

**Adult Social Care**

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Dear Provider,

The Council would like to support our providers in these exceptional times to ensure market stability and to enable us to continue having sufficient good quality services during this pandemic and beyond.

We wrote to you in April to outline the process the Council has taken, with the funding provided by the government, to support the additional expenditure incurred because of the covid-19 situation. The COVID-19 funding panel commenced from the 14th April 2020 and continues to meet daily to review Provider COVID-19 submissions. The panel has been very responsive to all requests made, giving an evaluation to submissions and approving funding where appropriate. Since its inception, over £800,000 has been paid to providers to manage the cost impacts of COVID-19.

**Infection Control Grant**

Aligned to the previous COVID-19 outbreak funding, Central Government announced on the 13th May £600m of additional national funding to support infection control within the care home sector, partly due to a significant rise in COVID-19 outbreaks within the care home market.

The allocation to Stockport is £3,109,586 on the basis there is 2,392 registered care home beds in the Borough. It is understood funding will be received by the Council in two equal instalments in May and July.

It is expected that each care home should receive an amount per CQC registered bed. The amounts per bed represent 75% of the funding totalling £2,332,190. The remaining 25% must be used for infection control measures, however local authorities are able to allocate based on need. This may involve support for domiciliary care workforce measures.

The conditions attached to this grant specifies the Stockport 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. We are aware that several providers have already committed to this but stress this would be expected of all;
- 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;
- Existing individual employees should not be financially disadvantaged by the approach in respect of reducing the number of homes that they work in, limiting or cohorting staff within homes. Individual staff members should continue to receive their normal pay;
- 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.

It is important to note that Stockport is required to ensure this financial support is made on the condition that you complete the Capacity Tracker at least once and will commit to completing the Tracker on a consistent basis. Funding may be recovered or withheld if this condition is not complied with.

These payments of the funding to the care provider are made on condition that you will repay the money to the local authority if it is not used for the infection control purposes for which it has been provided.

Appendix 1 contains details of the full Government conditions of this grant and the specific requirements places upon the Local Authority pertaining to their allocation and monitoring,

Finally, the first instalment of these payments based on the allocations described above were made on 29 May 2020. We will aim to contact each home to verify if those monies reached your account.

### **Wider funding considerations to the Care Home Sector**

Several providers have contacted the Council to alert us to concerns they have about the exceptionally high level of vacancies in their home(s) we understand the reasons for this, the losses you are incurring and the potential consequences of this financial impact on your businesses. In order to support your business going forwards, and to ensure we can continue to work together to sustain the quality provision we have in the borough, the Council has agreed to the following arrangements:

- To temporarily pay in borough care home providers the differential up to 90% occupancy on a Provider basis, this is being reviewed on a monthly basis.

Occupancy levels are inclusive of Council clients, self-funders and out of borough placements;

- The arrangement for covering vacancies of up to 90% occupancy will in effect be a block booking agreement and will be at the Council's 20/21 standard fee rate and subject to the usual terms and conditions as set out in the Pre-placement agreement.

Those providers that have had a level of vacancies below the 90% threshold from 6 April to date will be contacted and provided with more details on accessing this funding including any conditions attached to this process. Please note this will be funded through the previous COVID – 19 monies and not associated with the aforementioned Infection Control Grant.

We appreciate and understand these are extraordinary times and there is much uncertainty but please be reassured the Council will do everything it can to support our valuable social care providers. Your dedication, care and professionalism throughout your organisation is greatly valued and appreciated.

Finally, we feel sure that everybody will work together to deliver the best outcomes for our community and that any agreed relief is offered on this basis.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mark Fitton', with a stylized flourish at the end.

Mark Fitton  
Director of Adult Social Care (DASS)  
Stockport MBC

# Annex A

## 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.

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 A.