

Strategic Commissioning Board			
Meeting Date	01 November 2021	Action	Approve
Item No.	7	Confidential	No
Title	Distribution of Adult Social Care Infection Prevention and Control and Testing Fund October 2021 - December 2021.		
Presented By	Adrian Crook –Director Adult Social Care		
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Clinical Lead			

Executive Summary
<p>The Department of Health and Social Care have further extended the Infection Control and Testing Fund. Bury Council will soon receive an approximate combined total of £1,794,200 to be disseminated to appropriate care providers. This will be used to support them to:</p> <ul style="list-style-type: none"> • reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination; • and conduct testing of staff and visitors in care homes, high risk supported living and extra care settings, in order to enable close contact visiting where possible <p>Bury Council have not yet received this money, however, given the timescales involved and need to adhere to strict Department of Health and Social Care deadlines for the dissemination of money, permission is being sought to distribute the grant fund as outlined below.</p> <p>Previous tranches of Infection Control and Testing Fund monies have been agreed by Cabinet owing to the strict timelines for disseminating funds not corresponding with SCB meeting dates. To avoid the problems in meeting Committee deadlines whilst also meeting the timelines set by the Department of Health and Social Care for the dissemination of these monies, permission is also sought for the Executive Director of Strategic Commissioning to be delegated authority to agree to any future dissemination of Infection Control and Testing fund monies.</p> <p>This paper seeks permission to distribute:</p> <ul style="list-style-type: none"> • 70% of the Infection Prevention and Control Fund to Care Homes and Residential Drug and Alcohol settings (57.5%) and Community Care Providers (12.5%) such as high-risk Supported Living and Care at Home. • 70% of the Rapid Testing allocation to Care Homes <p>This is in line with the grant conditions set by the Department of Health and Social Care that also requires Local Authorities to disseminate the above within 20 days of receipt.</p> <p>Permission is also sought to distribute the remaining discretionary amounts of 30% and 30% respectively detailed below:</p>

Infection Control Fund – 30%

The 30% discretionary fund will be apportioned out between the relevant providers based on the number of CQC registered beds in the case of Care Homes, and the number of Bury customers supported in respect of Care at Home and Supported Living.

- Hospice
- Care Homes
- Care at Home

Rapid Testing Fund – 30%

The 30% discretionary fund will be apportioned out between the relevant providers based on the number of CQC registered beds in the case of Care Homes, and the number of Bury customers supported in respect of Care at Home and Supported Living.

- Care at Home providers
- Supported Living providers

Once again, this is in line with grant conditions and must be distributed within 20 days of receipt

Recommendations

- SCB approve the request to disseminate the above grant monies in line with Department of Health and Social Care Grant requirements.
- SCB approve for the Executive Director of Strategic Commissioning to be delegated authority to agree the dissemination of any future Infection Control and Testing fund monies in line with Department of Health and Social Care Grant requirements to ensure the strict timelines are met.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below: <i>Add details here.</i>	N/A

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome
CCMT	19/10/2021	Approved

Background

- 1.1 The Adult Social Care Infection Control Fund was first introduced in May 2020. The fund was extended in October 2020 in April 2021 and, again in June 2021. By June 2021 the fund had provided over £1.35billion of ring-fenced funding to support adult social care providers in England for infection prevention and control (IPC). The Rapid Testing Fund was introduced in January 2021 to support additional rapid lateral flow testing of staff in care homes, and enable indoors, close contact visiting where possible.
- 1.2 The purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to:
 - Reduce the rate of Covid-19 transmission within and between care settings through effective infection prevention and control practices and increase the uptake of staff vaccination.
 - Conduct additional rapid testing of staff and visitors in care homes, high-risk supported living and extra care settings, to enable close contact visiting where possible.
- 1.3 The funding will be paid in a single payment in October 2021. All funding must be used for the measures outlined in the Appendix 1.
- 1.4 Local Authorities should pass on:
 - 70% of the IPC allocation to care homes on a 'per bed' basis, and CQC-regulated community care providers on a 'per user' basis; and
 - 70% of the rapid testing allocation to care homes on a 'per beds' basis within the local authority's geographical area, including to social care providers with whom the local authority does not have existing contracts.

The allocation is based on 1844 registered CQC beds at October 2021 and includes 57 care homes and 1232 Community Care Users at October 2021, using the Capacity Tracker service User data

- 1.5 The local authority has discretion to use the remaining 30% of the IPC allocation, and 30% of the rapid testing allocation to provide further support to the care sector, as outlined in the guidance.

2 Financial implications

- 2.1 Bury's total allocation of the new Infection Prevention and Control and Testing Fund is yet to be announced, however, in keeping with previous allocations will be approximately £1,794,200 for the period 1st October to 31st March 2022.

This paper seeks permission to distribute:

- 70% of the Infection Prevention and Control Fund to Care Homes and Residential Drug and Alcohol settings (57.5%) and Community Care Providers (12.5%) such as high-risk Supported Living.

- 70% of the Rapid Testing allocation to Care Homes

The below table outlines the approximate figures that will be disseminated to each provider sector.

Local authority	Allocation to Care homes and Residential Drug and Alcohol settings	Allocation to community care providers	Bury Council discretionary amount	Total Infection Control Fund allocation amount	Allocation to Care homes and Residential Drug and Alcohol settings	Bury Council discretionary	Total Rapid Flow Testing allocation amount	Local Authority Combined Total
Bury	£591,530	£126,852	£307,878	£1,026,260	£601,968	£165,972	£767,940	£1,794,200

This is in-line with the grant conditions set by the Department of Health and Social Care that required Local Authorities to disseminate the above within 20 days of receipt. Bury Council is yet to receive these monies.

Permission is also being sought to distribute the remaining discretionary amounts of 30% and 30% respectively in line with the grant conditions as detailed below:

Infection Control Fund – 30%

Allocated proportionately between the following:

- Hospice
- Care at Home provider
- Care Home providers

Rapid Testing Fund – 30%

Allocated proportionately between the following:

- Care at Home providers
- Supported Living providers

3 Reporting

3.1 Local authorities are required to distribute the money in line with the grant circular and are required to provide 2 high level returns by the dates below. Providers will need to provide information at least one week prior to DHSC's deadline. The timetable is yet to be shared by DHSC.

3.2 Providers are also required to complete the Capacity Tracker at least once per week until 31st March 2022.

4 Conclusion

4.1 Request to approve the Infection Control and Testing grant allocation based on 2.1 above and note the reporting requirement as set out in 3 above