



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

CPA briefing note for care providers

12 June 2020

Introduction

The [Adult Social Care Infection Control Fund](#) is worth £600 million. The primary 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 in and between care homes and support wider workforce resilience.

This 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, they should discuss this with their local authority in advance of committing to that expenditure.

Reporting

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 the 75% of the funding only, since there is some flexibility as to the use of the 25%.

Potential additional costs	Examples of where additional costs have been incurred that CPA believes are within scope of the Infection Control Fund
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, and topping up isolating or furloughed staff, in order to maintain the service.</p>
COVID-19 management costs	<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>
Capital costs to enable cohorting of residents and staff	<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.</p>
Additional revenue costs to enable cohorting of residents and staff	<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>
Additional staffing costs to facilitate COVID-19 additional cleaning	<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 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.</p>
Accommodation costs of staff to minimise social contact	<p>This might include: the use of spare rooms within the home which should be equipped to make staff comfortable, and the 'accommodation cost' being charged with the addition of light, heat and food.</p>

Travel costs of staff to minimise social contact	This might include: bike, taxi, mini bus or car mileage to collect cohorted staff teams in a locality, and the provision of extra facilities eg bicycle stands.
Staffing costs of managing COVID-19 testing.	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.
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.
Additional equipment costs to manage COVID-19 infection control	<p>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.</p> <p>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).</p> <p>In cases of specialist need, additional equipment may be required (e.g. facemask with clear Perspex panel to enable lip reading).</p>

Measures which are outside the scope of the Infection Control Fund:

- Personal Protective Equipment.
- Deep cleaning by external contractors.
- Costs before 13 May 2020 and after 30 September 2020.

Quick links

[Government guidance on Infection Control Fund](#)

[Forms – including Annex E: Reporting template](#)

[CPA Coronavirus information](#)

[CPA infection prevention and control guidance](#)

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