

Briefing Paper – Kirklees Care Homes Programme

1.0 Introduction

1.1 The aim of this paper is to provide an overview of the Kirklees Care Homes Programme that has been developed by the newly established Care Home Board. The Board will develop and implement the programme plan, which will:

- Detail of the support to care homes during COVID
- Describe the medium and long term actions that are planned
- Describe the system-wide approach to enhancing health in the care homes and
- The plans to support the sustainability of the sector.

1.2 Kirklees currently has the following CQC registered care homes configuration (July 2020):

Kirklees Care home type	Number of homes	Number of beds
Older People's	70	2,949
Learning Disability	50	517
Mental Health	7	75
Total	127	3,541

The Kirklees Care Home Programme plan encompasses all the above care settings and residents within.

2.0 Background

2.1 The Kirklees Care Home Programme builds on the key elements of The Framework for Enhanced Health in Care Homes¹. This sets out a clear vision for providing joined up primary, community services, hospitals and social care to residents of all care homes, via a range of reach services.

2.2 The EHCH model has three principal aims:

- Delivering high-quality personalised care within care homes
- Providing, wherever possible, for individuals who (temporarily or permanently) live in a care home, access to the right care and the right health services in the place of their choosing
- Enabling effective use of resources by reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes.

2.3 In the EHCH model, care providers work in partnership with individuals and their families, local GPs, community healthcare providers, hospitals, social care, and wider services to deliver care. Services are 'wrapped around' the individual and their family, who are connected to and supported by their local community. Proactive, personalised care and support becomes the norm (further detail in section 7.1).

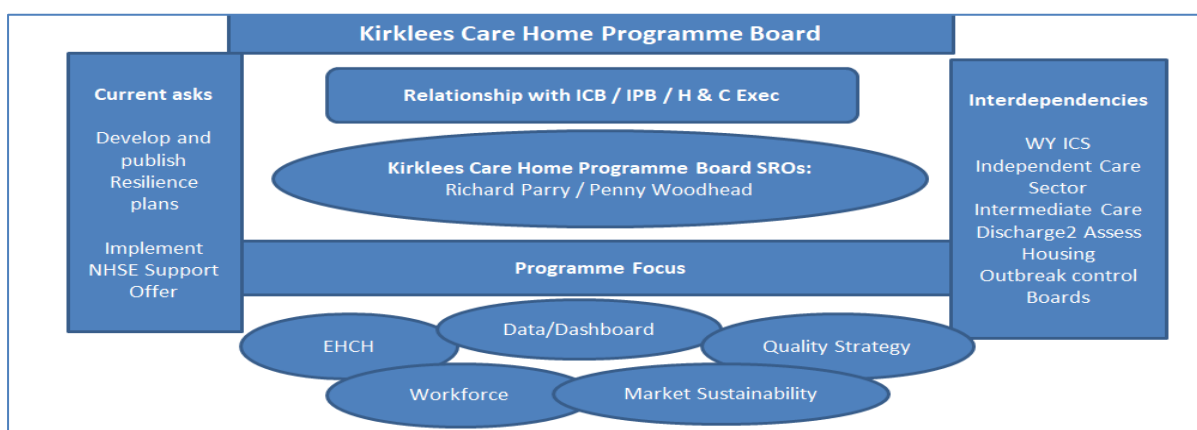
2.4 In addition, our Kirklees Care Home programme also incorporates the Kirklees care home contracting and quality infrastructure. This aims to capture all the work aligned to care homes across the health and social care system. It provides a basis on which to view care home support as a whole and identify any duplication; gaps in provision and areas to support improvement.

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3.0 The Kirklees Care Home Programme Board

3.1 The Kirklees Care Home Programme Board is led by the Strategic Director Adult at Kirklees Council and the Chief Quality and Nursing Officer for the Clinical Commissioning Groups (CCGs). Membership includes senior representation from across partner organisations. The Board is responsible for the strategic development and short term operational delivery of care home support based on the Programme Plan.

3.2 The diagram below details the current focus of the programme.



3.3 The purpose of the Care Homes Programme Board is to provide strategic direction, oversight and to facilitate the delivery and implementation of the Kirklees Care Home plan. Its aim being to improve the health and wellbeing of people living in Kirklees care homes as well as providing support to ensure and maintain a vibrant high quality care home sector. It will do this by:

- Building relationships and trust with care homes and partner organisations
- Providing a forum for open and transparent sharing, discussion and debate regarding utilisation of health and social care resources to benefit people living in care homes and to help the health and social care economy make the best use of available resources
- To unblock system-wide barriers to improving health and wellbeing in care homes through use of a consistent and innovative approach to areas such as planning, performance, consultation and resource allocation
- To receive updates and recommendations from work stream leads and provide direction and escalation of issues where required.

4.0 Current focus

4.1 To complement the EHCH framework a number of requirements to support care homes have been developed as part of the COVID response, including:

- A universal healthcare support offer designed for implementation in the North East and Yorkshire designed by colleagues from across the Region which includes a set of guiding principles²

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- An NHS England Care Homes Support Model³ which required implementation of a clinical service and service enablers from May 2020
- A COVID-19 Local Care Home Support Plan⁴ – guidance for local authorities and system partners.

All the above requirements are addressed through the programme plan which has been broken down in to short, medium and long term needs.

4.1.1 Develop and publish Resilience Plans

4.1.2 The Kirklees Council Infection Prevention and Control (IPC) team has visited and conducted yearly Care Home environmental audits to those homes with 12 or more residents. The team has developed a robust audit programme to gain assurances in relation to -The Health and Social Care Act 2008: code of practice on the prevention and control of infections (revised 2015). These care homes are provided with an audit score and action plan outlining good practice and recommended improvements as per the code of practice. The IPC audits generate a score that is RAG rated and dictates additional support visits to the home, any areas of concern are shared with key partners.

4.1.3 It is acknowledged that the routine and planned Environmental Care Home IPC Audit and support visits have been suspended due to the global COVID-19 pandemic, and national /local lockdown guidance. This has postponed the planned IPC programme of environmental audits to health and social care facilities. The IPC team receive information from PHE or from the homes themselves about Care Home COVID positive cases which instigates daily calls from the IPC team. The homes are provided with an outbreak pack and care plans, which assists the managers to ensure that prevention measures are followed. The IPC team continue to support and manage all outbreaks within care homes, providing specialist IPC advice, and documentation. All outbreaks are communicated via daily SITREP to all partner organisations.

4.1.4 On 29th April 2020 NHS England's Chief Executive Sir Simon Stevens and Chief Operating Officer Amanda Pritchard wrote a letter setting out the second phase of the NHS response to Covid-19.⁵

4.1.5 There was recognition of the scale of challenges faced within communities and it was reaffirmed that CCGs must continue to partner with local authorities and Local Resilience Forums (LRFs) in providing mutual aid with our colleagues in social care, including care homes.

4.1.6 An essential part of the mutual aid offer was to provide training within all CQC registered care homes across the CCG place (Kirklees) on PHE's recommended approach to infection prevention and control within these settings. This was intended to ensure all relevant precautions were in place and being adhered to, maximising the safety of the environment in which to live and work, particularly focusing on care homes that lack the infrastructure of the bigger regional and national chains.

4.1.7 Representatives from the Kirklees IPC team and the CCG Quality Team attended the virtual national super trainer programme. The model agreed nationally was to train 1 whole time equivalent (WTE) super trainer who then trained 10 WTE local trainers per 100 care homes with a minimum of 1 (WTE) super trainer per CCG.

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4.1.8 Friday 29th May 2020 was the target set nationally to offer the training to all CQC registered homes, and where accepted, provide the training. This was just 4 weeks from the letter setting out the second phase of the NHS response to Covid-19.

4.1.9 Kirklees achieved 100% of homes being offered the training by Friday 29th May.

4.2.0 Out of 127 homes, 15 received face to face training, 73 by virtual means and 39 declined the initial offer; however, a further 11 came back to accept the offer and had the training provided at a later date.

4.2.1 Nationally, NHS England / Improvement reported that thanks to everyone involved the offer reached 99.8% of care homes accepting or declining the training and that training was delivered either face to face or virtually to 10,007 care homes by the target of Friday 29th May 2020.

4.2.2 The Kirklees approach to the provision of training was to provide care homes with a slide set produced by The Infection Prevention Society (2020) which demonstrates IPC best practice, outbreak management and environmental decontamination. Practical elements included demonstrations and participant practice of the correct donning and doffing of PPE.

4.2.3 Local Authority, CCGs, Locala and SWYPFT re-deployed colleagues were trained in order to deliver the IPC training in to care homes.

4.2.4 The IPC team has summarised PHE guidance and provided resources using the NHS platform and a weekly Kirklees Collaborative Communication for Care Homes was developed which encompasses all relevant Local Authority, IPC, Provider (acute, community, primary care) and CCG updates to care homes in one place. The communication is also circulated via email and has been well received.

4.2.5 Moving forward the CCGs and Local Authority are looking to develop a robust training programme for care home staff. The programme would be assured, competency assessed and supported by an agreed update process which allows assurance on IPC compliance to increase safety within the home the carer currently works in, and through the update mechanisms increase safety across the sector should staff secure new employment in different home settings.

4.2.6 The training programme would be based on a role specific training needs analysis and deliver training at an appropriate level dependant on confirmation of an NVQ qualification.

4.2.7 The partnership arrangements in Kirklees to ensure market resilience, the enhanced offer of support to all care homes and our next steps were described in a letter to Helen Whately, Minister for Care in response to the Support to Care Homes letter dated 14th May 2020.

4.4.2 Flu planning

- Support place-based approach to planning and delivery.
- Maximise patient access to the flu vaccine (making every contact count).
- Support the design of efficient, convenient and safe delivery models across the system.
- Bring about a step change in the uptake of vaccination among all eligible groups in line with national ambitions.

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5.0 Engagement

5.1 Both the experience of COVID and development of the Programme plan have highlighted the need for improved engagement, communication and co-design of services with the care home sector, building upon work that has already been undertaken by the Kirklees Council Contracting Team and the Integrated Quality Team . The following positive engagement initiatives are a result of the ongoing joint working relationships across the care home system:

- Weekly system-wide care home communication briefing
- Weekly Virtual care home support meetings
- Monthly Care Home Provider Forum
- Invite to care home managers to join the Care Home Programme Plan group
- Work with providers started on co-designing the future of the care home market in Kirklees.

6.0 Finance

6.1 As a result of national Covid related financial initiatives to support the sector, and local engagement, the following financial support has been provided:

- Support with additional COVID related spend including an additional 5% premium on the care home weekly rate
- Disbursement of £4.5 million national Infection Control funding for Care Homes
- Financial underwriting of COVID related voids from March to end of September 2020.

Furthermore, market development and shaping including looking at pricing and fee structures is taking place.

6.1.1 Voids

6.1.2 Prior to March 2020 care home voids remained within 10-12% of total capacity (approximately 290 vacant beds) for older people residential and nursing settings. From April 2020 void levels began to increase reaching a peak in July 2020 with 22% of available beds vacant (approximately 520 vacant beds). Whilst void levels have started to decrease levels continue to remain higher than historical averages with voids for September 2020 at 20% (494 beds) of the total available care home beds in Kirklees (*See Appendix 1*).

6.1.3 The increase in voids is a direct result of the increased death rate experienced through the pandemic in turn with the reduction in placements being agreed within care homes during this time and the increase in the number of new community support / domiciliary care packages. The number of care home placements agreed has now increased to roughly pre pandemic levels (please not note all agreed placements actually commence). (*See Appendix 2*).

7.0 NHS Support Offer

7.1 The first NHS letter describing the *Clinical Services Model* support offer was received on 1st May 2020 and included the implementation of:

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- A Weekly check-in process with all care homes led by general practice to review residents identified as clinical priority and supporting the use of remote monitoring
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes
- Align care homes to Primary care Networks (PCNs)
- Ensure out of hours provision
- Direct referrals into secondary care
- Wider COVID support.

7.2 The EHCH Group worked with the PCN Clinical Directors and quickly implemented the weekly check-ins and clinical lead role, supported by weekly catch ups. Both these roles are now under evaluation with any learning expected to inform delivery of the Care Home Direct Enhanced Service model.

7.3 During the COVID period, Locala have re-deployed staff to support the North Kirklees Care Home Sector around advanced care planning.

7.4 Re-deployment of Locala staff to support the North Kirklees Care Home Sector in advanced care planning, pharmacy support. This was related to End of Life Medication/Palliative care medication in line with national guidance around the national scheme to enable the re-use of these medications in specific circumstances. There has also been additional support from the CCGs Medicines Management team around clinical medication queries and more recently the involvement in establishing proxy ordering. This will enable remote ordering of medication by care home staff on behalf of care home residents (with patient/carer consent). In addition, work is ongoing to identify funding for Presquipp training⁶ which aims to:

- Support staff in the use of clear systems and processes needed across the medicines optimisation pathway to improve the safe and effective use of medicines in care homes
- Support the implementation of recommendations in the NICE guideline on managing medicines in care homes. It also supports statement 3 in the NICE quality standard on medicines management in care homes.

7.5 All care homes were aligned to PCNs; however Kirklees practices have gone one step further to align one practice to one care home across the district which will improve communication and relationships alongside more efficient working for both practices and care home staff. This will also help build relationships with all health partners.

7.6 Out of hours provision continues to be provided by Local Care Direct who also provide virtual reviews, where appropriate.

7.7 Relationships continue to build with secondary care teams around the ongoing support of the care home population with discussions around supporting the 0-2 hour's service and weekly check-ins.

7.8 Wider COVID support has included training; support and provision of PPE from the Infection Control Team; access to testing for staff and residents; use of remote consultations with GPs and community teams; provision of clinical equipment such as pulse oximeters and implementation of the SBAR communication tool (situation; background; assessment and recommendation)⁷.

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8.0 Programme Focus

8.1 Data/Dashboard

8.1.1 The Capacity Tracker is an established tool that has been developed in partnership with NHS, local authorities, and care providers. It provides information that supports discharge planning processes and enables tracking of care home capacity and vacancies. All care homes are required to use Capacity Tracker to report the following information:

- Number of beds
- Number of bed vacancies
- Current status (e.g. open/closed to admissions, including the number of COVID-19 residents)
- Workforce/staffing levels
- Testing and mutual aid support.

8.1.2 Processes are in place to review the Capacity Tracker (CT) data on a daily and weekly basis and, as a system, act on the results. Plans are in place to look at collating the CT data with placement data to gain good insight into the market, however further work is also needed to identify other intelligence and data sources which will assist a deeper understanding of the market going forward.

8.2 Enhanced Health in Care Homes

8.2.1 The work stream is focussing on delivery of the EHCH Direct Enhanced Service (DES) which brings together community and primary care to deliver against:

- Supporting residents to register with their aligned care home
- Development of personalised care and support plans
- Weekly home rounds / Multi-Disciplinary Team working
- Structured Medication Reviews
- Development of record sharing protocols.

8.2.2 A system-wide EHCH Task and Finish Group, chaired by Care Home Clinical Leads (Dr Nadeem Ghafoor; Dr Razwan Ali) are working through the requirements for delivery of the DES alongside the wider Care Home Programme Plan requirements.

8.2.3 Achievements to date include:

- Delivery of the weekly check-ins and PCN clinical leads
- Alignment of one practice per care home
- Identification of a clinical care home lead per practice
- All practices coding care home residents to allow robust monitoring
- 100% of care homes have an NHS.net address
- 100% of care homes submit to the NHS Capacity Tracker tool
- Virtual reviews taking place across all care homes
- Pulse Oximeters/BP machines and thermometers delivered to care homes where equipment not already available
- Equipment training provided alongside implementation of the SBAR tool

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- Older People’s care homes supported with advanced care planning and end of life training
- Red Bag scheme rolled out across all Older People’s care homes with plans to digitise the scheme
- Mapping training and education needs across all care homes.

8.2.4 The EHCH Task and Finish Group is currently planning further areas for improvement. An independent evaluation of the enhanced offer, led by Sheffield Hallam University, is currently taking place, Penny Woodhead is a member of the Steering Group overseeing this work. Reporting is anticipated in October 2020 and we will ensure any findings are considered by the Programme.

8.2.5 The challenge of the COVID crisis has had a detrimental effect on the Care Home market across Kirklees, particularly the older people’s market. Work is under way to look at the future of the care home market in Kirklees to make it fit for purpose and sustainable in the months and years to come. An independent evaluation of the market is being commissioned by the Council leading to a market sustainability plan along with providers developing a Care Provider Association.

8.3 Integrated Care Home Quality Strategy

8.3.1 The Kirklees Integrated Care Home Quality Strategy, implemented June 2019, identifies the strategic vision for care homes, but also presents the operational processes to be followed to deliver this when there is an identified risk of a failing Care Home Provider. The stages are clearly defined and described, as well as the requirements at an individual and organisational level at each stage.

8.3.2 The Strategy was developed to reflect the aims and requirements of the following, recognising, at the time, the future developments in regard to EHCH and the interfaces that would need to be defined and developed:

- The NHS 5 Year Forward View - improved health/ wellbeing, transformed quality of care delivery, and sustainable finances
- The Kirklees Health and Well Being Plan - the role Commissioners will take in supporting the delivery of sustained, safe care for the Kirklees population inclusive of those where a care Home is their Home
- Kirklees 2020 Vision – a joined-up health and social care system that delivers, no matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality.

8.3.3 These drivers support the commitment of Health and Social Care Commissioners of care homes to deliver on the following:

- Individual experience – both more effectively acting upon what individuals tell us and strengthening their voice in service improvement
- Safety of care home services, by targeting areas of concern raised by external or local intelligence
- Safe, effective, caring and compassionate practice
- Delivering dignified and respectful care, demonstration maximised independence and choice

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- Robust pathways of care, including effective utilisation of currently commissioned health services, as well as implementation of the Enhanced Health in Care Homes guidance
- Commissioning intentions and implementing new models of service delivery.

8.4 Workforce

8.4.1 The programme plan includes the following development areas relating to workforce which will be addressed over the coming 12 months:

- Joint workforce planning to be undertaken at STP/ICS and local level with independent adult social care representation in order to ensure a sustainable supply of appropriately skilled staff
- Ensure investment in professional development for care home managers, nurses and care practitioners to maximise the training and professional development opportunities available. Training and development to be delivered through collaborative and contractual arrangements
- Ensure care practitioners are trained in competencies such as wound management, nutrition, and falls and all of the care elements and sub-elements of this framework. All staff to be offered training in other complex conditions such as dementia and end-of-life care
- Develop and test new roles within primary care, establishing nursing banks across an area, making changes to training pathways for pre-registration nursing (both Registered Nurse and Nursing Associate) students to expose them to the care setting
- In2Care workforce recruitment and development team support providers to recruit and retain staff within the care home sector.

9.0 In Summary

9.1 The Care Home Programme Board, supported by the Care Home Programme plans aim to enhance health and delivery of care in care homes with aim that all care homes achieve good or outstanding CQC ratings realized through a co-designed care home plan which is fit for the 21st century and recognises changes in demand and the Kirklees demographic.

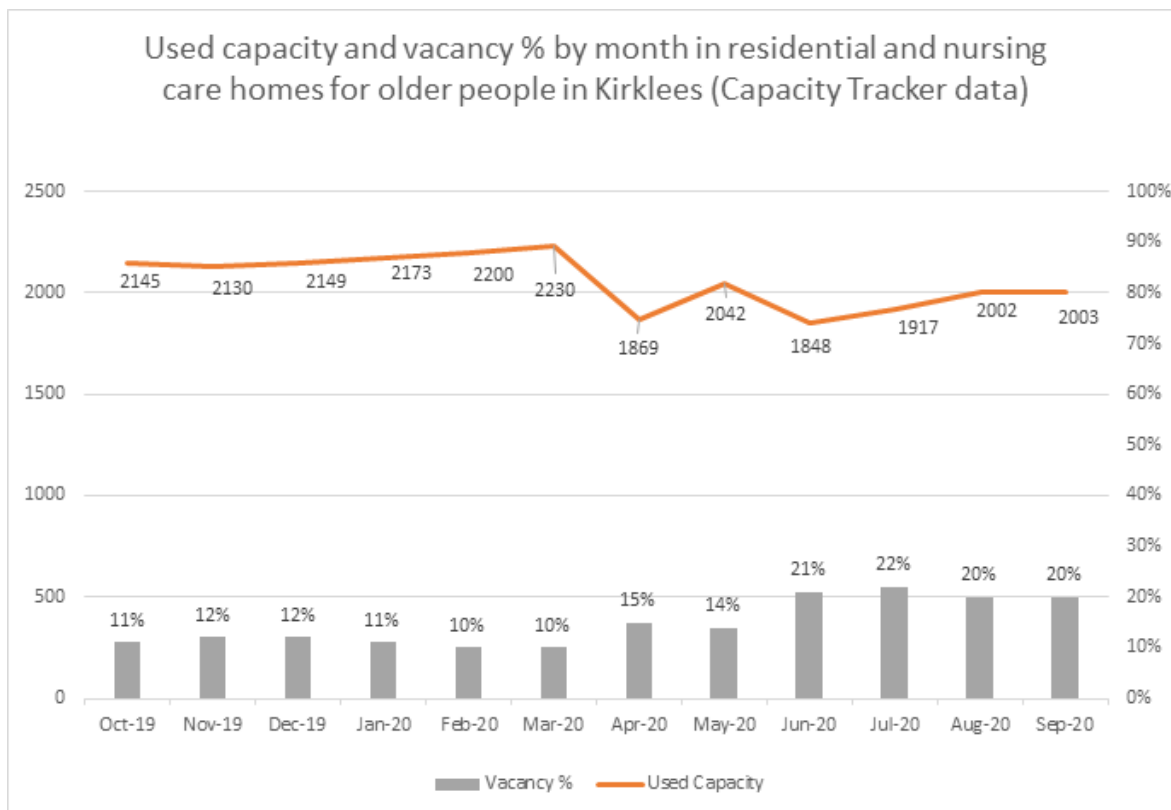
9.2 The aim is also to develop a market that is financially sustainable through robust commissioning and contract management, advice and guidance and provider support using a collaborative working between health and social care. This will be achieved by delivery of the programme plan, all sections working in tandem towards this aim supported by a clear partnership, system-wide approach.

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APPENDICES

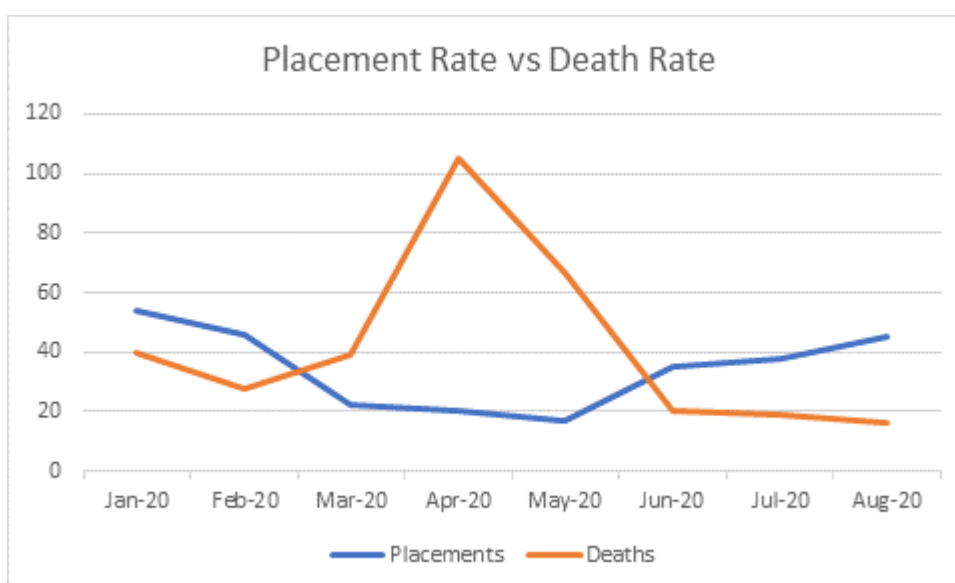
Appendix 1

Used capacity and vacancy levels

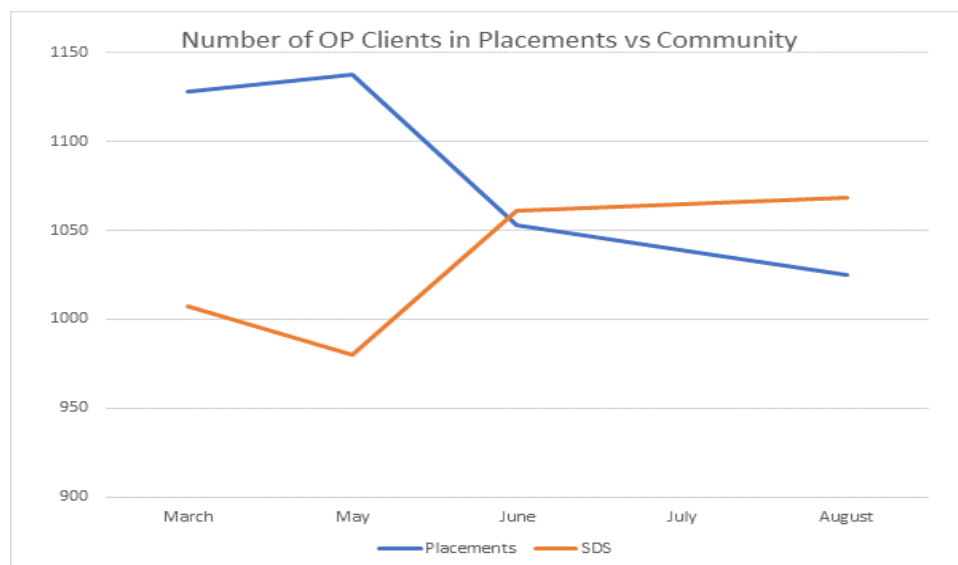


Appendix 2

Placement levels



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Appendix 3

Details of letter sent to Helen Whately, Minister of State for Care, 29th May 2020

Dear Minister

I am writing in response to your letter dated 14 May 2020 – Support to Care Homes.

This letter outlines the details of the partnership arrangements in Kirklees to ensure care market resilience, the enhanced offer of support to all Care Homes and our next steps.

In developing the Kirklees Support Plan for care homes, we have used our existing strong partnership arrangements and agreed governance processes. Executive leadership from the Kirklees Director Adult Social Services, Director Public Health and the Chief Quality and Nursing Officer for the CCGs has ensured that the support offer to all our 129 care homes in Kirklees has been developed and implementation started.

The support offer includes IPC, Testing, PPE, Workforce and Clinical Support. The support plan aligns to national and regional guidance in relation to supporting Care Homes, for example the Chief Nurse letters, for 'Training the Trainers' on Infection Prevention and Control, COVID-19 response: Primary care and community health support care home residents, and the North East and Yorkshire Region 4 principles to deliver enhanced healthcare in care homes.

Assurance that actions are being implemented and plans are in place

We have established a Care Home Programme Board with joint SROs from the DASS and Chief Quality and Nursing Officer for the CCGs. There is senior representation from across partners. The Board is responsible for the strategic development and short term operational delivery of care home support.

The Council and the CCGs have a history of working in partnership with our care home sector to improve the quality of local provision. Over the last 18 months we have seen a positive increase in the CQC 'good' ratings of our homes from previous 'requires improvement' and 'inadequate' ratings. We have achieved this by working collaboratively with our care homes from an integrated perspective, providing specific or general support to ensure that improvements in the quality of care is delivered to residents.

Kirklees Health and Adult Social Care Scrutiny Panel

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We have arrangements in place to support providers with short term PPE when normal supply routes are unsuccessful. So far, this has resulted in the distribution of more than 45,000 items of PPE to social care providers.

Our IPC team have been providing substantial advice and support around IPC and access to testing arrangements.

Our approach to short-term financial pressures experienced by care providers

We have worked with our care home providers to develop a process for a new contract from 2021 which also includes reviewing the costs of providing care in Kirklees. The Council has on a consistent basis increased care home fee rates. For 2020/21 this was an increase of 5% on average across the sector from April 2020.

The Kirklees system has recognised the short term financial challenges that the sector has experienced. In April 2020, the Council and CCGs agreed a 5% provider relief to the care home sector.

Other support has included an extra 5% enhancement to a small number of mental health and learning disability care homes commissioned by the CCGs where enhanced observations and support were required due to Covid-19.

We have also established an offer of further financial support tailored to the circumstances facing individual homes.

These payments, combined with the fee rate increases, has resulted in every provider receiving an increase from April 2020 in the region of at least 10% (depending on the circumstances of the home) in line with the recommendation of the LGA and ADASS.

We have also worked with our Business and Economic Development unit to ensure Home Care providers have been informed of the range of additional financial support services from Kirklees Council that they may be eligible for.

Our approach agreed locally to provide alternative accommodation

The recent national guidance has set out how health and care systems and providers should change their hospital discharge arrangements and ensure the provision of community support during the coronavirus pandemic. Specifically, there has been a

requirement that “unless required to be in hospital, patients must not remain in an NHS bed” and they must be discharged as soon as it is clinically safe to do so.

Using our partnership approach, Kirklees has managed local capacity and demand to support discharge flow, comply with national requirements and acknowledge that recuperation is better in non-acute settings. This has been achieved by block contracting over 100 beds in a variety of care home settings across the district.

It has been recognised that we need to support our care home sector and shield them where possible from Covid-19 positive individuals that are deemed medically fit for discharge from an acute hospital bed.

To meet the needs of these individuals currently we are using the bed capacity within the two Kirklees Council intermediate care bed units (80 beds in total).

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This will allow the flexible use of these bed bases as part of the Kirklees plan to meet the national Coronavirus (COVID-19): hospital discharge service requirements while supporting our care home providers.

Local co-ordination for placing returning clinical staff or volunteers into care homes

We use the capacity tracker daily to identify any pressures in services that require additional support including redeployment of staffing resource. Staff from the CCGs and the Council have been redeployed to support the work in care homes.

We have worked with the regional bring back staff programme to ensure we have a process in place to receive returners. We have a draft workforce sharing agreement should we need to enact it.

Through our existing, award winning, In2Care workforce recruitment and development team we have been supporting providers to recruit additional staffing.

We have a strong process in place supporting shielding patients through an extension of our community plus offer and the VCS and we can draw from this for volunteers to support the care home sector.

We are using our existing workforce steering group to co-ordinate this work.

Clinical Support Offer

The Council and CCGs are working with primary care, community, mental health, and hospital partners to deliver an enhanced health support offer to each care home in Kirklees. We are building on the work of the Care Home Support Team to enhance the offer into all homes across Kirklees.

This will consist of:

• A Daily Check in

By using the detail in the capacity tracker we will identify the homes that require any additional support around COVID infection; PPE; Training; Workforce and Mutual Aid. Homes will then be called to discuss the specific concerns raised by the Capacity Tracker and if required access to a specific service will be supported. In order to facilitate the daily call it is requested that care homes update the Capacity Tracker by 4pm daily. The service will commence on 1st June 2020.

• Weekly Check In

A multidisciplinary team (MDT) of GPs, community nurses and allied health professionals (AHPs) will deliver a weekly (virtual if appropriate) home round to support the care of the most vulnerable residents in each care home. This will start week commencing 1st June 2020 and will also support all residents to have an agreed personalised care and support plan.

• Clinical Lead

Every care home has a named clinical lead that will provide support, direction or coordinate requests to other partners across the system.

• Out of hours

Across Kirklees there is access to 24-hour support by telephone or video link. This will be by the normal contact routes – 111 with liaison to Local Care Direct or in an emergency 999.

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Individuals that are purely Covid symptomatic with no other urgent health needs will be managed remotely. Visits will take place where other needs present that do not require a hospital admission/attendance.

• **Testing**

Guidance and support for testing is constantly evolving but we will ensure support is given regarding staff and resident testing as required and this will be updated and communicated with all care homes as the systems develop. This will also include training to staff to complement what has already been provided locally and nationally and will start on 1st June 2020.

• **IPC**

To support the Kirklees approach, NHS partners have deployed enhanced infection, prevention and control, PPE and COVID-19 testing training, in line with the NHS offer of mutual aid described in the CNO letter of 2nd May 2020. We have exceeded both the super trainers and trainers' target. All homes have been offered training in line with the mandated training offer. Those homes that have declined have been followed up and training resources have been shared. We will continue support in line with our local offer.

• **Capacity Tracker**

We have 100% of care homes on the capacity tracker and 95% have an NHS mail address. We are supporting the sector to update the tracker daily. We also have a weekly virtual meeting and provide a regular bulletin to all our homes with key information.

• **Workforce**

We will increase the educational support available to homes to ensure that staff have access to specialist support. This includes Infection Prevention Control. Care home staff will have access to psychological support via a number of online services including bereavement support. We will also work with the care homes and the staff to help them identify when they need to access support. We are completing a training needs analysis for all care homes on wider learning needs. So far we have identified moving and handling, the verification of expected death, end of life care plans, testing and swab taking for further training.

Yours sincerely

Jacqui Gedman

Chief Executive
Kirklees Council

Carol McKenna

Chief Operating Officer
NHS Greater Huddersfield Clinical Commissioning Group
NHS North Kirklees Clinical Commissioning Group

Penny Woodhead

Chief Quality and Nursing Officer
NHS Greater Huddersfield Clinical Commissioning Group
NHS North Kirklees Clinical Commissioning Group

References

¹ <https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf>

² Responding to COVID Principles to Deliver an Enhanced Universal Support Offer to Care Homes in the North East and Yorkshire Region (5/5/20)

³ NHS England Letter (Dr Nikki Kaniani) – COVID-19 Response: Primary care and community health support care home residents / COVID-19 Response: Identifying a clinical lead for all care homes

⁴ HM Government, Support for Care Homes, Helen Whately MP Minister of State for Care (14/5/20)

⁵ (<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf>)

⁶ <https://www.prescgipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4171%2fprescgipp-care-homes-e-learning-courses-for-social-care-providers.pdf>

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