

# ICF Round 2: Questions posed to DHSC by Care England

## State aid questions

**If LAs choose to apply the State Aid cap for this second round of funding, will the amount given to providers in the first round May to August be carried forward for the purposes of applying the cap, meaning far more providers might be caught within this provision? What reassurance can be given to providers on this point?**

We stated in the local authority circular (which was published publicly on gov.uk here <https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-local-authority-circular>) that we consider the measures outlined to be under the SGEI Decision:

‘The Department of Health and Social Care (DHSC) considers that the measures specified in paragraph 2 of [annex C](#) are covered by the Services of General Economic Interest Decision (SGEI) 2012/21/EU. This is 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.’

However, local authorities need to satisfy themselves that providers are spending the funding in accordance with the grant conditions, and on the specified measures outlined in the Local Authority circular and guidance. We would advise that each local authority takes its own legal view on this. All funds need to be spent by the end of the funding period, and any unspent money will need to be recovered.

## Timing questions

**When will the capacity tracker information be published?**

DHSC will start publishing the data from the Capacity Tracker shortly.

**LA’s are asking for incredible detail which is taking time and resources to report on. This is unnecessary and the LA’s are not thinking about the consequences of the excessive reporting and questioning. Can this process not be simplified or reduced in terms of monthly reporting requirements.**

**What reassurance can you give to providers who will also have other financial reporting requirements – such as year end accounting that also comes within the period of the ICF – about unavoidable missed deadlines for monthly reports?**

We are appreciative of the efforts of local authorities and providers in meeting the reporting requirements of the Infection Control Fund. The information provided through the reporting is fundamental in demonstrating where particular pressures lie in the system and informing the Government’s view for future funding. As per the guidance, it is important that providers meet the necessary deadlines to ensure that they are able to access the second instalment of the fund. If a provider has a particular concern about meeting the reporting requirements, they should communicate this with their local authority as early as possible.

**Like the previous round of funding, this funding will be paid in 2 tranches. Thus, why are some local authorities allocating the money on a monthly basis?**

The guidance is clear that local authorities should pass funding on to providers as quickly as possible. Whilst local authorities are paid the ICF in two tranches, they are able to dispense funding based on the needs of their locality. Concerns around the dispensing of the fund should be communicated to the local authority in question.

### **Condition questions**

**There are 8 conditions associated with “infection prevention and control (IPC) measures” in the ICF guidance. However, the cost of meeting all 8 conditions will mean all cannot be met within the funds available so providers must prioritise. How will this be contextualised within the reporting to CT and LAs and ultimately to the public when the CT data is published?**

We want the fund to be used to cover current pressures providers are facing. Reporting the spend against the conditions demonstrates where particular stresses on the adult social care system lie; informing future decisions for on-going financial support. The feedback we have had has tended to suggest that ICF funding has, to date, been sufficient for the measures prescribed in the grant conditions, and indeed we have fielded lots of requests about innovative uses of the fund.

Data has already been published regarding the previous spend of the ICF and other Covid-19 emergency funding. This has remained neutral in tone, recognising that local authorities need to allocate money as needed within their locality.

**There has been an expansion in remit since round 1 on how the money can be spent. If the funds were spent in the spirit of the new guidance in the first round, can we be assured that LAs, who are now requesting the return of monies because it did not meet the conditions then (but which are seen as fine now!), will desist from now demanding monies be returned?**

It is important to note that the ICF announced in May and its subsequent extension in September are two legally distinct funds. We listened to feedback of the ICF1 from providers and local authorities and revised the conditions in response. Therefore, as per the grant determination, the funding provided as part of ICF1 could only be spent on the measures in that fund's conditions (up to the end of September) regardless of whether it would be deemed appropriate under the extension.

**Councils insisting the Capacity Tracker is updated daily in order to access the ICF grant when the guidance says weekly.**

Whilst the Department encourages providers to update the Capacity Tracker daily, it is not a condition of the grant.

**Council saying you have to access council IPC and PPE training in order to receive the grant – I don't think that is a condition in the grant guidance?**

Whilst the Department clearly supports steps to ensure staff are trained to take IPC measures and use PPE effectively, it is not a condition of the grant.

### **Reporting questions**

**Does the local authorities understand the impact of regular reporting on provider-administrative burden? If the forecast is not 100% then there could be repercussions on providers from LAs.**

We recognise the additional time needed to complete the reporting requirements and are appreciative of the efforts of providers and local authorities to do this. Following feedback from the initial ICF, more time has been factored in to the grant conditions in each month to allow additional time to complete reporting. The information collected helps us to understand the pressures on the system and design policy to help alleviate them. Additionally, it is noted that it is impossible to forecast to complete accuracy. Therefore, whilst we ask providers to use their understanding of their

own context to provide sensible forecasts, there will not be repercussions if these turn out not to be 100% accurate. As long as providers use the ICF to pay for things outlined in the grant conditions and guidance there will be no reason to recover any money spent on these measures.

**The necessity for providers to provide the local authority with information on how they have spent the funding on a monthly basis, at least one week prior to each monthly reporting point, is overly burdensome. Especially for providers operating in numerous LAs over the country with different means of reporting. What easements can be made for providers? LAs are also prone to setting unachievable deadlines. One LA only paid the last ICF money to a provider two weeks ago!**

Following feedback from the initial ICF, more time has been factored in to the grant conditions to allow additional time to complete reporting. It should also be noted, that the first tranche of funding does not need to be spent in its entirety to be receive the second.

The guidance is clear that LAs should pass funding on to providers promptly. We have underlined that it is vital to provide immediate support to providers who need help with COVID-related costs.

**How can providers create a detailed forecast on what they will be spending the grant on, when the fund is largely targeted at staff costs e.g. how many staff will be self-isolating in the future it will not be known?**

We recognise that it is impossible to forecast to complete certainty. However, we ask that providers use reasonable judgement to forecast which conditions the fund may be spent on. This may use context from the beginning of the pandemic and current staffing rates to inform predictions. Providers can revise these plans throughout the course of the lifetime of the fund if they choose to.

**Why can there not be one central online reporting system which is simple in it's layout and required data e.g "CQC location number", "Name of Care Home", "Post Code" and "Reporting headings".**

We are still in the process of balancing stakeholder demands with provider feedback. To make sure the National Guidance is achieved in as streamlined a fashion as possible, we are looking into the possibility of a broader review of similar data collections. We will engage further with groups, including the Data Advisory Group as we progress.

### **Brexit questions**

**What will happen after 1<sup>st</sup> January to the State Aid section of the guidance when the UK is no longer bound by EU rules?**

From 1 January 2021, the government has announced that the UK will no longer be bound by the EU state aid rules.

The current position is that there will be a new State Aid regime in place from the 1<sup>st</sup> January 2021; guidance around this will be shared in due course. In the meantime, please continue to operate under the current rules until instructed otherwise.

Further information is available at <https://www.gov.uk/government/news/government-sets-out-plans-for-new-approach-to-subsidy-control>

### **Expenditure questions**

**What advice can you give on how approved capital works can be reported if all monies have to be 'spent' not 'projected/allocated' as per guidance. Capital works would typically only be paid upon completion so how would this be practicable if works extend past March 2021 for any given reason?**

The ICF is an emergency fund to support adult social care providers during the pandemic and consequently should not be used to support long-term capital works. As per the grant conditions, funding will need to be dispensed by the appropriate deadlines; therefore, evidence will need to be provided that any works were commissioned and completed within the period of the fund. They must also serve the overall purpose of reducing the transmission of the virus.

**Is the DHSC aware that certain care homes also offer children's homecare and does the ICF account for them as well?**

Providers will not be penalised if the measures that they implement indirectly benefit the provision of children's social care; however, the purpose of the ICF is to support adult social care and should be spent as such.

**Is it possible to pool ICF funds from different local authorities and use across an organisation to equitably fund staff wages? As you are aware the amount of funding allocated depends on the numbers of beds that you have rather than the numbers of staff employed at the service. This means that those homes, like Elderly Care would benefit the most as they have high bed numbers vs low staffing ratio's, whereas the majority of the services for people with LD / MH / Autism etc. often have staffing ratio's of 1:1 or higher but do not have high bed numbers. Therefore, the funding in certain authorities may last longer depending on the mixture and type of home that you have. This point is particularly important in relation to the payment of staff if they are either poorly due to Covid or have been asked / instructed to isolate.**

This is not the intention, as we expect the funding to be distributed to local areas and to care homes on the basis described. We also require a DASS to certify that they have increased the amount of funding paid to social care providers in our area in accordance with the Grant Determination Annex A and Grant Conditions in Annex C, which would not be possible if pooled. If more funding is required in a specific care home in one area then there is the 25% portion of funding available, as well as the £4.6 billion unringfenced funding.

**Awaiting answers from the DHSC**

Understand that the ICF2 funding can be used to compensate a care home if they take out a bedroom to use as a staff changing facility for infection control purposes. Do you happen to know if the same applies to a bedroom taken out of use so that it can be used as a safe-visiting room ?"

On the ICF – we are looking at spending some of the money on additional tablet devices that service users can have to be able to maintain contact with friends and families...particularly if family/friends cannot visit" is this allowed?"