



Information for adult social care providers

Covid-19 and Flu

Bulletin 113 – 28th October

Dear colleague,

Winter vaccination video launched

A [new video](#) has launched which shows health and care professionals attending Evergreen Care Home in Hastings to deliver vaccinations to residents. Vaccinations are vital to help protect care home residents and care staff this winter from flu and COVID-19. In this short video, professionals explain the importance of getting both vaccines this winter.

If you're a frontline care worker and haven't booked your second covid vaccination or booster jab yet, you can [book an appointment online](#).

Video link: <https://www.youtube.com/watch?v=juKHmxqJdzk>

Reminder of COVID-19 medical exemption processes

Staff are being reminded that if they are unable to receive COVID-19 vaccinations for medical reasons there is guidance and help available to explain what you need to do.

The recording of a recent online webinar which discusses vaccination as a condition of deployment (VCoD) in care homes is available [online](#).

Claire Armstrong, the Director of Adult Social Care Delivery and COVID-19 Response at DHSC, has provided [further details on exemptions](#) including self-certification in a letter sent to care colleagues and local authorities.

Medical exemption from vaccination due to pregnancy

COVID-19 vaccines are recommended in pregnancy. Vaccination is the best way to protect against the known risks of COVID-19 in pregnancy for both women and babies, including admission of the woman to intensive care and premature birth of the baby.

Women may wish to discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances. However, as for the non-pregnant population, pregnant women can

receive a COVID-19 vaccine even if they have not had a discussion with a healthcare professional. Anyone who has already started vaccination and is offered a second dose whilst pregnant, should have a second dose.

Although the overall risk from COVID-19 disease in pregnant women and their new babies is low, in later pregnancy some women may become seriously unwell and need hospital treatment. This is why it is important that pregnant women have their vaccination as soon as they are invited. Pregnant women with underlying clinical conditions are at higher risk of suffering serious complications from COVID-19.

Getting pregnant

Women trying to become pregnant do not need to avoid pregnancy after vaccination and there is no evidence to suggest that COVID-19 vaccines will affect fertility or your chances of becoming pregnant.

If you are pregnant

COVID-19 vaccines offer pregnant women the best protection against COVID-19 disease which can be serious in later pregnancy for some women. The first dose of COVID-19 vaccine will give you good protection, and second dose should not be delayed to offer better protection.

Breastfeeding

The benefits of breastfeeding are well-known. The JCVI has recommended that the vaccines can be received whilst breastfeeding. This is in line with recommendations from the USA and the World Health Organization. You should not stop breastfeeding in order to be vaccinated against COVID-19.

If you're unable to get vaccinated against COVID-19 for medical reasons, you can apply for proof that you have a medical reason why you should not be vaccinated. If you get this proof of medical exemption you'll be able to use the NHS COVID Pass wherever you need to prove your COVID-19 status within England. From 25 December, if you're unable to get vaccinated, you'll have to use the NHS COVID Pass in the same way that people who are fully vaccinated use it. All exemptions will be confirmed by your doctor, specialist clinician or midwife.

Pregnant women can alternatively use MAT B1 certificates to show their COVID status, if they choose to use a medical exemption. Pregnant women do not need to apply for a medical exemption NHS COVID Pass if they have a MAT B1 certificate. For pregnant women the exemption will expire 16 weeks post-partum. This will allow them to become fully vaccinated after birth.

Test kit expiry dates

Some care homes have reported a number of void/inconclusive test results – this may be due to the expiration of the kits. We're asking providers to check test kits to make sure the tests that are being used are in date – this will give the best possible chance of clear results.

There is helpful guidance on how to [check the expiry date on kits online](#).

Infection Control and Testing Fund – Round 3 (ICTF3)

On 21 October 2021 the DHSC published details of the Adult Social Care Infection Control and Testing Fund, round 3 (ICTF3)

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:

1. 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
2. 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

Full details of the fund, including the [Guidance and Grant Conditions](#) can be found in the DHSC ICTF3 pages of the Gov.uk website. This bulletin summarises the key aspects of the fund.

When the funding will be issued

The funding will be paid in 2 tranches. The first 60% of the fund will be paid to local authorities in October 2021. The remaining 40% of the fund will be paid in January 2022. This will include allocations for infection prevention and control, vaccines and testing.

The DHSC expect the grant to be fully spent on infection prevention and control, vaccines and testing measures by 31 March 2022.

Local authorities should prioritise passing on the direct funding to adult social care providers registered in their geographical area. This is expected to take no longer than 20 working days upon receipt of the funding by the council, subject to providers meeting the grant conditions.

Direct funding for providers

The 'direct funding for providers' portion of this funding consists of 3 distinct allocations:

- infection prevention and control (IPC) funding
- vaccines funding
- testing funding

All direct funding must be used for the infection prevention and control measures, vaccines measures or testing measures outlined.

Based on the funding and data provided by the DHSC (Annex B), 'direct payments' will be made as follows:

ICTF3 - Care homes – direct payments	Infection control Funding £	Testing Funding £	Vaccine Funding £	Total £
Estimated total direct payment per bed	260	185	18	463
Estimated first direct (60%) payment per bed	156	111	11	278

ICTF3 - Community providers – direct payments	Infection control Funding £	Testing Funding £	Vaccine Funding £	Total £
Estimated total direct payment per client	80	n/a	17	97
Estimated first direct (60%) payment per client	48	n/a	10	58

The bed count is per CQC Sep 2021 listing and the client count in the community is per the capacity tracker community care user listing at 22 Sep 2021. Both data sets will be validated which may change the payment per bed and payment per client.

Infection prevention and control (IPC) funding

For **care homes** the direct funding must be used for the following measures:

- ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so. It is important to note that [self-isolation guidance](#) for fully vaccinated and unvaccinated or partially vaccinated (not exempt) staff differs, as reflected below. At the time of issuing the grant circular, this includes:
 - all staff with suspected symptoms of COVID-19 waiting for a test
 - all staff members with a positive lateral flow test (LFT) waiting for a PCR test result
 - all staff members for a period of 10 days following a positive PCR test
 - any staff member unvaccinated or partially vaccinated (not exempt) identified as a contact of a COVID-19 case while isolating as advised by Test and Trace or organisation
 - any staff member fully vaccinated that develops symptoms after being identified as a contact of a COVID-19 case and is therefore required to isolate while waiting for a test result (if positive the above procedure applies)
 - any staff member who is not required to self-isolate but is asked not to work, in line with government guidance

- limiting staff movement between settings in line with the latest guidance, to help reduce the spread of infection. This includes staff who work for one provider across several care homes, staff that work on a part-time basis for multiple employers in multiple care homes or other care settings (for example in primary or community care). This includes agency staff.
- limiting or cohorting staff to individual groups of residents or floors/wings, including segregation of COVID-19 positive residents
- 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.

For **community providers** the direct funding must be used for the following measures ensuring that staff who are isolating in line with government guidance receive their normal wages and do not lose income while doing so. At the time of issuing this guidance, this includes:

- all staff with suspected symptoms of COVID-19 waiting for a test
- all staff members with a positive lateral flow test waiting for a PCR test result
- all staff members for a period of 10 days following a positive PCR test
- any staff member unvaccinated or partially vaccinated (not exempt) identified as a contact of a COVID-19 case while isolating as advised by Test and Trace or organisation
- any staff member fully vaccinated that develops symptoms after being identified as a contact of a COVID-19 case and is therefore required to isolate while waiting for a test result (if positive the above procedure applies)
- any staff member who is not required to self-isolate but is asked not to work, in line with government guidance
- 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
- meeting additional costs associated with restricting workforce movement for infection prevention and control purposes in line with any relevant guidance. This includes staff who work on a part-time basis for multiple employers or in other care settings, particularly care homes. This includes agency staff (the principle being that the fewer locations that members of staff work in the better)

A non-exhaustive list of examples of ways in which providers can spend funding as part of the 'per beds' or 'per user' allocation can be found in in [appendix A on the DHSC website](#).

Vaccines funding

Each local authority has received an allocation of funding that has been specifically made available to support care providers and social care staff with the costs associated with accessing COVID-19 and flu vaccinations.

For both **care homes and community providers**, direct funding must be used for 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

Providers should aim to use this funding for the above intended purposes.

Testing funding

Care homes must use this funding to pay for the continuation of measures that they may have already taken if they are in line with the measures below:

- paying for staff costs associated with training, including time to:
 - attend webinars, read online guidance, for example guidance on new test kit types, and complete an online competency assessment
- costs associated with conducting visitor tests to support safe visiting in care settings, including:
 - welcoming visitors
 - gaining consent to conduct lateral flow testing
 - overseeing that PPE is correctly donned
 - additional IPC cleaning in between visits
 - ensuring that any LFTs are completed properly, including overseeing the self-swabbing process, processing tests and logging results
- costs associated with staff lateral flow testing, for example, for staff to wait for results if staff are taking tests onsite prior to their shift
- costs associated with recruiting staff to facilitate increased testing
- costs associated with the maintenance of a separate testing area where staff and visitors can be tested and wait for their result. This includes the cost of reduced occupancy where this is required to convert a bedroom into a testing area, but only if this is the only option available to the setting. We expect that most costs will have been covered by the first Rapid Testing Fund, which ran from December 2020 to March 2021

- costs associated with disposal of LFTs and testing equipment
- 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
 - any reasonable administrative costs associated with organising and recording outcomes of COVID-19 tests

A non-exhaustive list of examples of ways in which providers can spend funding as part of the 'per beds' or 'per user' allocation can be found in [appendix A on the DHSC website](#).

Discretionary funding

The council's discretionary portion of this funding consists of 3 allocations:

- infection prevention and control (IPC) funding
- vaccines funding
- testing funding

Infection prevention and control (IPC) measures

The council must use 30% of the IPC allocation to support the care sector to put in place other COVID-19 infection control measures, but this can be allocated at their discretion.

A non-exhaustive list of wider measures that the funding could be used for is:

- providing additional support to care homes or other providers that are currently experiencing an outbreak to ensure that they are able to put in place sufficient IPC measures
- providing support on the IPC measures outlined above to a broader range of care settings, including, but not limited to:
 - community and day support services
 - carers support services
 - individuals who directly employ one or more personal assistants to meet their care needs
 - individuals who are in receipt of direct payments
 - the voluntary sector

- having measures the local authority could put in place to boost the resilience and supply of the adult social care workforce in their area to support effective infection prevention and control
- taking steps to limit the use of public transport by members of staff (taking into account current government guidance on the [safe use of other types of transport](#) by members of staff)
- providing accommodation for staff who proactively choose to stay separate from their families in order to limit social interaction outside work

Vaccines measures

The council must use 30% of their vaccines allocation to support staff in other care settings, including non-registered settings, and to provide additional support to providers where required in order to undertake 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

The council should use this funding for the above intended purposes. However, if a local authority finds that they do not need this funding to support the above measures, they should undertake measures that will increase vaccination uptake across the whole local area or use this funding to pay for IPC measures.

Testing measures

The council must use its discretionary allocation of the testing allocation of the grant to support the care sector to operationally deliver testing. Note that in this grant, this includes support to community care providers for costs associated with PCR testing (this was part of the passported IPC funding in the first Infection Control and Testing Fund). So, the council will use this allocation to provide funding to community care providers for that purpose.

The council will use the discretionary portion of the testing allocation to support:

- supported living and extra care settings eligible for LFTs (for eligibility see guidance on [testing service for extra care and supported living settings](#))
- care homes or other providers that are currently experiencing an outbreak to ensure that they have the resources needed to administer the LFTs and equipment that they need to increase lateral flow testing
- smaller homes who may face relatively higher costs compared to large homes and as such who may require additional support.

- CQC-regulated community care providers with the 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.
- other parts of the sector using lateral flow tests as part of an adult social care testing regime that can demonstrate need for funding. These settings can use this funding in line with the testing measures outlined above.

Provider return deadlines

Local authorities must submit 3 returns specifying how the grant has been spent. So, providers will have to report to the council at the following points:

Reporting point	Department deadline	Information required
Reporting point 1	03 January 2022	Spending up to 30 November
Reporting point 2	15 February 2022	Spending up to 31 January
Reporting point 3	15 April 2022	Spending up to 31 March

Requirements for providers

Providers should review the [ICTF3 Grant Conditions](#) (Annex C) on the DHSC website, the key elements of which are summarised here:

1. Providers will be required to have completed the Capacity Tracker at least twice (2 consecutive weeks) and have committed to continuing to do so at least once per week for the duration until 31 March 2022 to be eligible to receive funding via the 'direct funding to providers' allocation.
2. Providers will need to demonstrate that the funding passed to them has been spent in line with the measures outlined above. Those providers who have not fully spent their allocation at the close of the fund (31 March 2022) will be expected to repay any unspent monies.
3. Providers are required to provide local authorities with the information needed to complete the three returns as indicated above.
4. Providers need to keep financial records and make them available to the local authority or the Department if they are required to provide reassurances that the funding has been used in accordance with the grant conditions.
5. If the information that the council receives from a provider at any reporting point causes concerns that the provider's spending is not in line with the grant conditions, the council will work with the provider to understand their spending, and if necessary, recover misused funding.

6. The council must pay the first 60% of this grant to all providers in their local area within 20 days of receipt of payment, provided that they have complied with the conditions of previous grants.
7. However, the council may withhold the second 40% of this grant from providers in circumstances where a provider has historically not returned unspent amounts promptly, or has not reported their spending within the timeframes set out for this grant or previous grants
8. In these situations, the council should make the provider aware of their allocation, and the provider must report on their spending at reporting point 3. When the provider has given the council information on their spending for this grant, the council should reimburse the provider the amount that they have reported spending, up to the provider's allocation.

More information will follow in subsequent bulletins, but if you have any questions please contact Dave Pruden at dave.pruden@leics.gov.uk

Reminder of 'extending free PPE to care sector beyond March 2022' consultation launched

Just a reminder that the national consultation on extending free PPE beyond March 2022 ends on 31 October 2021.

The proposals and response survey are available at <https://www.gov.uk/government/consultations/extending-free-ppe-to-the-health-and-care-sector>. Alternatively, you can send your responses and any supporting evidence to PPE.strategy@dhsc.gov.uk

Emergency PPE

From 4 October 2021 the national phone number for emergency PPE changed.

The new phone number for emergency PPE requests is: 0800 876 6802 (lines open Mon-Sun 7am-7pm).

The National Supply Disruption Response line (0800 915 9964) remains in use to report disruptions to any medical and PPE products.

Providers are reminded to use the national line in the first instance before contacting the Local Resilience Forum.

Eligible organisations are asked to use this [online order form](#) to progress any emergency requests for Covid-19 related PPE.

Quarantine and Recall for Obisk Blue Tree Face Type IIR mask

The Obisk Blue Tree Face Type IIR Mask was available on the PPE Portal. These masks may have been received by providers. The following batch numbers have been recalled:

MKTIIR0214 (Tie Back) and MKTIIR0199 (Ear looped) Batch / lot numbers:

- 101000345

- 101000346
- 101000348
- 101000349
- 101000350

The lot number can be found on the end of the box under a bar code.

These are labelled as Type IIR, however information received by the manufacturer indicates the mask **may not** meet technical specifications for splash protection. This is only for the batch numbers above.

The manufacturer has submitted a report to the MHRA. Pending further investigation these masks are not to be used in clinical environments. Please check to see if you have any of these masks and if so please check the batch codes.

If you have these please inform the NHS Product Enquiries Team, productqueries@ppeenquiries.com, quoting **Ref: Obisk Blue Tree Face Type IIR mask** and confirm the volume of product in stock by **15/11/21**. You will be given further instructions determined by service environment you can also advise if replacement stock is required.

Yours sincerely

Jon Wilson
Director of Adults and Communities

Mike Sandys
Director of Public Health

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>