

**Helen Whately MP**  
**Minister of State for Care**  
**Department of Health and Social Care**  
By email: [msc@dhsc.gov.uk](mailto:msc@dhsc.gov.uk)

29 May 2020

Dear Minister,

I am writing on behalf of ADASS members in response to your letter dated 22<sup>nd</sup> May 2020. I write to express our deep concern at the confusion that has been created by the development and roll-out of the Infection Control Fund. As you will be aware, we have articulated these concerns privately over recent weeks, but I now wish to formally record these in writing. I know that from conversations with representatives of both national and local provider organisations that many of our concerns are echoed by the very providers that this scheme was set up to support.

I specifically wish to draw your attention to the following:

- 1) We have already gathered and shared evidence that underlines the considerable additional costs associated with coronavirus. A very big proportion of this is the costs of PPE. We are awaiting a response from Government but have made clear that the funding available is insufficient to cover the real costs being faced by providers and local authorities.
- 2) Extremely detailed accounting associated with the scheme places unnecessary and intolerable burdens upon both providers and local authorities.
- 3) The additional funding is for infection control; however, it is not clear why this funding cannot be used to purchase personal protective equipment (PPE)? We know from the evidence we have gathered the scale of inflated pricing for PPE being faced by providers and local authorities and the real cost of this to local councils. PPE remains the biggest single issue for many local areas.
- 4) The conditions being attached to this funding are so restrictive and the reporting so onerous that providers are going to struggle to justify expenditure and local authorities are going to struggle to provide assurance resulting in large amounts of the money going unspent or worse clawed back.
- 5) This funding is to support care homes. However, there are also significant issues in relation to home care, with the discretion to spend 25% in domiciliary care, extra care and supported living. The implication that this might be sufficient is misleading.
- 6) There are unrealistic expectations about when providers can expect to be paid. This is particularly an issue where local authorities are dealing with a provider (working exclusively with self-funders) for the first time.

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- 7) We support the principles of cohorting staff and clients in relation to infection control. We had previously advocated thinking ambitiously about saving lives in social care through a range of measures that would have been complex and costly, but not more complex than the bravery required to set up Nightingale hospitals to save lives.
- 8) Funding providers' work with private clients is important for their business continuity and we know they have argued for government to cover these costs. Routing funding through local government with the constraints of having to make legal judgements about State Aid to business in relation to people who pay privately is extremely complex.
- 9) The result is a confused and overly bureaucratic system which makes it difficult for providers to claim and impossible for local authorities to deliver within the required timescales. This is creating unnecessary local tensions between providers and local authorities. Providers are already incorrectly blaming councils for flaws in this national system.

Proper consideration of real costs in the short term and the long-term funding and reform of social care is more important than ever. The continuity of providers is important for the continuity of services for the older and disabled people they provide essential care for. Councils have played an incredibly important role in supporting older and disabled people. We have already stated publicly that they need the tools to continue that job – including resources, PPE and testing. Adult social care must never again be considered as an afterthought to the NHS.

Yours sincerely,



**James Bullion**  
ADASS President