



Information for adult social care providers

Covid-19 and Flu

Bulletin 117 – 25 November 2021

Dear Colleague,

Building confidence in receiving the COVID-19 booster jab

COVID-19 booster vaccines are considered the most important way to control COVID as we enter the winter months.

Health and social care staff can receive their booster vaccination, provided that six months have passed since they had their second dose.

The booster is the best way for frontline workers to protect themselves and the people who they support, as well as family and friends against COVID-19.

The vaccine takes a couple of weeks to reach its full effectiveness. As people prepare to celebrate the winter holidays together, it's particularly important those who are eligible receive their booster as soon as they can.

Booster vaccinations can be booked via the National Booking Service (<https://bit.ly/BookABooster>), at walk-in services, or by invitation from primary care services.

This coming weekend (Fri 26 to Sun 28 November) those who are eligible may receive their booster at the [Big Vaccination Weekend](#). Walk-in appointments will be available across Leicester, Leicestershire and Rutland.

You do not have to have a booster at the same location as your first two doses, so we encourage people to book as soon as they are eligible.

Big Vaccination Weekend

A Big Vaccination Weekend is taking place across Leicester, Leicestershire, and Rutland this coming Friday, Saturday and Sunday (26-28 November). Extra clinics with maximised capacity have been arranged to make it easy to get the vaccine.

Sites include the Highcross Shopping Centre in Leicester, providing a chance to get in some Christmas shopping and to receive a booster.

People can receive their first, second or third dose of the vaccine across the weekend. Boosters will also be available to those who are eligible – this includes health and social care staff who received their second dose at least six months ago.

Bookings will be opening shortly, but walk-ins will also be available. Opening times are available [here](#) - simply turn up to receive yours.

Specialist Learning Disability COVID booster clinics

Two specialist learning disability COVID vaccination clinics have been arranged for the dates and times below. Please share this email with anyone with a learning disability who may be due for a first dose, second dose or booster vaccination.

- 30 November, 9.00-15.00, Loughborough Hospital Site
- 15 December, 8.30-15.00, the Peepul Centre

Specific reasonable adjustments can be accommodated – such as for the person to be vaccinated in the car or a quiet area provided – and please ensure this is known at the time of the booking in order for clinic staff to prepare prior to arrival. People who are 16 and over can attend these clinics.

Please ensure that you bring evidence of all previous doses administered when you attend this clinic.

Please book your appointment by contacting Zoe (zoe.powell6@nhs.net, 07917734861) who will be able to assist you. Please do not use general booking links as reasonable adjustments may not be possible.

COVID-19 vaccination: medical exemptions

If you work or volunteer in care homes and are unable to be vaccinated for medical reasons, you must apply for official proof. Click here for updated guidance explaining the process you'll need to follow: <https://www.gov.uk/guidance/covid-19-medical-exemptions-proving-you-are-unable-to-get-vaccinated>

Discharges to care homes – summarised guidance

Colleagues from NHSE/I Midlands, UKHSA East Midlands and UKHSA West Midlands have summarised key points from [national discharge guidance](#) to reinforce good practice principles across the region.

They have split the guidance into two sections: management of positive patients and the management of contacts.

Management of positive patients

- The care home should have adequate IPC measures in place to safely manage residents within the home.
- The guidance states that COVID-19 positive individuals should continue to be discharged into designated settings: [Discharge into care homes for people who have tested positive for COVID-19: clarification note - GOV.UK \(www.gov.uk\)](#)
- A joint risk assessment between the hospital and the care home should be carried out before a resident is discharged. This needs to consider the resident's COVID-19 status, IPC measures - including isolation facilities, staffing, PPE - available in the setting, resident's ability to follow COVID-19 safe measures, safety and comfort of the resident and others at the setting.

Management of contacts

To safely manage patients who would be considered contacts:

- A negative PCR test should have been taken 48 hours prior to discharge to the setting. Swabs should have been taken within the last 48 hours. However, on occasion this may sit just outside the 48 hours, such as when relying on transport - in these instances we would ask that you apply professional judgement and a pragmatic approach to safely facilitate these patients returning to their home.
- A joint risk assessment with the care home should be carried out before a resident is being discharged. This needs to consider the resident's COVID-19 contact status, IPC measures - including isolation facilities, staffing, PPE - available in the setting, the resident's ability to follow COVID-19 safe measures, safety and comfort of the resident and others at the setting.
- Contacts should continue to isolate for the remainder of the 14-day isolation period and infection prevention and control precautions should be used to deliver care or for the full 14 days in line with your care home processes.
- The care home should complete a PCR test on the patient on admission and on day 7 following admission and should consider daily lateral flow testing for the person during this time. A PCR test should be completed immediately if the resident becomes symptomatic.
- Infection prevention and control precautions should remain in place in line with the current guidance.

Restricting workforce movement between care homes and other care settings

Care home providers should continue to limit routine staff movement between settings to help reduce the spread of infection.

[Updated guidance](#) details the circumstances in which some movement of staff may be cautiously permitted. This enables providers and local authorities to plan proactively for specific service requirements or capacity concerns and to ensure continuity of care.

This guidance also sets out what's expected of providers on the routine movement of staff, and how to manage the risks of deploying individuals between settings, and advice about how they can mitigate the risks associated.

New IPC good practice guide

A new [IPC Good Practice Guide](#), written by Professor Deborah Sturdy, Chief Nurse for Adult Social Care, has been published on Skills for Care. The guide includes good practice examples of IPC for care home staff, home care workers and infection control teams.

Advice and recommendations are informed by lessons learned from the pandemic and will help keep residents, colleagues and service users safe.

Workforce Recruitment and Retention Fund (WRF)

On 14 September 2021 the government made a commitment in the [COVID-19 Response: Autumn and Winter Plan 2021](#) to support local authorities and social care providers to maintain safe staffing levels over the winter period and to continue working closely with the care sector to build sufficient workforce capacity across services.

The [adult social care winter plan](#) published on 3 November 2021 sets out the support the government will be providing to the adult social care sector to meet the challenges it faces this winter. The plan includes a commitment to providing workforce recruitment and retention funding, originally announced on 21 October 2021, to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth and sustain existing workforce capacity.

A grant of £1,634,647 has been allocated to Leicestershire and it is the council's intention to allocate the majority of that to providers, as it did with the Workforce Capacity Fund.

The DHSC has published full details of the [Workforce Recruitment and Retention Fund](#), this Bulletin provides a summary of the main purpose, uses, and grant conditions of the fund.

Purpose

The main purpose of the Workforce Recruitment and Retention Fund is to support local authorities to address adult social care workforce capacity pressures in their geographical area through recruitment and retention activity this winter, and specifically to:

- support providers to maintain the provision of safe care and bolstering capacity within providers to deliver more hours of care
- support timely and safe discharge from hospital to where ongoing care and support is needed
- support providers to prevent admission to hospital
- enable timely new care provision in the community
- support and boost retention of staff within social care

Timescale

This grant must only be used to deliver measures that address local workforce capacity pressures in adult social care between 21 October 2021 and 31 March 2022 through recruitment and retention activity.

Measures that can be funded

It will be important to retain existing staff capacity as well as encourage new and returning entrants.

Examples of this include, but are not limited to:

- supporting payments to boost the hours provided by the existing workforce – including childcare costs and overtime payments

- investment in measures to support staff and boost retention of staff within social care – including occupational health, wellbeing measures, incentive and retention payments
- the creation and maintenance of measures to secure additional or redeployed capacity from current care workers. For example, shared staff banks, redeploying local authority staff, emergency support measures, overtime payments
- local recruitment initiatives
- activities to support hospital discharge or to prevent or address delays because of workforce capacity shortages
- activities which support the recruitment of local authority employed social care staff, or which enhance or retain the capacity of existing local authority employed social care staff
- to use the grant to cover reasonable administrative costs incurred because of new measures that deliver additional staffing capacity through recruitment and retention activity
- where providers are already using such approaches, the funding can be used to increase the scale of activity.

Organisations that can be supported

Local authorities can use funding directly to deliver measures that help all providers of adult social care in their area. This includes:

- care home and domiciliary care
- care providers with which local authorities do not have contracts
- organisations providing care and support who may not be registered with the Care Quality Commission (CQC)
- day care, short stay care services and supporting the capacity of the personal assistant workforce are also included.

Funding distribution and reporting

Providers will be asked to complete an online WRF funding template by 15 December 2021.

This template will detail eligible actual costs incurred for the period 21 Oct to 30 Nov and planned expenditure for the period 1 Dec to 31 March. Providers will also be asked to detail the expected resultant outcomes such as additional hours obtained, and staff employed.

Subject to checking, the information in the template will be used to generate payments to providers in January, which will mitigate eligible cost incurred to 30 Nov and planned expenditure to 31 March.

Providers will be required to submit a final report detailing actual eligible expenditure and outcomes achieved for the period 21 Oct 2021 to 31 March 2022, by 16 April 2022.

Grant Conditions

Providers must ensure that:

- They have in place appropriate oversight and records of deliverables and outputs. This should be sufficient to ensure the funding is spent in line with the intended purpose and allow the council to verify or monitor the accuracy of reporting
- They use the fund for new expenditure that delivers additional staff capacity or retains existing capacity where the expenditure or activity has not already been funded by the Infection Control and Testing Fund or other sources of public funding
- They will return any grant amount to the local authority that is not spent on those measures
- if requested to do so, the care provider should provide the council receipts or such other information as they request to evidence that the funding has been spent in accordance with the measures above
- if requested to do so, they will provide the Council with an explanation of any matter relating to funding and its use as the Council thinks necessary or expedient for the purposes of being assured that the money has been used in an appropriate way in respect of those measures
- They only use the funding to support measures that address local workforce capacity pressures through recruitment and retention activity
- They will report on expenditure as set out above and return any grant amount to the local authority that is not spent on those measures
- They will keep sufficient records to be able to demonstrate what specific staffing capacity was secured using this funding
- They agree that if, at the end of the fund on 31 March 2022, there is any unspent amounts or the council is not satisfied that the fund has been spent according to the grant conditions the council will require the repayment of the whole or any part of the grant monies paid

Clawback and assurance

Clawback provisions apply to this fund including that providers must repay any unspent amounts from the fund and any amounts not used for measures that deliver additional staffing capacity and meet the grant conditions.

If the council considers that funding has not been used in accordance with the grant conditions, it will give the provider an opportunity to explain their spending. However, if the council reasonably believes spending is not in line with the grant conditions, they may recover grant monies from the provider.

Next step

Further information and the fund template will be provided in subsequent bulletins.

If you have any questions, please contact Dave Pruden at dave.pruden@leics.gov.uk

OTHER NEWS

Leicestershire County Council IT downtime 27 and 28 November

Leicestershire County Council is replacing part of its IT infrastructure on the weekend of 27 and 28 November.

This work requires all IT services to be shut down over the weekend of 27 and 28 November whilst the upgrade takes place, including email, all '305' phonelines, website forms and applications. The provider portal will be unavailable during this time.

There is a phoneline available for any emergencies relating to people at risk. If you have an urgent or safeguarding concern relating to an individual during the weekend, please follow the usual arrangement to contact the Emergency Duty Team on 0116 255 1606. All other matters will be referred to the website or please wait to contact the council until office hours on Monday 29 November.

Our website will remain up and running and will display up to date information.

Reminder about reporting safeguarding concerns and training

If anyone wants to find out more about when and how to inform the local authority of a safeguarding concern, they can contact lscdg@leics.gov.uk for details of training.

Discharge to Assess (D2A) Pathway Two Review – soft market testing

As per current Government policy, to best respond to the impact of COVID on our NHS and wider health and social care system, the intention has been to embed the discharge to assess model by utilising the national discharge fund. There is an expectation that, due to the significant gains made as a result of this policy, this model becomes the default approach for local systems.

Leicester City Council, on behalf of local system partners in LLR, is leading the commissioning review of the discharge to assess Pathway 2 arrangements for Leicester and Leicestershire to ensure that our performance as a system continues to deliver good outcomes for people discharged from an acute setting. Our long-term aim is to have a robust and coherent discharge to recover, then assess model in place that can deliver good outcomes for those requiring a period of bed-based reablement and recovery. This compliments the significant amount of work being done around Pathway 1 as part of our Home First offer.

The discharge to assess model is based on four clear pathways for discharging people. The definition of Pathway 2 is given below. The soft market questionnaire is particularly focused on the Pathway 2 model (which also are referred to as intermediate care services). In line with national expectations this is likely to be a maximum of 4% of people discharged.

The principles of Pathway 2 are recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, ideally before returning home. The focus of that stay should be on enabling independence which supports the ideal outcome for the individual which is a return home.

This facility is most likely going to be based in a care home, a rehabilitation facility or a hospice and we are seeking responses from all sections of our market who feel they can offer intermediate care services in line with the principles set out above.

To ensure we promote the principles of a home first approach and to best support those needing a Pathway 2 offer, commissioners are keen to explore what the intermediate care model should look like. There are a number of elements that we would like to test out including how we support people with more complex needs at the point of discharge from hospital. Therefore, this soft market questionnaire is seeking advice on the following three elements of the discharge to assess Pathway 2 arrangements needed for Leicester and Leicestershire.

1. What would best support providers to implement a discharge to assess intermediate care model, in terms of staffing, equipment, case management, trusted assessment and therapy input?
2. How can we best support specific needs, such as those people who are bariatric or have other complex needs, such as dementia or challenging behaviour?
3. What issues do we need to consider in terms of the cost model and procurement approach, which will secure a positive market response and work best for organisations able to deliver the Pathway 2 support required?

Further information regarding this Discharge to Assess (D2A) Pathway Two Review is contained within the Soft Market Testing Questionnaire (see below).

The soft market test gives potential providers and other stakeholders the opportunity to express their interests in taking part in the pilot and feed in their views about the potential service model and service definitions. The commissioners will use the information received to appraise options and further develop the specification for the Discharge to Assess (D2A) Pathway Two Review.

This process does not constitute a formal tender or other competitive bidding process and will not result in the letting of a Contract. The commissioners are using this process solely to test the market to gather information and ascertain the level of interest in this particular service. There are therefore no formal criteria which we will use to judge your responses, and it is not our intention to provide any feedback.

To participate in this Soft Market Testing, organisations that may be interested, must complete a Soft Market Test questionnaire. The questionnaire can be downloaded from the Associated Documents Section found in the advert on Source Leicestershire using the following link:

<http://www.sourceleicestershire.co.uk/contracts/show/id/19836>

The completed questionnaire must be returned electronically by email before or no later than 14:00 hours on 6 December 2021 to the email address procurement-asc@leicester.gov.uk with the subject heading 'Completed SMT Q – D2A'.

Bariatric Pilot to Inform the Discharge to Assess Pathway Two Review – soft market testing

Leicester City Council, on behalf of local system partners, is leading the commissioning review of the discharge to assess Pathway 2 arrangements for Leicester and Leicestershire. As part of this, we would like to commission a bariatric

pilot to support the development/ inclusion of this specialism within the review and our longer-term commissioning of Pathway 2 services and support.

As a local system we recognise that we are supporting an increasing number of individuals with bariatric needs, however, we are finding it challenging to make an appropriate placement where someone with bariatric needs requires a temporary/short term reablement support. To help ensure that we factor in all the necessary elements of bariatric placements in the longer-term model we commission, we are wanting to develop a bariatric pilot. This pilot will help test the model and service offer and will make sure we have appropriate provision available for people being discharged on Pathway 2 with bariatric needs. We would welcome responses from organisations that feel they are able to meet the specific requirements for bariatric placements.

Further information regarding this bariatric pilot is contained within the Soft Market Testing Questionnaire (see below).

The soft market test gives potential providers and other stakeholders the opportunity to express their interests in taking part in the pilot and feed in their views about the potential service model and service definitions. The commissioners will use the information received to appraise options and further develop the specification for the bariatric pilot.

This process does not constitute a formal tender or other competitive bidding process and will not result in the letting of a Contract. The commissioners are using this process solely to test the market to gather information and ascertain the level of interest in this particular service. There are therefore no formal criteria which we will use to judge your responses, and it is not our intention to provide any feedback.

To participate in this Soft Market Testing, organisations that may be interested, must complete a Soft Market Test questionnaire. The questionnaire can be downloaded from the Associated Documents Section found in the advert on Source Leicestershire using the following link:

<http://www.sourceleicestershire.co.uk/contracts/show/id/19835>

The completed questionnaire must be returned electronically by email before or no later than 14:00 hours on 6 December 2021 to the email address procurement-asc@leicester.gov.uk with the subject heading 'Completed SMT Q – D2A B'.

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>