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Guidance

Workforce Capacity Fund for adult social care

Updated 19 April 2021

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Background

On 18 September 2020 the government made a commitment in the adult social care COVID-19 winter plan (https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021) to support local authorities and social care providers to maintain safe staffing levels over the winter period and to continue working with the care sector to ensure there is sufficient workforce capacity across services.

The restriction of routine staff movement remains critical to managing the risk of outbreaks and infection in care homes. The emergence of a new and highly transmissible variant of COVID-19 has resulted in increased staffing shortages due to staff testing positive for COVID-19 or having to self-isolate.

In addition, some people being discharged from hospital may require complex or increased social care as they recover from COVID-19 and other illnesses. To enable providers to meet these workforce challenges, on 16 January the government announced an extra £120 million funding to support local authorities to manage workforce pressures.

Purpose

The purpose of this funding is to enable local authorities to deliver measures to supplement and strengthen adult social care staff capacity to ensure that safe and continuous care is achieved to deliver the following outcomes:

- maintain care provision and continuity of care for recipients where pressing workforce shortages may put this at risk
- support providers to restrict staff movement between care homes and other care settings in all but exceptional circumstances, which is critical for managing the risk of outbreaks and infection in care homes
- support safe and timely hospital discharges to a range of care environments including domiciliary care, to prevent or address delays as a result of workforce shortages
- enable care providers to care for new service users where need arises

Local authorities can use this funding to deliver staffing capacity measures that support all providers of adult social care in their area including:

- residential and domiciliary care
- care providers with which local authorities do not have contracts
- organisations providing care and support who may not be registered with the Care Quality Commission (CQC)

Day care, short stay care services and supporting the capacity of the personal assistant workforce are also included.

Local authorities can also choose to passport some or all of the fund directly to a care provider to deliver measures that increase staffing capacity within their organisation. However, they should ensure that funding is only given directly to a provider that is registered with the CQC. A provider is legally required to register with the CQC when they carry on a regulated activity set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is a new fund, separate to the second Infection Control Fund (ICF2) and Rapid Testing Fund. It will further help the care sector respond to the workforce challenges posed by COVID-19 and will be paid directly to local authorities in England. This funding is available up to 31 March 2021.

About this funding

This is a ring-fenced grant of £120 million that will be paid in two instalments to local authorities:

- the first instalment worth £84 million (70%) and the payment will be processed as soon as possible and will be made by early February 2021
- the second instalment worth £36 million (30%) will be paid in March 2021 and will be conditional on local authorities having completed a return by to the department of Health and Social Care by 12 February

The department's expectation is that the grant will be fully spent on staffing capacity measures by 31 March 2021. We are clear that 'spent' means that expenditure has been incurred between 16 January and 31 March 2021. This means the activity leading to the expense must have happened by 31 March 2021, so that the local authority is accruing the expense and it appears in the local authorities 2020 to 2021 accounts. Local authorities who have not fully spent their allocation at the end of the fund will be expected to repay any unspent monies to the department.

About the distribution of the funding

All local authorities will be allocated the first instalment of this funding by early February, according to the distributions set out in annex C (https://www.gov.uk/government/publications/workforce-capacity-fund-for-adult-social-care/annex-c-grant-allocations) of the local authority grant circular.

The payment of the second instalment of the fund is contingent on local authorities having returned templates to the department by 12 February specifying the local authority's plan for spending the grant, including a breakdown of planned activity and costs for the duration of the fund.

The distribution of this grant to local authorities is based on the standard Adult Social Care Relative Needs Formula (RNF). The allocations per local authority have been published in Annex C of the local authority circular.

Paying the grant

The department will transfer this grant to local authorities by early February. We want local authorities to make use of this funding as quickly as possible to help increase the staffing capacity of the social care system.

Specific restrictions on the funding

This funding must be used to deliver measures that result in additional staffing capacity for adult social care to:

- support providers to maintain the provision of safe care
- support providers to restrict the movement of staff between care homes and other care settings
- support timely and safe discharge from hospital into care settings

- to enable new admissions from the community into care services

The funding must be used to deliver new or additional measures which support the purpose of the fund, or the funding can be used to increase the scale of activities which already deliver additional workforce capacity where these exist within the local authority or providers.

Local authorities can use funding to deliver measures that help all providers of adult social care in their geographical area, this includes care home and domiciliary care, care providers with which local authorities do not have contracts, and organisations providing care who may not be registered with the Care Quality Commission (CQC).

Local authorities can also choose to passport funding directly to a care provider to deliver measures that increase staffing capacity within their organisation, however they should ensure funding is only given to a provider that is registered with the CQC. A provider is legally required to register with the CQC when they carry on a regulated activity set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

If a local authority chooses to make payments to providers financed by this grant, it must ensure those providers will use the funding to support new expenditure that delivers additional staff capacity, and which has not already been funded by the Infection Control Fund or other sources of public funding. Further information can be found in the 'Financial management and the risk of fraud' section of this guidance.

If at the end of the fund on 31 March 2021, there is any underspend or the department is not satisfied that the fund has been spent according to the grant conditions outlined in annex B (https://www.gov.uk/government/publications/workforce-capacity-fund-for-adult-social-care/annex-b-grant-conditions) of the local authority grant circular, the department will require the repayment of the whole or any part of the grant monies paid, as may be determined by the Secretary of State for Health and Social Care and in writing to the authority. However, the department will only look to recover funding where it is reasonably considered that the fund has not been used in accordance with the grant conditions.

Relationship with the Infection Control Fund 2

This grant is separate from the second Infection Control Fund. The Infection Control Fund 2 is intended to support the delivery of specific actions that reduce the rate of COVID-19 transmission in and between care settings.

This new Workforce Capacity Fund is designed to allow local authorities to support measures that generate additional adult social care workforce capacity.

Local authorities can transfer some or all of their funding allocation to local CQC registered care providers that are experiencing staffing shortages as a result of COVID-19 to safeguard service continuity and enable the restriction of staff movement between settings, as well as to support timely and safe discharge from hospitals and to enable new admissions from the community. Local authorities can only do this when the measures the provider will take meet the conditions of the Workforce Capacity Fund and are not already being funded by the Infection Control Fund or other sources of public funding.

Local authorities should ensure that any care providers in receipt of the funding use the grant to generate additional adult social care workforce capacity where shortages arise due to COVID-19 only and keep sufficient records to be able to demonstrate what specific staffing capacity was secured using this funding.

Support provided to care providers by local authorities using the grant paid to them from the Workforce Capacity Fund may involve providing subsidies. Local authorities must comply with the relevant BEIS subsidy control guidance when making allocations of the grant (https://www.gov.uk/government/publications/complying-with-the-uks-international-obligations-on-subsidy-control-guidance-for-public-authorities)

Identifying and implementing measures to increase workforce capacity

This section sets out a range of tried and tested initiatives which other local authorities and care providers have successfully implemented to increase capacity. These examples can be used to address staffing shortages to ensure continuity of care and support, and to support providers to restrict staff movement between care homes and other settings in all but exceptional circumstances, by for example, supporting providers to access additional staffing resource to minimise deployment of those who work in multiple settings.

This range of initiatives is for the purpose of providing illustrative examples and use of the fund is not limited to this range so long as the conditions of the funding are met.

Local authorities should consider together with local partners whether these initiatives could be rapidly implemented in their area. Models that maximise existing capacity, such as incentivising existing staff to take up additional hours or redeploying staff where this is consistent with staff movement guidance, can often be implemented more rapidly than models that bring new staff into the workforce due to lead in times to recruit, pre-employment processes including training, and DBS clearance.

It is strongly recommended that local authorities work closely with local care providers and care provider representatives to ensure a realistic picture of the local labour market, workforce issues and the extent of staff absence. For example, in Hertfordshire their collaboration with their Care Provider Association has enabled them to set up daily emails to care providers to share essential information which has helped build up a strong relationship to help give timely advice and support. This type of collaborative approach will enable the funding to be used most effectively and allow for a more joined up approach to filling those gaps.

It is important in strengthening local staff capacity that local authorities and providers adhere to guidance on restricting staff movement between care settings and the latest guidance on infection prevention and control measures (IPC)to minimise the risk of transmission of COVID-19.

If the specific way in which a local authority strengthens staff capacity locally means that staff do not have access to routine asymptomatic testing or lateral flow device (LFD) testing prior to the start of the placement/when changing settings, the local authority should consider how best to address this. This could include using the local authority's allocation of LFD tests for routine testing (twice per week) and when starting a new placement or changing settings.

The Skills for Care Area Teams can support local authorities to set up staffing capacity measures and workforce planning. Local authorities should contact their Skills for Care Area Team using the contact details on the Skills for Care website (https://www.skillsforcare.org.uk/Getting-involved/In-your-area/In-your-area.aspx).

The Care and Health Improvement Programme led by the Local Government Association (LGA) and Association of Directors of Adult Services (ADASS) can also provide examples or more bespoke support to local authorities on how best to use the fund.

Local Care Providers Associations may also be able to support the set-up of staffing capacity measures. A list of Care Provider Associations can be found on the Care Association Alliance website (https://careassociationalliance.org.uk/associations/).

National care organisations may be able to connect local members to work more closely around these issues. See a full list of national organisations that work together as the Care Provider Alliance (https://careprovideralliance.org.uk/).

In addition, local authorities should work with their local resilience forum, which will include representatives from the military, to identify additional sources of support.

The Department for Health and Social Care regional team can also provide support and guidance on models of best practice and on delivery of the fund.

Examples of LA and provider staffing initiatives

The local authority led initiatives have been collated through the LGA and ADASS networks. Local authorities should note that the examples contained in this guidance are not an exhaustive list; the grant may be used to fund alternative approaches not specified within this document, including those delivered by care providers, on the condition that such measures generate additional adult social care workforce capacity where shortages arise due to COVID-19.

Annex A contains additional information, including guidance on the implementation timescales, on the following best practice examples where local authorities have developed measures to increase adult social care workforce capacity:

- establishing or expanding local authority staff banks
- supporting administrative tasks so experienced and skilled staff can focus on providing care
- redeployment of existing staff into new roles. This would cover local authority employed staff as well as staff from other services – for example, closed day services
- local recruitment initiatives
- funding new training costs for new recruits or to increase productivity of existing staff

Where local authorities are already using such approaches, the funding can be used to increase the scale of this activity.

The grant may also be used to cover administrative and/or set up costs for measures that deliver additional workforce capacity for social care providers.

Example 1: Establishing or expanding local authority staff banks

There are several examples in Annex A where local authorities have established staff banks to support workforce capacity.

In Hertfordshire, the local authority collaborated with Hertfordshire Care Provider Association to establish a bank of trained social care workers that local providers could employ either on a temporary or permanent basis. Since its creation, it has run as a seven-days-a-week, in and out of hours service for all care providers in Hertfordshire. A telephone line and dedicated email is staffed by a team of 12 staff,

all of whom have specific knowledge of the sector, allowing them to support all types of providers. This approach has helped to both address vacancies and provide staffing solutions to care providers in emergency situations.

Another example is a local authority staff bank run by Thurrock Council through which care workers are recruited, trained and DBS checked. The staff bank offers fixed term contracts and a coordinator within the staff bank places staff into providers with shortages. And in Lancashire, the local authority set up the Lancashire Temporary Staffing Agency (LTSA) during the first wave of the pandemic. This was supplemented with a local recruitment campaign to recruit for care workers and other ancillary roles e.g. cleaners, caterers and drivers. To date, LTSA has 160 carers on their books, and is supporting 60 care homes for older people.

The Bradford Skills House and Casual Worker Pool also provides an example of how a staff bank can be used to recruit and train adult social care workers. In this model, bank staff are paid a higher rate of pay (£11.70 per hour) and this has helped to overcome local recruitment barriers. Providers can access the casual worker pool at a subsidised rate and deploy staff into their services. They reimburse the LA the staff cost minus 20% which equates to the provider paying £9 per hour.

Where care home providers are deploying bank staff in their services, it is critical that they continue to avoid staff movement between settings unless absolutely necessary to help reduce the risk of COVID-19 transmission and adhere to the guidance on restricting staff movement in and between care settings (https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes/coronavirus-covid-19-care-home-support-package#annex):

Other than in exceptional circumstances, providers should not be deploying people in care homes to provide nursing care or personal care if those people are also being deployed to provide care in another setting. This includes staff who work for one provider across several care homes, staff that work for multiple employers in multiple care homes or other health and care settings, and agency or other temporary staff. This funding can be used to strengthen workforce capacity to restrict staff movement.

Example 2: Supporting administrative tasks so experienced and skilled staff can focus on providing care

Annex A contains information on local authorities and providers that have taken a different approach to administrative tasks so that trained care staff have greater capacity for delivering direct care.

In Lancashire, the Lancashire Temporary Staffing Agency has successfully built capacity for care workers, but it has also helped ease the administrative burden on managers to manage staff vacancies and staff absence and ensured they can focus on frontline activities.

At provider level, there are similar initiatives in place that provide resources for administrative tasks. Keychange Charity established new 'key worker' job roles and outsourced recruitment and training to employ staff on short-term contracts who could then offer flexible support for any department within the care setting – such as in the kitchen, housekeeping or care. In this example, outsourcing the recruitment and training has meant that registered managers can focus on their other responsibilities such as, ensuring safe levels of care whilst maintaining responsibility for the final interview and decision.

Example 3: Redeployment of existing staff into new roles. This would cover local authority employed staff as well as staff from other services – for example, closed day services

Local authorities should consider their options for making available re-deployed staff from within the local authority, or from private care providers with excess capacity where the provider is willing to collaborate, into other roles or settings to best meet workforce demand.

In Suffolk County Council's 'Preparing to Care' programme, staff in their Adult Services team were trained to be redeployed into frontline care roles to provide reablement support. The local authority designed an upskilling programme tailored to the existing capability of local authority staff and the roles they would be redeployed into and were able to place staff into roles requiring differing level of skills and experience. Other redeployment schemes in Blackpool and Nottinghamshire have successfully redeployed existing staff into support roles such as cleaners, chefs, and drivers.

When implementing staffing capacity measures such as redeployment, care providers must ensure that they are operating within the margins of their indemnity insurance, checking with insurance providers where necessary that existing indemnity and insurance arrangements for employer and public liability are adequate to cover redeployed workers. Whoever is directing the work of the worker, usually the receiving employer, will be responsible for ensuring there is an appropriate indemnity in place.

Local authorities may wish to consider the use of Mutual Aid agreements to facilitate redeployment. Staff could be redeployed to meet shortages in the following ways:

- moving staff within settings who are familiar with the service and in administrative or ancillary roles to frontline care roles by providing the necessary training and supervision and backfilling the administrative roles via recruitment
- redeploying care staff from services experiencing less demand during the pandemic such as closed day-services or community care settings to services experiencing staffing shortages
- working collaboratively to identity care providers exiting the market and redeploying their staff into new roles with other care providers. This would involve the rapid support of staff at risk of redundancy to find an alternate suitable role within the sector that fills a capacity gap
- redeploying staff to take on the non-caring responsibilities of trained care staff such as managers to free up their capacity to provide direct care

Example 4: Local recruitment initiatives

Local authorities could deliver large scale recruitment initiatives to bring in new capacity that is targeted at specific workforce shortages based on need across their local area.

In the 'We Care Academy' in Leeds, which is a collaboration between the City Council and private, voluntary and independent sectors, end to end recruitment support was put in place to assess candidates, provide training and DBS checks and matching service for employers.

At provider level, Perthyn, a care provider in Northamptonshire, took multiple approaches to recruitment during the COVID-19 pandemic. This included using their own website, social media and other online platforms to promote and utilise it's 'recommend a friend service' whereby the provider gave a £250 reward to the recommender when the candidate was recruited into their services. To save time and resource, Perthyn conducted telephone or video interviews, completed induction online, and offered eLearning whilst recruitment checks were completed. This approach was successful in recruiting both people with and without previous social care experience.

Other local approaches include local authorities and/or care providers:

- working with specialist recruitment services to tailor marketing to fill specific workforce shortages
- co-ordinating or funding support for potential future care staff to apply to care roles, by providing support with applications, training and conducting pre-employment checks
- designing a service that connects or matches applicants with employers, for example matching applicants based on preferred service type and geographical preferences or by matching applicants to the most critical roles across services and providers in terms of demand
- running targeted local recruitment campaigns, including social media campaigns
- collaborating with local partners such as the voluntary sector and education partners to target particular groups for employment in social care

Local authorities and providers should utilise the Skills for Care resources on recruitment solutions (https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/Sharing-recruitment-solutions.aspx).

Example 5: Funding new training costs for new recruits or to increase productivity of existing staff

Suffolk County Council developed an upskilling programme for staff within their Adult Services to train them for redeployment into care services. This was a three-stage virtual learning course covering bespoke training in key aspects of care that was tailored to the roles staff would be redeployed into. They complemented the training with shadowing opportunities and offered extended training for staff who would be redeployed for a longer period.

In Bradford, the local authority's workforce programme has established a casual worker pool for care services for which new workers are led through their online training and offered five days of practical work experience within a council care service. And in Leeds, the city council run 'We Care Academy' recruits people from underrepresented groups into the social care workforce. The academy offers a two-week pre-employment training course covering theory and practical training as well as a week-long placement, with a guaranteed interview at the end.

Other types of workforce capacity measures

As per this guidance and the Section 31 Grant Determination Letter, local authorities may choose to pass some or all of the funding directly to CQC-registered care providers to allow them to implement measures that generate additional staffing capacity if the local authority feels this is the most effective way to address staff shortages.

In many areas, local authorities and care providers have successfully freed up additional capacity by providing new incentives for existing staff to take on additional hours, for example by paying for childcare costs or overtime. More guidance on these initiatives is set out below.

Incentivising take-up of additional hours

Local authorities and providers can maximise the capacity of existing social care staff by using this funding to:

- pay overtime rates to encourage staff to work shifts additional to their usual or contracted hours
- cover childcare costs to allow staff to take on hours they would usually be unable to work due to child caring responsibilities

- pay for care staff's transportation between their home and place of work. This could involve paying for fuel costs or paying for private transport such as taxis. Staff should avoid lift sharing arrangements and travel solo in their own vehicle where possible
- enable care providers to alter shift patterns to allow for more flexible working patterns that increase the number of hours able to be worked by staff
- enable care providers to overstaff at pinch points to lessen the impact of any staff absences should they arise
- enable care providers to provide payment in lieu of annual leave in excess of the statutory minimum entitlement only, to increase the number of staff working during the period up to 31 March 2021

It may also be helpful for care providers to note that the Working Time Regulations 1998 were amended in March 2020 to enable workers to carry forward their statutory leave into their next two leave years where it is not reasonably practicable for a worker to take some or all of their leave as a result of the effects of coronavirus.

Local authorities and care providers may wish to consider potential barriers to care staff taking on additional hours. One of these may be the impact of staff working extra hours on benefit entitlement and passported benefits to other support schemes such as free school meals. The impact of increasing weekly hours on the benefit entitlement of care staff will vary depending on individual circumstance. However, as a result of the flexibilities in the system such as the work allowance in Universal Credit and the income disregard in Tax Credits, many are likely to experience an increase in total income by taking on additional paid hours. The government has guidance where claimants can find more information about interactions between income and their benefits (https://www.gov.uk/browse/benefits).

Local authorities and providers should consider how they can best support the mental health and wellbeing of existing care staff to ensure they are supported in carrying out their roles and the workforce is able to be used to its maximum capacity. The government has published guidance with information on how employers can improve staff wellbeing during the COVID-19 pandemic (https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-care-workforce) and has developed the CARE Workforce app to signpost care staff to key resources and support.

Generating new supply of workers into social care

People facing redundancy or those recently made redundant

Local authorities should consider whether there are trained individuals who have been made redundant from care providers which have exited the market and so would be able to transition quickly into a new care setting. However, there may also be individuals without care experience who have recently been made redundant and may require support applying to the care sector and training, which the local authority could use this funding to help coordinate.

In Cheshire West and Chester local authority, a Council Redundancy Response Portal was established to allow people facing redundancy or those who have recently been made redundant to upload their details and access instant support with finding a new role. This portal provides personalised support and links applicants up with vacancies in social care.

By collaborating closely with the local care provider market, Job Centre and the local authority adult education team, local authorities can identify where redundancies have or are being made so that those individuals can be targeted for roles where there are shortages within adult social care.

Using furloughed workers and volunteers

The Coronavirus Job Retention Scheme (CJRS) allows those on furlough to work for another employer and receive payment, if that is allowed within their contract for their current employer. Local authorities may consider sourcing additional social care workforce capacity from furloughed workers who are on temporary leave from their usual jobs.

The link below sets out a training guide for care homes using volunteers:

https://www.skillsforcare.org.uk/Documents/Learning-and-development/Community-skills-development/Volunteering-induction-trainers-guide-Community-skills.pdf (https://www.skillsforcare.org.uk/Documents/Learning-and-development/Community-skills-development/Volunteering-induction-trainers-guide-Community-skills.pdf)

Free resources to support recruitment and redeployment

Local authorities and social care providers are reminded that the Home Office and the Disclosure and Barring Service (DBS) have put temporary arrangements in place to provide standard and enhanced DBS checks free-of-charge for social care staff recruited during the COVID-19 pandemic.

This offer applies to healthcare and social care workers in England and Wales, being recruited in connection with the provision of care and treatment of coronavirus, or those being recruited to backfill roles because of the impact of the pandemic. Further information, including how to apply, is available here:

https://www.gov.uk/government/publications/covid-19-free-of-charge-dbs-applications-and-fast-track-barred-list-check-service (https://www.gov.uk/government/publications/covid-19-free-of-charge-dbs-applications-and-fast-track-barred-list-check-service)

Additionally, the department is continuing to offer rapid online induction training to help induct and train redeployed staff, new starters, existing staff and new volunteers in social care services (https://www.skillsforcare.org.uk/About/News/COVID-19-Essential-training.aspx). This training is provided free of charge when accessed through Skills for Care.

Other support from the department:

In order to attract more people to the care sector the department ran a National Recruitment Campaign across broadcast, digital and social media. The latest phase of the campaign ran from April to July last year and highlighted the vital role that the social care workforce has played during the pandemic, along with the longer-term opportunity of working in care.

In 2020-21, the department provided £26.3 million funding to Skills for Care to deliver strategic social care workforce priorities, including £300,000 to support the Registered Nursing and Registered Nursing Associate workforce. Activities include tailored advice and guidance on recruitment and retention, alongside specific COVID-19 activity, including enabling nurse deployment to social care through NSHEI's Bring Back Staff Programme. We are also working with DWP to provide resources to work

coaches to help them promote adult social care careers to jobseekers, including those who may have lost their jobs during the pandemic from other sectors that have been hard hit, such as tourism, hospitality, and retail.

However, we are aware of the pressures currently facing the sector as a result of increased infections over the last few weeks and are working with local authorities and providers to ensure we are doing everything we can to support care services during this challenging period.

Reporting Requirements

Local authority reporting

Timings

Local authorities are required to provide the department with two returns covering the information set out in Annex C by the dates below. If local authorities have passed funding on to care providers, they must obtain the information they need from providers to complete the returns.

Reporting point 1: 12 February 2021

Reporting point 2: 5 March 2021

Reporting point 3: 17 May 2021

Reporting point 1

By 12 February 2021 local authorities must have completed the reporting template provided in annex D (https://www.gov.uk/government/publications/workforce-capacity-fund-for-adult-social-care) of the local authority grant circular which details their plan for spending the grant, including a breakdown of activity and costs that the authority expects to incur.

We do not expect local authorities to have spent all of the first instalment before reporting point 1 but we do require them to report on expected expenditure.

The payment of the second instalment of the grant is contingent on the department receiving these returns and being satisfied that funding will be spent in accordance with the purpose of the grant. If a local authority's estimated costs amount to less than the amount of funding allocated, then DHSC will withhold the remainder of the grant. This is the difference between the local authorities estimated costs and their allocated funding in Annex C of the local authority grant circular.

The template that local authorities will need to complete for the first return due on 12 February is available at Annex D of the local authority grant circular.

Completed returns should be returned to workforcecapacityfund@dhsc.gov.uk.

Reporting point 2

By 5 March local authorities will need to return a high-level progress update confirming they have proceeded with planned activity and provide details of outputs from these measures. This report should cover the spend period of February.

Annex C summaries the information the department will request at this reporting template. A reporting template will be made available.

Reporting point 3

By 17 May local authorities will need to return a report on how they have spent this grant including the amount spent on different areas of activity and details of the activity carried out. Annex C summaries the information the department expects to collect at the end of the scheme. A final reporting template will be circulated to all local authorities.

We expect local authorities to have fully spent the funding by the end point of the fund on 31 March 2021 (and to demonstrate at reporting point 3, due 17 May).We are clear that 'spent' means that expenditure has been incurred between 16 January and 31 March 2021. This means the activity leading to the expense must have happened by 31 March 2021, so that the local authority is accruing the expense and it appears in the local authorities 20/21 accounts. Those local authorities who have not fully spent their allocation at the end of the fund will be expected to repay any unspent monies.

More detail on this return can be found in the Grant Determination letter.

Certification

As well as the reporting on spending and activity at the close of the fund the local authority's S151 Officer and the Director of Adult Social Services (DASSs) must confirm to the department that the grant has been used for the purposes intended, as set out in the Grant Determination Letter. S151 Officers and DASSs have been provided with a statement of assurance for their signature as per annex E of the local authority grant circular.

Local authorities can determine if this funding is transferred to providers or not. If a local authority has allocated funding to a provider directly to address staffing capacity issues it will need to obtain the necessary information from the provider for reporting purposes to allow the local authority to fulfil the reporting requirements outlined above. The local authority should ensure that they have the appropriate agreements in place to be able to ensure the providers they have passed funding to are using it in accordance with the grant conditions.

If the information that a local authority receives from providers gives them concerns that the provider's spending is not in line with the grant conditions, they should recover misused funding and inform the department immediately.

Financial management and the risk of fraud

Payments to providers

Local authorities can choose to pass some or all of this funding to care providers that are registered with the CQC. A care provider is legally required to register with the CQC where they carry on a regulated activity set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. If a local authority transfers any amount of the funding to CQC-registered care providers, the local authority will carry the responsibility for ensuring that the funding is used in line with the purpose of the fund. The local authority will therefore need to put in place effective processes to ensure an efficient recovery of funds in the case of fraudulent payments.

Local authorities must have in place appropriate oversight of deliverables and outputs from any amount of funding passed to a provider and have due regard to their responsibilities with respect to international agreements on subsidy control.

Local authorities must only transfer this funding to a care provider on condition that the recipient provider:

- uses it only for measures that deliver additional staffing capacity and are in accordance with the grant conditions
- will return any grant amount to the local authority that is not spent on those measures
- if requested to do so, will provide the local authority or Department with relevant information to evidence that the funding has been spent in accordance with the measures outlined in the Grant Determination and Grant Conditions
- will, by request, provide the department or local authority with an explanation of any matter relating to funding and its use for the purposes of being assured that the money has been used in an appropriate way

Financial management and the risk of fraud

Local authorities and any recipient providers must maintain a sound system of internal financial controls.

Local authorities must ensure that appropriate measures are put in place to mitigate against the risk of fraud. This is particularly important for local authorities who may choose to pass some or all of this funding to CQC-registered social care providers.

Before passing funding on to third parties, local authorities should assure themselves that they are legitimate recipients of this funding. To help local authorities check the backgrounds of third parties The government Grants Management Function have waived the annual fee of their digital assurance tool, Spotlight, and made it available to local authorities until 31 March 2021. Alongside other checks conducted by local authorities, the tool can help with pre-payment, and in some cases post-payment, assurance. The government Grants Management Function and Counter Fraud Function can offer support in using Spotlight and interpreting results. We expect local authorities to undertake additional due diligence where Spotlight highlights issues.

A number of different public funding streams have been made available during the pandemic. Local authorities should as far as possible put measures in place to ensure this funding is not used to support activity which has already been funded by an alternative source of public funding.

If a local authority has any grounds for suspecting financial irregularity in the use of this funding, it must notify the department immediately, explain what steps are being taken to investigate the suspicion and keep the department informed about the progress of the investigation. For these purposes 'financial irregularity' includes fraud or other impropriety, mismanagement, and the use of grant for purposes other than those for which it was provided.

We also want local authorities to work with us and each other in identifying and sharing good practice, including protecting eligible businesses which may be targeted by fraudsters pretending to be central or local government or acting on their behalf. If local authorities detect any instances of fraud, we expect them to share that information with the department.

Local authorities who choose to pass this funding on to providers carry the financial risk through grant agreements with providers and will therefore need to manage this risk and put in place effective processes to ensure an efficient recovery of funds in the case of fraudulent payments.

Departmental assurance processes

Local authorities must comply with any departmental assurance processes on the spending of this funding. The department will review the information provided by local authorities and may request that they make their financial records available. If the department finds evidence of the grant being misused, it will recover the funding.

Payment of the grant

Local authorities should promptly notify and repay immediately to the department any money incorrectly paid to it either as a result of an administrative error or otherwise. This includes (without limitation) situations where the local authority is paid in error before it has complied with its obligations under the grant conditions (as outlined in the local authority circular (January 2021). This funding would be due immediately. If the local authority fails to repay the due sum immediately the sum will be recoverable summarily as a civil debt.

Annex A: best practice examples of staffing capacity measures

Example models of local authority led staffing capacity solutions

The following examples have been collated by the department and Skills for Care with the permission of referenced local authorities and organisations. Skills for Care have published a number of case studies regarding winter capacity (https://www.skillsforcare.org.uk/Leadership-management/commissioning-and-planning-workforce/Meeting-and-supporting-winter-staffing-needs-202021.aspx) and recruitment (https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/Sharing-recruitment-solutions.aspx). Further resources can be found in annex B.

Model	Examples	Estimated resources to set up similar activity		

Model	Examples	Estimated resources to set up similar activity		
Redeployment of care staff	Surrey Choices (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Meeting-and-supporting-winter-staffing-needs-2020/Surrey-Choices.pdf) – Redeploying trained staff to support demands in care Furloughed/homeworking staff or those from community settings which had to close during lockdown (i.e. staff who were already trained and DBS checked) were redeployed into other care services organisations which were experiencing staff shortages. Providers could request staff to fill shortages for no cost from Surrey Choices, made possible by a continuing block contract with the Council. Terms of the Mutual Aid arrangement was agreed between Surrey Choices, the Council and the local Care Association. Feedback: "I really am grateful for all the help and flexibility you have offered, it was great to work as a team to get through this difficult time." Registered Manager of a LD Care Home "Thanks very much for your support, I can't emphasise enough how great all your staff have all been and the difference it makes to our service. We are still being affected by shortages, so any additional support if available would be appreciated." Registered Manager of LD home.	1-2-week lead in time System/database build Administrative cost (0.5 x FTE administrator, 0.2FTE management time)		

Model	Examples	Estimated resources to set up similar activity		
Redeployment of LA staff	Suffolk County Council (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Meeting-and-supporting-winter-staffing-needs-2020/Suffolk-County-Council.pdf) – 'Preparing to Care' upskilling programme for adult service staff Upskilled existing local authority staff in Adult Services to provide reablement support. Dependent on staff experience/skills this varied from welfare checks on the phone to face-to-face home visits. Suffolk County Council created and developed a three-stage 'Preparing to Care' upskilling programme tailored to the capabilities and potential redeployment roles.	1-3-week lead in time (depending on training required for redeployment role) System/database build Administrate cost (1x FTE administrator, 0.2FTE management time) Training costs (dependent on type of role, minimal - £1,000 - £2,000 per worker if providing direct care)		
Emergency staff bank	Disability Sheffield (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Meeting-and-supporting-winter-staffing-needs-2020/Disability-Sheffield.pdf) – Developing an emergency COVID-19 personal assistant register An emergency COVID-19 personal assistant register was developed, by contacting all personal assistants and employers who the organisation had previous contact with (through the existing personal assistance register, provision of support for direct payment, and who had accessed Skills for Care funded training over the previous year). Contacts were asked if they would be available to provide emergency personal assistant support, if required. Personal assistants were matched to individual employers to provide support when needed.	1-2-week lead in time System/database build Administrative cost (depends on scale, but assume as above 1x FTE project officer, 0.2FTE management time)		

Model	Examples	Estimated resources to set up similar activity		
Staff bank	Hertfordshire Care Provider Association and Hertfordshire County Council (https://www.skillsforcare.org.uk/Leadership-management/commissioning-and-planning-workforce/Meeting-and-supporting-winter-staffing-needs-202021.aspx) – Range of measures including staff bank Hertfordshire County Council Adult Care Services in collaboration with the Hertfordshire Care Providers Association brought together a range of measures to support providers, including a provider support hub and mental health and bereavement support. The Good Care Recruitment Service (an end-to-end recruitment service) was used to build a bank of trained workers that local providers could either employ on a temporary or permanent basis; both addressing vacancies and providing staffing solutions to care providers in emergency situations. In addition, volunteers were placed in safe non-care positions to support provider staffing capacity. Feedback: "Because the recruitment and response services are a part of Hertfordshire Care Provider Association, there is no pushiness, and nobody trying to earn commission, it is client centred, allowing you to get the right people, very quickly, which enables the delivery of service far more effective and person centred." Registered Manager, Assisted Living Residence "…due to the strong link to the territory, Hertfordshire Care Provider Association allows us to find local resources which mainstream services seem unable to access." Recruitment Manager, Domiciliary Care Support	Recruitment/staff bank 1-3 weeks lead-in time (depends on whether training required) System/database build Administrative/project cost (1xFTE project manager, 1x FTE administrator, 0.2FTE management time) Recruitment initiatives Training costs - £1,000 - £2,000 per worker		

Model	Examples	Estimated resources to set up similar activity		
Recruitment	A number of local authorities have taken a lead role in boosting recruitment to the sector and matching potential candidates to provider vacancies: Recruitment campaign (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Meeting-and-supporting-winter-staffing-needs-2020/Kent-County-Council.pdf) (Kent) Social media campaign (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Meeting-and-supporting-winter-staffing-needs-2020/Essex-County-Council.pdf) (Essex) Several providers have also shared their approaches to recruitment and building workforce capacity, which can be found in the following Skills for Care Resources: Recruiting during the COVID-19 pandemic: sharing recruitment solutions			

Model	Examples	Estimated resources to set up similar activity		
Recruitment (provider-led)	Fremantle Trust (https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/Sharing-recruitment-solutions.aspx) – New support assistant role Fremantle Trust launched a new support assistant role on 19 March 2020. The new role was created very quickly in response to the predicted impact of the COVID-19 pandemic on staffing levels in their services and an opportunity for people who had either lost jobs or faced significant uncertainty as a result of the crisis. This flexible and diverse role ensured that support was in place in the event of staff absences, working alongside existing teams and carers. 49 support assistants were recruited, with a wide range of experience and skills, including furloughed staff from retail and hospitality, travel/tourism, the arts and self-employed individuals - many of whom hadn't considered a role in adult social care previously, but who all had a passion for working with people, empathy for those they are working with, communication skills and ability to manage difficult situations. 28% of those who joined the Trust as a Support Assistant in the first recruitment campaign have since gone on to other roles within the organisation. This shows that the Support Assistant role offers a clear progression route for new employees and is a key part of succession planning in the organisation. The campaign was re-launched in January 2021 and has already seen 11 come through the recruitment process.	2-3 weeks lead-in time Administrative/project cost (0.5xFTE recruitment officer, 0.2FTE management time) Training costs - £1,000 - £2,000 per candidate		

Model	Examples	Estimated resources to set up similar activity		
Outsourcing recruitment and training (provider-led)	Keychange Charity – Provider recruitment and training outsourcing Having previously recruited at a local level, Keychange Charity centralised and outsourced recruitment and training across their 13 settings. This meant they could better target groups in a values-based way that may be interested in social care, attracting more young people and people changing careers. In 2019, Keychange asked their external recruitment and training partners to work collaboratively so that candidates receive online training throughout the recruitment process. Outsourcing recruitment and training allowed registered managers to focus on their other responsibilities such as, ensuring safe levels of care whilst maintaining responsibility for the final interview and decision. In March 2020, Keychange established new 'key worker' job roles where staff, initially employed on 3-month contracts, are trained to offer flexible support for any department within the setting – such as in the kitchen, housekeeping or care thereby increasing capacity and ensuring staff qualified to provide frontline care have the focus required. This has had the benefit of recruiting people who would have been reluctant to apply for a qualified care role, but who have now upskilled and often moved into care permanently	2-6 weeks lead-in time – Administrative/project cost (0.5xFTE management time to set up) – Recruitment and training costs – approx. £1,300 per candidate		
Recruitment / staff bank	Thurrock Council (https://www.skillsforcare.org.uk/Leadership-management/commissioning-and-planning-workforce/Meeting-and-supporting-winter-staffing-needs-202021.aspx) – Staff bank Thurrock Council have had a bank care model for over four years. Staff are recruited, trained and checked, and have a casual contract with Thurrock Council. Staff may do this alongside other jobs. Recruitment can be more rapid with a dedicated bank co-ordinator. More recently and because of staff movement restrictions Thurrock Council have been offering three-month fixed contracts to give staff more consistency as well as reducing working in multiple settings.	2-3 weeks lead-in time System/database build Administrative/project cost (1xFTE project manager, 1x FTE administrator, 0.2FTE management time) Training costs - £1,000 - £2,000 per worker		

Model	Examples	Estimated resources to set up similar activity		
Recruitment/staff bank	Bradford Council (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Meeting-and-supporting-winter-staffing-needs-2020/Bradford-Council.pdf) – SkillsHouse and casual worker pool This is a care worker staff bank model which builds on the existing 'SkillsHouse' employability, recruitment and training service. Job seekers who are interested in working in social care are signed up to a 3-day online training course which delivers the fundamental theory of the Care Certificate. On completion of the course, candidates who wish to progress undertake a short value-based interview. Candidates who pass this stage complete reference and DBS checks. Once complete, candidates access five-days' work experience in a care home. At the end of the 5 days the candidate undertakes a second short interview to assess suitability to the role. Recruits are employed on zero-hour contracts. Once in post, recruits are given access to a range of learning and development opportunities – for example manual handling, safeguarding training. Recruits are supported to progress and complete the full care certificate. Once deployed to care providers who require staff, the pool staff are paid by the local authority at an agreed hourly rate. SkillsHouse are currently working with local colleges to develop this model so that we can establish full progression pathways into work in social care that will meet the DWP benefit requirements and eligibility criteria for job centre claimants. The next phase of the programme will set progression pathways from entry level through to management level so that people interested in working in the care sector can see career development opportunities.	4 weeks lead-in time System/database build Administrative/project cost (1xFTE project manager, 1x FTE administrator, 0.2FTE management time) Training costs - £1,000 - £2,000 per worker Ongoing subsidy of total costs (on-costs) – to reduce costs to the care provider		

Model	Examples	Estimated resources to set up similar activity		
Recruitment	Leeds City Council (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Meeting-and-supporting-winter-staffing-needs-2020/Leeds-City-Council.pdf) – We Care Academy The academy is a collaboration between private, voluntary and independent sector providers, Jobcentre Plus and education partners. The academy actively targets and works with underrepresented groups to increase the diversity of the social care workforce across the city. Candidates attend an assessment centre, where they undertake an online values-based profiling exercise (Question of Care), case study, literacy and numeracy entry level assessments and a values-based interview before they are offered a place on the programme. Candidates attend a one-week pre-employment course covering theory and training as well as a week-long placement, with a guaranteed interview at the end. The academy also supports candidates with the recruitment paperwork, including the DBS check. Candidates are carefully matched with employers in terms of values, geographical location and preferred service area. Feedback from the employers involved in 'Step into Care': "There has been a positive difference in the attitudes of candidates who have come through 'Step into Care' compared to other recruitment programmes" Care provider – Leeds "This scheme has helped us fill some vital roles" Care Provider - Leeds "They allow us to trial potential new recruits and fill gaps in our vacancies" Care Provider - Leeds "We are extremely happy to help and support candidates from your programme, judging from the first two." Care provider – Leeds	4-5 weeks lead-in time System/database build Administrative/project cost (1xFTE project manager, 3xFTE administrator/project officers, 0.2FTE management time) Training costs - £500 - £1000 per worker (in addition to existing funding sources)		

Model	Examples	Estimated resources to set up similar activity		
Redundancy Response	Cheshire West and Chester Council (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Meeting-and-supporting-winter-staffing-needs-2020/Cheshire-West-and-Chester-Council.pdf) – Redundancy response To reach those people facing redundancy or who have recently been made redundant, Cheshire West and Cheshire, using existing infrastructure, set up a Redundancy Response Portal on their website for self-referrals, where jobseekers can upload their details and submit their CV with a view to accessing Cheshire West and Cheshire's full employment support offer. A dedicated Redundancy Response Employment Support Officer offers a 'light touch', digital but personalised service to better understand job-seekers interests, advise on retraining opportunities, provide CV shaping support and information on local employment opportunities. For people requiring more intensive support – for example, those who have been out of work some time, can be referred to the Council's existing Work Zone Employment mentors who will undertake an in depth initial assessment, create an action plan and navigate the whole journey back to work through an intensive mentoring and support programme. Through these personalised services, Cheshire West and Cheshire's Employment Mentors can assess jobseekers' interests and, when appropriate, signpost them to training programmes within the Council's Work Zones that have direct links to vacancies in social care and have been designed to attract them directly into social care roles.	Lead in time and costs associated with setting up and staffing the model depend on existing infrastructure Portal/system build (web form and generic receiving email address plus CRM system) Admin/project costs (1 FTE project officer, 3-5 FTE mentors depending on geography/numbers, 0.2 FTE of management time, analyst time)		

Annex B: supporting resources

Further case studies:

Further case studies (https://www.skillsforcare.org.uk/Leadership-management/commissioning-and-planning-workforce/Meeting-and-supporting-winter-staffing-needs-202021.aspx)

Recruitment resources:

Workforce commissioning (for LA's) (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-commissioning/Workforce-shaping-and-commissioning-for-better-outcomes.pdf)

Workforce Capacity planning (for LA's) (https://www.skillsforcare.org.uk/Leadership-management/commissioning-and-planning-workforce/capacity-planning/Workforce-capacity-planning.aspx)

Workforce planning (for providers) (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-planning/Practical-approaches-to-workforce-planning-guide.pdf)

Measuring workforce outcomes (for LA's and providers) (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-commissioning/Workforce-outcomes-measurement-model.pdf)

Workforce productivity (for LA's and providers) (https://www.skillsforcare.org.uk/Leadership-management/managing-people/Productivity/Workforce-productivity-and-quality-model.aspx)

People performance management kit (for LA's and providers) (https://www.skillsforcare.org.uk/Documents/Leadership-and-management/People-Performance-Management-Toolkit/People-Performance-Management-Toolkit.pdf)

Guidance: safe and rapid recruitment (https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/COVID-19-Safe-and-rapid-recruitment.aspx)

Signposting to resources (https://www.skillsforcare.org.uk/About/Blog/Article/Recruiting-during-the-pandemic.aspx)

Case studies for recruitment (https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/Sharing-recruitment-solutions.aspx)

National recruitment campaign resources (https://campaignresources.phe.gov.uk/resources/campaigns/106-care-for-others/overview)

Employee referral programme (https://carefriends.co.uk/)

Rapid induction training (https://www.skillsforcare.org.uk/About/News/COVID-19-Essential-training.aspx)

Annex C: reporting

Reporting

Reporting point 1 – 12 February 2021

A template for returns at reporting point 1 can be found in annex D of the local authority grant circular. Given the significant burdens place on local authorities at this time, a local authority may take whatever approach they deem suitable to collect this information, so long as it fulfils the below framework.

Local authorities should ensure they have a clear plan for delivery, this should include:

- identification of local staffing capacity pressures and how delivery plan will address these
- activities and timescales
- proposed spend

- expected output, and must include estimates of recruitment or staff hours provided through these activities
- if passporting some or all funds to providers, this section should outline intended use, expected outputs, and how LA will be monitoring this (see section X on local authority assurance processes)
- if existing activity is being undertaken in this area, this section should set out how this funding will be used to expand or start new activity

Data requests for reporting point 1

Areas of reporting	Expected return
Planned activity High level delivery plan for increasing workforce capacity, including indication of timescales for delivery. If passporting to providers, local authorities should outline intended use and expected outputs. If existing activity is being undertaken in this area, this section should set out how this funding will be used to expand or start new activity.	What activities do you already do to support the sector (e.g. staff bank, recruitment campaign, support with overtime)? Measure/activity type Local issue addressed with measure Summary of activity Key deliverables Timescale for delivery If passporting to providers, details of how use of funds and delivery of outputs will be monitored
Spend High level plan for spend, including timescales.	Breakdown of proposed spend must include: Internal costs (new burdens) Training, recruitment or deployment costs Funds passing to providers Intended spend by care settings (%) – (LA/residential/domiciliary/other)
Outputs	How many additional staff planning to recruit on a FTE basis; and/or How many staff hours to be provided through planned activity Further comments

Reporting point 2 – 5 March 2021

Local authorities should use this return to confirm they have been able to take forward planned activities, and report on outputs delivered so far.

Data requests for reporting point 2

Areas of reporting	Expected return
Activity undertaking	Confirm measure(s) undertaking with this funding.
Outputs	Where appropriate: How many additional staff recruited on a FTE basis; and/or how many staff hours provided Estimate of funds passed to providers Short summary if outputs are not quantifiable (100 words max)

Reporting point 3 – 17 May 2021

Local authorities should ensure this return clearly demonstrates how the fund has been used to support staffing capacity. A final reporting template will be circulated to all local authorities. Details are set out below, but this should:

- Demonstrate that activities have been carried out in line with the Grant conditions
- Provide a detailed breakdown of spend
- Report on activities undertaken
- Outputs delivered – this must include recruitment to the sector and/or staff hours provided

Data requests for reporting point 3

Areas of reporting	Expected return
Statement of assurance	Statement of assurance to be signed by the Section 151 officer and Director of Adult Services provided in Annex X.
Activity delivered We expect LAs to carry out proportionate data collection, in order to report on activities undertaken.	For the measures undertaken with this funding, provide: Summary of approach and activities delivered Summary of impact on identified issue/shortage

Areas of reporting	Expected return
	Activity data (see below for indicative questions) – total for period of funding
	If funding was used to expand existing activity, please give an indication of additional activity delivered with this funding.
	Indicate whether measure/initiative ongoing
	Recruitment:
	Campaign engagement
	Numbers starting recruitment programme
	Numbers completing recruitment programme
	Numbers successfully placed in role
	Staff redeployment:
	Numbers of staff engaged with redeployment programme
	Numbers completing training and induction (by training type if relevant)
	Numbers of staff redeployed
	Breakdown of redeployment by activity type
	Staff banks
	Complete recruitment data above if relevant
	Proportion of staff recruited to bank without other jobs in health and social care
	Settings staff deployed to from bank (LA, residential, domiciliary care, other) (%)
	Staff hours provided via staff bank
	Spend passed to providers
	Number of providers supported with this funding
	Breakdown of setting type supported with funding (LA,

Areas of reporting	Expected return
	residential, domiciliary care, other) (%) If spend passed to providers to carry out activities above, please provide high level data under categories above If spend passed to providers for other activities, please detail (e.g. X hours of overtime; X hours of administrative capacity provided)
Actual spend Details of actual spend by category	Actual spend by category: Internal costs: set up costs, running costs Training, recruitment or deployment costs: training costs, recruitment costs, wage subsidy, agency Funds passed to providers Breakdown of spend by different care settings (LA/residential/domiciliary/other) Any unspent funds
Outputs	Overall outputs How many additional staff recruited on a FTE basis; and/or How many staff hours provided through activity Qualitative information on outputs

Claw back and assurance

Claw back provisions apply to this fund including that local authorities must repay any underspend from the fund and any amounts not used for measures that deliver additional staffing capacity and meet the grant conditions. If the department considers that funding has not been used in accordance with the grant conditions, it will provide local authorities with an opportunity to explain their spending. However, if the department reasonably believes spending is not in line with the grant conditions, they may recover grant monies from local authorities.

The department will assess this through:

Returns at Reporting point 3, including any follow-up information requests which might arise as part of the assurance process.

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