



Information

for adult social care providers

CORONAVIRUS
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YOURSELF
& OTHERS**



Issue 80 – 1 April 2021

Dear Colleagues,

Please find below the latest information for adult social care providers relating to COVID-19 – we hope that you find the updates useful.

Infection Control and Testing Fund (ICTF)

On the 29 March the Department for Health and Social care published details of the Adult Social Care Infection Control and Testing Fund.

Summary information is provided here, but for full details of the fund please visit the [DHSC website](#).

Its purpose is to support adult social care providers, including those with whom the local authority does not have a contract, to:

1. 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
2. conduct additional rapid testing of staff and visitors in care homes, high-risk supported living, and extra care settings, to enable close contact visiting where possible

All funding must be used for the outlined measures. The funding allocated to Leicestershire County Council is as follows:

**Leicestershire Infection Control and
Rapid Testing Fund (£)**

Infection Control

Care home allocation	1,184,854
Community provider allocation	405,102
Discretionary fund	681,410
Subtotal	2,271,366

Rapid Testing

Care Home allocation	927,455
Discretionary Fund	634,194
Subtotal	1,561,649

Grand total 3,833,015

Leicestershire is required to pass on:

- 70% of the IPC allocation to care homes on a 'per beds' basis, and CQC-regulated community care providers on a 'per user' basis; and
- 60% of the rapid testing allocation to care homes on a 'per beds' basis

The local authority has discretion to use the remaining 30% of the IPC allocation, and 40% of the rapid testing allocation to provide further support to the care sector in line with the grant guidance and conditions.

Infection control measures

Providers can use this funding to pay for the continuation of infection prevention and control measures they may have already taken if they are in line with the following:

Care homes:

1. Ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so
2. Limiting all staff movement between settings unless absolutely necessary, to help reduce the spread of infection
3. Limiting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents
4. To support active recruitment of additional staff (and volunteers) if they're needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home
5. Steps to limit the use of public transport by members of staff
6. Providing accommodation for staff who proactively choose to stay separate from their families in order to limit social interaction outside work
7. Costs of PCR testing; including ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so, any costs associated with reaching a testing facility, and

any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests

8. Costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams

Community care settings:

1. Ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so
2. Steps to limit the number of different people from a home care provider providing care to a particular individual or steps to enable staff to perform the duties of other team members/providers (including, but not limited to, district nurses, physiotherapists or social workers) to reduce the number of carers attending a particular individual
3. Meeting additional costs associated with restricting workforce movement for infection prevention and control purposes. This includes staff who work on a part-time basis for multiple employers or in other care settings, particularly care homes
4. Costs of PCR testing; including ensuring that staff who need to attend work or another location for the purposes of being tested for COVID-19 are paid their usual wages to do so, any costs associated with reaching a testing facility, and any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests
5. Costs of vaccination; including ensuring that staff who need to attend work or another location for the purposes of being vaccinated for COVID-19 are paid their usual wages to do so, any costs associated with reaching a vaccination facility, and any reasonable administrative costs associated with organising COVID-19 vaccinations where these were not being supported by other government funding streams
6. Steps to limit the use of public transport by members of staff

Rapid testing measures

The fund will support the following:

1. Paying for staff costs associated with training and carrying out lateral flow testing,
2. Supporting safe visiting
3. Costs associated with recruiting staff to facilitate increased testing
4. Costs associated with the maintenance of a separate testing area where staff and visitors can be tested and wait for their result
5. Costs associated with disposal of LFTs and testing equipment

For more information on use of the fund, please see [Annex A in the DHSC guidance](#)

Requirements for providers

In order to receive funding, care providers will be required to have completed the Capacity Tracker at least twice (two consecutive weeks) and have committed to completing the Tracker at least once per week until the conclusion of the fund.

Providers must provide information to local authorities about how they have spent the funding to date. They will need to provide this information per the following timetable:

- Reporting point 1 - 12 May 2021 Spending up to 30 April
- Reporting point 2 - 15 July 2021 Spending up to 30 June

If the information that local authorities receive from providers about their spending on the initial Infection Control Fund, its extension or the Rapid Testing Fund gives local authorities cause for concern that spending was not consistent with the conditions of that grant, they should withhold payment on this fund until they are satisfied providers have understood the conditions on this funding, and that funding can be reclaimed if spent inappropriately.

If the information that local authorities receive from providers at any reporting point suggests that a provider's spending is not in line with the grant conditions, they should work with that provider to determine if this is the case, and if necessary, recoup any misspent amounts.

The council expects providers to have fully spent the funding by the end point of the fund on 30 June 2021 (and to demonstrate this at reporting point 2).

Those providers who have not fully spent their allocation at the conclusion of the fund will be expected to repay any unspent monies.

Providers will need to keep these records in the event that they are required to provide reassurances that the funding has been used in accordance with the grant conditions. These records need to be enough to show how much of this grant has been spent on different measures, and that each allocation has been spent on corresponding measures.

The DHSC will review the information provided by local authorities and councils and may request that providers make their financial records available. If the department finds evidence of the grant being misused it will recover the funding.

Residential and nursing care fees - inflationary uplift 2021/22

The fee uplift for the 2021/22 financial year will take effect from Monday 12 April 2021 for care home providers; this article announces the uplift and explains its relationship with COVID-19 related considerations.

The band rate will be increased by 2.0%, which is a blended rate that takes account of the Consumer Price Index (CPI) annual inflation rate of 0.3%, and the Average Weekly Earnings (AWE) Services rate increase of 3.40%. Supplementary Needs

Allowance Payments will be increased by 3.4%. Both CPI and AWE rates are those reported by the ONS in December 2020.

In 2018/19 a fundamental review of the care home fee structure and rates was undertaken and agreed by Leicestershire County Council's Cabinet. It included Cabinet agreement that fee increases for the subsequent 3 years (at April 2019, 2020 and 2021) would be calculated using AWE and CPI.

Last year, in the uncertainty of the early stages of the pandemic, the council used the much higher National Living Wage (NLW) rate increase to calculate the fees to provide additional financial support. This year, with the increase in AWE greater than the increase in NLW, we have returned to the approach agreed by Cabinet.

New fees for Leicestershire older adult providers

- Residential - £615 per week
- Residential Plus - £679 per week

Where there are additional needs not catered for in the band rates a Supplementary Needs Allowance (SNA) payment will be made at a rate of £12.97 per hour.

This increase will take effect from Monday 12 April 2020.

New fees for Leicestershire working age adult providers

- Working Age Adult (Progression) - £774 per week

For residents with more complex needs and therefore higher fees the CareCubed calculator, which estimates the cost of care, will continue to be used to negotiate the fee.

This increase will take effect from Monday 12 April 2020.

Out of county placements

For residents that fall into the host (out of county) Local Authority rate structure, the Council will continue with its current practice of paying fees at the host Local Authority rate.

For out of county residents with more complex needs and therefore higher fees, the Council will increase fees in line with the host Local Authority rate provided the current fee is within the CareCubed cost of care range. If the current fee is in excess of the range, there will be no automatic inflationary uplift.

In circumstances where the host Local Authority backdates fee increases or payments, the Council will match those fees within the current financial year only.

Out of county providers must advise Leicestershire County Council of changes in host authority rates to ensure those fees are matched.

COVID-19

The impact of COVID-19 on care homes' costs, particularly in relation to PPE and insurance, but also in other areas including waste management and sick pay is evident. Further long-term cost impacts, such as those relating to new staffing structures, will emerge. These, together with the impact on occupancy, will be considered in the work on the new fee structure that will be developed for April 2022 onwards.

Meanwhile, cost pressures during 2020-21 have been mitigated with Local Authority and DHSC support. The Infection Control Fund, the Rapid Testing Fund and Workforce Capacity Fund have all resulted in significant financial support for care homes, as have additional payments from the council.

Support with PPE has been extended to June 2021, and the DHSC has recently announced £341 million to support adult social care with the costs of infection prevention control and testing. The council is monitoring the position closely and is awaiting further information regarding that funding.

COVID-19 has impacted Leicestershire County Council's financial position adversely, and the council faces the need to reduce services as a result as well as having to increase Council Tax significantly. However, our position remains that care homes facing severe financial pressures or a risk of insolvency should contact the Council so that exceptional support can be considered.

If you need any further information, please email feereview@leics.gov.uk.

COVID-19 vaccination – a webinar answering your questions on pregnancy and fertility

The slides from a recent vaccination related webinar on pregnancy and fertility from Birmingham Women and Children's NHS Trust can be viewed [here](#) and a recording of the webinar is [here](#).

These will also be published and made available on [Birmingham and Solihull's dedicated COVID-19 vaccine page](#), along with Q&As.

Test kits – ethylene oxide

You may have seen some concern or misinformation on social media about ethylene oxide within test kits.

Public Health England advises that lateral flow tests have been rigorously tested and are safe for regular use. The swabs are sterilised with ethylene oxide, which is one of the most commonly used sterilisation tools, to ensure they are safe.

Testing in supported living

New guidance has just been published on visiting in supported living settings. Additional rapid lateral flow tests to support visiting in extra care and supported living

settings will be available. Testing is not a requirement for visiting in extra care and supported living settings but is strongly encouraged to support safer visits.

Full guidance is available here:

<https://www.gov.uk/government/publications/supported-living-services-during-coronavirus-covid-19/covid-19-guidance-for-supported-living>

Yours sincerely,

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The archive of all previous COVID-19 provider bulletins released since March 2020 can be found at <https://resources.leicestershire.gov.uk/adult-social-care-and-health/working-with-you-during-coronavirus>