**The Adult Social Care Infection Control Fund. What you need to know.**

In September, the government announced an extension along with an additional £546m funding for the care sector in response to the further pressures of COVID-19. With the release of the [new guidance](https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-guidance) we’ve seen how the funding will be split between different care homes and community providers (domiciliary care, extra care and supported living) with additional information on the conditions of the fund.

As listed in the new guidance, local authorities have to pass **80% of the funding to care homes on a ‘per bed’ basis and to CQC-regulated community care providers, including those that support the self-funded market, on a ‘per user’ basis**. The **remaining 20%** will be allocated by local authorities to care home and community providers to further support infection measures and workforce resilience surrounding COVID-19.

**When will the funding be available?**

The funding will be issued in two periods, the first was paid to local authorities on **1st October 2020** and the second will be paid in **December 2020**. Surrey County Council will prioritise passing on the ‘per bed’/’per fulltime equivalent staff’ allocation to care homes and CQC-regulated community care providers (domiciliary care, extra care, and supported living).

Government expectations have stated that ***it should take no longer than 20 working days for local authorities to pass on the funding to providers. SCC will be passing on the funding allocations in the first week of November.*** The grant must be spent on infection control measures only and be used by March 31st, 2021.

**What can I use the funding on?**

The DHSC have outlined some prescriptive usage of the fund and say the **80% funding must** be used for the below in Residential and/or Community settings. However, in reality we are advised locally that complying with the spirit of the ICF requirement is the main point to bear in mind. So, there is some latitude:

* Ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so.
* Ensuring that staff who need to attend work for the purposes of being tested (or potentially in the future, vaccinated) for COVID-19 are paid their usual wages to do so.
* Limiting all staff movement between settings unless necessary, to help reduce the spread of infection.
* Limiting or cohorting staff to individual groups of residents or floors/wings or limit the number of different people from a home care agency visiting a particular individual.
* Steps to limit the use of public transport by members of staff.
* Providing accommodation for staff who proactively choose to stay separate from their families to limit social interaction outside work.
* Supporting safe visiting in care homes.

**The remaining 20% of funding** can be used for further infection control measures at the local authorities discretion, including:

* Providing support on the infection prevention and control measures outlined to a broader range of care settings, outside of CQC regulations including community and day support services, carer support services and the voluntary sector to name a few.
* Paying care staff their usual wages to attend a GP or Pharmacy to be vaccinated against the flu.
* Measures the local authority could put in place to boost the resilience and supply of the adult social care workforce in their area to support effective infection control.

**Restrictions are in place** on what the funding cannot be used on, this includes:

* Staff who are off sick for other conditions that COVID-19, furloughed or shielding.
* Personal Protective Equipment (PPE) in line with the [Adult Social Care Winter Plan’s](https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021) commitment of free PPE for providers until March 2021.
* Financial pressures.
* Retrospective costs from expenditure before 1st October 2020.