



**BRISTOL CITY COUNCIL**

**DECISION**

**DECISION OF: S151 OFFICER**

**WITH ADVICE FROM: EXECUTIVE DIRECTOR OF PEOPLE AND DIRECTOR OF ADULT SOCIAL CARE**

**DIRECTORATE: PEOPLE**

**DECISION NO: 005**

(2020/21 ASC: COVID-19 Emergency Control)

**SUBJECT:**

COVID-19: Infection Control Fund (ICF)- Allocation and Support to Care Providers

**KEY DECISION:**

Yes

**REASON:**

To authorise the allocation of COVID-19 Infection Control Fund grants. The fund, announced by Government on 13 May 2020, makes available £4.025m to Bristol City Council to support adult social care providers with infection control measures. This is one-off funding and in the absence of new burden funding from central government, it is expected that care providers will make plans to cover equivalent needs in future as they transition to recovery business plans.

The conditions for the fund require that it is allocated in two tranches on the following bases.

- 75% passed to all Care Homes (both those with whom the authority has a contract and those with whom it doesn't) based on a rate per 'registered bed'.
- 25% allocated to Home Care / Domiciliary Care providers to support wider workforce resilience

**This decision relates to the use of the 25%, amounting to £1.06m, payable in two tranches.**

**BACKGROUND:**

The Government has provided a Section 31 grant, ring fenced exclusively for actions which support care homes and domiciliary care providers mainly to tackle the risk of COVID-19 infections. This is in addition to the COVID-19 funding already received.

- Grant conditions explicitly state that the payment must not be used to fund:

- Fee uplifts
- Expenditure already incurred
- Activities for which the Authority has earmarked or allocated expenditure
- Activities which do not support 'the primary purpose of the Infection Control Fund'

Payments will be received in two tranches. The first tranche is £2.012m. Of this, 75% (£1.5m) has been paid to Care Home providers. Whereas the use of that 75% was strictly stipulated, there is some flexibility around use of the 25% (2X £0.503m = £1.006m), but it is still prescribed as follows.

'Local authorities may use 25% of the grant on other COVID-19 infection control measures, including payments to domiciliary care providers or wider workforce measures. These wider measures could include, for example, additional financial support for the purchase of PPE by providers or by the local authority directly (although not for costs already incurred) or measures the local authority could put in place to boost the resilience and supply of the adult social care workforce in their area in order to support effective infection control.'

The grant provisions require that it must be issued in accord with the conditions. Failure or breach could result in the grant being clawed back. Any grant not allocated is required to be repaid.

Adult social care commissioners have set out proposals for the use of these monies. It is necessary to indicate that the total of the first tranche has been allocated/spent by 30 June in order to call down the second tranche.

Across the South West the majority of authorities appear to be using the monies to support the wider care market.

In addition to the Infection Control Fund monies care homes have just received, the provider market is receiving the following additional COVID 19 funding to help address the additional costs associated with COVID 19:

- **Care Homes:** based on £100 per week per bed commissioned by BCC
- **Home Care, Supported Living, Extra Care Housing,** based on £1 per hour commissioned by BCC

These payments are due to end on 6th July.

**What plans are there for managing infection control in care settings for the rest of year (including any potential local outbreak)?** The grant is very specific on time frames and has to be spent by 30 September and unspent money then returned. There is a NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Care Provider Cell that brings together local authorities (Adult Social Care and Public Health), Sirona (the community NHS provider), and the Clinical Commissioning Group to look at outbreaks. A Bristol Care Homes outbreak plan is being developed, and the potential financial impact on providers and on the wider Council is being identified.

Commissioners have considered a number of options for use of 'the 25%' and checked them against the grant conditions. We propose the following to support providers and Bristol citizens to improve infection control, within the criteria of the grant.

**1. Infection Control Funding for Providers to support workforce resilience. Minimum £756,314**

Current additional funding for providers through COVID-19 monies ends on 6 July. We propose the majority of the money should be used to provide infection control funding for non-care home providers (home care, supported living, shared lives, CSS) to support workforce resilience, and other measures. Whilst this is not a fee increase, we would share out monies available amongst our providers using the same basis of calculation as COVID-19 monies: based on hours per week commissioned. Other proposals set aside monies which may not be used in entirety. We propose therefore (as unused monies have to be returned) that agreement is provided in advance that any underuse of proposals 2 and 3 is added to the monies shared amongst providers when we receive the second tranche of monies.

**2. Small PPE Fund for micro providers £100k**

COVID-19 has brought to the fore the role of a range of micro 'care providers' that have not previously used PPE and cannot easily access it. Includes (unpaid) family carers where people have ended formal care because of anxiety about contagion; Direct Payment holders employing their own staff; smaller community organisations needing to use PPE for activity with vulnerable groups who don't access other provision, in particular BAME led organisations and community organisations supporting people with learning difficulties.

**3. Whole Setting Testing Fund for non care home settings. £150k.**

Supported Living and Extra Care housing do not have access to whole setting testing in the way that care homes do. Supported Living settings support people for whom social isolating can be challenging. Adult Care and Public Health are working together on outbreak plans, and feel a small fund to purchase whole setting testing, will enable us to respond timely and address additional human financial and social impact,

The cost is £225 per test. An average supported living setting could cost £7500 per run of tests. If repeated this three times could be £22,500 per setting. We propose a fund of £150,000 to use in extremis.

**DECISION:**

**To authorise allocation of the 25% of Infection Protection Fund monies amounting to £1.06m, to be received/distributed in two tranches, and allocated**

as follows.

- **PPE for Micro Providers maximum sum £100k**
- **Whole setting testing (supported accommodation) maximum Sum £150k**
- **Remainder to be allocated as Infection Control Monies for Domiciliary/ Supported Accommodation Providers (relative to hours commissioned) Minimum £756,314**

#### **OPTIONS CONSIDERED:**

- **Retain 25% of Fund as Savings or set against previous spend**  
The Grant Circular is clear that the monies cannot be set against existing spend or spend for which monies have already been earmarked. All unspent monies have to be returned. **Not Recommended.**
- **Provide additional monies for Care Homes.**  
Whilst it is clear that care homes have borne the brunt of outbreaks so far other providers also need to pay an increasing role in infection control. Very few authorities we spoke to are providing more of the grant allocation for care homes. **Not Recommended.**
- **Infection Control Funding for Providers to support workforce resilience. Minimum £756,314**

Current COVID funding for providers ends on July 6<sup>th</sup>. We propose to use most of the fund to provide additional funding for domiciliary providers (non-care home providers). We intend to share it out on the same basis as the COVID-19 monies: an additional payment calculated on the basis of number of hours commissioned. It is unclear whether there is an expectation that the 25% should be used for all provision in city boundaries, in the way that the care home focused 75% was. However, if we did this for these providers, in absence of national guidance, some supported living providers could receive double funding. For home care and ECH providers there is a potential issue for providers supporting self-funders. However we do not propose to offer additional financial payment for self funder providers, as it would be difficult to decide on what basis we would do that. This may be challenged by providers.

Other proposals set aside monies which may not be used in entirety, we propose therefore (as unused monies have to be returned) that agreement is provided in advance that any underuse of proposals 2 and 3 is added to the monies shared amongst providers when we receive the second tranche of monies.

- **Small PPE Fund for micro providers £100k**  
PPE is an infection control measure. As recovery begins, the role of small providers who may not normally purchase PPE is changing and they need to protect themselves and the people they are supporting.

Rules for the 75% passported to care homes explicitly exclude using that proportion on PPE. The 25% can be used for PPE, but cannot be used for previous spend (before May 13). BCC is now enabling providers to access cost effective PPE by using its purchase power. ASC commissioners feel that further subsidy for the market is not justified. However, COVID-19 has brought to the fore the role of a range of micro 'care providers' who have not previously been supported in this way. This includes (unpaid) family carers where people have ended formal care because of anxiety about contagion; Direct Payment holders employing their own staff; smaller community organisations needing to use PPE for activity with vulnerable groups who don't access other provision, in particular BAME led organisations and community organisations supporting people with learning difficulties

- **Whole Setting Testing Fund for non care home settings. £150k.**

Supported Living and Extra Care housing do not have access to whole setting testing in the way that care homes do. Supported Living settings support people for whom social isolating can be challenging. Adult Care and Public Health are working together on outbreak plans, and feel a small fund to purchase whole setting testing, will enable us to respond timely and address additional human financial and social impact.

The cost is £225 per test. An average supported living setting could cost £7,500 per run of tests. If repeated this three times could be £22,500 per setting. We propose a fund of £150k to use in extremis

#### **FINANCIAL IMPLICATIONS:**

The COVID-19 Infection Prevention Control (IPC) Grant totalling £4.025m will be received in two instalments, 50% already received on 27 May and the remaining 50% balance is scheduled for receipt in July. All monies need to be spent or returned. The Grant Circular includes a reporting template.

#### **LEGAL POWERS AND IMPLICATIONS**

The Council has a duty to support the care market and ensure capacity and sustainability.

#### **CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

None.

#### **CONSULTATION**

Discussions have taken place with care providers.

#### **RISK MANAGEMENT**

Risk of claw back of the Allocation has been addressed by:

- Allocating all monies.

Letter to be sent to providers advising that in order to retain monies they must be used for infection control.

## **EQUALITY IMPLICATIONS**

Have you undertaken an Equality Impact Assessment? Yes / No

An Equalities Impact Assessment will be carried out.

## **CORPORATE IMPLICATIONS**

None, other than those already highlighted

This decision is being taken under the urgency/emergency powers provided in the Council's Constitution and scheme of delegation.

The Head of Paid Service and / or Section 151 Officer can take emergency action on behalf of the Council on any matter in cases of urgency or emergency, wherever possible in consultation with the Mayor or Deputy Mayor for Finance, Governance and Performance and subject to a full report as soon as possible afterwards to the relevant forum explaining the decision, the reasons for it and why the decision was treated as a matter of urgency.

## **SIGNATORIES:**

### **DECISION MAKER:**

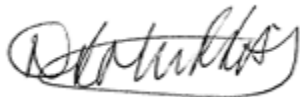


Signed:

### **S151 Officer and / or Head of Paid Service**

Title Director of Finance/S151 Officer

Signed



Date: 1 July 2020