
Grant Allocation	2,130,691			
75% Allocation To Care Homes	1,598,018	1,639	975.00	487.50
25% Balance	532,673			

- 4.8 Table 2 provides details of the reconciliation of the first instalment received on 27 May 2020. A balance of £ 317,036 remains available after distribution of the allocations to care homes stated in **Appendix 1**.

Table 2

	£	£	£
First Instalment - 50% Of Total	1,065,345.50		
75% Allocation To Care Homes		799,009.13	
Actual Allocation - Appendix 1		(748,309.35)	
Balance Retained as explained in section 1.2			50,699.78
25% Balance			266,336.37
Total Balance Available			317,036.15

5. RECOMMENDATIONS

- 5.1 As set out on the front of the report.

APPENDIX 1

Home	CQC Registered	Registered No. For Payment	Payment First Instalment - 75% £
Auden House Residential Home	24	24	11,699.95
Balmoral Care Home	33	33	16,087.43
Bourne House	33	33	16,087.43
Charnley House	40	40	19,499.92
Clarkson House Residential Care Home	28	28	13,649.94
Daisy Nook House	40	40	19,499.92
Downshaw Lodge	45	45	21,937.41
Eden House	5	5	2,437.49
Fairfield View	54	54	26,324.89
Fir Trees	46	46	22,424.91
Firbank House	42	42	20,474.91
Greatwood House	60	60	29,249.88
Guide Lane Nursing Home	41	41	19,987.42
Hatton Grange	70	70	34,124.86
Holme Lea	48	48	23,399.90
Hurst Hall	50	50	24,374.90
Hyde Nursing Home	100	50	24,374.90
Kings Park Nursing Home	44	44	21,449.91
Kingsfield Care Centre	54	0	0.00
Laurel Bank Residential Care Home	51	51	24,862.39
Lowry House	12	12	5,849.98
Millbrook Care Centre	46	46	22,424.91
Moss Cottage Nursing Home	34	34	16,574.93
Oakwood Care Centre	18	18	8,774.96
Parkhill Nursing Home	38	38	18,524.92
Polebank Hall Residential Care Home	29	29	14,137.44
Riverside	90	90	43,874.81
Sandon House	42	42	20,474.91
St Lawrences Lodge	20	20	9,749.96
Staley House Care Home	27	27	13,162.44
Stamford Court	40	40	19,499.92
Sunnyside	43	43	20,962.41
The Beeches	32	32	15,599.93
The Lakes Care Centre	77	77	37,537.34
The Sycamores	60	60	29,249.88
The Vicarage Residential Care Home	30	30	14,624.94
Thornclyffe Grange	50	50	24,374.90
Yew Trees	43	43	20,962.41
Total	1,639	1,535	748,309.35

APPENDIX 2

Email dated Tuesday 26 May 2020 to care home providers

Good Afternoon,

I am writing with a quick update to keep you informed on where we are with the above Grant.

You will know that the primary purpose of this grant is to support adult social care providers to reduce the rate of COVID-19 transmission in and between care homes and support wider workforce resilience. The Local Authority will receive the grant allocation in two equal instalments and must allocate 75% to care homes.

There are a number of caveats with the allocation and the guidance is clear that 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 is committed to complete the Tracker on a consistent basis. Therefore I must ask that if there are issues for you with the Capacity Tracker you must contact your commissioning contact as soon as possible.

The grant allocation to each care home is to support the following measures.

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.

In order to ensure that the funding allocation is used as above we will ask each of you for a statement that confirms this, by mid September.

I will contact you again as the first allocation arrives to ensure we can arrange a smooth transfer of the money,

Kind regards

Steph

Stephanie Butterworth
Director of Adults Services
Adults

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Date 28 May 2020

APPENDIX 3

Dear Minister

Re Covid-19 Care Home Support Package

This letter forms the short overview of the current activity across the integrated care system across Tameside MBC and Tameside and Glossop CCG.

The key to the support has been and remains good communication with the Care Sector. A dedicated team from Tameside MBC and Tameside & Glossop CCG undertaking daily calls to all providers (care homes, domiciliary care providers, supported housing etc.). Details covered in the call include numbers of symptomatic/ill resident and any changes overnight, staffing issues, including any newly self-isolating and PPE requirement. Additionally a daily briefing is circulated which gives details of all local issues and updates and any national updates.

1. Infection Control

1.1 As expected infection control is a critical element of support to care homes. The Infection Prevention and Control Team from the Tameside and Glossop Integrated Care Trust alongside the Population Health Team are working closely with the care homes in a number of ways. Training and information relating to preventing and managing infections, training and information relating to the correct use of PPE and working with individual care homes to manage outbreaks as appropriate. This support is offered in a variety of ways including webinars, subject specific emails from DASS and information added to daily briefings. The CCG lead nurse is identified as the "super trainer" and completed the approved training; they have now trained and additional nine trainers who will support existing infection prevention services.

1.2 All the providers are regularly reminded to continue to source their PPE stock from their usual providers. Where this has not been possible the use of the National Disruption service has been encouraged. Additionally the LA and the CCG are receiving weekly PPE deliveries via Greater Manchester Local Resilience Forum (LRF). This includes typically, IIR masks, single

use gloves, single use aprons, single use goggles/eye protection, FFP3 masks, face visors, single use gowns and hand sanitiser. This is then distributed to the care sector via the LA. To supplement both of these supply routes the LA and CCG are also procuring additional PPE for onward distribution to the care sector when their supply is unavailable or the cost has become prohibitive.

1.3 Care Home sector are clear and supported to manage the risks of transmission of the virus and are working to ensure that staff do not work across multiple locations. However there is an acknowledgment that use of agency staff at time is crucial for business continuity and the training re infection control is extended to this group. Additionally the LA has a contract with local taxi firms to transport staff who would usually use public transport to attend work.

1.4 In line with the Adult Social Care Action Plan, the LA has identified suitable accommodation to quarantine and isolate residents, if needed, before returning home from hospital. This is in a locally based Nursing Home where the environment allows for a number of beds to be safely used for quarantine and isolation. There will also be the appropriate staffing levels to deal with additional nursing needs.

2. Clinical Support

2.1 Clinical Offer

The LA, CCG and Tameside and Glossop Integrated Care Trust have developed a support package that offers an enhanced clinical support package to every care home 24/7. This builds on the existing, highly successful, digital health programme where every home is able to contact the digital health hub via Skype to discuss concerns they may have regarding any residents. During this time we have enhanced the model to ensure there is additional medical cover to offer further support over the 24 hour period. In addition, in partnership with Health Innovation Manchester, the care homes are engaged in a new digital Covid-19 tracker to support care management of their residents. This tool allows care staff to input information about a residents Covid-19 symptoms and track for signs of deterioration, this information is shared with GPs, social care and health providers to enable a co-ordinated response and protect vulnerable residents.

The alignment of care homes to Primary Care Networks supports the proactive management of residents through their Registered GP and local pharmacy support.

3. Comprehensive Testing

A programme of testing across all the care homes has been developed following the initial outbreak testing through PHE NW. Results are collated and monitored to ensure that alongside support to individual care homes a Tameside wide view is fully understood.

The Care Home Testing team comprising LA, CCG and Infection Prevention are supporting each care home in the use of the national portal with support for those care homes who request it. Training and advice has been provided on undertaking safe and effective swabbing with testers available when Care Homes feel unable to undertake themselves. Follow up support is in place to help care homes manage residents and staffing levels when positive results are returned.

Symptomatic staff will continue to be encouraged to utilise local and national routes for testing.

4. Financial Support

The LA recognises the financial pressures the care home sector is currently facing and recognises the need to protect the market now and also for the future as we move to a new way of supporting people over the longer term with the likelihood that Covid-19 remains a risk for this part of our community. We have consulted with the care home providers to understand their additional

financial burdens (notably PPE and additional staffing costs) before developing our financial package. TMBC currently buys care home placements on a spot purchase arrangement. The new financial agreement is a guarantee of payments for 90% of available bed capacity, regardless of occupancy levels, and an additional 20% on the usual fee rate for each bed over 90% level when it is occupied. For note, the care homes providers have welcomed this arrangement. Also, as stated earlier the LA is purchasing additional PPE for onward distribution with no charge to the care homes.

5. Oversight and compliance

A Care Home support team meets weekly as part of the overall communication and contact arrangements for the care homes. This team comprises of medical and clinical staff, Infection Prevention and Control Team, CCG and Local Authority commissioners, Medicines Management Team, Population Health and is chaired by the DASS. In turn this team reports into Silver Health and Care joint arrangements and at a formal level to the Board of both Local Authority and CCG.

The operational information that is collated via the daily contact calls, feeds into the Care Home sitrep, both at a local and Greater Manchester level. Additionally there is a clear process to be followed where an outbreak is suspected in a care home. This brings extra support from both Infection Prevention and Control Team and Population Health to support the care home to manage the consequences of the outbreak.

6. Building the workforce

Expanding the workforce has been a key element to enable the care homes to continue to provide care and support. Greater Manchester authorities continue to run a successful social care recruitment scheme to attract new staff, including those who have been furloughed to work in social care. At a local level the Local Authority and the CCG have made available staffing for exceptional circumstances e.g. nursing availability to support Nursing Homes and support workers to offer extra support to a care home where older adults with learning disabilities moved for the first time.

7. Funding

Financial package to care homes described at 4 above, with Board agreement on Local Authorities public website. DASS responded to ADASS Covid-19 budget survey to describe support and financial allocation.

These support arrangements remain in place at this time and as we begin to understand the picture around future capacity needs and the opportunity to “build back differently” the Care Homes will work with us to be at the centre of our future developments.

Yours sincerely

Steven Pleasant MBE
Chief Executive, Tameside MBC/
Accountable Officer, Tameside & Glossop CCG



Infection Control Fund Grant Agreement

THIS AGREEMENT is made on the day of

THE PARTIES

- (1) Tameside Metropolitan Borough Council (the "**Council**") of Tameside One, Market Place, Ashton-Under-Lyne OL6 6BH; and
- (2) (the "**Grant Recipient**") of .

BACKGROUND

- A. The Adult Social Care Infection Control Fund has been established by the Department of Health and Social Care and 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.
- B. The Fund is paid to local authorities as a grant under section 31 of the Local Government Act, 2003 and a Grant Determination sets out the terms under which grant payments can be made. One of the grant conditions is that a local authority must pay 75% of allocated funds to registered care homes within its geographical boundaries. Such payments to care homes are subject to conditions and the purpose of this Agreement is to set out those conditions.
- C. The Council has been allocated £ 2,130,691 from the Infection Control Fund.
- D. The Council and the Grant Recipient agree to the terms and conditions of this Agreement.

1. DEFINED TERMS AND INTERPRETATION

Capacity Tracker	means the system developed by the NHS for monitoring and recording capacity in bed based services in England;
Defined Purpose	means the purpose for the Grant under the Infection Control Fund is being made as described in Clause 2;

DHSC	means the Department of Health and Social Care;
Grant Determination	means the Adult Social Care Infection Control Grant Determination 2020/21 No 31/5061;
Grant Recipient	means the owner or authorised representative of the care home identified in Schedule 1 of this Agreement;
“the Fund”	means the Infection Control Fund as established by the DHSC.

2. DEFINED PURPOSE OF THE GRANT

2.1 The Grant Recipient must only use the grant for the following purposes:

- 2.1.1 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 determination this included staff with suspected symptoms of Covid 19 awaiting a test or any staff member for a period following a positive test;
- 2.1.2 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);
- 2.1.3 Limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents;
- 2.1.4 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;
- 2.1.5 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;
- 2.1.6 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. OBLIGATIONS OF GRANT RECIPIENT

3.1 In addition to ensuring that the Grant is used for the defined purpose described in Clause 2, the Grant Recipient must:

- 3.1.1 Ensure that they are registered on Capacity Tracker, continue to be so registered and update the Tracker on a daily basis consistently;
- 3.1.2 Ensure that the cost of any infection control measures are met by the Grant Recipient 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, for costs to avoid the use of public transport) are paid at normal market rates; and
 - c) In no circumstances is any element of profit or mark-up applied to any costs or charges incurred.
- 3.1.3 Provide the Council with a statement certifying that that they have spent the funding on the defined purpose by 23 September 2020;
- 3.1.4 Provide the Council or DHSC with receipts or such other information as they request to evidence that the funding has been so spent,
- 3.1.5 Provide DHSC or the Council 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.
- 3.1.6 Return any grant monies to the Council that have not been spent by 23 September 2020 or have not been spent as described in Clause 2 above.

4. OBLIGATIONS OF THE COUNCIL

- 4.1 The Council will pay the Grant Recipient the sum shown in **Schedule 1** of this Agreement, subject to compliance with the terms of this Agreement.
- 4.2 Subject to Clause 4.3 below, the sum shown in **Schedule 1** will be paid in two instalments and these will be by the following dates:
- 4.2.1 Payment 1 : by 19 June 2020
 - 4.2.2 Payment 2 : by 14 August 2020
- 4.3 The circumstances in which Payment 2 will not be paid are:
- 4.3.1 The Grant Recipient has not consistently completed the daily Capacity Tracker;
 - 4.3.2 The funding from Payment 1 has not been spent;
 - 4.3.3 The Council has reasonable cause to believe that the funding from Payment 1 has not been used for the defined purpose described in Clause 2 of this Agreement.
 - 4.3.4 This Grant Agreement has not been signed and returned by the Grant Recipient by 19 June 2020

IN WITNESS WHEREOF this Agreement has been executed by the Parties on the date of this Agreement

Authorised signatory for and on behalf of the Council

STEPHANIE BUTTERWORTH
DIRECTOR OF ADULT SERVICES
TAMESIDE MBC

Authorised signatory for and on behalf of the **Grant Recipient**

SCHEDULE 1: PAYMENT DETAILS

Care Home Name:	
Care Home Address:	
Number of CQC Registered Beds For the Allocation Of The Grant :	
Total Infection Control Fund Grant Allocation:	
Instalment 1 Payment:	
Instalment 2 Payment:	