

Leicestershire Adult Social Care Provider News



Issue 16 – 20 December 2022

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Delivering safe services during the East Midlands Ambulance Service (EMAS) industrial action

This festive period, there are two planned days of industrial strike action in Leicester, Leicestershire, and Rutland on Wednesday 21 and Wednesday 28 December 2022 which will affect emergency and care services.

Staff members from the East Midlands Ambulance Service (EMAS) are expected to take part in the industrial action strike meaning there will be limited paramedics, emergency care assistants, call handlers and other staff available to respond to emergencies.

We know that you are already doing everything you can during this busy time to ensure good quality services and may have concerns about the impact of the upcoming industrial action.

In addition to the arrangements that have been put in place to make sure that care homes remain supported during this time, there are things that you too can check to ensure that only clinically essential referrals are made to 999 or 111 for the duration of the industrial action and proceeding 24 hours.

Please see below information, resources and services which will help support care homes and social care workers during the industrial action.

How you can help

At this time of potentially high demand on the ambulance service, please review your business continuity plans to ensure that they cover:

Staffing

- The ability to update staff availability on an ongoing basis
- Mutual aid relationships with other providers and other branches within your own business
- Key local authority contacts contained within your plan

People who use your service

- Risk rating ('RAG' or red-amber-green rating) according to people's support needs – if you know someone is unwell or is more susceptible to illness which may require support from an ambulance
- Informal support available to each person – such as family, friends and neighbours – remind them their assistance is vital so other people can continue to receive support
- Using alternatives to an ambulance. This could include the falls service where someone can come and assess a person and decide if an ambulance is needed
- Up to date GP details so this is your first port of call in the event of someone being unwell

Alongside business continuity plans, please refer to the NHS Leicester, Leicestershire and Rutland's [guidance on keeping the emergency department clear](#) by using alternative support services to help facilitate health concerns during this period.

Local system plans in place to support care homes

Own GP for generally unwell patients		
Urgent / Acute home visiting service	Via own GP first port of call or DHU Health Care Professional Line (HCP)	DHU HCP line 0300 323 0672
Night Nursing Service	10pm-8am	DHU HCP line 0300 323 0672
Health Care Professional line	24/7 alternative to 111 to support into most appropriate local service	DHU HCP line 0300 323 0672
Crisis Response Urgent Falls Response Service (County & Rutland locations only)	8am-8pm	DHU HCP line 0300 323 0672
ICRS Falls Response (Leicester city patients only) - for care homes on Dec 21 & 28 only	Agreement to refer via the Unscheduled Care Coordination Hub (UCCH) 9am-5pm	07918034591
Two-hour Crisis Response Service	Nursing & Therapy 8am-10pm	0300 300 1000
Mental Health Central Access Point (CAP)	24/7 Mental Health Triage	0808 800 3302

Read more about the [EMAS industrial action strike](#) online.

Winter retention payment for Home Care for Leicestershire workers

You'll be aware through the last two editions of Provider News that Leicestershire County Council has been allocated £2m through the DHSC Adult Social Care Discharge Fund. The council can also draw benefit from some of the funding allocated to the ICB.

The council and LLR ICB must use the funding for the period to 31 March 2023, to:

- enable more people to be discharged to an appropriate setting
- prioritise those approaches that are most effective in freeing up the maximum number of hospital beds including those discharges for people with mental health support needs
- boost adult social care workforce capacity through recruitment and retention activity, where that will help to reduce delayed discharges from hospital and support more people within their own homes

The schemes developed using the fund focus strongly on the role of home care in ensuring safe and effective discharge during the difficult winter months ahead.

Leicestershire County Council and Leicester City Council have developed a scheme for workers of home care providers who are contracted to the authorities under the Home Care for Leicestershire framework or Leicester City Council Domiciliary Care framework. Unfortunately, the scheme is limited to these workers only in view of:

- the significantly smaller funding pot available this year, meaning that a scheme of the reach and scale of winter 2021/22 is not possible
- the tight, nationally-set funding conditions focussing on discharge
- the role of home care in discharge in a Home First model

We recognise and regret the disappointment that non-eligible workers and their employers will face, and with that in mind we are advising non-eligible providers directly, out of courtesy. Please be assured that the Councils hugely value the work and dedication of all adult social care staff, and that the difficult decision to limit the scheme has been based on the factors above.

Covid guidance changes

Changes to universal masking

Care workers and visitors to care homes no longer need to routinely wear a face mask at all times, which includes when providing care in people's own homes. However, care workers and visitors to care settings should wear masks to minimise the transmission of COVID-19 in these circumstances:

- if the person being cared for is known or suspected to have COVID-19 (recommended Type IIR fluid-repellent surgical mask)
- if the member of staff is a household or overnight contact of someone who has had a positive test result for COVID-19
- if the care setting is in an outbreak – see details below on outbreak management for further information

If someone receiving care is particularly vulnerable to severe outcomes from COVID-19, mask wearing may be considered on an individual basis according to their preference. Additionally, mask wearing may be considered when an event or gathering is assessed as having a high risk of transmission. Providers should support the personal preferences of people being cared for, the care workers and visitors to wear a mask in scenarios beyond those listed above.

As per the recommendations for standard precautions, type IIR masks should always be worn if there is a risk of splashing of blood or body fluids.

Specific details on appropriate mask types can be found [here](#).

Appropriate PPE should be worn by care workers in all settings, as well as visitors to residential care settings, subject to a risk assessment of likely hazards such as the risk of exposure to blood and body fluids, and then disposed of appropriately.

Staff who develop symptoms of a respiratory illness

Social care staff should take a lateral flow test as soon as possible if they have either:

- symptoms of a respiratory infection and have a high temperature
- symptoms of a respiratory infection and they do not feel well enough to attend work

If staff develop symptoms of a respiratory illness but feel well enough to work and do not have a high temperature subject to a local risk assessment. A risk assessment may include advising the use of masks.

If a risk assessment indicates a serious risk to social care service delivery, symptomatic staff who test negative on day 0, who do not have a temperature and feel well enough to do so may be asked to return to work. The risk assessment should consider how to avoid contact between these members of staff and people at higher risk of serious illness as far as possible, including using a mask for source control. On returning to work, the staff member must continue to comply rigorously with all relevant infection control precautions. The staff member should take another lateral flow test 48 hours after their first test and if this second test is negative, they can remain working.

Staff who receive a positive lateral flow or PCR test result should follow the advice regarding [staying at home and avoiding contact with other people](#) from the day they test positive (if they do not have symptoms) or develop symptoms (day 0) to avoid passing on the virus. There is still no need to take a PCR test after a positive lateral flow test result.

In addition, social care staff with COVID-19 should not attend work until they have had 2 consecutive negative lateral flow test results (taken at least 24 hours apart), they feel well, and they do not have a high temperature. The first lateral flow test should only be taken from 5 days after day 0 (the day their symptoms started, or the day their test was taken if they did not have symptoms).

A positive lateral flow test in the absence of a high temperature after 10 days is unlikely. If the staff member's lateral flow test result remains positive on day 10, they should continue to take daily lateral flow tests. They can return to work after a single negative lateral flow test result.

The likelihood of a positive lateral flow test after 14 days is considerably lower. If the staff member's lateral flow test result is still positive on day 14, they can stop testing and return to work on day 15

Residents who develop symptoms of a respiratory illness

Residents who have [symptoms of a respiratory infection](#) and have a high temperature, or residents who have symptoms of a respiratory infection and are too unwell to carry out their usual activities, should take a lateral flow test as soon as they feel unwell (day 0). If the lateral flow test result is negative, they should take another lateral flow test 48 hours later, avoiding mixing with others during this time. If the second test is also negative, they can return to their usual activities if well enough to do so.

All residents who test positive for COVID-19 with either lateral flow or PCR tests, regardless of whether they are symptomatic or asymptomatic, should isolate in the care home for up to 10 days from when the symptoms started, or from the date of the test if they did not have symptoms. Daily lateral flow testing can begin from day 5, ending isolation after 2 consecutive negative tests 24 hours apart, or after 10 days of isolation.

For small care homes (defined as 1 to 10 beds) , if a resident has symptoms of a respiratory infection and has a temperature, or has symptoms of a respiratory infection and is too unwell to carry out their usual activities, or tests positive for COVID-19, they should be encouraged to follow the [advice for the general population](#) which is to stay at home and avoid contact with others, especially those at higher risk of becoming seriously unwell if they are infected with COVID-19. Managers of small care homes should consider with residents and relatives on how best to apply this.

If a resident tests positive for COVID-19, you should check whether they are eligible for COVID-19 antiviral treatments. Further details can be found in the COVID-19 supplement to the IPC guide.

Contacts of COVID-19 cases

Staff who are identified as a household or overnight contact of someone who have had a positive COVID-19 test result should follow [advice for the general population](#) and discuss ways to minimise risk of onwards transmission with their line manager. This may include applying measures known to reduce risk such as distancing, maximising ventilation, wearing a mask for source control.

Care home residents who are close contacts of a COVID-19 case are not advised to isolate nor undertake additional testing. Instead, it is advised that they:

- minimise contact with the person who has COVID-19
- avoid contact with anyone who is at higher risk of severe COVID-19 infection
- follow the advice regarding testing and isolation if they develop symptoms of COVID-19

Changes to outbreak control

If an outbreak is suspected, care homes should undertake a risk assessment as soon as possible to determine if the situation can be considered an outbreak and if outbreak management measures are needed. Providers should inform the health protection team (HPT) or other local partner of a suspected outbreak, but they are not required to wait for advice from the HPT (or other relevant local partner) should they feel able to initiate the risk assessment independently.

The risk assessment should determine if the cases are likely to have been the result of transmission within the care home. This is to assess whether the cases are linked. The risk assessment should consider whether:

- there is a known source of infection
- the initial individual with suspected or confirmed COVID-19 may have infected others while in the setting. For example, if the individual was in the setting while they were likely to be infectious (up to 2 days before symptoms onset or a positive test, and up to 10 days after)
- the initial individual had contact with the other individual or individuals with suspected or confirmed COVID-19 while they were likely to have been infectious
- the initial individual may have picked up the infection from the setting. This may be possible if the individual was in the setting during their incubation period (up to 14 days prior to symptom onset and/or a positive test)
- there are any factors which may increase the risk of transmission occurring in the setting

Please also notify the Health Protection team if:

- there is a higher number of deaths or hospitalisations than expected
- cases are increasing rapidly making it difficult to control the outbreak
- there are staffing shortages or concerns about safety within the care home
- there is a suspected outbreak of another infection in addition to COVID-19

If the risk assessment suggests that there are 2 linked positive cases of COVID-19 within the same setting within a 14-day period, then an outbreak should be declared.

In the event an outbreak is identified, the care home should implement whole home outbreak testing (alongside rapid response staff testing in the event of a single positive case as outlined in [COVID-19 testing for adult social care services](#)) and consider further measures which may include, subject to decisions by relevant staff within the care home and with the support of the health protection team.

Vaccination

Vaccines remain the best way to protect people from COVID-19 and people receiving care and those delivering care are encouraged to get their COVID-19 vaccinations, including boosters, as soon as they are eligible.

Next edition

This edition of Provider News has been brought forward to accommodate urgent items. The next issue will be published during week commencing 2 January 2023. If you are interested in contributing by writing about a topic of your choice, perhaps something that is particularly important to you, please contact us at enquirylinequality&contracts@leics.gov.uk.