

Adult Social Care Provider Webinar

Friday 5th March 2021

Welcome and Introductions

Tony Pounder

Welcome and introductions

Purpose of webinar: key messages and updates, both national and local

Reminders:

- Fortnightly webinar for providers on Fridays, 1-2/2.30 p.m. Potentially schedule in weekly, dependent on developments and the need to quickly share key messages.
- Provider portal: <https://www.lancashire.gov.uk/practitioners/health-and-social-care/care-service-provider-engagement/coronavirus-covid-19-information-for-care-providers/>

Today's Agenda

1-2.30pm

- **Guest speakers** - Jamie Sweet (NHS F&W CCG) and Carol Bissett (NHS Blackpool CCG); information re: vaccine myth busting sessions for care settings
- **National updates (Tony Pounder)**
 - Roadmap out of lockdown
 - Update care home visiting guidance
 - Budget announcement 2021
- **Local updates (Tony Pounder)**
 - LRF Visiting in Care Homes Policy Statement
 - Local Government Reorganisation (Cumbria)
- **Vaccination Updates (Joanne Reed)**
- **Testing Update (Tony Pounder)**

Today's Agenda (cont)

- IPC Update (Ellen Smith)
- Care Capacity Tracker Update (Ellen Smith)
- Finance Updates (Tony Pounder)
- Day Services Update (Tony Pounder)
- Regular updates; national and local guidance, etc (Kieran Curran)

Guest speakers - Jamie Sweet (NHS F&W CCG) and Carol Bissett (NHS Blackpool CCG)

Information re: vaccine myth busting sessions for care settings

Four Steps out of National Lockdown

Tony Pounder

Roadmap out of national lockdown

- 4 steps of out national lockdown and anticipated timescales were announced by the Government on 22nd February
- 4 steps of the roadmap are summarised in the following infographics

STEP 1: 8 March



Schools and colleges are open for all students. Practical Higher Education Courses.



Recreation or exercise outdoors with household or one other person.
No household mixing indoors.



Wraparound childcare.



Stay at home.



Funerals (30), wakes and weddings (6).

29 March



Rule of 6 or two households outdoors.
No household mixing indoors.



Outdoor sport and leisure facilities.



Organised outdoor sport allowed (children and adults).



Minimise travel.
No holidays.



Outdoor parent & child groups (up to 15 parents).

STEP 2

At least five weeks after Step 1, no earlier than 12 April.



Indoor leisure (including gyms) open for use individually or within household groups.



Rule of 6 or two households outdoors.
No household mixing indoors.



Outdoor attractions, such as zoos, theme parks and drive-in cinemas.



Libraries and community centres.



Personal care premises.



All retail.



Outdoor hospitality.



All children's activities, indoor parent & child groups (up to 15 parents).



Domestic overnight stays (household only).



Self-contained accommodation (household only).



Funerals (30), wakes, weddings, receptions (15).



Minimise travel.
No international holidays.



Event pilots begin.

STEP 3

At least five weeks after Step 2, no earlier than 17 May.



Indoor entertainment and attractions.



30 person limit outdoors.
Rule of 6 or two households indoors (subject to review).



Domestic overnight stays.



Organised indoor adult sport.



Most significant life events (30).



Remaining outdoor entertainment (including performances).



Remaining accommodation.



Some large events (except for pilots)
- capacity limits apply.
Indoor events: 1,000 or 50%.
Outdoor other events: 4,000 or 50%.
Outdoor seated events:
10,000 or 25%.



International travel
- subject to review.

STEP 4

At least five weeks after Step 3, no earlier than 21 June.
By Step 4, the Government hopes to be able to introduce the following
(subject to review):



No legal limits on
social contact.



Nightclubs.



Larger events.



No legal limit on all
life events.

Updated National Guidance - Visiting Arrangements in Care Homes - hot off the press!

- [Visiting arrangements in care homes \(updated 4th March\)](#)

The guidance has been replaced with a new version to reflect the announcements in the roadmap published on 22 February (COVID-19 Response – Spring 2021) for the next phase in opening up care home visiting. Added a new document: 'Summary of guidance for visitors'.

LRF Care Home Visiting Policy Update

- The LRF Care Home Visiting Policy Statement was updated on 1st March (before the national guidance was updated) and again on 5th March to reflect the update national guidance.
- The purpose of this local guidance is to highlight the relevant key messages and guidance for care home visitors which comes into effect from 8th March 2021.
- Until this date, the existing LRF guidance issued on 11th January 2021 applies – [link](#)
- Will be circulated to providers and shared on the portal.

LRF Care Home Visiting Policy Update

Care Home Visiting Policy Update (05/03/2021)

- This update is provided in light of the government announcement on 22 February 2021 and its associated publication; COVID-19 Response – Spring 2021. This guidance sets out how the Government plans to continue to protect and support citizens and provides a roadmap out of the current lockdown in England.
- We would urge you to read the full government publication which includes guidance to enable safe visiting in accordance with the law and minimise the risk of ongoing transmission. The link is provided here:
<https://www.gov.uk/government/publications/covid-19-response-spring2021/covid-19-response-spring-2021>
- Additional government guidance on care home visiting was published on 5 March 2021. Providers should facilitate visiting as described in this guidance wherever it is possible to do so in a risk managed way and to inform an update to your visiting policy and dynamic risk assessment
- [Guidance on care home visiting - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-response-spring2021/covid-19-response-spring-2021)

LRF Care Home Visiting Policy Update

- The purpose of this local guidance is to highlight the relevant key messages and guidance for care home visitors which comes into effect from 8th March 2021.
- Until this date the existing guidance issued 11 January 2021 applies and the link is provided here: <https://www.lancashire.gov.uk/media/921368/version-10-final-202101-11-care-home-visiting-policy.pdf>

From 8th March 2021

- Every care home resident will be able to nominate a single named visitor who can come into the care home for a regular visit and in accordance with the Care Home's existing infection prevention control measures.
- It is not a condition of visiting that the visitor or the resident should have been vaccinated.

LRF Care Home Visiting Policy Update

- Care Homes should update their Visiting Policy and dynamic risk assessment to help them decide how to provide visiting opportunities in a way that takes account of individual needs of their residents, the physical environment and other features unique to the care home.
- Care Homes should include arrangements to:
 - Support residents to nominate a single named visitor
 - Arrange for the nominated visitor to take a lateral flow test (LFT) every time they visit
 - Provide and support the nominated visitor to wear PPE
 - Encourage nominated visitors and residents to keep physical contact to a minimum, e.g. whilst hand holding may be appropriate close contact hugging etc. is not.
 - Maintain social distancing
 - Sanitise hands on arrival and upon leaving

LRF Care Home Visiting Policy Update

In addition to these new measures, care homes should:

- Continue to allow visits for other loved ones through arrangements already in place including substantial screens, visiting pods, visits behind windows or outdoor visiting.

In the event of an outbreak in a care home

- Immediately stop visiting to protect residents, staff and visitors who might be vulnerable to COVID-19.
- Visits in exceptional circumstances such as end of life should continue in all circumstances including in the event of an outbreak
- The circumstances for 'essential care givers' (see below) is considered an exceptional circumstance and should therefore continue in the event of an outbreak unless there are specific reasons not to do so

LRF Care Home Visiting Policy Update

- There may be local policy and outbreak management arrangements which will be important to follow. These restrictions should continue until the outbreak is confirmed as over. At that point visiting (as detailed above) may resume with the usual infection prevention and control measures and any enhancements required due to any risks identified following the recent outbreak.

LRF Care Home Visiting Policy Update

'Essential Care Givers'

- It is recognised that some residents need more support for example residents with advanced dementia, learning difficulties or autism may need a particular trusted person to perform some personal care tasks.
- It is proposed that arrangements are made for those visitors, whose visit is essential to the resident's immediate health and wellbeing and who are providing personal care, including help with washing, dressing or eating well.
- With the agreement of the care home, these 'essential care givers' will have access to the same testing arrangements, the same PPE and infection control arrangements as care home staff so that they can play this important caring role.
- Each resident will be different and the individual arrangements will need to be agreed between the care home, resident and their family (with professional support as needed) and should follow an individualised assessment of the resident's needs

LRF Care Home Visiting Policy Update

Next steps and not before 12 April 2021

- At step 2 of the roadmap government will look at the effectiveness of the vaccine for people living in care homes, as well as levels of infection in the local community, especially of any new variants.
- At that point a decision will be taken on extending the number of visitors to two per resident and set out a plan for the next phase of visits for people in residential care.
- The LRF will continue to update you with local guidance in light of further developments and infection levels across the 3 upper tier authority areas.

Budget Announcement 2021

- The Chancellor of the Exchequer presented his Budget to Parliament on Wednesday 3 March 2021 - [article](#) here.
- No announcements about money for much awaited Social Care Reforms
- No announcements about any extensions or additional Grant programmes (eg ICF, Testing, or Workforce Grant)

Budget Announcement 2021 - Covid-19

- An extra £1.65 billion cash injection to ensure the Covid-19 vaccination roll-out in England continues to be a success.
- £28 million to increase the UK's capacity for vaccine testing, support for clinical trials and improve the UK's ability to rapidly acquire samples of new variants of COVID-19.
- £22 million for a world-leading study to test the effectiveness of combinations of different Covid-19 vaccines. This will also fund the world's first study assessing the effectiveness of a third dose of vaccine to improve the response against current and future variants of COVID-19.
- A further £5 million on top of a previous £9 million investment in clinical-scale mRNA manufacturing, to create a 'library' of vaccines that will work against Covid-19 variants for possible rapid response deployment.
- Extending £500 Test and Trace support payments in England until the summer.

Local Government Reorganisation (Tony Pounder)

- The government has [announced](#) an eight-week consultation on proposals for local government reform in Cumbria
- One of the four proposals under consideration would see South Lakeland and Barrow councils [form a new Bay unitary authority with Lancaster](#)
- If the Bay proposal was adopted it would mean a change in how services in the Lancaster City Council area are delivered
- Please be assured that if adopted all of the functions and services currently provided would need to continue under any new arrangements
- The Bay proposal is only one of four different bids submitted to government, who have not indicated a preference for any of the plans
- Any changes agreed would take at least two years to implement
- We will make our views known during the consultation

Vaccination Updates

Joanne Reed

Vaccination Update - national picture

- Over 20 million people now vaccinated in UK
- Government reporting 90% uptake amongst eligible cohorts so far
- Target of everyone in Cohorts 1 – 9 by mid April
- JCVI have confirmed the aged based priority going forward

Vaccination Update - Lancs and South Cumbria picture

- Over half a million people vaccinated in Lancs and South Cumbria
- All care homes have had 1st visit for resident vaccination, over 90% of residents have had 1st dose
- Nearly 70% uptake amongst H&SC workforce

Vaccination Update

- 2nd doses are now being booked. NHS will be in touch
- ELIGIBLE H&SC staff can still use the NHS national booking system
- Work ongoing to encourage take up to continue
- Care homes will be offered 'myth busting' sessions with ICS Comms colleagues
- Targeted work with BAME community, including Ramadan advice

Vaccination Update

- Progressing now with cohorts 5 & 6
- Assurance from NHS that everyone covered by 'new' CEV is being contacted including LD
- We are supplying NHS with lists of Carers known to us, NHS will contact individuals
- Carers Link will also supply info, likewise NHS will be in touch
- GPs contacting Carers they know about

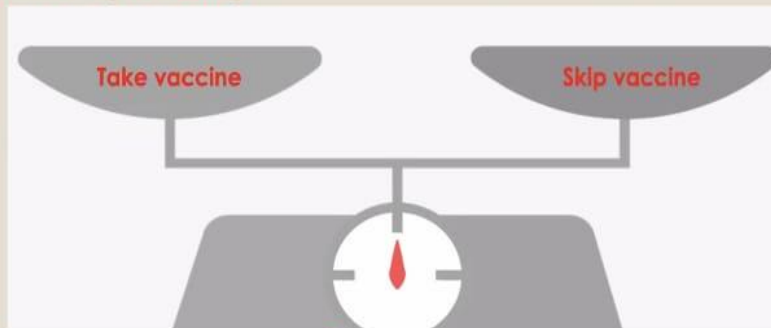
BIMA Vaccination Comms

- The British Islamic Medical Association (BIMA) advice on vaccinations can be found here: [COVID-19 Vaccine Hub - Statements | British Islamic Medical Association \(britishima.org\)](https://www.britishima.org/COVID-19-Vaccine-Hub-Statements) - the advice states that vaccination is permissible during fasting.
- We will not be able to re-prioritise all vaccinations and there will be BIMA advice (e.g. on next slide from a webinar attended by Abdul Razaq, PH Consultant).
- Public Health colleagues are working with the Lancashire Council of Mosques on a webinar around 19th March on Ramadan preparations.

BUT WHY RISK LOSING A DAY OF FASTING?



- Minimal risk of getting a side effect that makes you feel aches & pains and maybe miss a day of fasting
- Risk getting Covid and miss the whole of Ramadan
- Risk getting Long-Covid and miss many future Ramadans
- Risk you or loved one dying from Covid and never see another Ramadan



BRITISH ISLAMIC

Leave

Unpaid Carers - data collection

- NHS Digital have written to the named 'registered submitter' for Short and Long Term Support (SALT) returns in each LA to enable each LA to submit information on unpaid carers known to the LA / local carers organisation.
- Devised a returns spreadsheet to populate with local data.
- The submission deadline is Wednesday 10th March.
- This will support LCC to provide the information required from us to support the vaccination programme for unpaid carers.

National Vaccination Booking System for H&SC Staff

- The national vaccination booking system is still available for eligible health and social care staff to self-refer.
- Eligible staff can book for a vaccination centre, or for or a community pharmacy-led local vaccination service at www.nhs.uk/covid-vaccination

Testing Updates

Tony Pounder

Enhanced testing via LFD for Supported Living and Extra Care Settings

There are 2 different national testing programmes available for extra care and supported living settings. They are referred to as:

- ‘high risk settings’
- ‘wider settings’

The testing programme for a setting will be determined by the following eligibility criteria:

- the setting is a closed community with substantial facilities shared between multiple people
- it is a setting where the majority of residents (more than 50%) receive the kind of personal care that is CQC-regulated (rather than help with cooking, cleaning and shopping)

If your setting meets both criteria above you are classified as a ‘high risk’ setting.

If your setting meets one of the criteria above you are classified as a ‘wider’ setting.

All settings need to be referred by the local authority who will use these criteria to make any final decisions about whether a setting is a ‘high risk’ or ‘wider’ extra care or supported living setting.

[Sign up to webinar to go through process / ask questions](#)

Continued....

High-risk settings

If you're classified as a high-risk setting:

- all staff should conduct 1 PCR test per week
- all staff should conduct 2 rapid lateral flow device (LFD) tests every week, ideally before their shift begins:
 - one on the same day as their weekly PCR
 - one midweek, 3 to 4 days later
- all residents should conduct one PCR test every month
- in the event of a positive test result all staff should use rapid LFT for 7 days

Wider settings

If you're classified as a wider setting, all staff should conduct one PCR test every week.

Testing for organisations supplying staff to care settings

Community mass site testing attendance. Details of sites in Lancashire can be found [here](#) and for elsewhere in the county [here](#). Staff member attending the site and being tested will get result via text and can use this to share with prospective employers – care homes, supported living etc.

Agency staff should be tested before starting work

Care providers should continue to include agency staff in their testing regime whilst the staff member is part of their workforce.

Please share with agencies that you work with.

Reminder of recent testing updates from DHSC (shared on previous webinar)

- **Rapid response LFD testing for staff is being extended (from 22 February).** This should no longer automatically stop after 7 days. Instead care homes should continue with rapid response testing until 5 days have elapsed since the last positive test. Staff should only be tested on the days they due to attend work.
- **LFD testing for residents is being introduced (from 22 February).** This should be undertaken at the same time as the PCR testing in an outbreak - on day 1 and on an additional day between days 4 and 7. The usual principles of consent and best interest decisions apply to inform your decision whether this is appropriate for each resident.
- **PCR outbreak testing is moving from Pillar 1 to Pillar 2.** The policy for when to carry out the outbreak PCR remains the same. All staff and residents should be tested on day one and on an additional day between days 4 and 7.

National Guidance - Care Home COVID-19 Testing Guidance (for testing of all staff and residents)

- [Care Home COVID 19 Testing Guidance](#) - national guidance was updated on 16th February re: retesting of asymptomatic staff and residents, stating: “Those who have previously tested positive for COVID-19 should not test with either PCR or LFD for 90 days unless they become symptomatic. After 90 days, staff should continue testing with PCR or LFD tests.”
- A reminder that the local position on this differs from the national guidance...

Local Position re: retesting

[Clinical Advisory Group Position Statement on Testing](#) – on portal

Lateral flow testing within 90 days of a positive test

- Currently, it is not known whether previous infection or vaccination prevents re-infection and consequent infectiousness. It is likely but not definite. It also not known how long immunity from a vaccine or infection will last.
- LFD tests identify antigen, rather than fragments of virus RNA like the PCR test. They are less prone to false positives than PCR tests, particularly when the prevalence of Covid-19 is high, as it is now. The LFD tests detect those with high viral loads who are likely to be infectious and should isolate to protect others.
- We appreciate the concern about the removal of people from the workforce who may test positive again during 90 days following a positive test. The numbers affected by this are likely to be very small.

Local Position re: retesting

- As such, the Clinical Advisory Group (CAG) do not see a reason to exclude those with previous positive LFD or PCR tests from ongoing LFD testing for 90 days.
- The CAG therefore recommend that people who test positive can re-enter the LFD programme at any time after their recovery from Covid-19.
- This position/advice will be kept under review weekly via the testing clinical advisory group.

IPC updates

Ellen Smith

IPC Update - PPE

- Thank you! It's down to your compliance with PPE which will keep the risk of transmission as low as possible.
- Please continue to reiterate donning and doffing techniques with your staff team – especially new starters.

Donning PPE

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.



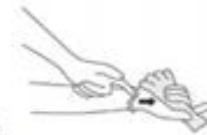
Doffing PPE

- 1** Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



- 2** Clean hands.



- 3** Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



- 4** Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.



- 5** Clean hands.



- 6** Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

- 7** Clean hands with soap and water.



Community Visits - PPE

- You can wear the same face mask between different homecare visits if it is safe to do so while travelling.
- This includes travelling between households as long as you do not need to take the mask off or lower it from your face. You should not touch your face mask.

Community Visits - PPE

- Providing neither you nor the clients touch the mask, then wearing the same face mask between client visits does not present risk to you or the client.
- Remove PPE and dispose of it or decontaminate if reusable (visor/goggles) after your final visit.

Community Visits - Waste

- If you are out and about visiting SUs in their own homes, PPE needs to be discarded appropriately.
- Waste should be placed in a refuse bag and can be disposed of as normal domestic waste unless the SU has symptoms of COVID-19 (a new continuous cough, a high temp, a loss of, or change in, your normal sense of taste or smell).

Community Visits - Waste

- Waste from SUs with symptoms of COVID-19, waste from cleaning of areas where they have been (including disposable cloths and used tissues) and PPE waste from their care:
- Should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.

Community Visits - Waste

- It should be put in a suitable and secure place and marked for storage for 72 hours.
- Waste should be stored safely and securely kept away from children. You should not put your waste in communal waste areas until the waste has been stored for at least 72 hours.
- Don't put any items of PPE (or face coverings of any kind) in the recycling bin.

Updated Guidance

Guidance

Restricting workforce movement between care homes and other care settings

Updated 3 March 2021

Updated Guidance

- This guidance sets out expectations of providers on limiting the routine movement of staff.
- It covers:
 - Restricting routine staff movement
 - Allowing staff movement in exceptional circumstances

Any queries?

Please email:

infectionprevention@lancashire.gov.uk

(Monday – Friday 8am – 5pm)

Care Capacity Tracker Updates

Ellen Smith

Reminder

- A reminder for Community Providers to continue to self-input in to NECS as LCC are still unable to up load on their behalf.

Additional questions for Care homes who are readmitting or admitting someone after a hospital inpatient stay

- If anyone tests positive, you will be asked to indicate how many tested positive less than 15 days ago, which NHS trust they were discharged from, and the reason the Government Policy was breached.
- If any patients were KNOWN NOT tested, you will be asked to indicate how many were discharged outside of the current discharge testing policy and again, which NHS trust they were discharge from, and the reason the Government Policy was breached.

Additional Questions for Day Care Centres

- To capture information regarding the PCR testing you are undertaking, you will be asked the following:
- When did you last order your test kits as part of staff repeat testing?
- When did you last distribute staff test kits to your staff?

Additional Questions for Supported Living Providers

- To capture information regarding the twice Weekly Lateral Flow Testing you will be asked the following question weekly;
- Have you implemented the 2 additional lateral flow tests (Enhance Testing Regime) for staff per week?
- If you respond no, you will then be asked if any of the following apply:
 - No Lateral Flow Test kits available
 - Unaware of Enhance Testing Regime requirement/guidance
 - Lack of physical space in care home to complete testing
 - Unsure of Lateral Flow Test clinical procedure
 - Lack of staff availability
 - Do not wish to take part
 - Not attended training
 - Insurance issues
 - Other

Finance Updates

Tony Pounder

Covid Grants

Current grants and grant conditions- March 2021

- The LGA and ADASS have produced a summary document, Current Grant Funding and Conditions March 2021 ([link](#)), of the current grants available to the Adult Social Care sector. The document summarises the purpose, conditions, reporting requirements and other details of the below grants:
 - Infection Control Fund 2 (ICF2)
 - Workforce Capacity Fund
 - Adult Social Care Rapid Testing Fund

Current grants and grant conditions- March 2021

The document summarises:

- Grant Purpose Conditions and passporting
- rules
- Reporting requirements End of funding
- period
- More information
- Resources
- Local requirements

Current grants and grant conditions, March 2021

Grant	Purpose	Conditions and passporting rules	Reporting requirements	End of funding period	More information/resources	Local requirements
Infection Control Fund 2 (ICF2)	ICF2 is an extension of the Adult Social Care Infection Control Fund which was first introduced in May 2020. It is intended to support adult social care providers to reduce the rate of COVID-19 transmission.	<p>Please note funding conditions have been revised since ICF1.</p> <p>Of total funds allocated, 80% is to be passed directly to care homes within a LA's geographic area on a 'per bed' basis and CQC-regulated providers on a 'per user' basis. This includes providers with whom the LA does not have a contract. The further 20% can be allocated at the LA's discretion to support providers to tackle the risk of COVID-19 infections.</p> <p>Funding can be used to pay staff who are self-isolating with suspected COVID-19 symptoms, rather than only after a positive test, but individuals must be seeking to confirm whether they do have COVID through a test. The funding cannot be used to pay staff who are off sick with conditions other than COVID-19, to top up the pay of staff who are furloughed, or to pay staff who are shielding.</p>	<p>LA's must submit monthly returns specifying how the grant has been spent. LA's must seek assurance that all funding passed to providers is spent on infection prevention and control measures.</p> <p>The remaining reporting points are:</p> <p>Reporting point 4: 26th February (spending up to end of January and planned spending for the entirety of the fund).</p> <p>Reporting point 5: 31st March (spending up to end of February and planned spending for the entirety of the fund).</p> <p>Reporting point 6: 30th April (spending up to the end of March and end of the fund).</p>	Funding must be fully spent by 31st March .	<p>A list of appropriate infection prevention and control measures which can be covered by the ICF2 grant and suggested uses for the 20% of the funding to be allocated at LA discretion is covered in the Adult Social Care Infection Control Fund round 2 guidance.</p> <p>The LA reporting template will be made available before the reporting point in Annexe E of the guidance.</p>	

Grant	Purpose	Conditions and passporting rules	Reporting requirements	End of funding period	More information/resources	Local requirements
Workforce Capacity Fund	The fund is intended to enable LA's to support all providers of adult social care in managing workforce pressures by extending the capacity of the existing workforce (e.g. by paying staff overtime or enabling staff to work more flexibly) or by growing and developing the workforce (e.g. through recruitment and training for new staff).	LA's can use the funding to support any provider, inc. those with whom they do not have contracts and non-CQC registered providers. However, LA's may passport funding directly to CQC registered providers only. Providers may use the funding to support new expenditure or expand existing activity not already funded by other grants (e.g. cannot be used to pay self-isolating staff as covered by ICF2).	The second return is due on 5th March . LA's should use this to confirm that they have been able to take forward planned activities, and report on outputs delivered so far. The third return is due 15th May . LA's must demonstrate how the fund has been used to support workforce capacity. DHSC will provide LA's with a template for this return.	Funding must be fully spent by 31st March and all activities must have taken place by this date (e.g. training cannot be purchased before 31 st March to be used after the end of the fund).	An FAQ by the LGA answers some common questions about acceptable use of the funding. A full breakdown of the data requested for reporting points 2 and 3 is contained in Annexe C of the DHSC guidance . The reporting point 2 template is Annexe F of the guidance .	
Adult Social Care Rapid Testing Fund	This funding is to support additional lateral flow device (LFD) testing in care homes, for staff, visiting professionals and to enable indoor, close contact visiting where possible. It can be used for staff training, carrying out LFD testing, recruitment costs to facilitate increased testing, costs associated with the creation of a separate testing area for staff and visitors and costs of disposal of LFD tests and testing equipment.	Of the total allocated funding, 80% should be passed on to care homes within the LA's geographical area on a 'per bed' basis. This includes residential drug and alcohol services and includes providers with whom the LA does not have a contract. The remaining 20% can be allocated at the LA's discretion to implement increased LFD testing.	Monthly returns are to be submitted as part of the ICF 2 returns at the following points: Reporting point 4: 26th February (spending December-January). Reporting point 5: 31st March (spending December-February). Reporting point 6: 30th April (spending December-March).	This fund supports expenditure from 2nd December 2020 up to and including 31st March 2021 .	A list of measures that the funding can be used for and detailed lists of requirements for LA's and providers are available in the Adult Social Care Rapid Testing Fund guidance . The LA reporting template is contained in Annexe E of the ICF2 guidance .	

Workforce Capacity Fund - reminder

- Calls have been made to providers over the last week, chasing them for the their schedule 2 returns for the funding.
- Despite these calls , some providers have still not returned their acceptance.
- As of 3rd March, we still have 60 community and 228 residential outstanding.
- Similar picture for the lateral flow funding as well;we still have 172 providers outstanding.
- The deadline for them to report is 5/3/21.

Compliance with Conditions and Reporting Arrangements

- The Grant Conditions require the County Council to provide assurances and evidence to Government that you have spent any Grant money as intended. In turn it is a condition of the allocation of funding that your organisation accounts for the use of all the grant received from the County Council.
- Any grant that is unused or used for a different purpose than set out in the Grant Conditions must be returned to the County Council and in turn returned to government.

Reporting Dates

- For ease, the reporting date requirements are the same for all Grants. The County Council has amended the *Infection Control e-form* in order for you to comply with your reporting requirements for this fund.
- As a reminder, the relevant dates are:
 - 5 March 2021, with information on January and February activity and spending of this grant
 - 15 May 2021, with information all subsequent activity and spending of this grant
- We ask that you complete the updated e-form at least one week prior to these dates in order for the County Council to comply with its requirements under the scheme.

Reporting Dates

- You are asked to confirm that you understand and accept the grant conditions.
- **We require you to complete and return Schedule 2 to carehomefinance@lancashire.gov.uk. The County Council will aim to make payment to you within 5 – 7 days of receipt of your return.**
- This will enable the County Council to assure Government that the funding is being used appropriately.
- Please also include your organisation's preferred email address for any future communication regards the administration of the grant.

Infection Control Grant

- Please continue to submit your monthly returns to the contract management team:
contractmgmt.care@lancashire.gov.uk
- Local authorities are required to provide monthly returns to the DHSC to report on monthly spend.

Fees and Charges

Notification Letter

Community Care Charges increases

- Fees and charges are being uplifted from April 2021 as agreed at Cabinet in February 2021
- A notification letter has gone out from LCC Finance to 1700 Service User in receipt of community care services,
 - chiefly those using home care and
 - who typically pay full cost for their services
- This advises SUs of the increase in the Hourly Average Charge rate from £13.71 to £14.27
- The new rate will come into effect from 5th April 2021
- Letter will go on portal
- Please remind anyone who is concerned or distressed by these letters to contact us

Insurance

NW ADASS Insurance survey Report

- NW ADASS received information from 115 settings across Blackburn, Blackpool, Bolton, Bury, Cheshire East, Cumbria, Lancashire, Liverpool, Manchester, Rochdale, Salford, Warrington, and Wirral.
- 90 of those 115 submissions were from Lancashire homes – thank you to our providers for their response
- Of those 115 settings, 77 saw increases in their insurance costs post March 2020.

NW ADASS Insurance survey Report

Key Findings:

- On average, insurance costs increased by 68% or £24,000.
- Domiciliary care saw the highest percentage increase of the setting types at 80%.
- With that said, nursing homes for the over 65's saw the highest cost increase at approximately £62,5000.
- Several themes emerged relating to the impact of these increased costs including communicable disease exclusion from policies, reduced service offer / unable to operate, and unable to facilitate discharges / become a designated setting.
- Report will be uploaded to the portal.
- **Findings may be skewed – only those with a major concern have been in contact**

Day Services Updates

Tony Pounder

LCC Adult Social Care - Policy Statement on Day Services (issued March 2nd 2021)

- The LCC ASC Position on Day Services has been reviewed and ASC now support the re-opening Day Services from the 8th March 2021;
- Decision comes as a consequence of the introduction of regular PCR testing for staff within day services;
- New guidance published for Social Care Institute for Excellence on delivering safe adult day services;
- [Practical information: What to consider when re-opening day care services \(scie.org.uk\)](https://www.scie.org.uk/practical-information/what-to-consider-when-re-opening-day-care-services)
- Day Service providers are able to offer enhanced testing by way of asymptomatic lateral flow testing as part of Lancashire SMART testing programme;

LCC Adult Social Care - Policy Statement on Day Services (issued March 2nd 2021)

- The roll out of the Covid vaccination programme has enabled staff to access a vaccination;
- Many of the users of day services whether of the older age category were within the top 4 priority groups for vaccinations, and the vaccination programme continues.
- Providers are reminded that there is still a requirement to follow all national guidance regarding, and adherence to PPE and IPC control measures.
- On the provider portal - [link](#)

National and local policy guidance and updates

Kieran Curran

All new and updated national adult social care guidance is available on the Portal under:
Government, NHS and NW ADASS advice and guidance

COVID-19 Online Resources

- [Care Quality Commission info for providers](#)
- [Social Care Institute for Excellence](#)
- [Health Education England's coronavirus programme](#)

New National Guidance

- [Restricting workforce movement between care homes and other care settings](#) – how to manage the risks of deploying staff who work in multiple settings in those exceptional circumstances where it is the only remaining way to ensure enough staff are available to care for service users safely. Published on 1 March
- [Essential workers prioritised for COVID-19 testing](#) – lists all essential workers prioritised for PCR testing for coronavirus. Published on 25 February

Updated National Guidance

- [Coronavirus \(COVID-19\): testing guidance for employers](#)
– now reflects the ongoing evolution of private-sector testing. Includes updated advice on lateral flow device (LFD) testing, routes to access testing and more information for employers and 3rd-party providers offering workplace testing for asymptomatic employees. Updated on 26 February
- [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) – now reflects the new shielding end date with updated shopping and support sections. Updated on 25 February

Updated National Guidance

- [COVID-19 vaccination: care home and healthcare settings posters](#) – COVID-19 vaccination first phase priority groups have been updated to clarify that adult carers are included in group 6. Updated on 23 February
- [COVID-19: letter to clinically extremely vulnerable adults](#) – an easy read letter added 26 February
- An [easy read FAQ on the Covid-19 vaccinations for people with learning disabilities](#) is now available

Digital support for people with learning disabilities

A £2.5 million government fund has been set up to provide devices, data and digital support to people with learning disabilities who cannot afford to get online. The Digital Lifeline Fund will make available 5,000 internet tablets preloaded with data and free tech support from next month, which will also help tackle increased social isolation caused by the pandemic. [More information on the fund and how to apply is available via the Good Things Foundation](#) and is open for applications from self-advocacy groups and other charities and providers who already work closely with people with learning disabilities. The deadline is 15 March.

Pulse oximeters: new resources available

- All care homes can access pulse oximeters to support residents who have been diagnosed with coronavirus. A [guide on pulse oximetry for care homes](#) has been published by the Care Provider Alliance and new e-learning materials are available on [e-Learning for Healthcare](#).
- The e-learning does not require a log-in and is suitable for anyone caring for someone on the COVID-19 Oximetry @home or on a COVID-19 Virtual Ward pathway.
- [Watch this webinar on pulse oximeter use in care homes](#)

Next steps

- The next webinar will take place on Friday 19th March at 1pm
- We now have a permanent joining link for our webinars
- The recording from today will be shared on the portal – [link](#)
- Review and respond to any queries/questions, as appropriate

Thank you!