South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

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Date: 12th June 2020

Dear Care Home Partner,

Over the past couple of months, we have been sending you information and guidance to help manage the COVID-19 crisis. We have had feedback that the information we have sent you has been helpful, but we are aware that at times, the amount of information can be overwhelming. The other week we mentioned that we were putting together a Care Home Resource Pack for you, which is an interactive resource that covers the main topic areas we feel are useful for you and your staff. The Sefton Care Home Resource Pack includes key information and links to the most up-to-date resources and this will be reviewed every two weeks.

We are pleased to hear that some of you have been accessing the training offered and the pdf resources in the Education and Training Programme that we have been sending to you. On the strategic call this week, we carried out a short demonstration of the Me Learning Portal to show how easy it is to access and the breadth of the training resource available to you; most of which are short 15-minute webinars. If you missed the demonstration and would like to know how to access the portal, please contact louise.kearney@sefton.gov.uk.

We also know that care homes have been accessing the weekly ZOOM sessions run by Queenscourt. The session that was held this week was the last week of the COVID-19 sessions, but we are exploring whether there are other education packages that could be available.

There has been a good uptake of testing via the Department of Health and Social Care digital portal in Sefton, and we would like to thank you for your support in this. We will be looking to get the rest of the care homes in Sefton tested. We are awaiting National guidance on repeat testing for care homes and we will let you know when further details are available.

We would like to know what your experiences are of the portal so we can provide feedback to the Department of Health and Social Care to support development of this offer. Please email public.health@sefton.gov.uk. There is also a helpline for the portal, and you can call 0300 3032713 if you need any help and advice about testing.

We know that some care homes are receiving enquires from relatives about visiting. The guidance has not changed. Visits should be discouraged in the interest of COVID-19 prevention. This will be kept under review, and you will be informed of any change. We are happy for you to use the smart phones to help residents have contact with their relatives and The Alzheimer's Society has developed a briefing on Dementia and COVID-19: Social Contact which you may find helpful https://www.alzheimers.org.uk/sites/default/files/2020-06/Social-Contact-Briefing_June-2020.pdf

We would also like to remind you that NHS staff and Social Care workers can attend testing at Haydock Racecourse and Manchester Airport without an appointment.

The number of homes reporting low or critically low supplies of PPE is decreasing and we are supporting the homes who need critical supplies. There is a good stock of emergency PPE at Bootle Town Hall, so if you do need supplies, please contact emergencyppe@sefton.gov.uk. Please note that from the 22nd June, the PPE Unit will be open on a Monday, Thursday and Friday from 10.00am – 4.00pm. The new opening hours is as a result in reduced demand for emergency PPE.

Please refer to the Care Home Resource Pack for guidance on the use of PPE in care homes.

This week we have also issued additional guidance for the Infection Control Fund and following the finance call this week with Care Home Owners, additional clarification will be sent out in a separate letter today.

As you are aware the health and care system has developed an Escalation Policy which outlines what you can expect if you experience any disruption to the service and how we can support you as a system to help you navigate through.

Please also find below the plan on a page, highlighting the primary and community services support now in place, as discussed on the strategical call on Tuesday. This plan describes the key components of our local model which encompasses weekly "check-ins" led by community health services (Mersey Care Foundation Trust and West Lancashire and South Cumbria Foundation Trust) named clinical leads for each care home, support for personalised care planning and a range of medicines management support, including standardised medication reviews. The latter is led by the South Sefton and Southport and Formby CCGs' medicines management team

who have also aligned a named lead for each home and who work as part of that wider multi-disciplinary team.

Thank you for attending the strategic calls on a Tuesday afternoon. This week we also shared with you that there is an amnesty for community equipment, so if you do have any equipment to be returned, please telephone 0151 288 6208 and we can arrange collection. Next week the agenda will have a thematic dedicated focus on Discharge, so we can understand the current issues, what's working well and what improvements can be made. We hope you can attend the call on the 16th June to contribute. If you unable to attend and would like to share your experiences and feedback, please email Jayne.vincent@sefton.gov.uk in advance of the meeting.

From us and all the health and care partners, we would like to thank you once again for everything you are doing.

Yours sincerely

Deborah Butcher

Executive Director for Adult Social Care and Health

Fiona Taylor

Chief Officer, NHS South Sefton and NHS Southport and Formby CCGs

Care Home Plan on a Page Covid-19 and Beyond – Liverpool and Sefton Model

Vision

All residents and staff in CQC registered Care homes in North Mersey will have timely access to clinical advice, with provision of proactive support. This will include personalised care and support planning as appropriate for residents.

Sensitive and collaborative decisions around hospital admissions for care home residents if they are likely to benefit will take place.

Care home residents with suspected or confirmed COVID-19 are supported through remote monitoring, with face-to-face assessment where clinically appropriate by a multidisciplinary team (MDT) (including those for whom monitoring is needed following discharge from either an acute or step-down bed).

To implement a standardised Care Home Advanced Model of Provision across Liverpool and Sefton

Projects

Establishment of weekly check ins for all CQC registered Care homes

PCN alignment to Care Homes and Clinical Leads Agreed

Personalised Care Plans in place for COVID/ Non-COVID Residents

Structured medication review for all residents

Phasing

Immediate

- Model established/agreed
- PCNs and clinical lead aligned to Care Homes
- Baseline work for care plans commenced
- Implementation team established

May-June 2020

- Strategic oversight group established
- Establishment of check-ins /MDTs
- Commence Structured Medication review plan
- Medicines supply support to care homes esp. EOL
- Care planning baseline data collated across area

June – October 2020

- PCN consider Care Home agreement alignment
- Review ability to maintain support across all homes in longer term (such as CQC registered specialist and LD homes)

Features of Model

Weekly Check ins

Regular MDTs for residents identified as clinical priority

Delivered remotely where possible

Personalised care and escalation plans (ACPs/ CGA, DNACPR)

For COVID and Non Covid Residents

Consistent clinical oversight from GP/ Community Geriatrician

Supports remote monitoring

MMT support – Supply and reviews

Integrated Workforce

Enablers

Alignment of PCNs and community to Care Homes

OOH provision for Care Homes

Digital platforms

Referrals to secondary care

Outcomes

- ↑ proportion of residents with personalised care plans
- ↑ deaths in preferred place of care
- ↑ proportion of people who are still at home 91 days after discharge
- ↑ Proportion of residents who receive structured medication review post-discharge and on CH admission
- ↓ number of delayed transfers of care from hospital per 100,000 population (average per month)
- ↓ emergency readmissions within 30 days of discharge from hospital
- ↓ emergency admissions for vertebral hip fractures
- ↑ patient/service users' experiences of integrated care
- ↓ number of injuries due to falls in people aged 65-79/80+ years