Report to CABINET

Covid-19 Grants for Adult Social Care

Portfolio Holder:

Councillor Chauhan, Cabinet Member for Health and Social Care

Officer Contact: Mark Warren, Director of Adult Social Care (DASS) / Managing Director Community Health and Social Care

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Commissioning **Ext.** 07971 396833

21st March 2022

Reason for Decision

To update Cabinet on delegated decisions made in respect of various short term government grants received to support the Adult Social Care sector during the Covid pandemic, and to seek retrospective approval for the utilization of the funding.

Executive Summary

The report sets out the various short term government grants received by the local authority to support the adult social care sector respond to the Covid-19 pandemic. Ten different grants totalling £12,476,907 have been received between May 2020 and February 2022, each with their own conditions, reporting requirements, prescribed and discretionary amounts and different applicable time periods. Of this amount, £5,731,499 was received in the 2020/21 financial year and £6,745,408 in the current financial year, with a clear expectation-and for the prescribed elements, direction- that funding was distributed to independent sector adult social care providers operating in Oldham. Clarity was given in the grant conditions that the funding could not be used to offset existing planned expenditure or financial pressures within the local authority.

Grant conditions included distribution within 20 days of receipt, and prescription as to utilization and recipients. Therefore, decisions related to each grant were made by the Cabinet Member for Health and Social Care, in consultation with the Director of Adult Social Services and the Section 151 Officer, both of whom have been required to provide assurance statements to Department of Health and Social Care to confirm compliance with the various grant conditions.

All organisations in receipt of funding were issued with detailed grant conditions and links to the government guidance, including confirming the requirement to return any unspent

funds, and acknowledgement that any funding found to be used not in accordance with the grant conditions would be required to be repaid.

Funding recipients have also been required to complete detailed expenditure reports to the Commissioning and Quality Service at intervals consistent with the returns required to DHSC, and to retain evidence of expenditure should this be required for audit purposes.

It is not clear at this stage whether any further grant funding for the sector will be announced.

Recommendations

Cabinet is recommended to endorse the delegated decisions made in respect of the various short term government grants received to support the Adult Social Care sector during the Covid pandemic.

Cabinet 21st March 2022

Covid-19 Grants for Adult Social Care

1 Background

1.1 During the Covid-19 pandemic, and in response to the challenges experienced in the adult social care sector as a consequence of high rates of transmission amongst vulnerable adults with care and support needs and within the workforce, the Department of Health and Social Care (DHSC) has issued a number of short-term grants to local authorities for the benefit of the wider social care sector.

- 1.2 Grant conditions included distribution within 20 days of receipt, and prescription as to utilization and recipients. Therefore, decisions related to each grant were made by the Cabinet Member for Health and Social Care, in consultation with the Director of Adult Social Services and the Section 151 Officer, both of whom have been required to provide assurance statements to DHSC to confirm compliance with the various grant conditions. All relevant reports have been listed as background papers at paragraph 20 of this report. Each report contains a link to the relevant grant conditions published on the DHSC website.
- 1.3 It is worth noting that each grant was issued for a specific purpose, with its own reporting requirements, grant conditions, mandated elements and discretionary elements, and as such each grant was required to be treated individually and processed accordingly.
- 1.4 The purpose of this report is:
 - to provide a summary of each grant received during the financial years 2020/21 and 2021/22
 - to update Cabinet on delegated decisions made in respect of the various short term government grants received to support the Adult Social Care sector during the Covid pandemic, and
 - to seek retrospective approval for the utilization of the funding.

2 **Current Position**

2.1 The table below summarises all short-term grants received by the local authority to support the adult social care sector to deal with the impact of the Covid-19 pandemic to date, and the allocations of the discretionary elements of the grants. It is worth noting that whilst there were discretionary elements of funding to some of the grants, the grant guidance gave a very clear steer as to how DHSC considered these elements should be used, with a clear expectation-and for the prescribed elements, direction- that funding was distributed to independent sector adult social care providers operating in Oldham. Clarity was given in the grant conditions that the funding could not be used to offset existing planned expenditure or financial pressures within the local authority.

Title of fund	Amount	Applicable dates	Applicable Measures	Allocations of discretionary elements
Infection Control Grant – Round 1	£2,316,590	13 th May – 30 th September 2020	 supporting staff to self-isolate as appropriate and receive normal wages in doing do limiting staff movement between care settings support additional recruitment of additional staff limit the use of public transport providing accommodation for staff who choose to stay separately from their families in order to limit social interaction outside work 	Discretionary element (£579,147) In this first grant, prescribed allocations were only made in the grant conditions for care homes. Therefore, the discretionary element was allocated to direct payment recipients, day services, supported living, care at home, extra care housing and shared lives providers.
Infection Control Grant – Round 2	£2,275,868	1 st October 2020 – 31 st March 2021	- supporting staff to self-isolate as appropriate and receive normal wages in doing do - limiting staff movement between care settings - limit the use of public transport - providing accommodation for staff who choose to stay separately from their families in order to limit social interaction outside work - supporting safe care home visiting	Discretionary element (£455,174) Consideration was given to the volume of activity coming through the Finance Support Panel, learning from the first round of the Infection Control Fund, and allocations to non-CQC regulated providers in round 1. Account was also taken of feedback from some providers who were managing well, and preferred their allocation be used for those in greater need. Allocations were made to day services, housing related support providers, direct payment recipients and carers. A discretionary fund was also established to support providers to implement infection control measures that could not be met within their prescribed allocation.
Rapid Flow Testing Fund	£577,264	2 nd December 2020 – 31 st March 2021	 paying for staff costs associated with training and carrying out LFD testing costs associated with recruiting staff to facilitate increased testing costs associated with the creation of a separate testing area where staff and visitors can be tested and wait for their result costs associated with disposal of testing equipment 	Discretionary element (£115,452) In determining proposals for distribution of the remaining 20% of the grant, consideration was given to previous outbreaks in extra care housing and supported living settings, and the need to provide additional support to those care homes experiencing outbreaks. An allocation based on service user numbers was distributed to extra care housing and supported living providers, and £23,092 retained for needs led allocations, overseen by the Finance Panel.
Workforce	£561,777	19 th January –	- provide additional care staff where shortages arise	<u>Discretionary element (£561,777)</u>

Capacity Fund		31 st March 2021	- support administrative tasks so experienced and skilled staff can focus on providing care - help existing staff to take on additional hours with overtime payment or covering childcare costs	Due to the ability of providers to propose innovative uses with the fund, an expression of interest was circulated to all eligible providers on 10th February 2021. This enabled equity of access for all providers. Responses were received from 34 providers; 18 care homes, 9 care at home providers, 1 day service provider, two supported living providers, and elements of CHASC including Miocare covering supported living, extra care, community and residential reablement, STICH, the discharge hub and the Integrated Discharge Team. Two bids did not meet the grant conditions.
Infection Control and Testing Fund	ICF: £878,214 Rapid Testing: £640,337	1 st April – 30 th June 2021	- reduce the rate of Covid-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination; - conduct rapid testing of staff and visitors in care homes, high risk supported living and extra care settings, to enable close contact of visiting where possible.	Infection control discretionary element (£263,464) 1% towards administrative costs associated with distributing and reporting on this funding Make an allocation to day service providers based on a weekly amount Make an allocation to supported housing providers including Keyring based on service user numbers Give a £10,000 allocation to the PPE hub for direct payment recipients, personal assistants and carers, and ensure this is promoted across those groups Do not retain an element of funding for a discretionary panel, but instead distribute the entirety of the fund as above. This will reduce the administrative burden on providers and the local authority and ensure funds are readily available to meet all eligible expenditure. Rapid testing discretionary element (£318,272)

Infection Control and Testing Fund (Round 2)	ICF: £614,131 RFT: £478,160	1st July – 30th September 2021	- reduce the rate of Covid-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination; - conduct rapid testing of staff and visitors in care homes, high risk supported living and extra care settings, to enable close contact of visiting where possible.	Make an allocation to day service providers based on a weekly amount for those already undertaking LFD's or willing to do so to enable face to face provision Make an allocation to extra care housing provider based on service user numbers Make an allocation to supported living providers based on service user numbers Do not retain an element of funding for a discretionary panel, but instead distribute the entirety of the fund as above. This will reduce the administrative burden on providers and the local authority and ensure funds are readily available to meet all eligible expenditure. Infection Control Fund discretionary element (£184,239) 1% towards administrative costs associated with distributing and reporting on this funding Allocate 50% of the remainder of the discretionary element to care homes to top up the prescribed amount. The rationale for this is that a number of care homes notified us that they had over-spent on their prescribed amount in previous rounds, whilst other providers were unable to fully utilise their allocation Make an allocation to day service providers based on a weekly amount Make an allocation to supported housing providers including Keyring based on service user numbers
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Continue to promote the PPE hub for providers. PA's, carers and direct payment recipients not in receipt of grant funding, but not allocate funding (based on PPE hub stock levels) Do not retain an element of funding for a discretionary panel, but instead distribute the entirety of the fund as above. This will reduce the administrative burden on providers and the local authority and ensure funds are readily available to meet all eligible expenditure. Testing Fund discretionary element (£183.071) Allocate 50% of the discretionary element to care homes to top up to the prescribed amount. The rationale for this is that a number of care homes notified us that they had over-spent on their prescribed amount in previous rounds, whilst other providers were unable to fully utilise their allocation. Make an allocation to day service providers based on a weekly amount for those already undertaking LFD's or willing to do so to enable face to face provision Make an allocation to extra care housing provider based on service user numbers Make an allocation to supported living providers based on service user numbers Do not retain an element of funding for a discretionary panel, but instead distribute the entirety of the fund as above. This will reduce the administrative burden on providers and the local

				authority and ensure funds are readily available to meet all eligible expenditure.
Infection Control and Testing Fund (Round 3)	ICF: £1,019,076 RFT: £553,861 Vaccine: £118,170	1 st October 2021 – 31 st March 2022	Infection Control: reduce the rate of COVID-19 transmission within and between care settings through effective infection prevention and control practices and increase COVID-19 and flu vaccine uptake among staff Rapid Testing: conduct testing of staff and visitors in care settings to identify and isolate positive cases, and in order to enable close contact visiting where possible Vaccine: to support the following measures: • ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 or flu are paid their usual wages to do so • any costs associated with reaching a vaccination facility • any reasonable administrative costs associated with organising COVID-19 or flu vaccinations where these were not being supported by other government funding streams	Infection control discretionary element (£305,723) Claim 1% towards administrative costs associated with distributing and reporting on this funding Make a flat rate allocation to day service providers based on a weekly amount, excluding Age UK based on their feedback Make an allocation to supported housing providers including Keyring based on service user numbers Continue to promote the PPE hub for providers, PA's, carers and direct payment recipients not in receipt of grant funding, but not allocate funding (based on PPE hub stock levels and reflecting previous reasons for contact) Do not retain an element of funding for a discretionary panel, but instead distribute the entirety of the fund as above. This will reduce the administrative burden on providers and the local authority and ensure funds are readily available to meet all eligible expenditure. Allocate the balance of the discretionary element of the Infection Control Fund to care homes, to top up the prescribed amount. The rationale for this is that a number of care homes notified us that they had over-spent on their prescribed amount in previous rounds, whilst other providers were unable to fully utilise their allocation.

	Testing Fund discretionary element (£211,452) Make a flat rate allocation to day service providers based on a weekly amount, excluding Age UK based on their feedback
	Make an allocation to supported living and extra care housing providers based on service user numbers
	Do not retain an element of funding for a discretionary panel, but instead distribute the entirety of the fund as above. This will reduce the administrative burden on providers and the local authority and ensure funds are readily available to meet all eligible expenditure.
	Allocate the balance of the discretionary element of the Testing Fund to care homes, to top up the prescribed amount. The rationale for this is that number of care homes notified us that they had over-spent on their prescribed amount in previous rounds, whilst other providers were unable to fully utilise their allocation.
	Vaccine Fund discretionary element (£35,451) Make a flat rate allocation to day service providers based on a weekly amount, excluding Age UK based on their feedback
	Make an allocation to supported living and extra care housing providers based on service user numbers
	Reallocate any unspent vaccination funding against costs being incurred by the local authorit

				in respect of administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams. This will only become apparent at the reporting points.
Workforce Recruitment and Retention Fund (Round 1)	£759,927	21 st October 2021 - 31 st March 2022	The main purpose of the Workforce Recruitment and Retention Fund is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter, in order to: • support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care • support timely and safe discharge from hospital to where ongoing care and support is needed • support providers to prevent admission to hospital • enable timely new care provision in the community • support and boost retention of staff within social care.	Discretionary element (£759,927) Providers were approached to submit ideas regarding utilisation of the funding. Responses included: -enhancing pay -paying staff retention bonuses -enhancing recruitment -extending the period of enhanced payments over the festive period to take account of the public holidays and bank holidays -paying providers an allocation of the grant and enabling them to spend it in line with the grant conditions but in whatever way helped them to best address their workforce challenges in their individual organisations ie not being overly prescriptive. Consideration was also given to the challenges to care at home capacity both in terms of recruitment and retention of care staff, and in relation to social work capacity to undertake reviews of people already in receipt of care at home services, whose package of care may be able to be reduced, thus freeing up capacity to meet the needs of others. Funding was allocated as follows: Utilise £11,000 to pay for two sector wide recruitment events, organised by the Adult Social

Care Commissioning and Quality Service, in partnership with the HR service

Utilise £48,927 to develop a wellbeing and thank you offer to the care workforce in partnership with Oldham Community Leisure and previous Fit for Oldham providers, by way of vouchers for free leisure and wellbeing sessions

Take account of feedback from providers in respect of workforce challenges over the Christmas and New Year period, by extending the bank holiday enhancements for care at home providers from three days (25th and 26th December, and 1st January) to six days (adding in 27th and 28th December and 3rd January), at an estimated cost of £129,000; and offering an incentive to care homes to accept admissions over the Christmas and New Year weekends, of £100 per admission, and make provision for a total of £21,000, which, if underutilised, could be repurposed in the new year into one of the other measures

Allocate £550,000 to care homes and commissioned CQC regulated community providers based on staffing numbers, to support them to address workforce challenges, with an emphasis on increasing staff retention and recruitment in line with the grant conditions, and creating additional capacity to review, risk assess and make recommendations to Adult Social Care regarding those service users whose package of care could be reduced. Although not strategically commissioned, Home Instead were included in the distribution of funding, recognising them as a key provider in the borough, particularly in the

			Saddleworth area.
Workforce Recruitment and Retention Fund (Round 2)	10 th December 2021 - 31 st March 2022	The main purpose of the Workforce Recruitment and Retention Fund Round 2 is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter, in order to: • support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care • support timely and safe discharge from hospital to where ongoing care and support is needed • support providers to prevent admission to hospital • enable timely new care provision in the community • support and boost retention of staff within social care.	Discretionary element (£1,402,943) Reflecting on feedback regarding utilisation of funding from round 1, and known staffing pressures in the care sector, funding was allocated to care homes and commissioned CQC regulated community providers based on staffing numbers, to support them to address workforce challenges in ways that would best support their individual challenges, with an emphasis on increasing staff retention and recruitment in line with the grant conditions, and creating additional capacity to review, risk assess and make recommendations to Adult Social Care regarding those service users whose package of care could be reduced. Although not strategically commissioned, Home Instead were included in the distribution of funding, in recognition of them as a key provider in the borough, particularly in the Saddleworth area. In addition, given the pressures within Adult Social Care from a local authority perspective, with the ability to operate effectively reduced due to covid related absence, provision of £35,000 was made to pay staff for untaken annual leave to the end of March, only where it is considered that there will not be an adverse impact on staff wellbeing, and where this can be facilitated in line with the grant conditions. Should this allocation not be fully utilised, it will be redistributed along with the second payment of the grant in February. In relation to the unregulated sectors of the market, staffing pressures were not being reported from these areas to the same extent as

				the regulated sector. Where there are pressures, these relate to infection prevention and control, and funding has been allocated from the Infection Control Fund to these providers. For personal assistants and unpaid carers, the main pressure is in relation to the provision of PPE, and this is being met through the PPE Hub.
Omicron ASC Funding	£280,589	1 st January - 31 st March 2022	The purpose of this fund is to support the sector with measures already covered by the infection prevention and control (IPC) allocation of the Infection Control and Testing Fund (round 3) to reduce the rate of COVID-19 transmission within and between care settings through effective IPC practices. Additionally, this funding may also be used to increase ventilation in care homes, and to enhance local authorities' current direct payment offer particularly when the only way a person's care needs can be met is by a friend or family member, or to enhance support for carers. It may also be used to pay for temporary staffing to cover increased staff absence caused by COVID-19 and maintain staffing levels and workforce capacity.	Communication was issued to all providers to seek their views regarding the use of the Omicron Support Fund. The vast majority of respondents felt that regarding it as an extension of the Infection Control Fund, given its closeness in purpose made most sense. Consideration was given to the needs of carers and those in receipt of direct payments with regard to infection prevention. These primarily relate to the need for PPE and therefore continued signposting to the PPE Hub considered most appropriate. The grant was allocated on the same basis as the Infection Control Fund; the number of registered beds in care homes and the number of service users for CQC regulated community providers. Allocations were weighted 60/40 for care homes and CQC regulated community providers respectively based on Omicron impact.

- 2.2 All organisations in receipt of funding were issued with detailed grant conditions and links to the government guidance, including confirming the requirement to return any unspent funds, and acknowledgement that any funding found to be used not in accordance with the grant conditions would be required to be repaid.
- Funding recipients have also been required to complete detailed expenditure reports to the Commissioning and Quality Service at intervals consistent with the returns required to DHSC, and to retain evidence of expenditure should this be required for audit purposes. There has been a minimal need identified to seek evidence of expenditure, but where this has been required and funding identified as not being used in line with the grant conditions, or unutilized, it has been recovered and redistributed.

3 Options/Alternatives

- 3.1 The range of options and alternatives for the utilization of each grant were minimal given the prescriptive nature of the grant conditions, as summarized in the table above. Even where there was discretion as to how some elements of the grants were distributed, there remained prescription as to their use.
- 3.2 Where there were discretionary elements to the grants, consideration was given to the level of Covid-19 transmission amongst vulnerable adults and staff in adult social care services, vaccination and testing levels, infection prevention measures required in accordance with government and public health guidance, the workforce challenges being faced, and in consultation with the sector, the relative benefits of different options for utilization of the funding. Learning from previous funding rounds also informed decisions for the discretionary elements of grant allocations.
- 3.3 Further details related to each grant and the considerations given for utilization of the funding can be found in the delegated reports. This included providing funding to non-CQC regulated services, such as day services, personal assistants and housing related support providers, as well as unpaid carers. Summaries have been included in the table at paragraph 2.1.

4 Preferred Option

4.1 As the range of options and alternatives for the utilization of each grant were minimal given the prescriptive nature of the grant conditions, the only options considered were in relation to any discretionary elements of the grants, which are detailed in each delegated report.

5 **Consultation**

All eligible providers were consulted regarding the grants through provider forums, weekly newsletters and individual discussions. Finance, Procurement, Legal and HR colleagues have also been consulted throughout the year in relation to each of the funding streams. Where grants related to the social care workforce, union colleagues have also been consulted through the usual consultative group meetings.

6 Financial Implications

- 6.1 The Finance Service have provided financial support to the Commissioning Service for the distribution of the grants including the production of financial modelling, the payments to providers, overview of the reporting requirements & restrictions of each grant.
- 6.2 Finance is maintaining a regular monitor in terms of the quantum and types of financial assistance that is being afforded to care providers to ensure compliance with state subsidy regulations as referenced in the legal implications of previous DDR reports.
- The grant awards require the accounting arrangements to distinguish between the mandatory and discretionary elements of the grant. For mandatory elements, the Council will act as an agent of Central Government and the income and expenditure will be reflected in the Councils Balance Sheet whilst for the discretionary elements the Council will act as the Principal with income and expenditure reflected within the revenue accounts.
- 6.4 Given the compliance and monitoring measures that are in place it is envisaged that the Authority will be able to demonstrate compliance with all the grant conditions.

(Liz Taylor, Senior Accountant)

7 Legal Services Comments

7.1 Legal Services has taken on board the lead procurement officer's comments and supports the decision on the distributions of grants to support the Adult Social Care market considering the ongoing COVID pandemic. The client department should ensure that they familiarise themselves with the grant conditions and any allocations are made in accordance with these. Appropriate documentation should also be put in place in a swift manner. Sukie Kaur - Solicitor

8. Co-operative Agenda

- 8.1 The following co-operative values relate:
 - Fairness We will champion fairness and equality of opportunity, and ensure working together brings mutual benefits and the greatest possible added value.
 We will enable everyone to be involved.
 - Openness We will be open and honest in our actions and communications. We will take decisions in a transparent way and at the most local level possible.
 - Responsibility We take responsibility for, and answer to our actions. We will
 encourage people to take responsibility for themselves and their actions. Mutual
 benefits go hand-in-hand with mutual obligations.
 - Working together We will work together and support each other in achieving common goals, making sure the environment is in place for self-help.
 - Accountability We recognise and act upon the impact of our actions on others, and hold ourselves accountable to our stakeholders.

9 Human Resources Comments

9.1 The Service are experiencing unprecedented challenges in relation to demand management and the recruitment and retention of the workforce. Staff have worked

tirelessly throughout the pandemic and maintaining work/life balance has proven difficult at times.

The grant funding awarded over the last 2 years has helped to support our Adults Social Care and wider Provider workforce in Oldham by providing temporary relief and well-deserved incentives to recognise staff commitment.

There will be continued effort to support the workforce through local recruitment and wellbeing initiatives and HR will work closely with Adults Social Care to monitor impact.

Current and future redesigns will need to consider any existing and fresh challenges and strive to address demand pressures by considering age profile, knowledge and skills and career pathways to support the ambition of growing our own alongside, any transformation of processes.

(Catherine Pearson, Strategic HR Lead)

10 Risk Assessments

10.1 The pandemic resulted in several decisions having to be took in an urgent manner and this has included the allocation of these grant funds. This report sets out how the discretionary element of the grant was allocated in detail allowing retrospective scrutiny of these urgent decisions. (Mark Stenson)

11 IT Implications

- 11.1 Not applicable
- 12 **Property Implications**
- 12.1 Not applicable.

13 **Procurement Implications**

13.1 The Commercial Team supports the decision and recommendation made in all previous recommendations on the distributions of grants to support the Adult Social Care market in light of the ongoing COVID pandemic. The Team supported the commissioners where required to distribute the grant in accordance with the recommendations. (Raj Ahuja, 28.01.2022)

14 Environmental and Health & Safety Implications

14.1 The purpose of the various grants stems from the impact of the Covid-19 pandemic on the adult social care sector, predominantly in relation to infection prevention and control, Covid-19 testing and vaccinations across the workforce and vulnerable adults in receipt of care and support services, and workforce challenges arising as a consequence of Covid-19 outbreaks and temporary staff absence, exacerbating the pre-existing workforce challenges faced by the sector. The grants have therefore provided critical support to the sector to support the safety and wellbeing of vulnerable adults and the workforce.

15 Equality, community cohesion and crime implications

15.1 None

- 16 Implications for Children and Young People
- 16.1 None
- 17 Equality Impact Assessment Completed?
- 17.1 No. The grant funding was applicable to all eligible providers of adult social care services, and therefore did not unfairly advantage or disadvantage any protected group.
- 18 **Key Decision**
- 18.1 Yes
- 19 **Key Decision Reference**
- 19.1 HSC-03-22.
- 20 Background Papers
- 20.1 The table below lists all approved delegated decision reports related to the grants detailed at paragraph 2:

File Ref:	Name of File:	Records held in:	Officer Name:	Contact No:
ICF1	Delegated Decision Report Infection Control Fund and Care Home Support Package June 2020	Commissioning and Quality Service, Adult Social Care, Level 4, Civic Centre, West Street,	Helen Ramsden	07971 396833
ICF2	201116 Delegated Decision Report Infection Control Fund October 2020 FINAL	Oldham		
RFTF	Delegated Decision Report Rapid Testing Fund 220121 final version			
WCF	Delegated Decision Report Workforce Capacity Fund Final version			
ICTF1	Delegated Decision Report Infection Control and Testing Fund final 160421			
ICTF2	Delegated Decision Report Infection Control and Testing Fund final 150721			
ICTF3	Delegated Decision Report Infection Control and Testing Fund Round 3 final 181121			
RTF	Delegated Decision Report Rapid Testing Fund 220121 final version			
WRRF1	Delegated Decision Report Workforce Recruitment and Retention Fund Final version 021221			
WRRF2	Delegated Decision Report Workforce Recruitment and			

	Retention Fund Round 2 final version 050122
OSF	Delegated Decision Report
	Omicron Support Fund final
	version 250122

21 Appendices

21.1 N/A