

# Adult Social Care Infection Control Fund – round 2: Government guidance

## What it means for carers' services and carers

### **Purpose of briefing:**

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This briefing sets out key information about round 2 of the Government's Infection Control Fund (ICF), and includes the following information:

- key elements of the Government guidance
- how the ICF can be spent and the terms
- how Carers UK think this impacts on services that support carers
- what carers' rights are currently, regarding assessments and services
- what Carers UK is doing next

To access the Government guidance in full, [please click here](#).

### **Carers UK's evidence – the need for services to return and what we've been doing:**

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Carers UK, along with other organisations, has highlighted the urgent need for services to return in order to support carers. In April 2020, we reported that many services had closed in our [Caring Behind Closed Doors](#) research.<sup>1</sup> We know that carers have been providing more care than before the pandemic, and that they are under extreme pressure. We know from our information and advice services that this is also the case and carers have been asking what their rights are. We deal with carers' rights below and the rights of the person being cared for.

Whilst some services have started to reopen, many are running services at lower capacity because of Infection Control measures e.g. only supporting 50% of clients. For some carers, this means services have not returned at all, while other services are running at reduced levels.

Carers UK has been part of the Adult Social Care Taskforce and has co-chaired the Carers Advisory Group. The link to both the reports is provided below.<sup>2</sup> As part of our evidence, we asked for greater flexibility for the Infection Control Fund to allow local services to reopen and run COVID-19 safe services and for some this will include significant additional expenditure to ensure that services are provided to all carers. We are pleased that Government has listened to our evidence and has created the flexibility for councils to be able to support carers better by reopening carers' services.

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<sup>1</sup> Caring Behind Closed Doors – forgotten families in the coronavirus outbreak, Carers UK April 2020

<sup>2</sup> <https://www.gov.uk/government/publications/social-care-sector-covid-19-support-taskforce-report-on-first-phase-of-covid-19-pandemic>

## **How much is the Fund, and what are the criteria?**

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Government has provided another £546 million of funding for the Infection Control Fund (ICF) for local authorities in England. Guidance published on 1 October 2020 sets out the conditions for the ICF: <https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2/adult-social-care-infection-control-fund-round-2-guidance>

The first round of funding (May 2020) was for £600 million and this brings the total to £1.146 billion. This funding will be paid to local authorities in two parts: the first part for 1 October 2020, the second in December 2020. The funding must be spent (i.e. expenditure incurred) by 31 March 2021.

These new fund criteria include several differences which are beneficial for carers. They include:

- Clear assurances that the fund can be used to support care home visits for relatives where measures are needed for infection control
- Support for CQC regulated services in the community to resume or reopen services
- Support for carers' services
- Support for voluntary sector services

Whereas previously (in round 1 of the ICF) 75% had to be spent on care homes with 25% flexibility, now (for round 2) 80% can be spent on care homes and CQC-regulated community care providers (e.g. domiciliary care providers, extra care and supported living) on a per-bed or per-user basis.

The remainder of the funding (20%) can be used in round 2 to support care providers to take additional steps to tackle the risk of COVID-19 infections. This can be allocated at the local authority's discretion. Government expects this funding to be allocated across the full range of providers, regardless of whether the local authority already commissions care from them.

## **What does it have to be spent on?**

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The 80% refers to spending that includes infection control measures, such as:

- The additional recruitment of staff or volunteers, if they are needed to work with a particular group of residents.
- To support safe visiting, including dedicated staff, and additional dedicated spaces for cleaning - e.g. converting a resident's room that is not being used making it suitable for visiting, including regular cleaning between visits.

Regarding the 20% of funding that local authorities can use at their decision, the guidance sets out a non-exhaustive list of measures, including:

- Community and day support services (DHSC would like local authorities to consider using this fund to put in place infection prevention and control (IPC) measures to support the resumption of services).

- Carers' support services
- Individuals who are in receipt of direct payments
- People who employ one or more personal assistants to meet their care needs
- The voluntary sector

The guidance states that spending must be for the primary purpose of the grant. It cannot be for fee uplifts, expenditure already incurred, or activities for which funding has already been earmarked or allocated and which do not support the primary purpose of the grant.

Distribution of funding from local authorities to providers is expected to take no longer than 20 days.

Any funds not used by 31 March 2021 will be recovered by local authorities.

There are a number of monthly reporting requirements for local authorities, and providers in receipt of funding will also have to regularly report to the local authority.

After the first tranche of funding has been awarded, local authorities have to write to DHSC (by 31 October), notifying them that they have a winter plan in place in order to receive the second tranche of funding (which will be paid on 1 December 2020 - see above), and that they are working with providers on business continuity plans.

DHSC does not expect providers to regularly provide local authorities with receipts and invoices, but they should be kept on file should the local authority wish to check.

Annex E to the guidance (<https://www.gov.uk/government/publications/adult-social-care-infection-control-fund-round-2>) sets out the local authority reporting template. It must report against several criteria for any funding which comes under the 80%. However, for the 20% it states: 'Please list other infection control measures your 20% discretionary allocation has been used for'.

## **What would we expect to happen?**

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We would expect those carers most in need to be able to access services that could not be provided because of infection control measures. What do we mean by this? If for example, day services can only open to 50% of their clients, this means that half are not getting a service. We believe the Infection Control Fund could be used to boost capacity to return services to more carers.

The guidance also mentions carers' support services – what might this mean? This could be something like a dementia café, essential face-to-face support, or breaks (including overnight breaks).

## **What are carers' rights during this time?**

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Carers' rights under the Care Act 2014 have not changed during this time, nor have the rights of people needing care and support. Unless the Coronavirus Act 2020 easements to the Care Act 2014 are applied in local areas, carers' rights have not been changed. Services must therefore comply with infection control measures, which means that some

services are unable to operate in exactly the same way. The law specifies that eligible needs must be met, but not that a specific service must be provided.

The duties of local authorities to assess carers and meet eligible needs have not changed. This also applies to the person needing care and support. If meeting needs requires a different solution in order to comply with Infection Control Measures and national guidance, then this must be done. With so many services closed or at reduced capacity, this is a key challenge for many to deliver, whilst also meeting requirements for infection control.

A carer can refuse any of their own services at this time, but they should record that their eligible needs have not changed, and that they reserve the right to return to take up those services at any point.

The Government's Winter [Adult Social Care Plan](#) (published on 18 September) also expects local authorities to carry out reviews and reassessments of carers where they believe need to have increased. We would expect this to result in appropriate support, including increased support where eligible need has increased. Some local authorities are also reporting that there are a greater number of carers being identified who have never needed support before, but who are exhausted and need help.

Regarding reviews and reassessments, it should not be assumed that because carers have managed without help during this time, that help is no longer needed. Legally, the review and reassessment of anyone needing care and support **must** listen to carers' views. It is still unlawful to say a service is no longer needed by a person needing care, or by a carer – where it meets an assessed eligible need – without a reassessment. With any assessment of the person needing care, there is also a legal requirement to take on carers' views. The local authority also has a duty to assess the appearance of need and, of course, a carer can request an assessment.

## **Does the Fund provide sufficient funding? Will everyone get their former service back?**

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Whilst the funding is welcome, there is a risk that it will not be sufficient. There are also other challenges. Given staffing issues within the workforce, it is also hard to recruit the right people to build capacity to ensure the right level of service. This is a challenge across the sector. However, this is a step forward in the right direction from Government.

## **What will Carers UK be doing next?**

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We will be publishing our next research report, 'Caring Behind Closed Doors – six months on' later this year. We will continue to press for better support for carers, working with others, as we find it.

We will continue to advocate with carers for care home and supported living visits, and are working with Alzheimer's Society, Age UK, Mencap and the National Autistic Society, to call for visits to be made possible on a case-by-case basis – not a blanket rule. The Minister announced that a pilot is being run looking at regularly testing a family member so that they are able to visit relatives. This was one of Carers UK's recommendations which was also highlighted in the Carers Advisory Group report to the Adult Social Care Taskforce.

## How can you help?

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Carers UK would like to know:

- Where services have reopened
- Where there is creative practice
- Where services cannot reopen and where carers are still not getting support
- Where the lack of service return is continuing to hamper carers' ability to work/return to work

Find out what your local authority Winter Adult Social Care Plan looks like. This must be published before 31 October 2020 in order to receive the second tranche of funding. Are there specific measures to support carers in your local Winter Plan?

Please provide any feedback to [policy@carersuk.org](mailto:policy@carersuk.org)

## Contact us

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For further information about this policy briefing, please contact: [Policy@carersuk.org](mailto:Policy@carersuk.org)

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