

West Offices
Station Rise
York
Y01 6GA
Tel: 01904 555870
RNID typetalk: prefix-18001

Email: valeofyork.contactus@nhs.net
Website: www.valeofyorkccg.nhs.uk

To all Partners in Care

OFFER OF FURTHER MULTIDISCIPLINARY SUPPORT TO CARE HOMES

Dear Colleagues

I am aware that you have, for some time, been raising concerns about the increase in Covid-19 positive cases in your care homes and asking for support to keep your homes as free from infection as is possible. We share those concerns and have, where possible, put in local solutions to try to support you with mitigating some of these concerns; for example ensuring that the hospital were testing patients before they were discharged to care homes.

Inevitably this has now become a national issue with the focus moving from hospital services managing patients in the Covid-19 pandemic to increasing support to care homes and providers of care.

In the Vale of York CCG area, many of your concerns have been discussed in the Partners In Care COVID-19 response ECHO Network calls that have been taking place; along with discussions around innovation and solutions that you have all been so proactive in designing and sharing with others. I know it has been a constant frustration that you have felt as though there has not been enough support nationally provided to the care sector. In addition to the support the CCG already provide, last week the CCG were asked as part of a national requirement to commence additional urgent work to support the independent care sector in preventing and managing outbreaks of Covid-19. This has helped expedite the work the Partners in Care have collaborated with the CCG and the Local Authorities alongside Primary Care colleagues to develop the offer of support to you, your residents and staff.

This letter outlines what that offer is at this stage; accepting that it may need to change as we move through this ever shifting situation. This also outlines what we need you to do to get the best out of this support.

I don't want any of you to think that this detracts in any way from the proactive and innovative work you already have in your homes. I know that you have been working incredibly hard under great pressure to keep your residents and staff as safe as possible and I want to thank you and your staff for your efforts. It is hoped that by all Partners coming together you will feel able to call on extra resource or expertise to help compliment your existing structures to look after your residents and your staff.

Background:

You have been telling us that there are outbreaks in care homes in our area for a few weeks now and this information is supported by information available from Public Health modelling. It is apparent that often individuals, can be asymptomatic but still test positive for Covid-19 (both residents and staff) and that by the time an outbreak is reported; Covid-19 in a home can be widespread.

Outbreaks which have previously been reported to Public Health England and have been managed by them appear to demonstrate that one of the key drivers for spread is the movement of staff between care settings and that there is a need for increased support for infection control principles and practices in every day interactions.

I am also aware that staffing is a particular challenge, not helped by the required length of isolation periods in those either positive or showing symptoms of Covid-19.

Purpose and values underpinning the requirements:

As a CCG and supported by those in the Local Resilience Forum, knowing how vulnerable your residents are, together we will aim to:

- Prevent outbreaks and
- Reduce deaths and suffering

I know that I can count on your continued support with this aim.

What is the offer to our Partners in Care to the independent care sector?

The offer from the CCG to care homes includes seven elements:-

1. Training and Care Sector Engagement – sharing, learning and good practice
2. Leadership and Workforce support
3. Commissioning responsive supportive care
4. Digital Support
5. Effective Communication with and between providers
6. Joint working for system wide care and response
7. Recovery plans

Further detail is provided below:

Element one - Training and Care Sector Engagement – sharing, learning and good practice

- Partners in Care weekly bulletin will continue to share good practice and any learning which would be beneficial for all concerned
- Partners in Care Covid19 Response Echo Network bi weekly meeting will provide a forum for you to raise concerns or queries you have and for the CCG to facilitate support in responding to these including ethical dilemmas and training as requested by the membership
- The CCG will co-ordinate an offer of training in
 - Personal Protective Equipment (PPE) including what PPE is required and appropriate and how best to use it as well as working with the Local Authorities and LRF to support you where there are issues with obtaining PPE;
 - Infection Prevention Control;
 - Covid-19 specific messages and guidance;
 - Covid-19 testing (swabbing) for staff and residents,
 - Catheter care;
 - Sepsis awareness;
 - Falls prevention;
 - React to Red;
 - Nutrition and Hydration;
 - Safety huddles, how to run these effectively;
 - Early identification of the deteriorating resident;
 - Advance care planning with the support of primary care colleagues;
 - Verification of expected death with support from primary care, community nursing and Yorkshire Ambulance Service;
 - End of life care with support from the St Leonard's Hospice teams;
 - Deprivation of Liberty Safeguards and Mental Capacity Act guidance including standard documents to be used and a forum for asking questions;
 - Safeguarding support, advice and guidance

- Supportive calls will be made to care homes who are reporting outbreaks to offer support and advice e.g. swabbing, isolation guidance, handwashing, PPE
- Infection prevention and control expertise will be available from CCG super trainers who will then train you and your staff in these key skills.
- The CCG and partners will support the care sector with learning from incidents and root cause analysis

Element 2 - Leadership and Workforce

- Support for registered managers via registered managers network and Partners in Care Network
- The CCG and partners recognise the enormous toll this is taking on care sector staff and sharing of support for health & wellbeing for social care workers including mental health and wellbeing through IAPT and bereavement services.
- Support to care managers with professional advice and support and incidents as requested from CCG Senior Nursing team.
- 'Care for Others, Make a Difference' campaign for recruiting into the care sector alongside the 'Bring Back Staff' to maximise use of NHS returners to nursing homes, student nurses and mutual aid from other commissioned services
- Establishment of education resources and materials which will be made available to the care sector from organisations such as Skills for Care

Element 3 - Commissioning responsive, supportive care

- There will be the provision of registered nurse offer for daily support to each care home through community / acute providers. This is to ensure your residents are getting the best advice and care from community services such as wound care, continence, long term conditions and no-one 'slips through the net'.
- There will be the provision of clear support from specialists to every care home and you will be provided with a 'directory' detailing that support.
- St Leonard's Hospice have committed to supporting with the provision of exemplary end of life care services in the care sector and are available for you to consult with for support for your residents and bereavement support for staff
- As mentioned above, the toll this takes on staff is recognised and to support staff there will be the provision of clear support for staff wellbeing and mental health e.g. IAPT for care home staff, bereavement support; and for those residents who need some additional support e.g. a set of clear documentation for supporting homes to make best interests decisions, dementia care, mental capacity advocates where required.

- There will be the provision of clear and effective discharge planning processes from hospital and follow up visits the day following discharge, from most appropriate health professional and you will be made aware of the pathway so that you can ensure you are comfortable with residents coming into your homes.
- There will be the provision of 24 hour help and support line for covid queries
- There is already the provision of effective IPC support from community infection prevention and control services and CCG IPC support

The principle of 'one care home one GP practice' is the cornerstone of the multidisciplinary support you will receive. The enhanced offer from primary care will include:

- A named clinical lead from the practice for each care home
- Weekly 'check ins' with each home. This needs to be multidisciplinary in nature drawing on expertise and support as required for the population needs and can be a virtual 'check in'
- Development of a process and establishment of personalised care plans including advance care plans
- Clinical pharmacy support including medication reviews

It is imperative and hugely helpful for you to support and encourage the re-registration of your residents to one practice in order for this model of wrap around support to be as effective as it can be.

Element 4 - Digital Support

- The CCG have already arranged for the provision of over 110 Tablets allocated to care homes for virtual GP consultations enabling a new way in working for Health Care Practitioners reducing visit times and increasing speed of assessment and consultation.
- The Capacity Tracker allows the CCG and partners to identify spare capacity and challenges facing providers allowing support to those settings as appropriate. This has been extended to organisations including the hospice, mental health, Learning Disability and community units.
- NHS Mail provides a secure means of communicating information including, where appropriate, sensitive and confidential patient information to colleagues in the NHS. It also enables care sector colleagues to comply with the requirements of the Information Governance Toolkit. Almost all care sector

colleagues have now transitioned to NHS Mail across the Vale of York and support is available to you to transition if you have not already done so.

- Further development of telehealth solutions for effective monitoring and response

Element 5 - Effective Communication with and between providers

- The Trusted Transfer documentation use by care homes continues to be supported for enabling communication on admission and to support discharge. Urgent messages and signposting to updated guidance relating to Covid19 are and will continue to be circulated as required by the Partners in Care communications, wherever possible, duplication of communication
- Interface between secondary care and care providers for resolution of issues and sharing of best practice (through discharge standards group)

Element 6 - Joint working for system wide care and response

- Development of facilities to accommodate residents who test positive and who need a period of rest and recuperation before returning to their usual place of residence Consideration is being given to the development of a single point of access for issues which care homes raise around supporting residents who lack Mental Capacity and who may need support with measures depriving residents of their liberty particularly related to Covid-19 restrictions.
- Building a provision to support specialist nurses and care providers in the training and education provided to enable wider skill set i.e. insulin administration, end of life care
- Supporting care providers with PPE requests and queries. It is anticipated there may be a portal available to the care sector to obtain PPE which the Local Authority are leading on as well as being able to request from the LRF. There will also be continued support to access to fit testing and equipment required based on latest guidance.
- There are plans to offer further coordinated rapid support in case of a crisis or outbreak. This is being worked up by partners along with care home testing and contact tracing.

Element 7 - Recovery plans

- We will aim to provide clarity to care homes as services are re-introduced and enable residents access where possible, including referrals/planned care etc. This will include guidance for how to support residents expecting a planned procedure which may require 14 days of isolation in advance of a procedure and how to access hospital services as safely as possible.
- Early planning for the next flu vaccination season and how this might be operationalised under different circumstances in the future, Planning for future

service delivery, models and payment mechanisms e.g. CHC, making sure that we don't lose examples of transformation and different ways of working so that these can be carried forward in the future.

Please help us to help you:

First and foremost we need you to be patient with us while we try to work with you on getting the right support in place. By all means please contribute your ideas, raise questions and concerns with us and we will do our best to work with you, the CCG and partners might not always have the answers.

As mentioned before please, wherever possible, encourage residents in your care facility to register with the lead GP practice for the home. This will enable the GP practice to more comprehensively plan the support they need to give the care setting and to understand the residents that you care for.

Provide us with examples of good practice where you see it. We want to learn and we want to work with you for a local solution that works for you. We might not always be able to get it right but we want to work with you as closely as possible.

Make use of the training available to you and escalate concerns you have as soon as possible so that we can try to support you to resolve these.

Next Steps:

As I am sure you can appreciate, some parts of this offer are taking longer than others to put in place and we are working really hard on your behalf to finalise this. As soon as I can, I will communicate out further information regarding the overall partnership offer to care homes to support you in your continued efforts to deliver enhanced healthcare in care homes for our most vulnerable people.

Please contact me if you require further information, have any ideas or wish to discuss anything.

Best wishes

Michelle

Michelle Carrington
Executive Director Quality & Nursing
Vale of York CCG
CC: Primary Care colleagues