AGENDA FOR

EMERGENCY POWERS GROUP

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To: All Members of EPG

Dear Member/Colleague

COVID 19 - Emergency Powers Group

You are invited to attend a meeting of the COVID 19 - Emergency Powers Group which will be held as follows:-

Date:	Monday, 29 June 2020
Place:	Virtual via MS Teams
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 LOCAL OUTBREAK PLAN *(Pages 1 - 36)*

Report attached.

2 DISCRETIONARY GRANTS PHASE 2 *(Pages 37 - 42)*

Report attached.

3 DISTRIBUTION OF THE REMAINING 25% INFECTION PREVENTION CONTROL GRANT TO CARE AT HOME (DOMICILIARY CARE) AND SUPPORTED LIVING PROVIDERS *(Pages 43 - 66)*

Report attached.

Agenda Item 1

REPORT FOR DECISION

DECISION OF:	**Emergency Powers Group**
DATE:	**29th June, 2020**
SUBJECT:	**Covid-19 Local Outbreak Plan**
REPORT FROM:	**Lesley Jones, Director of Public Health**
CONTACT OFFICER:	**Lesley Jones, Director of Public Health**
TYPE OF DECISION:	**KEY DECISION**
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain
SUMMARY:	All upper tier authorities are required to publish COVID-19 Local Outbreak Plans by 30th June, 2020. These plans are to be led by a Covid-19 Health Protection Board chaired by the Director of Public Health and overseen by a member led board. In Bury, this will be the Council Cabinet. The attached Covid-19 Outbreak Plan has been developed in accordance with national guidance and outlines our local approach to preventing and managing outbreaks in the borough as part of the National Test, Trace, Contain and Enable Programme.
OPTIONS & RECOMMENDED OPTION	**To approve the Bury Covid-19 Local Outbreak Plan for publication on 30th June 2020.**

IMPLICATIONS:	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework? Yes
Statement by the S151 Officer: Financial Implications and Risk Considerations:	Bury Council has received a funding allocation of £1.080m for the purposes outlined in this paper. Proposals for how to

	prioritise and allocate that funding over the next 12 months are being developed and will go through appropriate governance routes. On the basis that costs will be contained within the £1.080m envelope for the next 12 months, these plans can be supported from a finance perspective
Equality/Diversity implications:	Covid-19 has had a disproportionate effect on older people, those with long term conditions, those in certain occupational groups and those from BAME communities. The Local Outbreak Plan identifies cohorts and settings at higher risk of outbreaks and sets out targeted proactive and reactive measures to mitigate inequalities.
Considered by Monitoring Officer:	Yes Comments This is an urgent decision as the Council si required to produce a local Covid 19 Outbreak Plan by 30 June 2020 given the significance and scale of the issue. Rule 18 of the Access To Information Rules governs decision which have to be taken without the normal 28 days or 5 days' notice (if urgent) of the Decision in the Forward Plan. Rule 18 allows for special urgency (less than 5 days' notice) provided the Scrutiny Chair agrees that taking of the Decision cannot be reasonable deferred and the opposition group leaders have been consulted.
Wards Affected:	All, although areas of higher deprivation and with a higher proportion BAME population have been identified as higher potential risk
Scrutiny Interest:	Scheduled for consideration by Health Scrutiny 02.07.20

1.0 BACKGROUND

On 22 May 2020 Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 it would expect every area in England to create a local Outbreak Plan.

Government expects that by 30th June local plans, led by the Director of Public Health, will be produced. The aim of the plans should be specifically to prevent and manage local outbreaks of infection.

The announcement states:
"Building on the foundation of the statutory role of Directors of Public Health at the upper tier local authority level, and working with Public Health England's local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health. Local Directors of Public Health will be responsible

*for defining these measures and producing the plans, working through Covid-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums (*SCG*) and a public-facing Board led by council members to communicate openly with the public.*
Cross-party and cross-sector working will be strongly encouraged, and all tiers of Government will be engaged in a joint endeavour to contain the virus…."

These plans build on the Health Protection functions outlined in the Government Guidance *Health Protection in Local Government*, combining locality health protection functions with others sitting in Public Health England. To that extent, locality health protection arrangements already exist, but specific and additional arrangements for addressing COVID-19 Outbreaks need to be stood up within the context of existing multi-agency partnership working.

Local Outbreak Plans make up part of the National Test, Trace, Contain, and Enable Programme which is key to controlling the spread of infection as lockdown measures are eased.

2.0 ISSUES

The government announcement of 22 May 2020 sets out seven themes for the Outbreak Plans.

Theme		Broad Actions
1.	Preventing Infection	Ensuring appropriate measures are in place to prevent the spread of infection (e.g. social distancing, hygiene, PPE, enhanced cleaning etc) across all settings
2.	Identification of High-Risk Settings	Settings, places and communities which would be problematic if outbreaks were to occur
	2a. Care Homes	While identified by government as a separate theme these are clearly a very high priority part of Theme 2 and builds on pre-existing plans.
	2b. Schools	While identified by government as a separate theme these clearly are a specific set of settings within Theme 2
3.	Vulnerable People	Ensuring prevention of infection from reaching vulnerable people and extension of shielding support to those self-isolating
4.	Planning and utilisation of local testing capacity	The ability to direct local testing capacity to prevent and manage outbreaks
5.	Contact Tracing	The local role in the national contact tracing system
6.	Data Integration for a)	The ability to integrate data flows

	epidemiology and surveillance and b) response and action	from national and local for functions ranging from contact tracing and self-isolation to proactively identifying outbreaks in development and provide dynamic early warning
7.	Governance	Governance, Oversight and Assurance
8.	Deployment	Arrangements for deployment and delivery of actions and capabilities. This will include enforcement measures (enforcement of premises closure or self-isolation for example)

The Bury COVID-19 Outbreak Control Plan addresses all seven themes. It is a living document with two functions:

1. It is a **reference document** for people involved in COVID-19 outbreak management. It describes control measures, roles and responsibilities, guidance, and processes to support both reactive outbreak management and proactive support to key sectors; and

2. It is the **programme plan** for the Bury COVID-19 Health Protection Board. It describes the main actions to be taken, and by whom, to improve the capacity and capability across Bury to manage COVID-19 outbreaks. Detailed actions & risks will be captured in a separate action plan and risk register. It also describes the resources needed to support COVID-19 outbreak response. An allocation of £1,080,413 has been made to Bury Council to support implementation of the plan.

As well as COVID-19 Outbreak Control Plan Bury also has a generic Outbreak Control Plan. This document describes how Bury manages outbreaks of a wide range of infectious diseases. There is also a Greater Manchester COVID-19 Outbreak Control Plan, which describes how the Greater Manchester part of the system will work. The intention is for the local and Greater Manchester responses to form a single seamless system for managing COVID-19 cases and outbreaks.

3.0 CONCLUSION

Bury's Local Outbreak Plan in conjunction with the GM Outbreak Plan and the National Test and Trace service provide the main vehicle by which we will manage local transmission of SARS-CoV-2 and minimise the impact of COVID-19 in Bury as lockdown measures are eased. Effective management of cases and control of outbreaks are vital to reducing the risk of a second wave of the epidemic and enabling economic recovery.

List of Background Papers:-

1. Bury Covid-19 Local Outbreak Plan

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Bury COVID-19 Outbreak Control Plan

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Introduction

England has had a large epidemic of COVID-19 that has led to considerable loss of life. Social distancing measures have reduced the number of new infections and deaths. But these measures place a large burden on individuals, families, communities and the economy. Evidence suggests that most people in England are still vulnerable to COVID-19. This means that a large epidemic will happen if these restrictions are lifted completely.

Contact tracing and outbreak management are tools for controlling the spread of infectious diseases. Tracing and isolation of people exposed to COVID-19 can reduce the spread of infection. Fast and effective outbreak control can reduce the number of infections. Together, these measures may allow for more relaxation of social distancing requirements than would otherwise be possible.

The contact tracing system in England is made up of four tiers:

- Tier 3 consists of call handlers who speak to contacts of confirmed cases and advise them to isolate;
- Tier 2 consists of case handlers who interview confirmed cases of COVID-19 to identify their contacts;
- Tier 1b is an integrated regional and local system to deal with contact tracing and outbreak management in complex settings; and
- Tier 1a provides national strategic oversight of the whole system and sets guidance and policies.

Bury is part of the Greater Manchester (GM) Tier 1b system. Within Tier 1b, most contact tracing is expected to be done by the Greater Manchester Integrated Contact Tracing Hub (GM ICTH). Local authorities and their partners will be involved where their help is needed to manage complex cases or outbreaks, and supporting individuals and settings affected by COVID-19. This might include supporting people who have been told to isolate, or dealing with the consequences of closing settings, like schools, GP practices or care homes.

As well as playing its part in the Greater Manchester tier 1b contact tracing system, Bury needs a system that can respond to outbreaks and situations without waiting for notifications from tiers 2 and 3 through the GM ICTH. This will allow a faster response to emerging outbreaks, and where necessary, getting help from the GM ICTH.

Purpose of the Bury COVID-19 Outbreak Control Plan

The Bury COVID-19 Outbreak Control Plan has two functions:

1. It is a **reference document** for people involved in COVID-19 outbreak management. It describes control measures, roles and responsibilities, guidance, and processes to support both reactive outbreak management and proactive support to key sectors; and

2. It is the **programme plan** for the Bury COVID-19 Health Protection Board. It describes the main actions to be taken, and by whom, to improve the capacity and capability across Bury to manage COVID-19 outbreaks. Detailed actions will be captured in a separate action plan. It also describes the resources needed to support COVID-19 outbreak response.

As well as COVID-19 Outbreak Control Plan Bury also has a generic Outbreak Control Plan. This document describes how Bury manages outbreaks of a wide range of infectious diseases. There is also a Greater Manchester COVID-19 Outbreak Control Plan, which describes how the Greater Manchester part of the tier 1b system will work. Our intention is for the local and Greater Manchester responses to form a single seamless system for managing COVID-19 cases and outbreaks.

Aims

Our aims are:

1. **Reduce the transmission of COVID-19.** Reducing transmission of COVID-19 will both direct and indirect harms caused by COVID-19, as well as reducing the extent of social distancing needed and the harms associated with social distancing. We will do this by providing proactive support and reactive outbreak management.
2. **Reducing health inequalities** by focusing on those groups and settings at highest risk, or that may be more vulnerable because of wider structural inequalities, will be central to this aim.
3. **Minimise the impact of measures taken to control COVID-19.** This includes both wider social distancing measures and specific measures taken as a result of contact tracing or outbreak management.

Overall approach

Our approach is that contact tracing and outbreak management need a whole-system response. This means that while there will be a core team responsible for managing COVID-19 cases and outbreaks in Bury, the actions needed will fall across the wider system, including the council, health economy, and civil society.

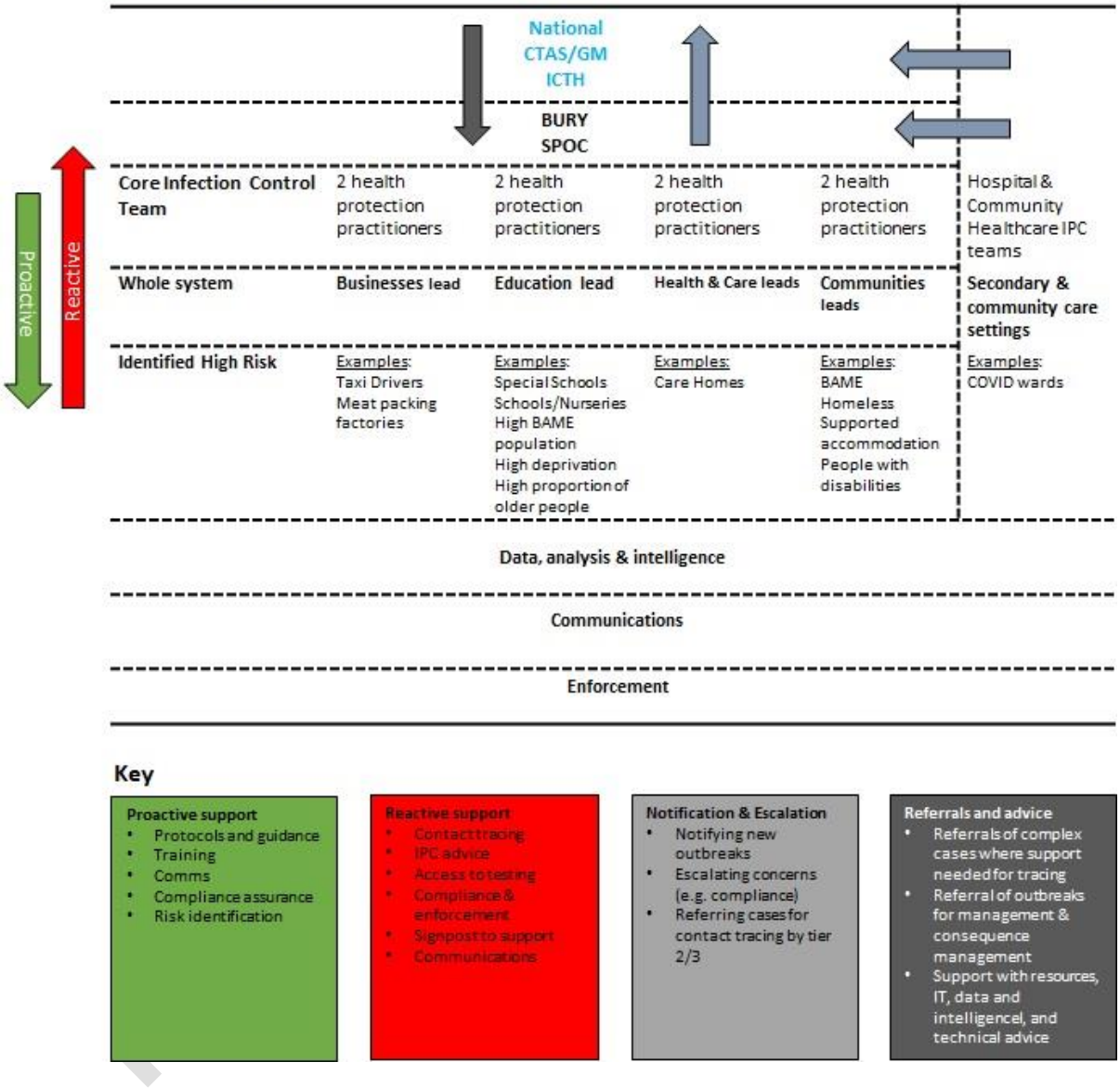
Continuous learning is an important feature of our approach. The approach described here combines reactive management of outbreaks with proactive support to key sectors. This will make sure that lessons identified in outbreaks are used to improve preparedness plans. Through links with the GM ICTH and Public Health England lessons from outbreaks across Greater Manchester will be used to improve local plans.

The COVID-19 pandemic and the Government's response to it are changing quickly. Our plan will have to change as the situation develops so that it stays relevant.

Structure

Figure 1 below shows the overall structure of the COVID-19 contact tracing and outbreak management system in Bury.

Figure 1: Outline COVID-19 Response Structure



This structure shows six important parts of the local COVID-19 response:

1. **A single point of contact (SPOC) for COVID-19 issues**. The Bury COVID-19 SPOC will receive notifications of new COVID-19 outbreaks and issues from local partners (schools, primary care settings, social care settings) and the GM ICTH. The Bury COVID-19 SPOC will use the existing Bury Council Infection Prevention and Control (IPC) email address and phone numbers but will need extra administrative support to free up IPC staff from monitoring the inbox to focus on outbreak and issue management.

2. **A core health protection team.** This will build on the existing health protection team with extra resources drawn from within the system (environmental health, CCG) and through recruitment of new staff. This team will be responsible for reactive management of COVID-19 outbreaks and complex cases. It will also have staff dedicated to providing proactive engagement and support to key sectors with the aim of preventing infections and outbreaks.

3. **Points of contact for key sectors.** These will include educational settings; healthcare settings; social care settings; businesses; and wider community settings. This will draw on existing resources within the system. However, as the system matures and we learn more about the volume of activity, these areas may also need to be supported with extra resources.

4. **Dedicated support for data analysis and intelligence.** This will draw on intelligence products developed to support the COVID-19 response in Bury. It will draw in new data, such as testing data, NHS111 calls, and referrals from the national and regional layers as these data become available. It will also capture the level and type of activity happening through the health protection team to plan and prioritise resources. As more detailed epidemiological data (such as small area data and data on cases and deaths with data on patient demographics) becomes available, it will also identify areas of high transmission for further investigation and action.

5. **Dedicated communications support.** This will support the sector-specific engagement with broader communications designed to promote compliance with infection prevention and control measures and social distancing.

6. **Enforcement.** While we expect that most people and organisations will fully adhere to advice given by public health authorities, there may be a small number of instances where further enforcement is needed. In this case, the Outbreak Control Team will work with colleagues in the Council's Environmental Health and Trading Standards teams, Greater Manchester Police, and Public Health England, to ensure adherence to guidelines and isolation. The approach will be that enforcement using legal powers (including powers of arrest) will be used as a last resort.

In addition to these parts shown in the diagram, there are two further components that will be central to the Bury COVID-19 response:

a) **Close integration with local and national testing pathways.** This will ensure appropriate testing routes are available, so everyone who needs a test can get a test, and that outbreaks are identified early.

b) **Community hubs.** These are responsible for providing support to individuals, such as delivering food and medicines to people who are isolating.

Resources

The structure outlined above needs the following roles:

1. **Administrative to ensure the SPOC is available during core hours of operation.** The requirements of this role will be to ensure that messages coming into the SPOC are logged, are assigned to a case manager and accurate records are kept of actions taken.

2. **Case management staff to case manage outbreaks and provide proactive infection prevention and control advice to key settings.** This will include Bury Council's existing Infection Control Team, supplemented with extra staff from Environmental Health, CCG, and agency staff. These staff will be responsible for making sure that appropriate actions are taken for each issue (complex case or outbreak needing follow-up). These actions may need to be taken by other parts of the system, not necessarily by the case manager. The case manager will be responsible for keeping an accurate record of the actions taken for a given issue, and closing the issue once all infection prevention and control and consequence management actions are complete. These staff will also be responsible for providing proactive infection prevention and control advice to key settings, prioritising those identified as highest risk.

3. **Lead contacts in the wider system for key sectors and settings.** These will be responsible for identifying (with support from the health protection team) which settings present the highest risk; supporting proactive engagement with settings and communities; and arranging wider consequence-management support to people and settings affected by COVID-19 outbreaks.

4. **Analytical support**. This will support the health protection team and council to capture, analyse, and interpret data on the level and type of activity coming through the SPOC, and on the epidemiological status of COVID-19 infections in Bury.

5. **Communications support**. This will support the overall management of the COVID-19 pandemic in Bury with strategic messaging, as well as providing reactive support in the event of outbreaks. This will also draw in media monitoring (including social media monitoring) to identify emerging issues, such as around compliance with social distancing or contact tracing advice.

6. **Overall management and oversight of the COVID-19 outbreak response in Bury.** This will be provided by the Director of Public Health (DPH) for Bury, as part of her statutory responsibility for the health of the population of Bury. The DPH will be

supported in this response by the COVID-19 Health Protection Board, which will report into the Borough Gold & Council Gold meetings; the member-led engagement group in Bury will be the Cabinet and Strategic Commissioning Board and will be informed on progress and issues via the previous mentioned meetings.

While some of these resources (particularly around roles 3 – 5 above) will be drawn from the existing system, the initial Bury COVID-19 outbreak management plan will require the following identified resources:

1. Administrative staff to operate the SPOC;
2. Health Protection / Case Management staff in the Infection Control Team;
3. Oversight of the Infection Control Team;
4. Analytical support;
5. Communications lead;
6. Enforcement/Business engagement officers; and
7. Community Hub staff.

Areas in the wider system may also need extra resources. This will depend on the level of demand, particularly in managing the consequences of actions taken to control outbreaks, like supporting contacts to isolate at home. The resourcing level will be kept under review as the situation develops and changed if needed. In the event of short-term surges of activity, options to quickly scale-up resources will include:

1. Drawing on resources within the Council and across the local system, such as Environmental Health staff, or Quality Improvement staff; and
2. Asking for surge support from the Greater Manchester COVID-19 contact tracing system.

Bury has been allocated funding to support its response to COVID-19. A funding proposal is being prepared that sets out how this funding will be used.

Bury Council is recruiting more infection control staff with the aim of extending a minimal infection control service to include the weekends. Once in place, weekend infection prevention and control advice will be limited to only those actions that need to be completed over the weekend and cannot wait until the next working day. This will include steps 1 to 3c from the generic process above. For high risk situations (such as outbreaks in high risk settings, or where there are high numbers of deaths), notification of DPH, communications lead, and wider system leads will also be included.

Risk assessment

Risk assessment is an essential component of health protection. Good risk assessment ensures that all the risks to the public health are identified and managed. Risk assessment

can help to identify early where extra support will be needed in managing an outbreak or situation. Risk assessment supports prioritisation of outbreak management work if the volume of outbreaks outstrips the system's ability to respond. And it guides the focus of proactive support to settings so that the highest risk settings are best protected. Prioritisation without risk assessment is likely to lead to avoidable harm, as resources are not directed at preventing or managing those outbreaks and situations that pose the greatest risk to the public.

A basic framework for risk assessment is described below. This risk assessment approach is intended to be both simple enough so that assessment can be completed quickly, comprehensive enough to ensure that the risks are consistently assessed across settings, and flexible enough that it can capture both technical assessment of risk and wider social and political aspects. It is specific to COVID-19 and is not intended to replace health protection risk assessments carried out by other agencies, but to guide local prioritisation of effort.

This risk assessment framework will be refined as the system gains experience of managing and prioritising outbreaks. There will also be benefit in using the same risk assessment framework across regional partners. Initially, outbreaks will be assessed according to the following criteria:

1. **Vulnerability**: Clinical manifestations of COVID-19 range from no symptoms to acute respiratory distress and death. The risk of severe illness and death is higher in some groups, such as the elderly, people with underlying health conditions, men, and some ethnic minority groups. Vulnerability will be assessed both based on evidence such as the number of hospitalisations and deaths in cases, and/or on the number of vulnerable people among the exposed group.

2. **Scale**: The risk for a given outbreak increases with the number of people potentially exposed. In some settings this can be more easily assessed (such as by the number of residents in a care home, or the number of staff and children in a school cohort). In others the potential spread is harder to assess (such as in community outbreaks among hard-to-reach groups).

Together, vulnerability and scale reflect the potential for harm.

3. **Mitigation:** these criteria assess the likely effectiveness and feasibility of outbreak control measures. Interventions include isolation, infection control measures (such as hygiene and environmental cleaning), and use of PPE. Examples of higher risk settings might include dementia units where residents cannot be isolated to their own rooms; or an outbreak among homeless people who may not have appropriate accommodation to isolate to and where contact tracing may be more difficult. While in general mitigation can be targeted at reducing both severity and spread, in the absence of effective treatment or prophylaxis, mitigations will primarily be intended to reduce the spread of COVID-19.

Scale, spread, and mitigation provide an assessment of both the potential health harm and the extent to which this harm can be reduced once actions are implemented.

4. **Wider context:** Outbreak management needs to consider impacts on public confidence, political impacts. Impacts on stakeholders and wider groups. Examples of higher risk situations are outbreaks that are likely to impact public confidence, or where there may be impacts on community relations. Wider context may also include an assessment of the impact on the delivery of services or the wider economy of Bury.

Sector-specific arrangements

Bury's COVID-19 plan focuses on six main sectors:

1. Primary care (GPs, pharmacists, dentists, and optometrists);
2. Secondary care and community care;
3. Social care;
4. Early years, schools and colleges;
5. Businesses; and
6. Communities.

For each of these settings the plan describes both how the system will provide proactive support, and how it will respond if there is an outbreak of COVID-19 in that sector. The full plan includes the roles and responsibilities of the organisations involved, as well as the names and contact details of the people who will be responsible for responding to any outbreaks. The plan also includes those settings or communities within each sector that face the greatest risk from COVID-19, and contact details for these settings. For reasons of privacy, these details are not being made public. The plan also includes links to main national guidance documents for each sector. For brevity these are not reproduced here.

Primary care

High risk settings

- Larger practices are likely to be more exposed to COVID-19 infections. But smaller practices may struggle more to maintain services if affected by staff absence.
- As COVID-19 has struck more deprived communities and ethnic minority communities harder, practices that serve these communities may be at higher risk.

Proactive support

Bury Council and CCG will provide regular updates and guidance to practices through weekly webinars and the CCG bulletin.

All Primary Care providers have been advised to work from home when they can. Where this is not possible, staff is to adhere to socially distancing guidelines. If staff cannot operate within the guidelines, they are to follow the PPE guidelines and the Standard Operating Procedures for General Practice linked above. Practices should source PPE through their normal supply routes in the first instance. Bury Council also operates an emergency PPE supply system in case of acute shortages in supply that cannot be met by normal PPE supply routes or through national systems.

Outbreak response

Confirmed cases linked to healthcare settings in Greater Manchester notified to the national contact tracing system will referred to the GM ICTH for follow-up. The GM ICTH will notify the local authority and CCG. Practices that know about confirmed cases should notify them to the CCG and Bury COVID-19 SPOC.

In the event of confirmed cases or outbreaks of COVID-19 linked to a primary care provider, the commissioner will inform the Regional Incident Coordination Centre and the Bury COVID-19 SPOC. The Regional Team will notify the National Incident Coordination Centre. The Bury COVID-19 SPOC will escalate outbreaks in primary care settings to the GM Greater Manchester Integrated Contact Tracing Hub. The GM ICTH will lead on outbreaks that happen in a community pharmacy, dentistry, and optometry settings, including trace and track and the diversion of prescriptions to another pharmacy.

If significant staffing pressures occur, providers should invoke their business continuity plan and notify the CCG. Providers should inform their commissioner as soon as they consider delivery of the full contracted service may be compromised by staff absence due to Test and Trace. The commissioner will work with the contractor to maintain access to services for patients. The provider will need to update information on patient accessible websites and the impacted NHS 111 Directory of Services profiles will need to be updated.

Secondary and community care

High risk settings

- Delivery out of multiple sites e.g. Any Qualified Provider;
- Delivery from shared sites (e.g. lift buildings);
- Single handed services;
- Face to face services;
- In patient settings;
- Mental Health Acute settings;
- Priority 1 services;
- Services for complex/vulnerable patients; and
- Domiciliary services

Proactive support

Bury CCG Commissioners for Urgent Care, Elective Care, and Mental Health are working with providers to ensure systems are in place to prevent new outbreaks of Covid-19 through a range of methods. This includes: regular meetings with system partners; daily assurances regarding workforce capacity (situation reports); mechanisms to escalate concerns; Early Warning Dashboard; reviewing business continuity plans; capacity and demand modelling with partners; linked into GM networks/ forums; assessing CMS activity daily; team rota in place to respond to re-equipment for 7-day working; education/awareness of team to proactively support system response; planning digital solutions for speed and responsiveness for patients, staff and services.

Commissioners work with system partners to aid recovery and respond to outbreak to sustain priority services and plans are in place to support the mobilisation of services at pace.

Extensive guidance on working safely during COVID-19 has been produced by the Northern Care Alliance (NCA). Specialist infection control staff work across both hospital and community care settings. The NCA is integrated into local command and control structures. In addition, close working relationships exist between these staff and the local authority infection control team and with Public Health England, including information on current outbreaks.

Outbreak response

For NHS trusts, NHS North West is establishing a system of reporting outbreaks. Outbreaks in NHS trusts will be led by NHS trusts with input from PHE and other agencies. Trusts will be responsible for doing contact tracing for cases and outbreaks in hospital and health-led intermediate care settings.

Given the likelihood of spill over into the community, it will be important that the local COVID-19 Health Protection Board is informed of any outbreaks in secondary care settings. This makes sure that the COVID-19 Health Protection Board has a consistent picture of COVID-19 spread in Bury.

Any confirmed cases linked to healthcare settings by the Tier 2/3 national contact tracing system will be passed to the GM ICTH for contact tracing. Local commissioners will be made aware so that they can plan for any potential impact on service availability.

Social care

High risk settings

- Care homes (particularly larger homes and those caring for residents with dementia).

Proactive support

The Infection Control Team and Bury Council's Provider Relationship Teams provide ongoing support to providers across adult social care, including.

- Regular communication with and information to providers via the adult social care bulletin;
- Support for providers via regular contact by provider relationship officers and health protection nurses/practitioners;
- Monitoring results from local NHS and Public Health England labs to identify any issues;
- Ensuring new or updated relevant national guidance is sent to all providers;
- Support for testing of symptomatic and asymptomatic staff and residents;
- Workforce support to ensure safe staffing maintained;
- Support for access to PPE;
- Infection prevention and control and PPE training;
- Monitoring of care home deaths on Bury registrar death returns to identify any issues which might indicate undetected transmission events;
- Support and guidance for providers to safely receive transfers/admissions from hospitals, other providers, or from the community; and

Assessment of cases identified through test and trace linked to care homes or social care providers to ensure appropriate transmission prevention measures are in place.

Outbreak response

The Infection Control Team will lead on outbreaks in social care settings working with the provider. Social care providers will notify the Infection Control Team or Public Health England of any suspected or confirmed cases. The Infection Control Team will support the home with testing and infection control advice, including advising on closure of the home to visits and new admissions. Wider testing to identify asymptomatic cases may be undertaken as part of the outbreak investigation. For outbreaks that are particularly large, extra support will be sought from the GM ICTH and Public Health England as appropriate. Contacts outside of the social care setting will be passed via the GM ICTH for follow up by the national tier 2/3 contact tracing system.

Early years, schools and colleges

High risk settings

- A primary special school for pupils, many of whom will have underlying health conditions;
- A secondary special school for pupils, many of whom will have underlying health conditions;
- A hospital school; and
- Vulnerable children – Many of these children are not in school or early years settings because of underlying health conditions but remain at risk

Proactive support

The Infection Control Team will provide ongoing support and advice to schools on how to minimise the risk of COVID-19 infections in staff and students. A guidance pack developed by Public Health England has been shared with all schools. Regular webinars have been used to discuss the guidance and scenarios that might happen in schools.

Lessons from cases and outbreaks in schools in Bury and across Greater Manchester are being identified and shared with schools. Early examples include: the importance of minimising contact between staff, the importance of secondary points of contact in the school if the head becomes ill, and the benefits of notifying the local COVID-19 SPOC are already being fed back. The Infection Control Team also provide advice to individual schools about how to apply the national guidance, and is available to answer questions, as well as getting more detailed advice from Public Health England if needed.

The Bury Council's Education Department has provided ongoing support to schools. This has included providing templates for risk assessment for that cover both risk in the school setting, as well as advice on risk assessments for individual members of staff. Through constant ongoing communication the Council has created a process that allows schools to raise emerging problems and get help with wider challenges created by COVID-19.

As a high-risk group, all children with Education, Health & Care Plans, and those known to Social Care have been identified, and are receiving targeted multi-agency support.

Outbreak response

Schools will exclude any staff or students with symptoms of COVID-19 to get tested as soon as possible, signposting staff to local arrangements for testing key workers at the Waterfold business park. The school follow any appropriate guidance for people who develop symptoms of COVID-19 while at school. The school will notify the Bury COVID-19 SPOC of any confirmed cases and the Bury SPOC will escalate outbreaks to the GM ICTH for contact tracing and will facilitate GM ICTH contact with the school. The Council will support the

school to implement any infection control measures recommended and to manage the impact on the wider impacts on education provision.

Communities

High risk communities

Communities at highest risk from COVID-19 (along with key supporting organisations where identified) are:

- Homeless people (Adullum)
- People misusing drugs (Achieve Bury substance misuse service)
- Sex workers (Virgin Care)
- Gypsies and travellers (Sixtown Housing)
- Extra Care settings (Six Town Housing)
- Vulnerable tenants in Council housing managed by Six Town Housing:
- Refugees and asylum seekers
- People with learning disability or autism (Bury Council Inclusion Ambassador)

Proactive support

Proactive support to communities will include

- Coronavirus Health Advice on Bury Council, CCG and Directory web sites and regular communication with and information to residents via twitter and Facebook. This will include targeted communications for specific communications and translation into languages other than English where needed. This is covered in more details in the communications chapter and will be developed in a separate communications strategy;
- Regular two way engagement with communities using existing community engagement fora to both share guidance and advice, and to
- Support for testing of residents with symptoms of COVID-19 as explained in the separate chapter on testing below;
- Assessment of complex cases identified through test and trace to ensure appropriate isolation advice and contacts identified and referred back to GM ICTH;
- Bury Council community hubs to provide support in all our communities and to arrange delivery of food and medical supplies or access to hardship grants for those shielding or isolating without a local support network;
- Ensuring frontline council and CCG staff are aware of guidance, risk assessments, and safe working practices to prevent spread; and

- Ensuring frontline council and CCG staff have access to emergency PPE to manage infection risks.

Outbreak response

The Bury COVID-19 Health Protection Group and Infection Control Team will regularly monitor all available data to identify signs of developing outbreaks in specific communities. Where communities are identified where infection rates are significantly higher than expected, further investigation will be done to understand the cause. This may include extra testing arrangements.

If cases are asked to self-isolate, and they cannot access food or medication, they can get support through the community hubs. Community Hub calls are redirected from the Contact Centre to EDT at weekends. Community Hubs are open 9-5 at the weekend and EDT refer cases using these hub email addresses:

- Bury North NorthHubCovid19@bury.gov.uk;
- Bury East EastHubCovid19@bury.gov.uk;
- Bury West WestHubCovid19@bury.gov.uk;
- Prestwich PrestwichHubCovid19@bury.gov.uk; and
- Whitefield WhitefieldHubCovid19@bury.gov.uk.

If it is a sexual health related enquiry, use the sexual health contacts and someone will get back to you the next working day.

In the event of a possible/confirmed case or outbreak in an extra care setting, staff on site will follow “Extra Care – Covid-19 outbreak plan” to ensure risk is minimised with other residents.

Businesses

High risk settings

- Black, Asian, and Minority Ethnic (BAME) businesses community;
- Warehousing and distribution;
- Larger meat packing and food processing plants;
- Manufacturing businesses;
- Retail;
- Licensed premises;
- Hairdressers, beauty salons, tattooists; and
- Call centres.

Proactive support

Bury Council has circulated a summary of key guidance for retail and manufacturing business. This includes guidance on minimising the risk of transmission of COVID-19 in the

workplace, and also any health hazards that might have been created by the long shutdown in some businesses (such as an increased risk of legionella from water systems).

The Council has made a page on the Council website that will be updated with further guidance and examples of good practice. The Council's existing links with businesses through Environmental Health, Trading Standards, and Business departments have allowed it to identify and share examples of good practice in operating a business safely during the COVID-19 pandemic.

High risk businesses are being identified drawing on lessons from outbreaks in businesses elsewhere in England. Details are being gathered on high risk premises, which are being targeted with specific advice and support.

Outbreak response

Single cases will be followed up by the national tier 2/3 contact tracing system. Businesses are advised to tell the Infection Control Team about any situation involving two or more linked cases so that early contact tracing can be started and infection control advice can be given.

COVID-19 Testing arrangements

Aims for COVID-19 testing in Bury

Fast access to testing is vital for outbreaks to be identified early and for infected contacts of cases to be told to isolate before they become infectious. The COVID-19 Health Protection Board's aims are

1. To make sure that appropriate testing routes and capacity is available so that everyone who needs a COVID-19 test in Bury can get one quickly;
2. Local testing arrangements are targeted to support the highest risk settings and communities so that cases and outbreaks are identified quickly and managed;
3. Local testing arrangements support essential workers to remain in work if they do not have COVID-19; and
4. Testing arrangements are in place to support management of outbreaks.

Testing capacity in Bury is a mix of local and national provision. The Government released a COVID-19 testing strategy on 8th April 2020 which outlined a 5 Pillar approach to testing. The strategy was last updated on 8th June 2020. The Bury locality is offering testing as outlined nationally and will continue to develop testing for both COVID-19 and Antibody testing in line with the national strategy. Details of the national strategy can be found here:

https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested

Priorities for COVID-19 testing development in Bury

Access to testing has improved dramatically since the start of the COVID-19 epidemic in England. But there are still areas for improvement both locally and nationally. The Bury COVID-19 Health Protection Board will oversee a programme of work to address any gaps in testing capacity. The current priorities for improving testing capability in Bury include:

1. Establishing clear arrangements for testing of under-5s with symptoms of COVID-19;
2. Testing arrangements for vulnerable groups who may find be able to access existing testing pathways (including appropriate arrangements for vulnerable children);
3. Ensuring that testing requirements meet the needs of diverse communities across Bury; and
4. Connecting COVID-19 testing into wider clinical services.

The rest of this chapter describes existing testing routes for COVID-19 in Bury, which groups they serve, and how they can be accessed.

Current COVID-19 testing arrangements in Bury

The table below summarises routes to testing for key groups.

Group	Testing route	How to access
Essential workers (including NHS and social care staff) or members of their household **with** symptoms of COVID-19.	**National system:** drive-through and home test kits.	Book online at: https://www.gov.uk/apply-coronavirus-test-essential-workers or call 119.
Care home residents **with** symptoms of COVID-19.	**Local system:** arranged through Bury Council Infection Control Team	Inform infectioncontrolprevention@bury.gcsx.gov.uk who will arrange testing.
Care home residents and staff **without** symptoms of COVID-19.	**National system, locally augmented:** test kits delivered to the home. Local support for swabbing can be arranged.	Care home managers can order swabs online at https://www.gov.uk/apply-coronavirus-test-care-home If support is needed with swabbing the home can contact infectioncontrolprevention@bury.gcsx.gov.uk
Members of the public aged 5 years and over **with** symptoms of COVID-19.	**National system:** drive-through and home test kits **Local system:** Satellite Testing Unit at Waterfold Business Park	Book online at https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/ask-for-a-test-to-check-if-you-have-coronavirus/ or call 119. Book through the Bury Council website at https://www.bury.gov.uk/
Children aged under 5 **with** symptoms of COVID-19.	**Local system:** Fairfield General Hospital Urgent Treatment Centre	Processes for organising testing for under 5s are in development.
Members of the public who are housebound **with** symptoms of COVID-19.	**Local system:** home swabbing service.	Housebound people on the case load of Community Services or General Practice can access testing through the CCG referral system on buccg.stafftesting@nhs.net

Care Home Testing

Effective swabbing in care homes minimises the risk of outbreaks, and where outbreaks happen, ensures that they are detected early to minimise the spread of infection. Bury has supported enhanced testing of residents and staff in care homes since early in the COVID-19 outbreak. This support has changed as the availability of testing nationally and locally has improved. We will continue to support care homes by:

- Supporting testing of symptomatic residents to make sure that residents with symptoms of COVID-19 are tested promptly, which helps to minimise the risk of false-positive results; and
- Providing trained staff to take swabs where home staff are not able to do this. This helps to ensure that better quality samples are taking, which reduces the risk of false-negative results.

Mobile Testing Units

Nationally, the Department of Health and Social Care has set up Mobile Testing Units (MTU), which are allocated to Regions. These MTUs are deployed based on testing demand requests and a decision will be made as to where an MTU is required on a routine basis. Local Outbreak Plans will inform areas of urgent need.

Mobile testing is an agile capability, allowing temporary testing sites to be set up quickly to serve communities on a rolling basis. The MTUs have been designed as a flexible testing capability that can respond to most situations. Although they have a much smaller testing capacity than fixed testing locations, they are much more flexible and can be used to reach hard-to-reach communities and vulnerable people.

A total of 25 MTUs have been allocated to the North West. The rollout of MTUs has started but the rollout schedule for North West allocation is not available. Availability of testing sites will be communicated as part of the Communications and Engagement Plan.

Consent to Testing

All testing is carried out in-line with the Mental Capacity Act and the Mental Health Act.

Communications

The aim of our communications response is to: inform and educate (including the importance of test and trace); motivate and reassure people; and persuading people to play their part in preventing the spread of coronavirus through continued social distancing, hand hygiene, getting tested early if symptomatic and self-isolating when advised.

Our communications approach will be informed by evidence on what kinds of messages are most likely to work. For example, the Frameworks Institute has produced a range of guidance on how public health messages about COVID-19 can be framed to best effect.

Proactive, strategic communications

The Council website is the main portal for a range of information and advice, including: signposting information for the Community Hubs for people vulnerable to COVID-19; information about the range of mental health and wellbeing support available for local people; and advice about how to access a test locally or regionally if symptomatic.

NHS Bury CCG and Bury Council are continuing to push out the core messaging through existing mechanisms to encourage activities like social distancing, hand hygiene, cough etiquette, and the importance of isolation and testing for people who get symptoms of COVID-19 or who are identified as contacts of confirmed cases of COVID-19.

A range of national resources including posters and social media assets have been produced and shared in relation to test and trace; these are being amplified through our social media platforms.

We continue to routinely utilise national and GM communications resources and assets across all available communications channels, tailoring them to local arrangements, needs and situations as required.

Reactive outbreak communications

Reactive communications are in response to the need for contact tracing and outbreak management in complex settings or complex cohorts and potentially vulnerable individuals. This may include managing the consequences of closing a school or a GP practice, and messages amongst other groups or settings where outbreaks are likely to happen. Early warning to the communications team of any local intelligence will ensure proactive and reactive communications messages are in place early.

Communications support will also be provided from Public Health England in some situations.

Stakeholder management plan

Routine key messages and updates to our main stakeholder groups will continue when required, including but not limited to:

- Internal governance routes such as Gold command
- Elected members;
- Our health and social care system partners; and

  Important partners in the sectors described in this plan.

Regular communications with these groups will aim to keep them informed of the current COVID-19 situation in Bury and any important changes in our response.

Data, analysis, and intelligence

Data needs

The Bury COVID-19 Health Protection Board needs accurate and up-to-date data on COVID-19 infections to be able to:

1. Maintain an accurate epidemiological picture of the COVID-19 epidemic across Bury and provide Bury's Gold Group with an accurate assessment of the current level and trend in infections and risk to the public;
2. Identify hot spots of infection and emerging community outbreaks, such as among particular places, people or settings for further investigation and management;
3. Understand how Bury's health protection resource is being used to allow resources to be targeted to where the need is greatest; and
4. Support the COVID-19 Health Protection Board in providing a local assessment against the Government's five tests.

The core principle of epidemiology is describing how the numbers of COVID-19 infections vary between different times, places, and people and communities. Measuring and reducing inequalities in health linked to COVID-19 will be an important part of this.

Some of these data may not be publicly available, for example where there is a risk that it could be used to identify people.

Data gaps

The data that are available to the COVID-19 Health Protection Board do not yet support all of this analysis. Getting better data on variations in infection rates between places and people across Bury is a priority.

- **Geographic data**: PHE North West has started releasing small area data on numbers of cases across Greater Manchester. Access to the raw data would allow monitoring of trends at small areas to spot places where infection rates are persistently high. Bury Council's Public Health Team has asked for this data to be shared regularly.
- **Demographic data**: Data on hospital admissions and bed occupancy for people with COVID-19 could be used to assess variations in infections between people of different ages, sexes, ethnic backgrounds, and different communities. Bury Council has asked for this data.

Current COVID-19 Monitoring

An integrated COVID-19 Data Project Group is responsible for providing data analysis and interpretation to support the COVID-19 Health Protection Board. The COVID-19 Data Project Group is led by the Performance and Intelligence Manager within Bury Council. This group made up of Business Intelligence and Performance colleagues from across the Council and CCG.

This group is responsible for daily monitoring of cases, deaths, daily situation reporting from providers and supporting modelling and intelligence about the local COVID response. It will support the COVID-19 Health Protection Board by producing a weekly data pack that provides the current epidemiological picture of COVID-19 in Bury. The group is also

providing local, regional and national submissions about both response and recovery which have been put in place since the start of the pandemic.

The group works closely with Public Health leaders and the Infection Control Team and provide reports and updates to internal governance to support COVID-19 decision making within the Council and CCG.

Testing Data

As in other areas, the availability of testing data is inconsistent within Bury. There are various datasets of differing quality, frequency and content which has proved difficult when using to support decision making locally during the COVID-19 pandemic. Listed below are the testing data sources that Bury Council currently has access to locally.

Daily PHE National Pillar 1 and 2 data on confirmed cases at a local authority level. These include

- Weekly ONS Deaths due to COVID-19 at a local authority level, although there has been some ad hoc analysis of deaths at MSOA geography, national deaths by ethnicity and occupation
- NCA swabbing data: numbers of swabs taken for A&E attendances – split by gender. No indication of test results from the swabs
- Numbers of Social Care staff tested – up until launch of self-referral to national portal, we could count social care staff who had been referred. Now the count only includes those captured going to the local drive through site. Does not include test result data
- Care Home and Community Patient Test Results: numbers of test and test results for tests completed by BARDOC
- Care Home outbreak monitoring: numbers of positive cases in initial care home outbreaks
- Care home dashboard – data feed directly through the Council's Provider Relationship Team from daily conversations with Care Homes. Contains numbers of residents and staff tested and the results

Track and Trace Monitoring

In anticipation of the launch of the Track and Trace programme, we have put in place a monitoring system that reports the national data from PHE and is ready to start to report and analyse cases or outbreaks referred to the local system from the GM ICTH follow-up.

COVID-19 Health Protection Board Pack

To support the COVID-19 Health Protection Board moving forward a weekly data pack will be developed which will include:

- Analysis of COVID-19 infections over time, including recent trends and a COVID Early Warning Scorecard (CEWS) and PHE exceedance monitoring.
- Analysis of variation in COVID-19 infections between places, drawing on small area data and on data on outbreak data for different settings.

- Analysis of variation in COVID-19 infections between people of different ages, sexes, ethnicities, levels of deprivation. This will include an assessment of the impacts on health inequalities in Bury;

- Analysis of COVID-19 outbreak response activity, including test, trace, and isolate activity; and

- Data to support the current assessment against the 5 Tests.

This data pack will develop to include other resources that will support the management of local outbreaks.

COVID Early Warning System (CEWS)

In response to the difficulties around testing data, locally a COVID Early Warning System has been devised. This daily monitoring provides rolling 30-day data for a number of local indicators that may predict a potential increase in infections.

The scorecard uses local data that we have access to, apart from testing data, such as workforce absences, provider activity (111 calls, visits to COVID-19 Management Service) alongside social mobility data such as market footfall, GMP call outs and school attendance. The scorecard will be used to trigger discussion if all of the indicators are moving in a direction of travel that may indicate there is more potential for infection to spread or anecdotal evidence that people suspect they may have COVID-19. The scorecard will then be validated by testing data that we do have access to – that may confirm, after a time delay, if infection rates have been increased. The scorecard is still in development

Compliance and enforcement

There are two aspects to ensuring compliance with measures to prevent the spread of COVID-19 infections: individual compliance and organisational compliance.

Individual compliance

Despite the COVID-19 Outbreak planning work in the previous chapters, there may be situations where a potentially infectious person who cannot or will not agree voluntarily to be tested. The approach across the Bury system will be to try to persuade the potentially infected person to agree to a test or to self-isolate by: the 4 E's - Engage, Explain, Encourage, and last resort Enforce.

- Attempt negotiation directly,
- Advise of consequences (power to direct to attend, offence if they fail to attend, remove with reasonable force)
- Ask for assistance (Trusted person contact, case worker, family member or friend, religious leader, Environmental Health officer, local councillor, police officer to provide assistance)

Enforcement – in exceptional circumstances.

Schedule 21 of the Coronavirus Act 2020 provides for the detention, isolation and the screening of potentially infectious persons also allowing for the imposition of restrictions and requirements to such persons if they refuse to self-isolate.

The powers under the Act are Public Health led. In Bury the decision on to use the powers lies with PHE North West. The powers are enacted as a last resort by a police constable or an immigration officer. Contact details below.

For more detailed information on the following:

- Powers to direct or remove persons to a place suitable for screening and assessment
- Powers exercisable at a screening and assessment place: public health officers
- Powers exercisable at screening and assessment place: constable and immigration officers Powers exercisable after assessment
- Powers in relation to children

Visit https://www.pnld.co.uk/covid-19/coronavirus-act-2020-schedule-21-powers-relating-to-potentially-infectious-persons/

The National College of Policing has also produced guidance that will inform our approach.

Organisational compliance

Organisational compliance is about making sure that organisations are putting all possible measures in place to minimise the spread of COVID-19 infections.

Organisational compliance is about making sure that organisations are putting all possible measures in place to minimise the spread of COVID-19 infections. The Government and Council anticipates that the vast majority of businesses will understand why the restrictions have been brought into place and will follow the requirements. The Council will engage with and provide support to the wider business community to encourage adherence to relevant guidelines to prevent COVID-19 infections.

Where a business is not adhering to relevant guidance, the Council will take a reasonable and proportionate approach, encouraging and persuading businesses to comply with the requirements. However, where businesses do not act responsibly and fail to comply with the **Health Protection (Coronavirus, Restrictions) (England) Regulations 2020**, the Regulations provide powers to act. A brief description of the relevant powers is provided below.

Taking such action as is necessary (see Regulation 8(1))

A relevant person may 'take such action as is necessary to enforce any requirement' imposed by Regulation 4 or Regulation 5 of the Coronavirus Restrictions Regulations. This is a widely drawn power. A 'relevant person' is a local authority (all local authorities have been designated by the Secretary of State - Regulation 2(3) applies the Secretary of State's designation of the 22nd March 2020) or an officer designated by a local authority.

Prohibition notices (Regulation 8(2))

A relevant person may issue a prohibition notice, where this is necessary and proportionate, to prevent a person responsible for carrying on a business or providing a service from continuing to contravene Regulation 4 or Regulation 5. As with the Regulation 8(1) power, a 'relevant person' is a local authority or an officer designated by a local authority.

Fixed penalty notices (Regulation 10(1))

An 'authorised person' may issue a fixed penalty notice in relation to an offence of contravening, without reasonable excuse, a requirement of Regulation 4 or Regulation 5 of the Coronavirus Restrictions Regulations.

Criminal proceedings (Regulation 11)

A local authority may institute criminal proceedings in relation to an offence under the Regulations (see Regulation 9), for any offence including for failure to comply, without reasonable excuse, with a prohibition notice (see Regulation 9(3). the first Regulations continue in force in relation to any offence committed under those Regulations before the current Regulations came into effect (see Regulation 2(2)).

Governance

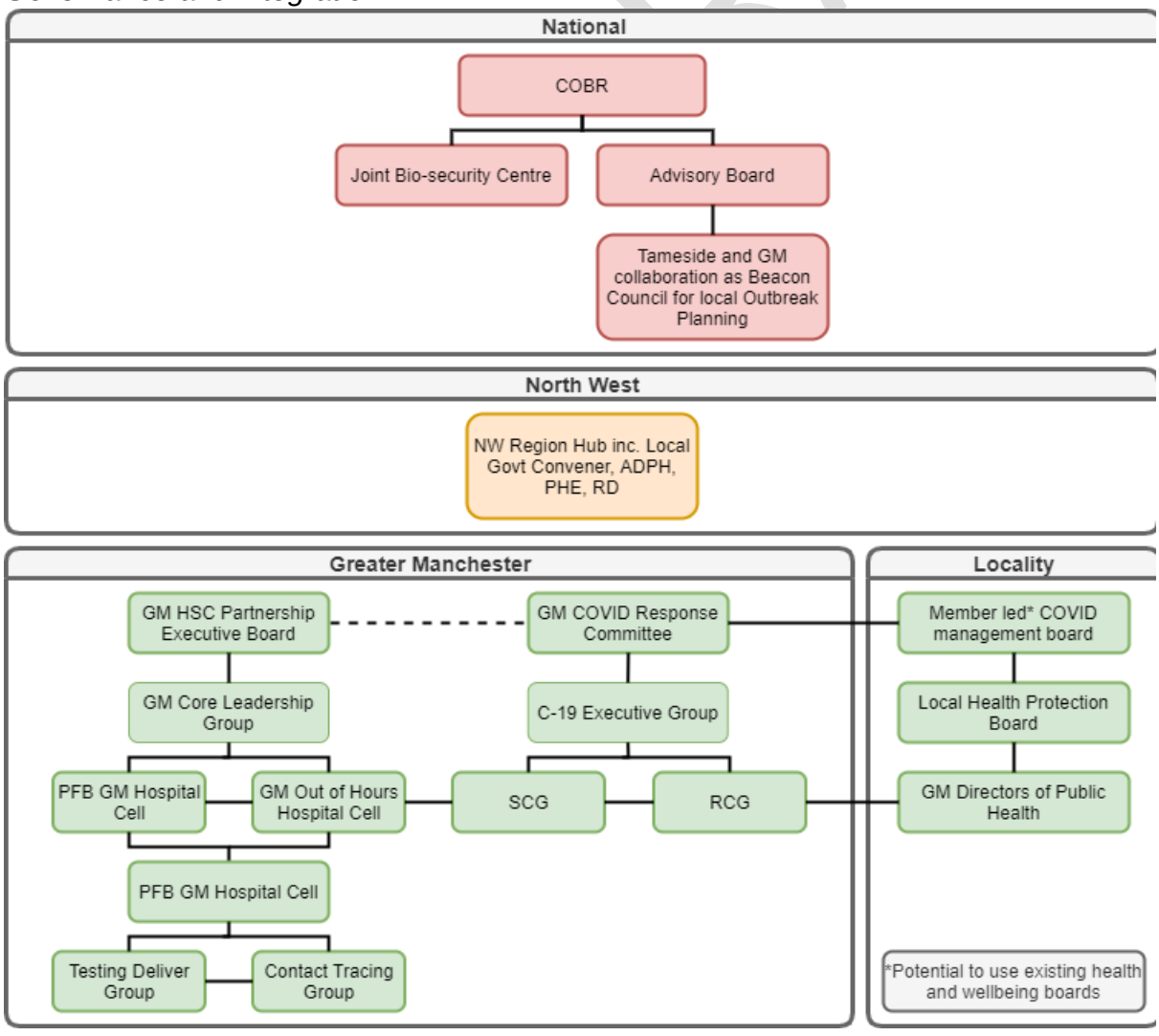
In Bury, local governance has been designed to build on and optimise the existing COVID-19 response and business as usual governance arrangements.

A COVID-19 Health Protection Board has been established, chaired by the Director of Public Health. This Board reports to the Borough Gold and Bury Council Gold Groups, both chaired by the Joint LA CEO/CCG Accountable Officer.

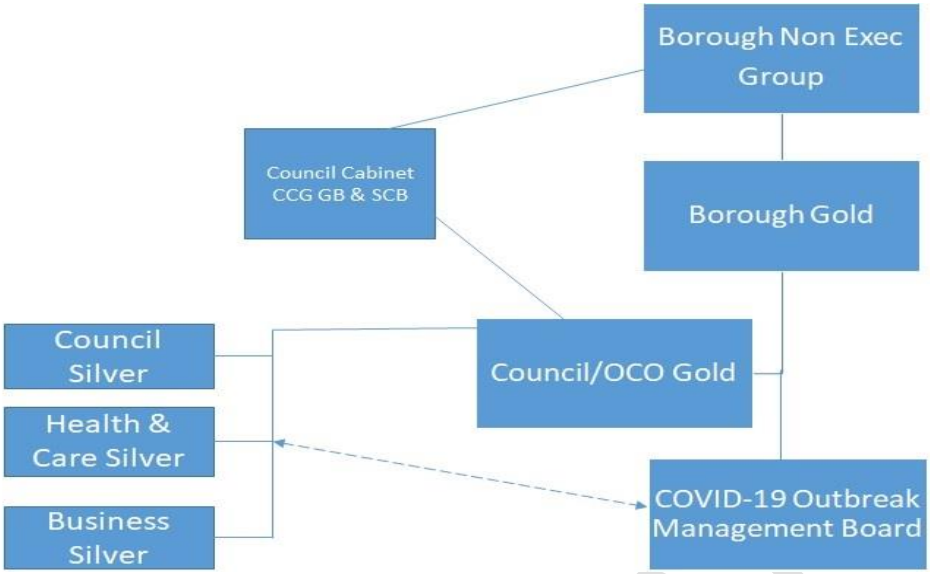
The requirement for an elected member-led engagement board is being satisfied via the Borough Non-Executive strategic leadership group, Council Cabinet and Strategic Commissioning Board, which also benefits from engagement of clinical leadership. These arrangements also include existing silver level groups for the OCO/Council: Business Sector and Health & Care System. These groups have responsibility for ensuring COVID-19 safe practice and the consequence management of outbreaks, recognising the need for a whole system approach to implementation of the Local Outbreak Plan.

The Bury COVID-19 Health Protection Board is also accountable to the GM SCG via the GM Directors of Public Health Group.

Governance and integration



Local Governance



Consequence Management Escalation

Bronze

- Individual households
- Manageable within individual organisations/services based on business continuity planning and risk assessment.

Silver

- Impacts beyond individual organisation or setting within sector e.g. due to closure, workforce issues, tensions, lack of compliance/wider risk of transmission.
- *I.E Council Silver; Health and Care Silver, Business Silver*

Gold

- Issues in multiple settings or high public/media/political consequence
- R > 1
- *Council Gold/ Borough Gold*

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Agenda Item 2

URGENT DECISION FORM

TO BE UPLOADED ON TO THE INTERNET BY DEMOCRATIC SERVICES

Date: 25.06.2020		**Ref No:**	
Type of Decision:			
Cabinet Decision	x	**Council Decision**	
Key	x	**Non-Key**	

Subject matter:

Discretionary Grant Scheme for Businesses – Phase 2

Reason for Urgency:

The Council's Discretionary Grant Scheme for Businesses was launched in June. When the scheme was launched it was envisaged that there may be an opportunity for a further extension (Phase 2) of the scheme however this would be subject to the availability of funding once those applications from eligible businesses for Phase 1 had been processed.

The phase 1 application deadline has been reached. To date 156 grant awards have been made totalling £0.673m. Whilst there are still some applications to be processed, it is estimated that the total amount will not exceed £1m thereby leaving at least c£0.957m available for Phase 2. This report sets out proposals for Phase 2.

The scheme is designed to support small businesses in the borough as they deal with the impact of COVID-19. It is therefore imperative that any additional funding that may be available is agreed and paid out as quickly as possible. The urgency process is needed in order that this can be achieved.

The scheme has been designed to seek to provide assistance to businesses who have not been eligible for other forms of support provide by the Government. Our objective is to secure business survivals, retain the local employment base and provide financial support to enable businesses to return once more normal trading conditions have prevailed.

Freedom of Information Status: Confidential

Equality Impact Assessment [Does this decision change policy, procedure or working practice or negatively impact on a group of people? **If yes** – complete EIA and summarise issues identified and recommendations – forward EIA to Corporate HR]	

Decision taken:		
Decision taken by:	**Signature:**	**Date:**
Chief/Senior Officer/Cabinet Chair		
After consultation with:		
Cabinet Member (if a Key Decision) or Chair or Lead Member (as appropriate)		
If it is a Key Decision, the Chair of Scrutiny Committee to agree that the decision cannot be deferred		
Opposition Leader or nominated spokesperson (Council Decision) or Leader or Majority Group Member on Overview and Scrutiny Committee (if a Key Decision) to agree that the decision cannot be deferred		
Leader of second largest Opposition Group (if a Key/Council Decision) to agree that the decision cannot be deferred		

1. Background

1.1 Support for businesses throughout the COVID-19 crisis has been provided through various mechanisms including the distribution of grants to small businesses of £10,000 and £25,000 by Local Authorities. Subsequent to this, and in recognition that not all businesses that required support had been able to access the grants, the government announced a discretionary grant scheme. Local Authorities were required to establish scheme at a local level and, in doing so, were required to work within some parameters and priorities set by the government. These parameters included a capped funding level of £1.957m for Bury Council to distribute.

1.2 Following approval by the Leader, that incorporated consultation with the Council's Emergency Powers Group, the Council launched its scheme on 1 June 2020. The criteria for the scheme was set out together with the requirement that allocations to eligible businesses and targeted defined beneficiary groups set out by the government.

1.3 Phase 1 has now closed and applications are being assesses for payment. We now want to prepare for Phase 2, and potential phase 3 subject to remaining funds being available after completion of grant payments to successful applicants in phase 1.

2. Funding Position

2.1 The application date for Phase 1 has been reached and, to date, 156 businesses across the borough have received grant funding of £0.673m. This can be further broken down into 118 business that have received individual allocations, and a further 38 businesses

that were awarded grants of £10,000 under the scheme. Some applications received are still being processed but it is estimated that the total value will not exceed £1m. This leaves at least £0.957m for Phase 2.

2.2 It has become apparent that a number of key businesses have not secured funding through the existing programmes. These are often businesses important to our recovery. These include:

- Businesses operating in the retail, hospitality and leisure sectors who have a fixed premises cost but have been excluded from previous programmes because they are not open to the public

- Business with a rateable value of above £50k and below £55k who were excluded from the £10k and £25k government grants as an arbitrary ceiling had been set at £50k rateable value.

- Businesses in the early-years provision. These businesses play a key role in ensuring the labour force in Bury are able to access employment and that key employees in Bury companies can access childcare support.

- Organisations in the visitor economy who help generate significant visitor footfall to the Borough and our key town centres

- Eligible organisations who missed the deadline for the first tranche of grants.

3 Options for Consideration

3.1 Criteria for *all* categories would be aligned to the Government core criteria:

When the government's grant scheme was announced, a set of criteria was established, despite the discretionary nature of the fund we must remain within the guidelines set-out. To be eligible to apply the grant criteria stated that a small business must:

- Have been trading on 11th March 2020;
- Be small, with fewer than 50 employees,
- Have relatively high ongoing fixed property-related costs, and
- They must also be able to demonstrate that they have had a significant drop of income due to Coronavirus restriction measures.

3.1.1 In relation to the discretionary schemes that Local Authorities were tasked with developing, the government guidance stated that 'This grant funding is for businesses that are not eligible for other support schemes. Businesses which have received cash grants from any central government COVID related scheme are ineligible for funding from the Discretionary Grants Fund'

The Council's scheme has been developed to take account of these requirements. It is proposed that Phase 2 supports the following 5 categories:

- Organisations servicing the Retail, Hospitality and Leisure sector
- Retail, Leisure and Hospitality organisations who are marginally over the £51k rateable value threshold
- Early Years Providers that can demonstrate
- Cultural institutions that contribute to town centre footfall and the visitor economy

- Those organisations that could have applied for Phase 1 but missed the deadline.

3.2 Category A - Organisations servicing the Retail, Hospitality and Leisure Sector

3.2.1 Intelligence at a local level has identified a number of organisations that rely on this sector for their revenue but have not been eligible for funding support. Organisations within this sector also employ a notable number of local people. These organisations did not qualify for Retail Hospitality and Leisure grant funding because they are not open to the public.

It is proposed that the level of grant mirrors the criteria set out within the Retail, Hospitality and Leisure Fund, this ensures equity and fairness.

- Eligible businesses in these sectors with a property that has a rateable value of up to and including £15,000 will receive a grant of £10,000 (subject to EU State Aid limits).

- Eligible businesses in these sectors with a property that has a rateable value greater than £15,000 and less than £51,000 will receive a grant of £25,000 (subject to EU State Aid limits).

3.2.2 Organisations would be required to provide evidence of reduction in income as a result of Covid-19. This is likely to be in the form of filed accounts for previous years and management accounts/bank statements for the current period. To be eligible they need to evidence relatively high ongoing, fixed property-related costs and a reduction in revenue.

3.2.3 Organisations must evidence that they employ between 5 and 50 people. These can be full time or part time. It is proposed that the panel will take into account any recent redundancies which have resulted from Covid-19.

3.2.4 It is suggested that applicants are required to engage with the Greater Manchester Business Growth Hub post-grant to maximise their growth potential, survival and job retention potential.

3.2.5 Based on the known number of businesses in the Borough in this sector and allowing for the fact there may be some not know to the Council we propose to allocate a total of £300k for businesses in this category.

3.3 Category B – Retail, Leisure and Hospitality organisations who are marginally over the £51k rateable value threshold.

3.3.1 There are a small number of business that have rateable values just in excess of the £51k threshold set by the government for the small business grants. These businesses, within Bury, are still considered to be small business and therefore it is proposed that the threshold in Bury be increased to a rateable value of £55k.

3.3.2 We estimate there are six businesses in this position in the Borough, and should they all demonstrate eligibility there would be a total cost of support of £150k

3.4 Category C – Early Years Providers

3.4.1 Early Years providers are an integral part of recovery plans. Data commissioned by the nursery sector body suggests nurseries are set to lose half their funding for government funded 3 and 4 year old places. Data published suggests for every

two year old place, Early Years settings stand to lose 68%. Local closures may impede parents returning to the workplace and further exacerbate inequalities for some families.

3.4.2 It is proposed that to be eligible an early-years provider:

- Is on Ofsted's Early Years Register
- Provides care and education for children up to 5 years old
- Rateable value of over £15,000 up to £51,000
- Operating within a commercial setting
- Can demonstrate continued operation i.e. will not close

Excluded

- Companies that are in administration, are insolvent or where a striking-off notice has been made are not eligible for funding under this scheme.

Local authority-run nurseries are not eligible.

3.4.3 It is calculated that there are 51 Early Year settings that may be eligible for the grants. Whilst we don't expect 100% of businesses to apply and be eligible, we will make available a total of £400k to businesses in this category. If there is an excess demand we would seek to vire funds from other underspend pots, if the remaining resources allow us to do so.

3.5 Category D – Cultural Institutions that contribute to town centre footfall and visitor economy

There are a number of important visitor organisations in the Borough which attract visitors and are key to our town centre recovery. The detailed guidance will identify a minimum visitor threshold for an organisation to be eligible.

Grants will be paid up to a maximum of £25k per-institution, and a total of £100k has been made available to support organisations in this category. If there is an excess of demand grants will be paid our proportionately once the closing date for applications has been reached. We are able to take this approach because of the very limited number of businesses operating in this category.

Eligibility will be based upon having a trading element i.e. ticket sales, entrance fees and a demonstration of loss from being forcibly shut.

3.6 Category E - Those organisations that could have applied for Phase 1 but missed the deadline.

3.6.1 The criteria for phase 1 will remain for this category.

3.6.2 Applications that do not provide the evidence required will not be assessed. This will be explicit within the application guidance.

3.6.3 Resources will only be allocated to this category of business in the event that categories A-D generate unspent surpluses.

4 Phase 3

4.1 Phase 3 will be dependent upon remaining funds. Detail of phase 3 will not be published until phase 2 is closed.

4.1.2 In order to prepare for potential phase 3, should there be remaining funds, the following categories are suggested:

- Those micro businesses that rent a chair or a room within a health, beauty, male grooming businesses. It is proposed that a grant is allocated to cover the purchase of new stock, marketing materials and fixed rental cost. It is proposed that a one off grant of £1000 is allocated. The applicants would be required to provide evidence of occupancy and continued occupancy.

- Those micro businesses that rent storage space in order to run their businesses. It is proposed that a one off grant of £1000 is allocated. The applicants would be required to provide evidence of occupancy and continued occupancy and loss of income.

5 RISKS

5.1 FINANCIAL IMPLICATIONS

5.1.1 Phase 1 is not anticipated to reach 1m.

5.1.2 Each eligible category has a maximum allocation. The total sum of the four allocations comes to £950k with maximum allocations per-category set out earlier in the paper.

5.1.3 If the fund is oversubscribed with the applications received, the Council reserves the right to amend the grant levels to a pro-rata basis, based on the applications received and approved, as a way of dealing with this situation, should it arise. The Council reserves the right to vary the terms of the scheme at any time, and without notice, should it be necessary to do so.

5.1.4 Those businesses in Category E will only become eligible for funding support once an unspent surplus has crystallised in either the Phase 1 allocation (£1m) or from the £950k allocated to the four newly established eligible categories of business.

5.1.5 The Council shall only launch a Phase 3 if sufficient resources remain and this will be a ring-fenced amount equivalent to the amount of the original £1.957m funding which remains available.

6 LEGAL IMPLICATIONS

6.1 The Council's Constitution requires key decisions of the type set out in this Report to be published in the Forward Plan at least 28 days before the decision is made. Rule 18 of the Access To Information Rules allows urgent decisions that cannot be reasonably deferred to be taken provided the chair of the relevant Scrutiny Committee agrees this and the opposition group leaders have been consulted.

7 RECOMMENDATIONS

7.1 Members of the EPG agree that a decision to approve the above measures should not be deferred until the next Cabinet meeting on 29th July 2020 given the urgency of distributing financial aid to businesses which have been impacted by Covid.

Paul Lakin
Director of Regeneration

Final Version

Agenda Item 3

URGENT DECISION FORM

TO BE UPLOADED ON TO THE INTERNET BY DEMOCRATIC SERVICES

Date: 25/06/2020		**Ref No:**	
Type of Decision:			
Cabinet Decision	Yes	**Council Decision**	No
Key	Yes	**Non-Key**	

Subject matter:

Distribution of the remaining 25% Infection Prevention Control Grant to Care at Home (domiciliary care) and Supported Living Providers

Reason for Urgency:

To reduce transmission of coronavirus between carers and customers supported in their own homes by Care at Home providers and Supported Living providers and to support workforce resilience in this sector to deal with Covid-19.

Freedom of Information Status

Equality Impact Assessment [Does this decision change policy, procedure or working practice or negatively impact on a group of people? **If yes** – complete EIA and summarise issues identified and recommendations – forward EIA to Corporate HR]	Not Applicable

Decision taken:

The Emergency Powers Group is asked to:

- **Note Bury's allocation of £2.4m from the recently announced Infection Control Grant, with 75% already approved and distributed to Care Homes;**
- **Note the grant conditions and approve the distribution methodology developed by the Council;**
- **Note Bury's allocation of the remaining 25% of this funding to Care at Home (Domiciliary Care) and Supported Living providers to support infection control and workforce resilience in this sector;**

Decision taken by:	**Signature:**	**Date:**

Chief/Senior Officer/Cabinet Chair		
After consultation with:		
Cabinet Member (if a Key Decision) or Chair or Lead Member (as appropriate)		
If it is a Key Decision, the Chair of Scrutiny Committee to agree that the decision cannot be deferred		
Opposition Leader or nominated spokesperson (Council Decision) or Leader or Majority Group Member on Overview and Scrutiny Committee (if a Key Decision) to agree that the decision cannot be deferred		
Leader of second largest Opposition Group (if a Key/Council Decision) to agree that the decision cannot be deferred		

1 Background

1.1 A new £600 million Infection Control Fund has been introduced to tackle the spread of coronavirus (COVID-19) in care homes.

1.2 The fund, which is ring-fenced for social care, has been given to local authorities to ensure care homes can continue to halt the spread of coronavirus by helping them cover the costs of implementing measures to reduce transmission.

1.3 The allocation shares for each council are calculated as [Number of care home beds x Area Cost Adjustment] / England sum of [Number of care home beds x Area Cost Adjustment]. The Area Cost Adjustment reflects differences in wages and prices in different councils.

1.4 The funding will be paid in 2 equal instalments to local authorities. The second payment will be contingent on the first being used for infection control.

1.5 75% of the initial funding received has been passed straight to care homes within the local authority's geographical area for use on infection control measures, including to care homes with whom the local authority does not have existing contracts. This list is taken from the CQC data base and includes 57 care homes with 1,771 beds. (Previously approved and attached for information).

Infection Control Prevention Grant Ma

1.6 The remaining 25% must also be used for infection control measures, however local authorities are able to allocate based on need. This may involve support for domiciliary care and wider workforce resilience measures.

1.7 This approach ensures that the majority of funding reaches the front line as quickly as possible, while ensuring that local authorities have the flexibility to top up where it is most needed.

2 Financial implications

2.1 Bury's total Infection Control allocation is £2.4m, 75% £1,787,080 of this allocation has already been distributed to Care Homes (previously approved). This paper seeks permission to distribute the remaining 25% £608,810 to Care at Home (domiciliary care) based on the average hours of support delivered per week during the month of May 2020 and Supported Living based on the number of customers supported in Bury.

2.2 Due to the funding being received in 2 tranches and therefore Local Authorities (LAs) not knowing what conditions will be placed on providers (or the LA) before they can access the 2nd tranche it is proposed that Care at Home (domiciliary care) are paid in the first tranche and Supported Living paid in the 2nd tranche, should the conditions be met. This is a process being implemented by a number of North West authorities.

Service Setting	Tranche 1	Tranche 2	Total	% Split
Care Homes	893,540	893,540	1,787,080	75%
Home Care	304,405	-	304,405	25%
Supported Living	-	304,405	304,405	
Total	1,197,945	1,197,945	2,395,890	100%

3 Conclusion

3.1 Approve the remaining 25% Infection Control grant allocation to be split between Care at Home (domiciliary care) providers based on the average hours of support delivered per week during the month of May 2020 and for Supported Living providers based on the number of customers supported in Bury.

Deb Yates
Provider Relationship Manager
25 June 2020

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Department of Health & Social Care

ADULT SOCIAL CARE INFECTION CONTROL FUND RING-FENCED GRANT 2020

Local Authority Circular

Published 22 May 2020

Contents

Adult Social Care Infection Control Fund

Background

1. The Adult Social Care Infection Control Fund 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. A small percentage of it may be used to support domiciliary care providers and support wider workforce resilience to deal with COVID-19 infections. This funding will be paid as a Section 31 grant ring fenced exclusively for actions which support care homes and domiciliary care providers mainly to tackle the risk of Covid19 infections and is in addition to funding already received.

2. This document is accompanied by five annexes which amongst other things set out the conditions upon which the grant is paid and the local authorities to whom it will be paid:

   Annex A – Adult Social Care Infection Control Fund grant determination
   Annex B – Adult Social Care Infection Control Fund grant allocations
   Annex C – Adult Social Care Infection Control Fund grant conditions and reporting requirements
   Annex D – Adult Social Care Infection Control Fund assurance statement
   Annex E – Adult Social Care Infection Control Fund Reporting Template

3. Support provided to care providers by local authorities using the grant paid to them from the Adult Social Care Infection Control Fund may constitute state aid. Local Authorities must comply with relevant state aid legislation when making allocations of the grant.

4. In relation to allocations to residential care providers to implement COVID-19 infection control measures, the Department of Health and Social Care (DHSC) considers that the measures specified in paragraph [3] of Annex C are covered by the Services of General Economic Interest Decision (SGEI) 2012/21/EU because the measures will help reduce the incidence and spread of COVID-19 and are over and above that which care providers would normally be expected to provide and are of particular importance to and are in the interest of care home residents, workers and their families and the general public. Further, they are not being provided by the market at the level or quality required by the market, and thus to secure their provision compensation needs to be provided to an undertaking or set of undertakings. Local authorities can choose to rely on this Decision to make lawful payments of the aid but must ensure they comply with its requirements.

5. There are three other options local authorities can take and which could be considered before seeking to rely upon the SGEI Decision:

   A) Temporary Framework (TF) – Local Authorities must comply with the requirements in the TF for state aid measures to support the economy in the current COVID-19 outbreak, particularly as per Section 3.1, when it intends to provide support to a care provider which is paid for from the grant and must not provide the support if to do so means that the aid is not de minimis. Under the TF grant aid is limited to 800k Euros per undertaking. Local Authorities will need to ensure that no single care home business receives more than 800k Euros under all measures that sit under the DHSC TF approval framework.

B) State aid is lawful if it is de minimis aid given in relation to an SGEI and made in accordance with Commission Regulation (EU) No 360/2012 of 25 April 2012 on the application of Articles 107 and 108 of the Treaty of the Functioning of European Union to *de minimis* aid granted to undertakings providing services of general economic interest. Broadly the aim is de minimis if in a three-year period the undertaking has not received more than 500,000 euros of aid. This is aid from any government source.

C) State aid is lawful if it is de minimis state aid and is made in accordance with the Commission Regulation (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to de minimis aid (the Regulation). Local Authorities must comply with the requirements in that regulation and particularly in paragraph 1 of Article 6 when it intends to provide support to a care provider which is paid for from the grant and must not provide the support if to do so means that the aid is not de minimis. Broadly stated aid is de minimis if in a three-year period the undertaking has not received more than 200,000 euros of aid. This is aid from any government source. Accordingly, if aid were found not to fall within the scope of the SGEI Decision or the services it supports found not to constitute services of general economic interest, it might still be exempted from notification provided it fell below the lower de minimis level provided by these general de minimis provisions (which apply to aid other than that granted in relation to an SGEI).

6. It is important to note that if aid is granted in reliance on either of the de minimis bases, that must be specifically stated and the relevant legislation cited at the time the grant is made. It is also important to ensure that the detailed rules concerning cumulation of the aid with other measures or other compensation are complied with. Local authorities will need to be particularly careful to ensure that they have identified all aid funding from other local authorities if a provider works across more than one local authority. In practice, this may make it difficult to rely upon the de minimis levels and local authorities must ensure that they take appropriate advice before doing so.

7. The measures that can be compensated under the 75% and 25% funding split are detailed in Annex C.

The Grant

8. This grant will be paid in 2 equal instalments;

   Payment 1: May 2020

   Payment 2: July 2020

9. Pursuant to section 31(4) of the Local Government Act 2003 the Secretary of State has attached conditions to the payment of the grant, which are set out in Annex C.

10. In order to receive the second instalment, authorities must have returned a Care Home Support Plan by 29 May 2020.[1] Residential care providers, including homes with self-funding residents and homes run by local authorities, will also 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

[1] Care Home Support Plans as outlined in the letter of 14 May 2020

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.

11. The Department's expectation is that the grant will be fully spent by local authorities on infection control measures of the specified kinds within 2 months of the authority receiving the second instalment. If at the end of September 2020 there is any underspend or the Department is not convinced that the authority has spent the funding according to the grant conditions outlined in the Grant Determination, the Secretary of State may reduce, suspend or withhold grant payments or require the repayment of the whole or any part of the grant monies paid, as may be determined by the Secretary of State and in writing to the authority.

12. Allocations of funding per local authority are attached at Annex B. The funding should be prioritised for care homes and passed on as quickly as possible. We expect this to take no longer than ten working days upon receipt of the funding in a local authority.

13. All funding must be used for COVID-19 infection control measures. As set out in Annex A and C, local authorities should pass 75% of each month's funding to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts. The local authority has the discretion to allocate the remaining 25% of that month's funding to care homes or to domiciliary care providers and to support wider workforce resilience in relation to COVID-19 infection control. However, no payments should be made unless certain conditions are met, including the local authority being satisfied that the funding is being used for infection control purposes. Clawback provisions apply, including that the provider must repay any amounts not used for infection control measures.

Reporting

14. Local authorities must distribute the money in line with this document and complete Annexes D and E and return them by the dates below.

15. A report in respect of the first instalment must be made to the Department no later than 26 June. A second and final report in respect of both instalments must be submitted to DHSC by 30 September.

Annex A:

DETERMINATION UNDER SECTION 31 OF THE LOCAL GOVERNMENT ACT 2003 OF A RING-FENCED INFECTION CONTROL GRANT TO LOCAL AUTHORITIES FOR 2020/21
No 31/5061

The Minister of State for Care ("the Minister of State"), in exercise of the powers conferred by section 31 of the Local Government Act 2003, makes the following determination:

Citation

1) This determination may be cited as the Adult Social Care Infection Control Grant Determination 2020/21 **No 31/5061**.

Purpose of the grant

2) 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. 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 should make the relevant payments to providers as quickly as possible on receipt of these allocations. Any funds not used for the relevant infection control measures must be repaid to the local authorities by the end of September 2020 and if such repayments are not made the local authorities must take such steps as a necessary to recover them.

Determination

3) The authorities to which grants are to be paid and the amount of grants to be paid, are the authorities and the amounts set out in Annex B.

4) The grant will be paid in 2 instalments with the first being made in May 2020 and the second in July 2020. The second instalment will only be made if the authority has provided a completed Care Home Support Plan and is contingent on the first instalment being used for infection control.

Grant Conditions

5) Pursuant to section 31(4) of the Local Government Act 2003, the Minister of State determines that the grants will be paid subject to the conditions in Annex C.

6) Subject to the conditions in this grant determination being satisfied, local authorities should pass 75% of the first month's funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts. This funding must be used for Covid19 infection control measures. The local authority has the discretion to target the allocation of the remaining 25% of that month's funding to care homes or to domiciliary care providers and to support wider workforce resilience. Similarly, the second month's funding should be allocated on a 75% basis straight to care homes within the local authority's geographical area, with the remaining 25% to be allocated by the local authority to care homes or domiciliary care providers and to support wider workforce resilience. However, if at any point the authority reasonably believes that the funding is not being used for infection control purposes, they should withhold further payments until satisfied that the previous payments have been used for the purpose set out in this grant determination.

7) Local authorities must allocate 75% of each month's funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts. But 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 committed to completing the Tracker on a consistent basis. No further allocation of funding should be made unless the provider is completing the Capacity Tracker consistently. 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 so used it. And if the provider has not used it or any part of it for the infection control measures for which it was provided the local authority must take all reasonable steps to recover the money that has not been so used.

8) Providers must account for all payments paid out of the 'per beds' allocation and keep appropriate records. In so far as a provider does not use the entirety of the 'per beds' allocation in pursuit of infection control measures, any remaining funds must be returned to the local authority. Local authorities must ensure that appropriate arrangements are in place to enable them, if necessary, to recover any such overpayments. None of the funding provided is to be used for any purpose other than the specified infection control measures.

Treasury consent

9) Before making this determination in relation to local authorities in England, the Minister of State obtained the consent of the Treasury.

Signed by authority of the Minister of State for Care, Helen Whately

Andrew Cornelius, Deputy Director for Social Care Oversight, Department of Health and Social Care
22/05/2020

Annex B:

Grant Allocations

Table of allocations

Source data:

- CQC Care Directory with Filters, May 2020[2]. The small number of care home beds assigned to Flintshire or Unspecified are excluded from the calculation.
- MHCLG Area Cost Adjustment[3]. Bournemouth, Christchurch and Poole council and Dorset council (both created in April 2019) have been assigned an ACA of 1 as their predecessor councils of Bournemouth, Poole, and Dorset County Council all had an ACA of 1.

Method:

- The allocation shares for each local authority are calculated as [Number of care home beds * Area Cost Adjustment] / England sum of [Number of care home beds * Area Cost Adjustment]. The Area Cost Adjustment reflects differences in wages and prices in different local authorities.

Note:

- It is expected that each care home should receive an amount per CQC registered bed, representing 75% of the funding. The remaining 25% to be allocated by the local authority to care homes or domiciliary care providers and support wider workforce resilience

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Barking and Dagenham	£1,002,873	730
Barnet	£3,564,514	2,505
Barnsley	£3,002,258	2,339
Bath and North East Somerset	£2,189,197	1,649
Bedford	£2,217,113	1,666
Bexley	£2,156,865	1,570
Birmingham	£9,761,003	7,545
Blackburn with Darwen	£1,387,533	1,081
Blackpool	£2,193,612	1,709
Bolton	£2,303,590	1,772
Bournemouth, Christchurch and Poole	£6,063,560	4,724
Bracknell Forest	£653,047	464
Bradford	£5,308,379	4,134

[2] Care Directory with Filters, May 2020 https://www.cqc.org.uk/about-us/transparency/using-cqc-data
[3] MHCLG https://webarchive.nationalarchives.gov.uk/20140505104701/http://www.local.communities.gov.uk/finance/1314/settle.htm

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Brent	£1,691,899	1,189
Brighton and Hove	£2,744,929	2,130
Bristol, City of	£4,025,256	3,032
Bromley	£2,178,846	1,586
Buckinghamshire	£6,253,586	4,558
Bury	£2,395,890	1,843
Calderdale	£1,892,731	1,474
Cambridgeshire	£6,146,908	4,649
Camden	£705,338	459
Central Bedfordshire	£2,273,006	1,708
Cheshire East	£5,320,292	4,110
Cheshire West and Chester	£4,005,106	3,094
City of London	£0	0
Cornwall	£6,766,953	5,272
County Durham	£6,746,416	5,256
Coventry	£2,687,025	2,077
Croydon	£4,121,398	3,000
Cumbria	£5,678,490	4,424
Darlington	£1,589,053	1,238
Derby	£2,831,544	2,206
Derbyshire	£9,740,972	7,589
Devon	£10,518,813	8,195
Doncaster	£3,124,196	2,434
Dorset	£5,054,678	3,938
Dudley	£2,983,283	2,306
Ealing	£2,281,005	1,603
East Riding of Yorkshire	£5,737,534	4,470
East Sussex	£10,737,440	8,332
Enfield	£2,478,334	1,804
Essex	£16,308,904	12,430
Gateshead	£2,613,338	2,036
Gloucestershire	£7,751,543	5,951
Greenwich	£1,421,432	925
Hackney	£508,642	331
Halton	£1,008,396	779
Hammersmith and Fulham	£688,434	448
Hampshire	£18,403,841	13,876
Haringey	£717,123	522
Harrow	£1,736,011	1,220
Hartlepool	£1,144,940	892

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Havering	£2,669,292	1,943
Herefordshire, County of	£2,718,590	2,118
Hertfordshire	£13,298,674	9,722
Hillingdon	£2,114,518	1,486
Hounslow	£1,165,404	819
Isle of Wight	£2,584,973	1,949
Isles of Scilly	£26,956	14
Islington	£845,176	550
Kensington and Chelsea	£599,307	390
Kent	£18,877,765	14,579
Kingston upon Hull, City of	£2,998,407	2,336
Kingston upon Thames	£1,650,633	1,160
Kirklees	£4,553,341	3,546
Knowsley	£1,419,453	1,103
Lambeth	£1,727,232	1,124
Lancashire	£16,197,303	12,619
Leeds	£7,079,123	5,513
Leicester	£3,696,666	2,880
Leicestershire	£6,682,238	5,206
Lewisham	£1,624,275	1,057
Lincolnshire	£10,458,485	8,148
Liverpool	£4,493,862	3,492
Luton	£1,498,481	1,126
Manchester	£3,342,285	2,571
Medway	£2,091,910	1,627
Merton	£1,314,815	924
Middlesbrough	£2,389,997	1,862
Milton Keynes	£2,012,454	1,469
Newcastle upon Tyne	£3,257,687	2,538
Newham	£895,717	652
Norfolk	£12,386,399	9,650
North East Lincolnshire	£2,246,238	1,750
North Lincolnshire	£2,531,190	1,972
North Somerset	£3,860,635	2,908
North Tyneside	£2,205,164	1,718
North Yorkshire	£8,448,423	6,582
Northamptonshire	£8,162,951	6,311
Northumberland	£4,388,508	3,419
Nottingham	£2,727,217	2,111
Nottinghamshire	£11,455,347	8,867

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Oldham	£2,316,590	1,782
Oxfordshire	£7,313,974	5,416
Peterborough	£1,750,593	1,324
Plymouth	£3,125,480	2,435
Portsmouth	£1,521,275	1,147
Reading	£1,168,952	842
Redbridge	£1,860,124	1,354
Redcar and Cleveland	£1,827,796	1,424
Richmond upon Thames	£1,341,851	943
Rochdale	£2,157,991	1,660
Rotherham	£3,008,676	2,344
Rutland	£458,233	357
Salford	£1,935,692	1,489
Sandwell	£2,875,906	2,223
Sefton	£4,858,055	3,775
Sheffield	£5,660,520	4,410
Shropshire	£4,601,579	3,585
Slough	£654,454	465
Solihull	£2,562,829	1,981
Somerset	£8,322,633	6,484
South Gloucestershire	£2,795,907	2,106
South Tyneside	£1,659,649	1,293
Southampton	£2,025,271	1,527
Southend-on-Sea	£2,734,683	2,113
Southwark	£886,666	577
St. Helens	£1,793,941	1,394
Staffordshire	£9,915,537	7,725
Stockport	£3,109,586	2,392
Stockton-on-Tees	£2,528,622	1,970
Stoke-on-Trent	£3,143,450	2,449
Suffolk	£9,029,497	7,034
Sunderland	£3,207,628	2,499
Surrey	£19,177,623	13,626
Sutton	£2,127,325	1,495
Swindon	£1,683,616	1,290
Tameside	£2,130,691	1,639
Telford and Wrekin	£1,528,726	1,191
Thurrock	£1,007,627	747
Torbay	£2,748,112	2,141
Tower Hamlets	£540,913	352

Local authority name	Allocation amount (A)	Number of registered care home beds May 2020 (B)
Trafford	£2,269,790	1,746
Wakefield	£3,536,351	2,754
Walsall	£2,288,564	1,769
Waltham Forest	£1,343,576	978
Wandsworth	£2,162,114	1,407
Warrington	£2,556,588	1,975
Warwickshire	£7,187,125	5,509
West Berkshire	£1,400,798	1,009
West Sussex	£13,362,642	10,279
Westminster	£597,770	389
Wigan	£2,940,587	2,262
Wiltshire	£6,292,025	4,821
Windsor and Maidenhead	£2,249,071	1,598
Wirral	£4,743,521	3,686
Wokingham	£1,876,986	1,352
Wolverhampton	£3,254,961	2,516
Worcestershire	£7,452,377	5,806
York	£1,872,721	1,459
Total	**£600,000,000**	**457,400**

Annex C

Grant Conditions

1. In this Determination:

   "an authority" means an upper tier or unitary local authority identified in the Annex B.

   "the Department" means the Department of Health and Social Care;

   "grant" means the amounts set out in the Adult Social Care Infection Control Grant Determination 2020/21:

   "upper tier and unitary local authorities" means: a county council in England; a district council in England, other than a council for a district in a county for which there is a county council; a London borough council, the Council of the Isles of Scilly; and the Common Council of the City of London.

2. Local Authorities must ensure that 75% of the grant is allocated to support the following 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 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.

3. A local authority must ensure that funding which it allocates for a measure described above is allocated on condition that the recipient care provider:
   - uses it for those measures only
   - will provide the local authority with a statement certifying that that they have spent the funding on those measures by 23 September.

- if requested to do so will provide the local authority or DHSC with receipts or such other information as they request to evidence that the funding has been so spent,
- 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.
- will return any amounts which are not spent on those measures.

4. Local Authorities may use the other 25% as described above but do not have to. 25% of the Grant may be used on other Covid19 infection control measures payments including domiciliary care and wider workforce measures.

5. The grant must not be used for fee uplifts, expenditure already incurred or activities for which the local authority has earmarked or allocated expenditure or activities which do not support the primary purpose of the Infection Control Fund.

6. A recipient local authority must:
   - Make the allocation directly to pay care providers (Care providers include local authorities who provide care directly and care homes with self-funding residents and care homes with which local authorities do not have contracts).
   - 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 below.
   - 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.

7. Local authorities must allocate 75% of the first month's funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts.

8. Local authorities must allocate 75% of the second months funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts. But the local authority must not make an allocation of the second months funding to a care home provider who has not consistently completed the daily Capacity Tracker. 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 so used it. And if the provider has not used it or any part of it for the infection control measures for which it was provided the local authority must take all reasonable steps to recover the money that has not been so used.

9. Local authorities must make it a condition of the provision of the 'per beds' payment that the cost of any specific infection control measures are met by providers on the basis that (a) there is no increase in any relevant rates (except those relating to hourly rates of pay to ensure staff

movement from one care home to another care home is minimised) from the existing rates (b) third party charges (for example, of costs to avoid the use of public transport) are paid at the normal market rates and (c) in no circumstances is any element of profit or mark-up applied to any costs or charges incurred.

10. Local authorities must make it a condition of allocation of funding that providers must account for all payments paid out of the 'per beds' allocation and keep appropriate records. In so far as a provider does not use the entirety of the 'per beds' allocation in pursuit of the infection control measures any remaining funds must be returned to the local authority. Local authorities must ensure that appropriate arrangements are in place to enable them, if necessary, to recover any such overpayments. None of the 'per beds' funding is to be used for any purpose other than the infection control measures specified in paragraph [2] of Annex C.

Reporting

11. An authority must submit a completed Care Home Support Plan as outlined in Annex B in the letter dated 14 May and two high-level returns specifying how the grant has been spent. A template is provided at Annex E. These must be submitted to the Department who may review the returns on behalf of the Secretary of State for Health and Care.

12. The returns must be certified by the authority's Chief Executive (or the authority'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 beenused for the purposes intended, as set out in this Determination. Chief Executives have been provided with a statement of assurance for their signature at Annex D.

13. The first report must be submitted no later than 26 June. The second report and certification of the use of funding must be submitted by 30 September and must be made in respect of both instalments.

Financial Management

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

15. If a recipient authority has any grounds for suspecting financial irregularity in the use of any grant paid under this funding agreement, it must notify the Department immediately, explain what steps are being taken to investigate the suspicion and keep the Department informed about the progress of the investigation. For these purposes "financial irregularity" includes fraud or other impropriety, mismanagement, and the use of grant for purposes other than those for which it was provided.

Breach of Conditions and Recovery of Grant

16. If the authority fails to comply with any of these conditions, or if any overpayment is made under this grant or any amount is paid in error, the Secretary of State may reduce, suspend or withhold grant payments or require the repayment of the whole or any part of the grant monies paid, as may be determined by the Secretary of State and notified in writing to the authority. Such sum as has been notified will immediately become repayable to the Secretary of State who may set off the sum against any future amount due to the authority from central government. An authority must submit a completed Care Home Support Plan as outlined in Annex B to the

letter dated 14 May and two high-level returns specifying how the grant has been spent. A template is provided at Annex E. These must be submitted to the Department by who may review the returns on behalf of the Secretary of State for Health and Care.

Annex D:

Use of the Adult Social Care Infection Control Fund

In reply to your letter of (add date) I am writing to certify that (to add name of Authority) has increased the amount of funding paid to social care providers in our area by [insert amount of grant used] which has been incurred in accordance with the Grant Determination Annex A and Grant Conditions in Annex C.

Yours Sincerely

Chief Executive

Director of Adult Social Services

Annex E: Reporting Template

Use of Adult Social Care Infection Control Fund - *please return to* scfinance-enquiries@dhsc.gov.uk ***by 26 June***

In the Grant Determination Letter for the Adult Social Care Infection Control Fund, we stipulated that local authorities must provide two high level returns specifying how the grant has been spent and explaining how the expenditure meets the objectives of the fund.

Please complete the white boxes as appropriate and return the table to scfinance-enquiries@dhsc.gov.uk by 26 June.

Local authority	Please complete
Allocation of Infection Control Fund received as of 26 June	Please complete
Allocation of Infection Control Fund dispensed as of 26 June	Please complete

Under the grant condition, local authorities must allocate 75% of the first month's funding straight to care homes within the local authority's geographical area on a 'per beds' basis, including to social care providers with whom the local authority does not have existing contracts.

Please confirm whether your LA allocated 75% of the first month's funding straight to care homes within the local authority's geographical area	Y/N

The grant conditions specify that the funding must be used for infection control measures. At least 75% of the grant funding must be used to support the measures listed within the grant conditions, while the remaining 25% may be used on other COVID19 infection control measures including payments to domiciliary care providers.

	Care Homes	**Domiciliary Care**	**Others**
Please indicate the number of providers who have received funding.			

Please indicate which measures have been used by providers as part of this funding as of 19 June, and the proportion of the funding dispensed to date that has been used for this

	How many providers have used funding for this purpose so far?	**What proportion of the LA's allocation has been spent on this measure? Total must equal 100%**
Measures to isolate residents within their own care homes		
Actions to restrict staff movement within care homes		

Paying staff full wages while isolating following a positive test		
Other (please indicate below)		
Please list other infection control measures your allocation of the Infection Control Fund has been used for. You might find it useful to refer to the measures outlined in the care home support package.		

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