

**Report To:** EXECUTIVE CABINET

**Date:** 2 November 2020

**Executive Member / Clinical Lead Reporting Officer:** Councillor Eleanor Wills - Executive Member Adults Social Care and Population Health  
Ashwin Ramachandra (Living Well, Finance & Governance)  
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 residential settings and community care settings and non-CQC registered 'other' care settings in the borough.

**Recommendations:** That Strategic Commissioning Board be recommended to agree:

- (i) The distribution of £2,131,598 of the grant funding, subject to the specified Conditions, is noted.
- (ii) That £1,100,512 is distributed across CQC regulated care homes, £604,766 is distributed across CQC regulated community care providers, and £426,320 is distributed across other care settings as detailed in **Appendix 1** of this report.

**Financial Implications:** **Budget Allocation (if £ 2,131,598 Investment Decision)**

**(Authorised by the Section 151 Officer & Chief Finance Officer)** **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)**

There are no immediate legal implications arising from this report save that the officers managing this grant need to comply with the terms and conditions imposed by central government on the distribution of the grant.

**How do proposals align with  
Health and Wellbeing  
Strategy**

The proposals align with the Developing Well and Living Well programmes for action.

**How do the proposals align  
with the Locality Plan:**

The service is consistent with the following priority transformation programmes:

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

**How do the 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.

**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.

**Background Papers:**

The background papers relating to this report can be inspected by contacting :

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## 1. INTRODUCTION

- 1.1 The Adult Social Care Infection Control Fund (ICF) was first introduced in May 2020 and was initially worth £600 million. The purpose of the fund was to support adult social care providers, including those with whom the Council does not have a contract, to reduce the rate of COVID-19 transmission within and between care settings, in particular by helping to reduce the need for staff movements between sites.
- 1.2 Due to its success in limiting the transmission of COVID-19 within and between care settings, the Adult Social Care Infection Control Fund has been extended until March 2021, with an extra £546 million of funding. This is a new grant, with revised conditions from the original Infection Control Fund
- 1.3 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 1 October 2020 reports that the allocation given to Tameside Council is £2,131,598. This total amount of funding is to be distributed across three care sectors across the borough as follows:
  - CQC Registered Care Homes - £1,100,512
  - CQC Registered Community Care Providers - £604,766
  - Other Care Settings - £426,320

It is expected that each care home should receive an amount per CQC registered bed, and each community care provider should receive an amount per CQC registered community care user, representing 80% of the funding. 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**.

- 1.4 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 will be put in place to demonstrate the appropriate application of the grant by the Council and the providers.
- 1.5 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.
- 1.6 The CQC registered Community Care providers are largely a mix of in house provision and independent sector provision across domiciliary care and supported living settings. The support is commissioned via internal budget provision to the in house provider, via block contract to the supported living providers and through spot purchase contract arrangements with domiciliary providers.
- 1.7 In relation to other care settings the Council has focused on distributing the IC (IC) Grant primarily across community and day support services (in particular where the implementation of infection prevention and control measures that support such services to remain open), and the voluntary sector.

## 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 Council 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 community care providers to tackle the risks of COVID-19 infections.

2.2 The Conditions of the Grant are set out in the LA Circular published 1 October 2020 at Annex C: Grant Conditions. Local authorities must ensure that 80% of the grant is allocated to care homes and CQC-regulated community care providers on a 'per bed' and 'per user' basis in order to support the following specific 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 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

**In respect of CQC-regulated community care providers:**

- 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)

2.3 Local authorities must use 20% of the funding to support other providers in care settings to put in place COVID-19 infection control measures, but this can be allocated at their discretion. This can include providing support on the infection prevention and control measures to a broader range of care settings (for instance, community and day support services) and other measures that 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.

2.4 To be compliant with the conditions of this fund the Council must:

- make the allocation directly to pay care providers (care providers include local authorities who provide care directly, care homes with self-funding residents; care homes with which local authorities do not have contracts, CQC-regulated community care providers with self-funded clients, and community care providers with which local authorities do not have contracts, other organisations providing care)
- report on their spending as outlined in the Reporting Section below
- ensure any support made to a residential care provider is made on condition that 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
- ensure any support made to a community care provider is made on condition 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
- ensure 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
- provide DHSC with a return describing how providers in their area have 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
- write to DHSC by 31 October 2020 confirming that they have put in place a winter plan, and that they are working with care providers in their area on business continuity plans
- provide the department with a statement certifying that that they have spent the funding on those measures at reporting point 6 (30 April 2021)
- publish their progress in distributing the funding at reporting points 3 (29 January 2021), and 6 (30 April 2021)

2.5 The grant will be paid in 2 equal instalments with the first being made by 20 October 2020 (£ 1,065,799) and the second in December 2020. The Council must not make an allocation of the second instalment of funding to a care provider who has not completed the Capacity Tracker or CQC homecare survey at least weekly since 1 October 2020. 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 used it as per the conditions set out. In addition, if a provider has not used it or any part of it for the infection control measures for which it was provided the Council must take all reasonable steps to recover the money that has not been so used.

- 2.6 All providers offered an allocation of this Grant will be issued with a Grant Agreement to comply with the related Grant Conditions with a return date of 17 October 2020 to the Council duly signed.

### **3. REPORTING**

#### **Requirements on the Council**

- 3.1 The Council must write to the Department by 31 October 2020 confirming that they have put in place a Winter Plan, and that they are working with care providers in their area on business continuity plans and submit monthly high-level returns specifying how the grant has been spent. An example template has been provided and these must be submitted to the Department who will review the returns on behalf of the Secretary of State for Health and Care. The second instalment is contingent on the Department receiving these returns.
- 3.2 The Council should return this information at six points:
- 23 November 2020, with information on October spending
  - 31 December 2020, with information on October and November spending
  - 29 January 2021, with information on October to December spending
  - 26 February 2021, with information on October to January spending
  - 31 March 2021, with information on October to February spending
  - 30 April 2021, with information on October to March spending
- 3.3 At the close of the Fund the Council's Chief Executive (or the authority's S151 Officer) and the Director of Adult Social Services 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.
- 3.4 Providers will need to provide the Council with the information needed to complete the monthly returns on their spending at least 1 week before the deadlines to be set, and they will need to complete the Capacity Tracker or CQC homecare survey (as applicable, as per government guidance) at least once per week.

#### **Requirements on Providers - Contingency of first instalment**

- 3.5 Residential care providers, including homes with self-funding residents, 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% 'per beds'/'per user' allocation.
- 3.6 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% 'per beds'/'per user' allocation.
- 3.7 The Council must 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.

#### **Requirements on Providers - Contingency of first instalment**

- 3.8 In order to receive the second instalment, providers will need to be able to demonstrate to the Council that they have realistic plans to spend the funding that are consistent with the

Conditions of the fund. The Council will not require providers to prove that they have spent all of the funding before passing on the second instalment.

- 3.9 It is not expected that providers will have spent the entire first instalment before reporting point 1 (23 November 2020). However, providers will need 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 expected that providers will have spent all of the first instalment by 31 December 2020 and to have fully spent the funding by the end point of the fund on 31 March 2021.
- 3.10 Providers will need to demonstrate that the funding passed to them has been spent in line with the infection prevention control Conditions. Those providers who have not fully spent their allocation at the end of the fund will be expected to repay any unspent monies.
- 3.11 Councils are not expected to routinely require providers to provide them with receipts or invoices to prove how the funding has been spent. Providers will, however, need to keep these records and make them available to the Council or the Department if they are required to provide reassurances that the funding has been used in accordance with the Grant Conditions.
- 3.12 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).

#### **4. FINANCIAL IMPLICATIONS**

- 4.1 The Grant will be paid to the Council in 2 equal instalments:
  - Payment 1: October 2020
  - Payment 2: December 2020
- 4.2 Residential care providers, including homes with self-funding residents 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).
- 4.3 There are no immediate financial implications for the Council with the allocation of the Grant. The Council is expected to make two payments to providers subject to their agreement to the Conditions as set out in the Grant.
- 4.4 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 a position of attempting to recoup the allocated funds from the providers it had been distributed to.
- 4.5 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).
- 4.6 Appendix 1 provides a summary of the Grant and values to be allocated to care providers.

#### **5. RECOMMENDATIONS**

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





## APPENDIX 1

### TAMESIDE ALLOCATION

Local authority name	Total allocation amount (A)	Allocation to care homes (B)	Allocation to community care providers (C)	Allocation for other care settings and IPC measures (D)	Number of registered care home beds, September 2020 (E)	Number of community care users, September 2020 (F)
Tameside	£2,131,598	£1,100,512	£604,766	£426,320	1,639	1,777

### CQC Registered Care Homes

	CQC	Registered No. For Payment	Each Instalment will be (2 payments in total)	Total Allocation per home
Home	Registered		£	
Auden House Residential Home	24	24	8,603.35	£17,206.70
Balmoral Care Home	33	33	11,829.61	£23,659.22
Bourne House	33	33	11,829.61	£23,659.22
Charnley House	40	40	14,338.92	£28,677.84
Clarkson House Residential Care Home	28	28	10,037.24	£20,074.49
Daisy Nook House	40	40	14,338.92	£28,677.84
Downshaw Lodge	45	45	16,131.28	£32,262.57
Eden House	5	5	1,792.36	£3,584.73
Fairfield View	54	54	19,357.54	£38,715.08
Fir Trees	46	46	16,489.76	£32,979.51
Firbank House	42	42	15,055.86	£30,111.73
Greatwood House	60	60	21,508.38	£43,016.76
Guide Lane Nursing Home	41	41	14,697.39	£29,394.78

Hatton Grange	70	70	25,093.11	£50,186.21
Holme Lea	48	48	17,206.70	£34,413.40
Hurst Hall	50	50	17,923.65	£35,847.30
Hyde Nursing Home	100	50	17,923.65	£35,847.30
Kings Park Nursing Home	44	44	15,772.81	£31,545.62
Kingsfield Care Centre	54	0	0.00	
Laurel Bank Residential Care Home	51	51	18,282.12	£36,564.24
Lowry House	12	12	4,301.68	£8,603.35
Millbrook Care Centre	46	46	16,489.76	£32,979.51
Moss Cottage Nursing Home	34	34	12,188.08	£24,376.16
Oakwood Care Centre	18	18	6,452.51	£12,905.03
Parkhill Nursing Home	38	38	13,621.97	£27,243.95
Polebank Hall Residential Care Home	29	29	10,395.72	£20,791.43
Riverside	90	90	32,262.57	£64,525.13
Sandon House	42	42	15,055.86	£30,111.73
St Lawrences Lodge	20	20	7,169.46	£14,338.92
Staley House Care Home	27	27	9,678.77	£19,357.54
Stamford Court	40	40	14,338.92	£28,677.84
Sunnyside	43	43	15,414.34	£30,828.67
The Beeches	32	32	11,471.13	£22,942.27
The Lakes Care Centre	77	77	27,602.42	£55,204.84
The Sycamores	60	60	21,508.38	£43,016.76
The Vicarage Residential Care Home	30	30	10,754.19	£21,508.38
Thornccliffe Grange	50	50	17,923.65	£35,847.30
Yew Trees	43	43	15,414.34	£30,828.67
<b>Total</b>	<b>1,639</b>	<b>1,535</b>		<b>£1,100,512.00</b>

## CQC Registered Community Care Providers

	Where possible latest figures taken from ring round data 30/9	Each Installment will be (2 payments in total)	Total Allocation per provider
Provider	No. of SUs	£	
ABLE CARE & SUPPORT SERVICES LTD	110	18,676.10	37,352.20
CARELINE HOMECARE LTD	277	47,029.81	94,059.62
AVANT HEALTHCARE	10	1,697.83	3,395.65
COMFORT CALL	243	41,257.20	82,514.40
CREATIVE SUPPORT	216	36,673.06	73,346.13
DIRECT CARE	211	35,824.15	71,648.30
SMARTWAY	13	2,207.18	4,414.35
MEDACS HEALTHCARE PLC	145	24,618.49	49,236.98
PERSON CENTRED CARE SERVICES	52	8,828.70	17,657.40
ICARE SOLUTIONS	44	7,470.44	14,940.88
LIBERTY SUPPORT SERVICES	16	2,716.52	5,433.05
COMMUNITY INTEGRATED CARE	57	9,677.61	19,355.23
TURNING POINT	70	11,884.79	23,769.58
TAMESIDE LINK	6	1,018.70	2,037.39
APOLLO	5	848.91	1,697.83
PULSE	0	0.00	0.00
ROUTES HEALTHCARE	74	12,563.92	25,127.84
HOME INSTEAD SENIOR CARE	1	169.78	339.57
CARETECH	30	5,093.48	10,186.96
RICHMOND FELLOWSHIP	32	5,433.05	10,866.09
Extrahand Care Services	18	3,056.09	6,112.18
Care & Support Tameside		0.00	0.00
Elite Care Services	15	2,546.74	5,093.48
Optima Health and Social Care Ltd	1	169.78	339.57
Tameside LD Services (in-house)	84	14,261.75	28,523.49

Wilshaw House (Night service - in-house)	45	7,640.22	15,280.44
Autism Initiatives	6	1,018.70	2,037.39
Total*:	1781		
*= Still clarifying total number in relation to the 1,777 that DHSC has identified			

## Other Care Settings

	Info. from KYN of direct from Provider	Each Installment will be (2 payments in total)	Total Allocation per provider	Comments
Provider	No. of SUs	£		
FIR TREES	20	9,390.31	18,780.62	
GREATWOOD	9	4,225.64	8,451.28	
SANDON	0	0.00	0.00	
GREENSCAPES	13	6,103.70	12,207.40	
LDS - COPLEY	14	6,573.22	13,146.43	
LDS - CREATIVE CRAFTS	3	1,408.55	2,817.09	
LDS - DENTON	22	10,329.34	20,658.68	
LDS - DROYLSDEN	15	7,042.73	14,085.46	
LDS - HURST	21	9,859.82	19,719.65	
LDS - LOXLEY	21	9,859.82	19,719.65	
MENCAP	39	18,311.10	36,622.20	
PEOPLE FIRST TAMESIDE	19	8,920.79	17,841.59	

THE SHED	10	4,695.15	9,390.31	
TAMESIDE ARTS	39	18,311.10	36,622.20	
TAMESIDE COUNTRYSIDE	3	1,408.55	2,817.09	
ACTIVE TAMESIDE	74	34,744.14	69,488.28	
WILSHAW HOUSE	82	38,500.26	77,000.53	
Grafton Centre	2	939.03	1,878.06	Based on No. of people employed
Community Cutz	1	469.52	939.03	Based on No. of people employed
Age UK	16	7,512.25	15,024.49	Based on No. of people employed
T&G MIND	10	4,695.15	9,390.31	Based on No. of people employed
Action Together	10	4,695.15	9,390.31	Based on No. of people employed
Diversity Matters	6	2,817.09	5,634.19	Based on No. of people employed
Being There	2	939.03	1,878.06	Based on No. of people employed
Anthony Seddon Fund	3	1,408.55	2,817.09	Based on No. of people employed
Total*:	454		426,320.00	
* = Combination of Service Users who receive a direct service and staff who are employed to facilitate support				