



Adult Social Care Infection Control Fund Round 2: Care provider reports to local authorities

CPA briefing note for care providers

2nd edition – 6 October 2020

Introduction

The [Adult Social Care Infection Control Fund](#) was [first introduced in May 2020](#) and was initially worth £600 million. The purpose of this fund is to support adult social care providers, including those with whom the local authority does not have a contract, to reduce the rate of COVID-19 transmission within and between care settings, in particular by helping to reduce the need for staff movements between sites.

In September 2020, the [Adult Social Care Infection Control Fund was extended until March 2021, with an extra £546 million of funding](#). This is a new grant, with revised conditions from the original Infection Control Fund.

This updated Care Provider Alliance (CPA) briefing note provides further information and examples to support care providers' reports to local authorities on additional expenditure on infection control arrangements because of COVID-19. It should be read alongside the [Government guidance and related annexes](#).

This note does not constitute legal or definitive advice. It can be used by care providers to consider potential additional costs. Arrangements will vary across local authorities. If a care provider is unsure if a potential expenditure would be in scope of the Infection Control Fund Round 2, they should discuss this with their local authority in advance of committing to that expenditure.

Reporting

As well as reporting data to the Capacity Tracker as requested, providers must provide information to local authorities about how they have spent the funding to date and their planned expenditure over the lifetime of the fund on a monthly basis.

CPA recommends that providers alert local authorities on a regular basis to how they are managing the financial challenges of all their commitments within the monthly allocation of the infection control fund. All care providers will have additional responsibilities to meet staff costs in relation to the Covid-19 vaccination. For care homes in particular, the inclusion of significant additional commitments to testing and

the legal restrictions on the movement of staff will have significant financial consequences which were not included in the original ICF calculation. Whilst it may be possible for you to meet these within your ICF allocation, we also encourage you to let your authority know the size of any shortfall on an urgent and regular basis.

It is suggested that care providers keep reporting to local authorities at a high level, on the basis that getting into too much detail is an overhead to both the care providers and the local authorities in such reporting.

Hence the CPA is suggesting a limited number of different areas at a top level against which care providers can easily allocate costs, whilst also giving a series of examples to prompt providers to think about how to consider their full range of costs.

The option of an “others” grouping is already in the guidance and hence at the discretion of local authorities.

These costs categories are for use of funding as part of the ‘per beds’ or ‘per user’ allocation (i.e the 80% of funding). Local authorities have flexibility over the use of the other 20% ([see Government guidance on the 80/20 split](#) and also Government guidance on [Requirements for providers](#)).

Potential additional costs	Examples of where additional costs have been incurred that CPA believes are within scope of the Infection Control Fund Round 2
Additional staffing costs (compared to historic level) to manage COVID-19 infection control requirements	<p>This might be exemplified by comparison of the gross wages from a non-Covid period with the current gross wages costs.</p> <p>This might include: costs of agency staff (limited to single care home) and bank staff, overtime cost of staff at historic levels, additional staff to cohort staff and residents, topping up the pay of staff who are self-isolating in line with government guidance to their normal wages to ensure they do not lose income while doing so, or paying furloughed staff, in order to maintain the service.</p>
Restricting staff movement between settings	<p>This might include: compensating staff whose normal hours are reduced due to restrictions on their movement; payment of overtime to other staff to cover shifts and reduce reliance on agency or other workers from other settings; covering additional costs incurred to ensure employee doesn't work in other settings (such as compensating for lost wages); recruitment of additional staff (and volunteers) including staff costs, management costs and training costs.</p>

	<p>Note: Government aims to regulate care homes to enforce limitations on staff movement between care homes, and between care homes and other health and care settings, with a focus on care homes. ICF2 guidance currently encourages all providers to reduce movement where possible.</p>
<p>COVID-19 management costs</p>	<p>This might include: costs of management teams (e.g. rearranging rotas, renegotiating contracts for additional hours, payroll changes, additional management and supervision time to embed staff changes etc); recruitment and retention costs, induction, and training time for those new/returning recruits; completing Capacity Tracker and other COVID-19 requested reporting; managing visitor policy; test and trace management; and appointing infection control champions.</p>
<p>Capital costs to enable cohorting of residents and staff</p>	<p>This might include: additional barriers or doors; addition of small kitchenette facilities, washing facilities, changing or storage facilities in cohorted areas to minimise staff movement between areas; re-arrangement costs of internal or external areas and / or signage to allow social distancing or cohorting. This may also include the cost of reduced occupancy where this is required to convert a bedroom into other facilities.</p>
<p>Additional revenue costs to enable cohorting of residents and staff, and to reduce multiple visits to individuals using home care services</p>	<p>This might include: staff time to move residents and belongings into cohorted areas; additional time to settle in residents, communication with staff and residents and families about what cohorting means, designing the communication, disseminating the same and the provision of communication mechanisms between cohorted groups.</p> <p>For home care services this might include: costs associated with limiting the number of different people from a home care agency visiting a particular individual, enabling staff to perform duties of other team members or partners agencies (eg district nurse, physio therapists or social workers)</p>
<p>Additional staffing costs to facilitate COVID-19 additional cleaning</p>	<p>This might include: the staff time element of additional cleaning of the environment, (e.g. door handles and handrails where all hard surfaces need more regular cleaning than in normal times) particularly if residents moving between rooms, or there has been creation of multiple 'communal' spaces for cohorted residents that these will require</p>

	additional cleaning. There will also be cleaning of equipment or tools that support activities or reminiscence that are communal. It could also include room or equipment disinfection or sanitisation costs.
Accommodation costs of staff to minimise social contact	This might include: the use of spare rooms within a care home which should be equipped to make staff comfortable, and the 'accommodation cost' being charged with the addition of light, heat and food.
Travel costs of staff to minimise social contact on public transport	This might include: bike, taxi, mini bus or car mileage to collect cohorted staff teams in a locality, and the provision of extra facilities (e.g. bicycle stands). This may also include the cost of occupancy where this is required to convert a bedroom into another facility.
Staffing costs of managing and accessing testing of staff, residents and visitors and flu or COVID-19 vaccination.	This might include both those doing the tests, those who have to record the testing records, as well as time spent reporting on the results to the GP. It would include payments to staff at their normal hourly rate to attend work or a suitable testing/vaccination facility when they are not on duty, as well as the costs of fuel, transport and parking to reach a testing/vaccination facility.
Staffing costs of enhanced observation levels required for COVID-19	This might include the cost of additional staff time to undertake and record the more frequent observations required for all residents during the pandemic.
Staff training costs for COVID-19 infection control	This might include the cost of the training, the staff time to attend and then evaluation and reflection.
Costs to support safe visiting to residential services	This might include: additional staff costs (e.g. new staff or overtime costs) to support and facilitate visits; additional IPC cleaning between visits; capital alterations such as altering a dedicated space). It might also include the costs of administering tests for running a testing regime for visitors.
Additional equipment costs to manage COVID-19 infection control	This might include: additional or new uniforms if used, or potentially support to staff to comply with the requirements to clean uniforms and clothes at home in half-full washing machines. It might also include the provision of: acrylic or other material to construct physical barriers; two-way radios or other communication devices (e.g. laptops or tablets to reduce physical movement between cohorted areas or operate C-19 systems; and additional wifi equipment/ capacity).

	In cases of specialist need, additional equipment may be required (e.g. facemask with clear Perspex panel to enable lip reading).
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Measures which are **outside** the scope of the Infection Control Fund Round 2:

- Personal Protective Equipment.
- Deep cleaning by external contractors.
- Costs before 1 October 2020 and after 31 March 2021.

Quick links

[CPA ICF2 briefing \(PDF of this briefing October 2020\)](#)

[CPA ICF briefing \(PDF of original briefing from June 2020\)](#)

[Government guidance on Infection Control Fund Round 2](#)

[CPA Coronavirus information](#)

[CPA infection prevention and control guidance](#)

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