



# Information

for adult social care providers

CORONAVIRUS  
**PROTECT  
YOURSELF  
& OTHERS**



## Bulletin 97 – 15 July 2021

Dear Colleagues,

Please find below a number of COVID-19 articles relevant to your services, including heatwave information.

### **National restriction lifting from Monday 19 July – caution**

From Monday 19 July national COVID-19 restrictions will be lifted for the general public – however as we know, this does not mean that COVID-19 has gone away. You may be reflecting on the past 16 months - the measures you have worked so hard to put in place and adhere to are still imperative to reduce COVID-19 infection.

National guidance for adult social care providers is awaited. In the meantime please continue with your rigorous IPC, PPE and testing regimes and in promoting the vaccine to your workers.

### **Care home testing**

Care homes should perform a regular staff testing regime including:

- Weekly PCR testing
- Twice weekly lateral flow testing

If one or more clinically suspected or confirmed cases are identified in staff or residents, [contact your local Health Protection Team \(HPT\)](#) for a risk assessment. In the event of a delay in the HPT returning your call:

- Start 7-day rapid response testing using lateral flow kits
- Ensure cases are isolated and contacts identified

In the event of an outbreak:

- Residents are tested on day 1 of the outbreak (1 PCR test and 1 rapid LFT), and again on day 4, 5, 6 or 7 of the outbreak (1 PCR and 1 rapid LFT).
- All staff to take a PCR test on day 1 and also one on day 4, 5, 6 or 7 of the outbreak, in addition to the 7 day rapid response testing using LFT.

All staff and residents should be tested with PCR 14 days after the last resident or staff had a positive test result or showed coronavirus-like symptoms.

The local HPT will advise if a variant of concern has been detected, and may suggest additional measures if required.

### **Drop-in vaccination clinics**

We want to ensure that adult social care workers continue to have good access to a COVID-19 vaccine, as they remain eligible. Further drop-in vaccination clinics have been confirmed across the county. For the most up to date list visit the [local NHS website](#).

### **Extension to the Infection Control and Testing Fund (ICTF2)**

We reported in the last bulletin that ICTF has been extended to 30 September 2021, and now further information has been released nationally on its distribution and use. The purpose of the 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 within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination.
- Conduct testing of staff and visitors in care homes, supported living and extra care settings, in order to enable close contact visiting where possible.

The funding will be paid to local authorities in July 2021 and should be fully spent by September 2021.

The fund is split into 2 parts, the Direct Fund, which equates to 70% of the grant and must be issued to care homes and community providers to fund the stipulated measures, and the Discretionary Fund, which equates to 30% of the grant and can be used by the local authority to support a broader range of providers and activities.

The Direct Fund payments should be made to care homes and community providers no later than 20 working days after Leicestershire County Council has received it, subject to them meeting the grant conditions.

For full details of the fund and grant conditions please see the [Adult social care extension to Infection Control and Testing Fund 2021](#) section of the DHSC website.

We recognise that the information which follows is lengthy and detailed; please be assured that we have presented it as simply as possible whilst retaining the salient points.

### ***Changes to the Infection Control and Testing Fund***

Please note 2 key changes with ICTF2:

- **Costs to avoid public transport and accommodation costs are no longer a use of the direct funding for providers.** However, these might well still play an important role in some areas, and can therefore be used from the

discretionary local authority funding if local authorities agree that there is a likely benefit.

- **All testing costs (PCR and lateral flow) are now to be met from the testing funding.** This change means that there is not an automatic payment to community care for testing. Therefore, support to community care providers for costs associated with PCR testing are provided through the discretionary allocation of the testing funding (rather than the direct IPC funding) and we will invite applications for this via the discretionary fund.

### ***Direct funding***

Leicestershire will pass direct funding to:

- Care homes, including residential drug and alcohol services, within the local authority's geographical area on a 'per bed' basis
- CQC-regulated community care providers (domiciliary care, extra care and supported living) within the local authority's geographical area on a 'per user' basis
- The precise payments are to be confirmed, but the DHSC guidance indicates a payment of approximately £150 per bed for infection control and approximately £150 per bed for testing should be made to care homes.

The allocation to community providers, based on the number of non-residential service users recorded on the Capacity Tracker Home Care Survey as of 14 June, is approximately £50 per client.

### ***Care home infection control 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 the grant circular, this includes:
  - Staff with suspected symptoms of COVID-19 waiting for a test
  - Where a member of the staff's household has suspected symptoms of COVID-19 and are waiting for a test
  - Where a member of the staff's household has tested positive for COVID-19 and is therefore self-isolating
  - Any staff member for a period of at least 10 days following a positive test
  - If a member of staff is required to quarantine prior to receiving certain NHS procedures (generally people do not need to self-isolate prior to a procedure or surgery unless their consultant or care team specifically asks them to)
- Limiting all staff movement between settings unless absolutely necessary, to help reduce the spread of infection
- 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

- 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.

### *Care home testing measures*

- Paying for staff costs associated with training and carrying out lateral flow testing, including time to:
  - Attend webinars, read online guidance, and complete an online competency assessment
  - Explain the full lateral flow test (LFT) process to those being tested, and ensuring that they understand all other infection prevention and control (IPC) measures
  - Ensure that any LFTs are completed properly, wait for results, if staff are taking tests prior to their shift.
- Supporting safe visiting, including:
  - Welcoming visitors
  - Gaining consent to conduct lateral flow testing
  - Overseeing that PPE is correctly donned
  - Additional IPC cleaning in between visits
  - Alterations to allow safe visiting such as altering a dedicated space
- 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. It is expected 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

### *Community provider infection control 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 the grant circular, this includes:
  - Staff with suspected symptoms of COVID-19 waiting for a test
  - Where a member of the staff's household has suspected symptoms of COVID-19 and are waiting for a test

- Where a member of the staff's household has tested positive for COVID-19 and is therefore self-isolating
- Any staff member for a period of at least 10 days following a positive test
- If a member of staff is required to quarantine prior to receiving certain NHS procedures (generally people do not need to self-isolate prior to a procedure or surgery unless their consultant or care team specifically asks them to)
- 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. 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)
- 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

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 Annex A of the [DHSC Guidance](#).

### ***Discretionary funding***

#### *Infection prevention and control (IPC)*

Leicestershire must use the Discretionary Fund to support the care sector to put in place other COVID-19 infection control measures, but this can be allocated at the council's discretion.

Leicestershire must consider using this fund to put in place infection prevention and control measures to support the resumption of services, including those providers who may be facing more significant IPC costs.

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

- 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
- 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
- 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.

### *Testing*

Local authorities must use their discretionary testing fund to support providers to deliver testing in a broader range of settings.

Leicestershire may use the discretionary portion of the testing allocation to support:

- Supported living and extra care settings eligible for LFTs
- 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 to implement lateral flow testing as they may face relatively higher costs compared to large homes.
- Other parts of the sector with lateral flow testing in line with any further rollouts.

These settings can use this funding in line with the testing measures outlined above.

### ***Grant conditions***

In order to receive funding, care providers will be required to adhere to the following requirements, which are very similar to those in ICTF, for the duration of the fund (until 30 September 2021):

- Completion of Capacity Tracker at least twice (two consecutive weeks) prior to the commencement of ICTF2
- Agreement to ongoing completion of the Capacity Tracker at least once per week throughout ICTF2 until 30 September
- Providing the local authority with monthly reports on eligible spending between 1 July and 30 September
- Providers in receipt of LFTs are required to register the results as per the guidance.

By accepting funding, providers accept the grant conditions which are detailed in the Extension to Infection Control and Testing Fund [Local Authority Circular](#).

### **Heat stress - wearing PPE**

Please ensure that your staff are aware of the risk of heat stress when wearing PPE and know how to reduce their risk. Satisfy yourself that there is a cascade in place to make sure that frontline staff receive the alerts.

Staff working in warm/hot conditions should follow this advice:

- Take regular breaks, and find somewhere cool if you can.
- Make sure you are hydrated (checking your urine is an easy way of keeping an eye on your hydration levels – dark or strong-smelling urine is a sign that you should drink more fluids).
- Be aware of the signs and symptoms of heat stress and dehydration (thirst, dry mouth, dark or strong-smelling urine, urinating infrequently or in small amounts, inability to concentrate, muscle cramps, fainting). Don't wait until you start to feel unwell before you take a break.
- Use a buddy system with your team to look out for the signs of heat stress (eg confusion, looking pale or clammy, fast breathing) in each other.
- Between shifts, try to stay cool as this will give your body a chance to recover.

### Current heatwave position

National heatwave guidance has been updated referring to COVID-19. As you are aware, a heat-health watch alert system operates in England from 1 June to 15 September each year. During this period, the Met Office may predict heatwaves, which are defined by forecasts of day and night-time temperatures and their duration. Alerts are then issued as follows:

Figure 2.1: Heatwave Alert levels

Level 0	Long-term planning - All year
Level 1	Heatwave and Summer preparedness programme - 1 June – 15 September
Level 2	Heatwave is forecast – Alert and readiness - 60% risk of heatwave in the next 2 to 3 days
Level 3	Heatwave Action - temperature reached in one or more Met Office National Severe Weather Warning Service regions
Level 4	Major incident – Emergency response - central government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health

We all know that high temperatures have significant health consequences and are associated with increased mortality and increased morbidity. You will have seen media reports of deaths associated with a heatwave – most notably in Canada last month. COVID-19 amplifies these effects.

Everybody can be affected by high temperatures, but there are certain factors that increase an individual's risk during a heatwave. These include:

- **older age:** especially those over 75 years old, or those living on their own and who are socially isolated, or those living in a care home
- **chronic and severe illness:** including heart or lung conditions, those on certain medications, diabetes, renal insufficiency, Parkinson's disease or severe mental illness

- **inability to adapt behaviour to keep cool:** babies and the very young, having a disability or mobility problem, being cared for in bed, using alcohol or drugs, having Alzheimer's disease; people who already have a high temperature from an infection
- **environmental factors and overexposure:** living in a top floor flat, being homeless, activities or jobs that are in hot places or outdoors and include high levels of physical exertion

There are also a range of mild to severe health impacts especially when temperatures remain high for prolonged periods ranging from heat cramps to heatstroke and respiratory and cardiovascular illness.

There are obviously other wider hazards such as air pollution, wildfires, food poisoning and drought. Whilst higher temperatures will increase the risk of overheating in houses (possibly affecting people working from their own homes or in others homes) schools, hospitals, care homes, prisons, offices, libraries and other types of buildings, leading to adverse impacts on health.

It is therefore important that organisations (particularly those involved in health and social care) work together during periods of increased heat, to ensure that we are:

- **Prepared** - raising awareness of staff, volunteers, customers, people using services, and the wider public of the potential risks and consequences and providing them with information
- Have **identified** and taken particular care of at risk/vulnerable individuals (people using services, staff, customers)
- Have considered the **physical environment** to reduce the impact of heat exposure (both indoors and outdoors) providing resources and best practice information

There is a wealth of resources that you can call upon including helpful guidance via this link <https://www.gov.uk/government/publications/heatwave-plan-for-england>

This contains advice for all health and social care professionals including the following 'beat the heat' resources:

- Coping with heat and COVID-19 leaflet
- Coping with heat and COVID-19 poster
- Keeping care home residents safe and well during COVID-19 poster and checklist
- Keeping cool at home checklist

Further heatwave health advice is available from the NHS Choices website at: <https://www.nhs.uk/live-well/healthy-body/heatwave-how-to-cope-in-hot-weather/>

Further information on heat-health watch is available on the Met Office website at: <https://www.metoffice.gov.uk/weather/learn-about/weather/types-of-weather/temperature/heatwave>

Should you want to register or amend an existing registration please contact the Met Office using [enquiries@metoffice.gov.uk](mailto:enquiries@metoffice.gov.uk) providing your name, organisation and email address (.nhs or .gov or provide organisation type).

Health-related air pollution advice is available at: <https://uk-air.defra.gov.uk/forecasting/>

### **National online survey about care home data collection and sharing**

The University of Newcastle has launched a survey that invites respondents to share their views on data collection in care homes. The survey aims to identify what data is already being collected and will help to understand how a minimum dataset would impact on workloads in care homes.

This survey is part of a bigger study involving eight universities and is run from Newcastle University with support from the University of Kent among others.

The survey should take no longer than 10-15 minutes to complete. [Click this link to access the survey](#)

If you would like to find out more, there is a [study website](#) or contact Emily McKean [ejbm@kent.ac.uk](mailto:ejbm@kent.ac.uk) or Barbara Hanratty [Barbara.hanratty@newcastle.ac.uk](mailto:Barbara.hanratty@newcastle.ac.uk).

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>