Care Homes
Our Partners in Care

Care Homes and
Domiciliary Care

NHS
Vale of York
Clinical Commissioning Group

# Partners in Care

Wednesday 10th July 2019

13.30-16.30

Galtres Centre, Easingwold, YO61 3AE


# Agenda

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| | | |
|---|---|---|
| **1.** | Introductions | S Fiori |
| **2.** | Audiology (30) | E Wilson |
| **3.** | CHC Contracts and Agreements Update (15) | L Smithson |
| **4.** | CHC Update (10) | A Griffiths |
| **5.** | Nurse Mentor Update (10) | W Ajayi |
| **6.** | ***Interval and Refreshments Break (10)*** | Group |
| **7.** | Trusted Transfer Pathway Standards and Discharge Update (15) | S Fiori/M Mawhinney/ C O'Brien |
| **8.** | TEWV Update (20) | L Kovrlija |
| **9.** | React to Falls Prevention (10) | H Degnan |
| **10.** | Opportunity for discussion; issues to be raised, Good practice/ learning to share. (10) | Group |
| **11.** | Thank you and close.<br><br>Next Meeting: Wednesday 18 September 2019 ( Date TBC) | |



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# Audiology

## E Wilson

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York Teaching Hospital NHS
NHS Foundation Trust

# HEARING AIDS AND CARE HOME RESIDENTS

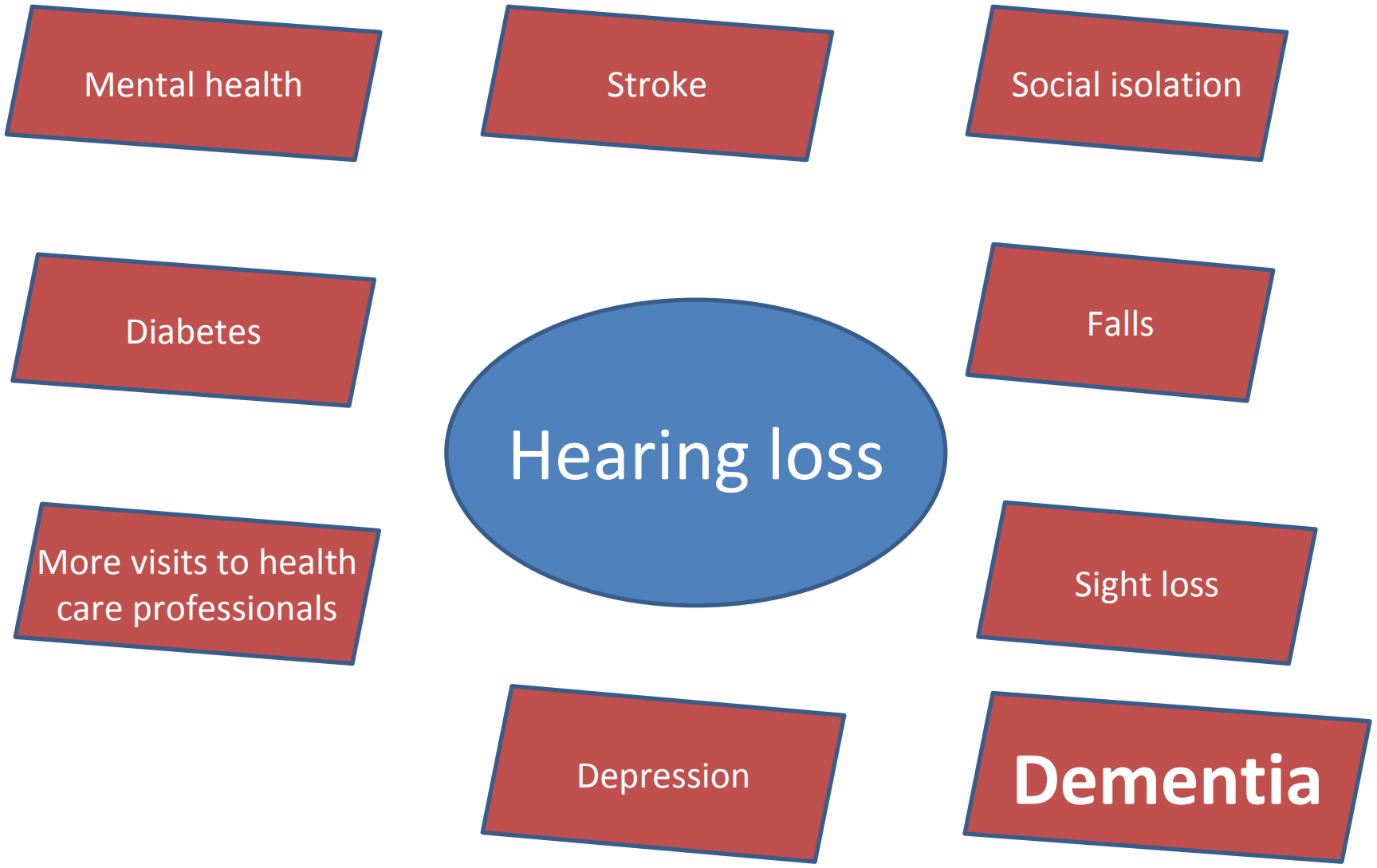


- 1/6 people in the UK have a hearing loss
- 42% of over 50’s have a hearing loss
- 71% of over 70’s have a hearing loss

# NHS ENGLAND

## 2017 Hearing Loss and Healthy Aging

- That people with hearing loss should be ‘actively supported and empowered to lead the lives that they want’


Mental health
Stroke
Social isolation
Diabetes
Hearing loss
Falls
More visits to health care professionals
Sight loss
Depression
Dementia

# Association between hearing loss and Dementia

Mild hearing loss -twice as likely

Moderate hearing loss- three times more likely

Severe hearing loss -five times more likely

- It is possible for hearing loss to be misdiagnosed as dementia

| Symptom | Hearing Loss | Dementia |
|---|---|---|
| Occurs more frequently in people over 65 | ✓ | ✓ |
| Compromises social engagement | ✓ | ✓ |
| Causes difficulty remembering new information | ✓ | ✓ |
| Compromises physical activity | ✓ | ✓ |
| Changes mood and personality | ✓ | ✓ |
| Increases in prevalence with advancing age | ✓ | ✓ |
| Increased difficulty having a conversation | ✓ | ✓ |

‘There is evidence that we can address cognitive decline through early detection of hearing loss and the provision of amplification’

Around 400,000 older people live in care homes and are affected by hearing loss, with 75% of residents having a hearing problem.

A significant number of these do not benefit from their technology as there are inadequate processes to support its ongoing maintenance and use.

It is estimated that at least **£28 million per year** could be saved in England by properly managing hearing loss in people with dementia.

# Why is hearing loss poorly managed in care homes?

- Patient can not always say there is a problem
- Other health problems take priority
- **Time**
- Understaffed
- Difficulty in bringing residents to appointments

# Hearing aids can:

- Improve Quality of life
- Make communication easier

# Study in 2017

- Based in Bridlington
- Many unnecessary/avoidable appointments from care homes
- Visited 2 care homes
- Spoke to as many care staff as possible
- Asked them to complete a questionnaire before training and then repeat same questionnaire after training
- Covered simple repair/maintenance aspects of hearing aids that would benefit residents day to day

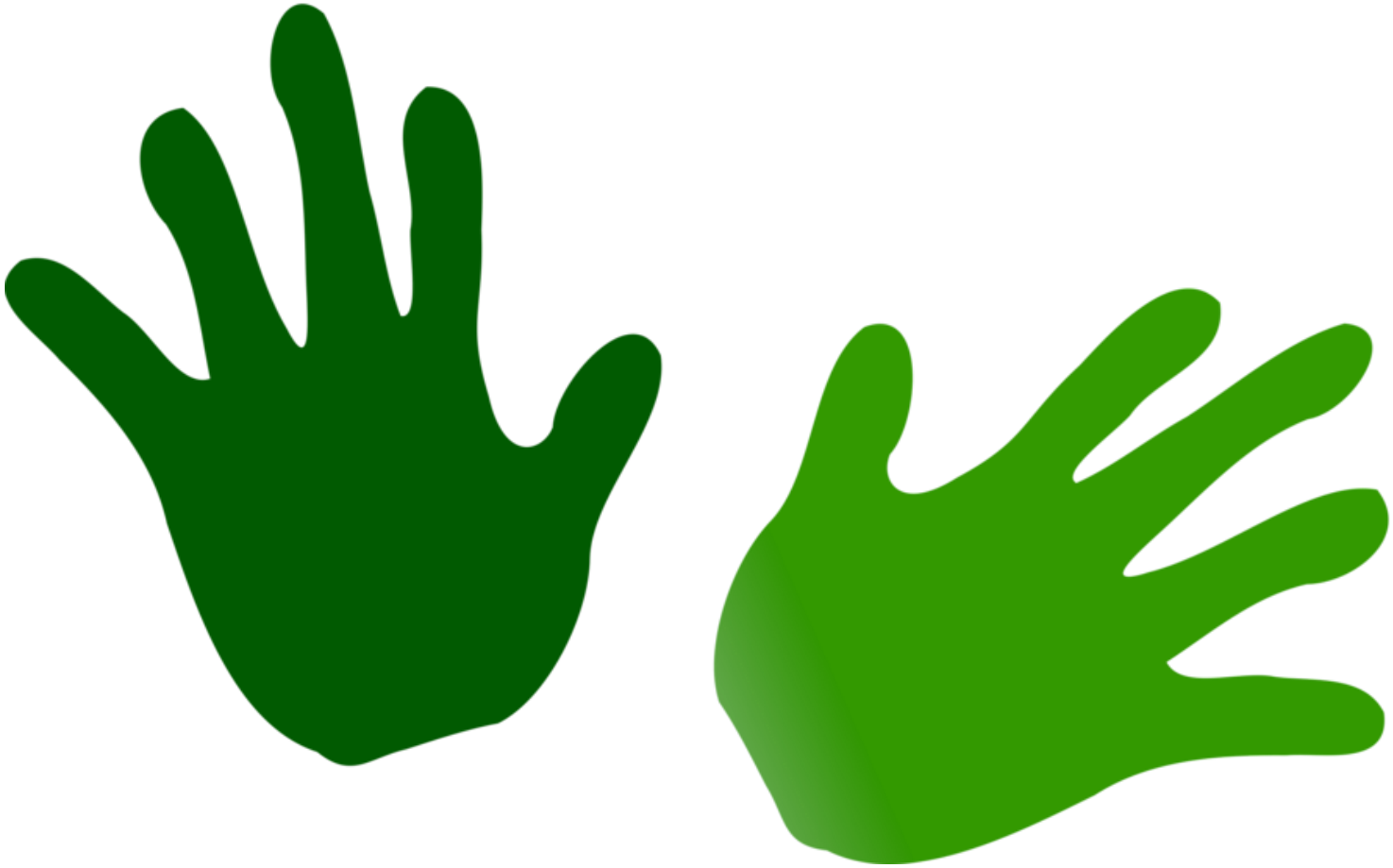
# Findings

- Manager of care home- ‘ this has been a great success for our residents, fewer are complaining their hearing aids are not working as the staff can now fix simple problems themselves without having to come for an appointment!’

- very helpful in how to look after residents hearing aids’

- **‘I thought I knew what I was doing but I didn’t’**

- ‘I now know why it is so important they wear their hearing aids’



Types of aids:

1. In The Ear hearing aids (Private)
2. Behind the Ear hearing aids

Slim tubes/Moulded fittings


# BATTERIES

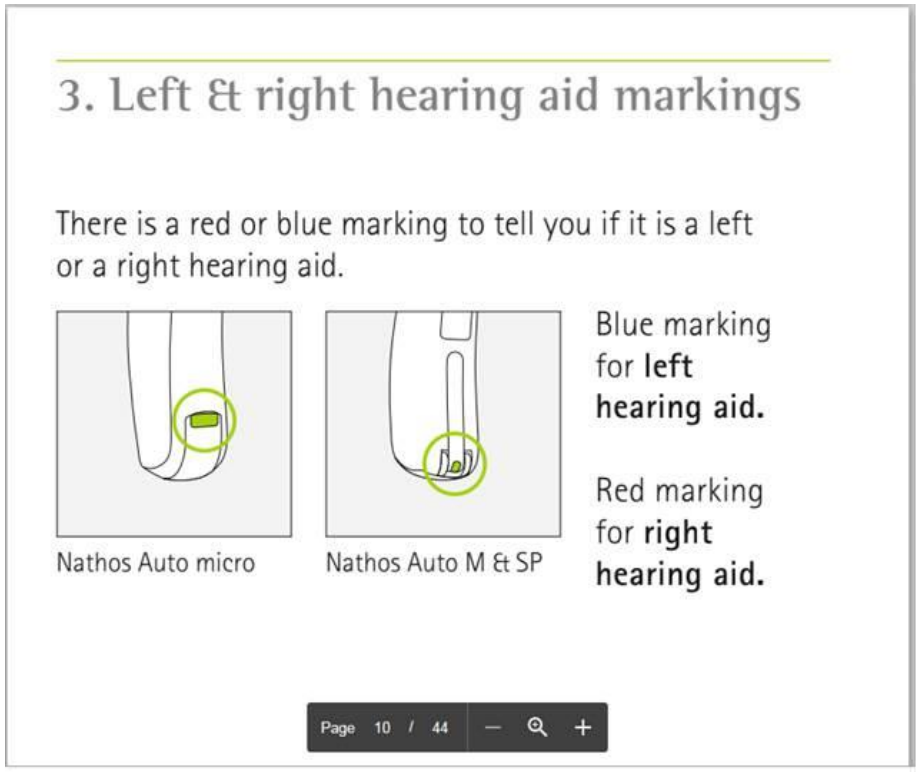
- Batteries
- Types
- Length of time they should last



# Cleaning

- All hearing aids are colour coded

**RIGHT** **LEFT**



3. Left & right hearing aid markings

There is a red or blue marking to tell you if it is a left or a right hearing aid.

Nathos Auto micro

Nathos Auto M & SP

Blue marking for **left hearing aid.**

Red marking for **right hearing aid.**

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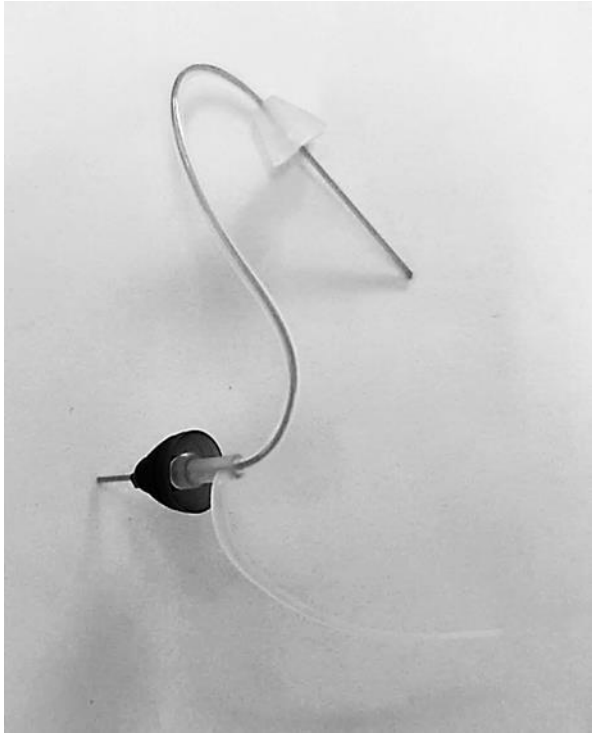
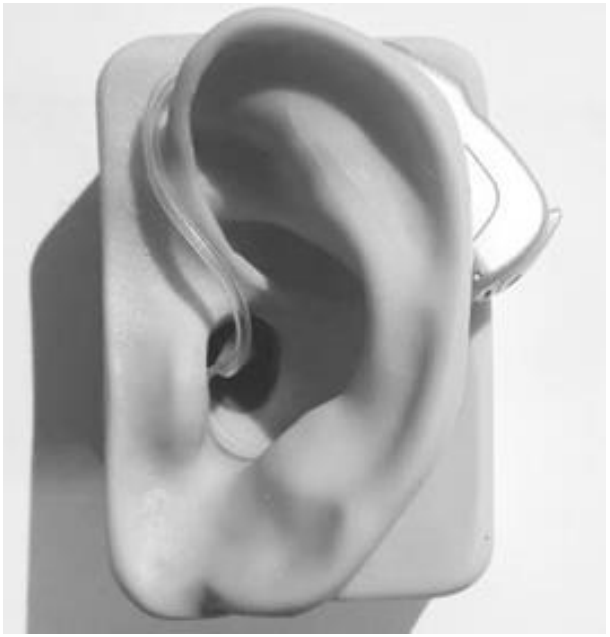
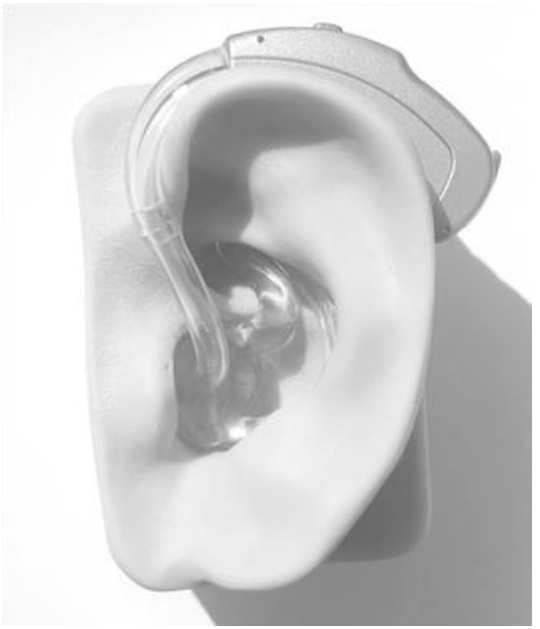


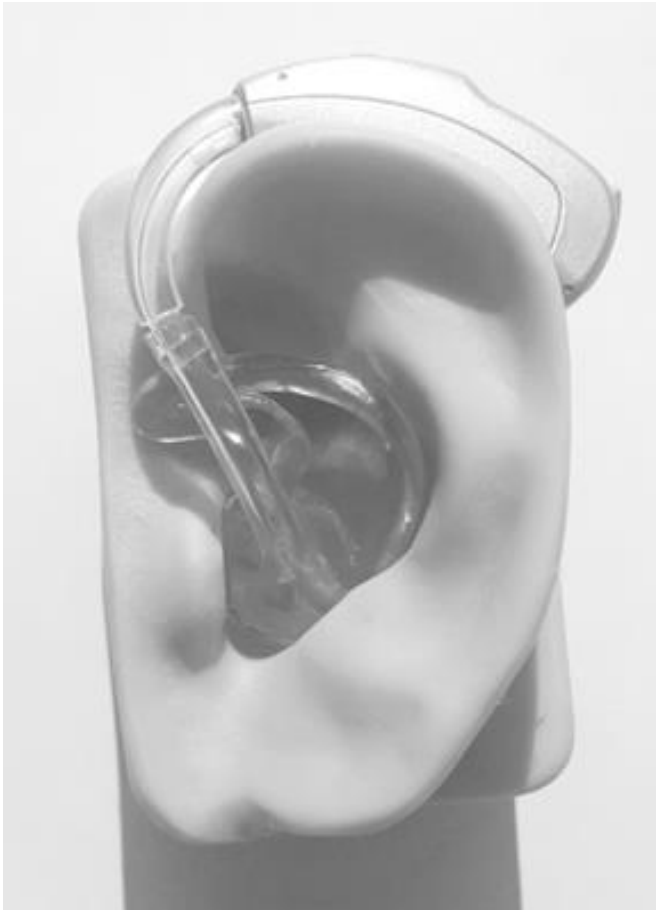

PHONAK

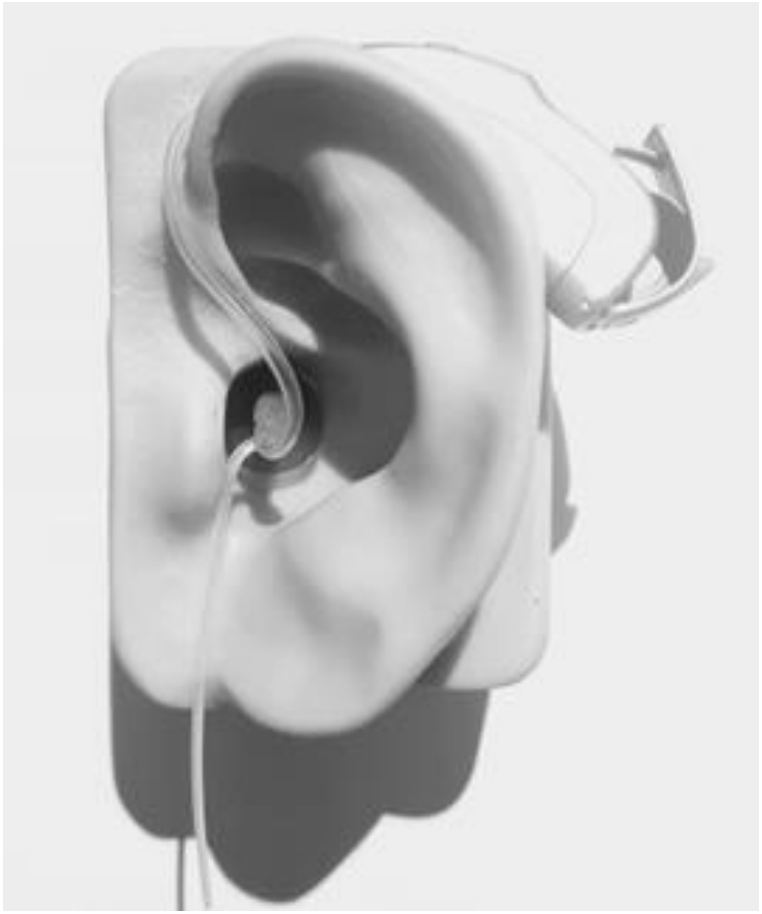

PHONAK

# Inserting









# Servicing

Tubing

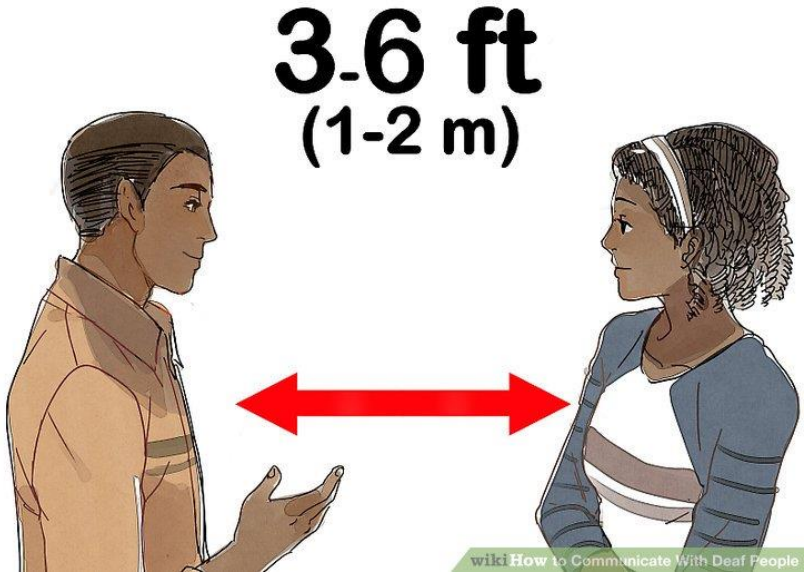
To be changed every 6 months

# USAGE

- Consistent use
- Not like reading glasses
- Retrain the brain to hear

# Communication

Face to face contact




Do not shout

Do not speak into their ear

# References


- Action on Hearing loss, 2018. Supporting older people with hearing loss in care settings, a guide for Managers and Staff Available at https://www.actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/guidance-for-supporting-older-people-with-hearing-loss-in-care-settings/ Accessed 15/05/2019

- Lin, F.R. and Ferrucci, L. 2012. Hearing loss and falls among older adults in the United States. Archives of Internal Medicine 172 (4) pp. 369-371. Available from http://jamanetwork.com Accessed 10/06/2019

- NHS ENGLAND 2017 Hearing loss and Healthy aging. Available at: https://www.england.nhs.uk/wp-content/uploads/2017/09/hearing-loss-what-works-guide-healthy-ageing.pdf Accessed 22/05/2019

- Phonak, 2019 Hearing aids https://www.phonak.com/uk/en/hearing-aids.html Accessed on 15/05/2019

# CHC Team Update

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# Implementation of the NHS Standard Contract with Providers of CHC in Care Homes

Liza Smithson

Head of Contracting & Analytics

# NHS Standard Contract Technical Guidance

*"The NHS Standard Contract (typically the shorter-form version) must be used where an NHS commissioner is funding an individual's NHS Continuing Health Care (NHS CHC) placement in a care home or package of home care. Commissioners must not rely on locally-drafted alternatives to the NHS Standard Contract or on purchase orders alone. Nor are Non-Contract Activity approaches suitable in a CHC context. CHC is, typically, planned activity, meaning that there should be time to put appropriate contract documentation in place; and the interests of*

# What does this mean for Care Home Providers?

- The NHS Standard Contract protects Providers, Commissioners and Service Users. It details the core requirements and provides a set of standard processes should disputes or issues arise.
- The Contract Particulars clarify the local requirements, policies and key contacts which support working relationships between the CCG and Providers.
- Where individually priced packages of care

NHS Standard Contract
2019/20 NHS Standard Contract
2017/19 NHS Standard Contract: updated May 2018
2017/19 NHS Standard Contract: updated January 2018
2017/19 NHS Standard Contract: November 2016
2016/17 NHS Standard Contract
2015/16 NHS Standard Contract
2014/15 NHS Standard Contract
2013/14 NHS Standard Contract
Grant agreement
Directly commissioned services



# 2019/20 NHS Standard Contract

The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care.

The Contract (in full-length and shorter-form versions) has now been updated for 2019/20. A summary of the changes we have made to the Contracts can be found in section 3 of the NHS Standard Contract Technical Guidance and in the Response to Consultation Feedback document below.

The full-length NHS Standard Contract 2019/20 comprises three parts:

- Particulars
- Service Conditions (republished 11 March 2019)
- General Conditions (republished 11 March 2019)

The NHS shorter-form Contract 2019/20 also comprises three parts:

- Particulars
- Service Conditions
- General Conditions

If you have a query on the NHS Standard Contracts, please email: nhscb.contractshelp@nhs.net

# **Contract Particulars** - What you need to do?

- **Provide relevant details and send required documents/policies** (highlighted with yellow text)
- Review the **Service Specification (Schedule 2A).** Inform the CCG's Contracting Team if there are any aspects which the Provider is not currently able to comply with. These will be documented within the Contract alongside an agreed implementation plan and timescales
- Review the **Quality Requirements (Schedule 4C).** Reporting against Key Performance Indicators (KPIs) will not required at this stage, however information may be required for review at Contract meetings – this is not intended to be

# Other Key Points

- Completion of the Application Form (available in Schedule 2G) is required to inform the CCG when a Service User has a **change in condition.**
- **Individual Package Agreements** (IPA template available in Schedule 2G) will replace current letters sent by the CHC Finance Team and form part of the Contract.
- **Feedback approval of the draft contract or inform us of any concerns, issues or**

# Timescales

- Consultation ends – **Friday 9th August**
- Final draft Contract to be shared with Providers including the Care Homes own policies and details embedded, with a summary of any changes applied following the consultation – **Friday 16th August**
- Provider to confirm receipt of final contract particulars and acceptance or inform the Contracting Team of any issues as to why the Contract can not be signed via email – **Friday 23rd August**
- Between **Monday 26th August and 30th August** – The CCG will print, sign and post **two copies** of the contract to Providers for wet signature
- Week commencing **2nd September** – Provider to confirm contract signature and return **one copy** of the Contract to the Contracting Team

# Contact Details and Support

- All communication and the sharing of documents/details for inclusion in the Contract Particulars must be sent to VOYCCG.Contracting@nhs.net

- Meetings can be arranged to discuss the contract via the same email address

# Any questions ??

# Nursing Mentorship


## Wumi Ajayi

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# Coffee Time!

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# Trusted Transfer Pathway Standards

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## • Aims and intended benefits:

• Essential health and care information regarding residents to be accessible in a standardised format

• Improved communication and relationships between Hospital & Care Homes

• Smoother admission and discharge processes

• Improved ability to provide person-centred care during hospital admission

An evaluation report outlined the benefits of the Hospital Transfer Pathway:

- length of hospital stay decreased by 4.4 days (NH) & 4.1 days (RH)
- The HTP can help reduce long and short stays in hospital and has benefits in lowering the risk of harm to patients from deconditioning associated with hospital stays

(Sutton CCG Vanguard)

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# Main concerns for Care Homes

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- No copy of discharge letter
- Missing documents
- Missing medications
- Late transfers
- Pressure area concerns on transfer
- Infection status
- No equipment

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# Where are we at?

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- Valuable feedback from care homes via email & previous Care Homes Forum
- Learning shared from Hambleton & Richmondshire roll out of Red Bags (in partnership with NYCC Quality Improvement Team)
- Joint working with SRCCG
- Meetings held with YTHFT for feedback on Passport and minimum discharge standards
- Communications Team input to support hospital messages

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# What next?

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- Discharge Checklist – conversations continuing in relation to Discharge Standards
- Agree methods of evaluation- can care homes flag up when documents go missing/information not updated?

| *Plan for roll-out* | *Timescales* |
|---|---|
| *Trusted Transfer of Care Document shared with care homes* | *12/7/19* |
| *Copy of Trusted Transfer of Care Document and Hospital brief and MOU shared with YTHFT* | *12/7/19* |
| *Care homes to start to complete Trusted Transfer of Care document for all residents so ready should resident need to be assessed/admitted in to hospital* | *9/8/19* |
| *Red Bags to be distributed to Scarborough, Ryedale and Whitby care homes* | *31/7/19* |
| *Vale of York, Scarborough, Ryedale and Whitby patients to transfer in to hospital with Trusted Transfer of Care Document (in Red Bag for Scarborough, Ryedale and Whitby patients) when assessment in ED and/or admission is necessary* | *From 12/8/19* |

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# Discharge Hub Update

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# React to Falls Prevention


## Helen Degnan

NHS
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# React To Falls Prevention Coming Your Way!

REACT TO FALLS PREVENTION

**Falls can have a devastating effect on individuals and those around them.**

| | | | |
|---|---|---|---|
| Physical Impact | • Pain<br>• Discomfort<br>• Distress | Permanent disability | Life Threatening |
| Psychological Impact | • Loss of confidence<br>• Fear<br>• Reduced physical & social activity | • Social isolation<br>• Depression | Quality of Life |
| Financial Impact | An estimated cost to the NHS of £6 million a day. | | |

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REACT TO FALLS PREVENTION

Care home residents are three times more likely to fall than elderly people living in their own homes

Injury rates are considerably higher for care home residents, with up to 20% of falls resulting in a hip fracture

This equates to almost 1 in 3 people admitted to an acute hospital with a hip fracture coming from a care home

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REACT TO FALLS PREVENTION

Everyone working in a care home has a key role in identifying and reducing the risk of falls as part of supporting the health and wellbeing of residents.

National Institute for Health and Care Excellence (NICE) guidelines emphasise the importance of reducing falls risks to prevent falls and serious injury's. Guidelines recommend that all care homes carry out a person centred approach to prevent and manage falls for each care home resident

It is vital therefore that care home staff are equipped with the skills and tools necessary to identify those at risk of falling and take appropriate measures to reduce these risks.

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# REACT to FALLS PREVENTION

The NHS Vale of York CCG is committed to supporting care homes in providing best care and is promoting the ‘React to Falls Prevention’ principles in care homes across the Vale of York.

The emphasis of this work is to reduce falls risks by the implementation of a person centred, peripatetic approach to prevent and manage falls for each care home resident.

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# Key Messages..

REACT TO FALLS PREVENTION

- Be proactive and react to falls even before they happen
- Support residents to continue to be active, mobilise safely and make their own lifestyle choices
- Falls risk factors and actions are individual to each resident
- Managing falls is a continuous process

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REACT to FALLS PREVENTION

**'React to Falls Prevention'** identifies 3 key areas of risk:

- Physical
- Behavioural
- Environmental

….and the subsequent use of a simple framework that prompts carers to consider these risks and ….

R E A C T

….to reduce the risk of falls

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# REACT stands for:

REACT TO FALLS PREVENTION

| |
|---|
| **R** |
| Encourage and support care leaders to review residents' history of falls (frequency and patterns); any medical and physical health such as low blood pressure, dizziness, fractures/osteoporosis, foot problems, nutrition/hydration, illness or infection, both on admission, regular basis and /or as condition changes; referring to other professionals as required. This should include reviewing residents medications, are they taking 4 or more different types, do they have any side effects such as drowsiness, sedation, increased toilet needs. Have they had a recent medication review with a GP or Pharmacist? |
| **E** |
| The environment should be clear of clutter & hazards with suitable lighting. Call bells should be accessible and working and alarm sensors considered where appropriate. Consideration should be given to personal and environmental hazards such as clothing and footwear, suitability of flooring with patterns kept to a minimum and surfaces not too slippery or too difficult to push aids on, such as thick pile carpets. |
| **A** |
| Residents should be supported to continue to be active, make their own lifestyle choices and mobilise safely with assistance/support/supervision as required. Ensuring appropriate mobilisation aids are used and referral to appropriate services – GP, Occupational or Physiotherapy, Podiatry, District Nurses and voluntary sector organisations. |
| **C** |
| All residents should be supported with communication and comprehension, recognising and supporting residents that are confused/disorientated or otherwise impaired; ensuring that communication aids are clean, functioning, and being used appropriately. Vision and hearing tests should be up to date. |
| **T** |
| Residents should be supported with continence/toileting as appropriate, promoting regular toileting and ensuring continence assessments are completed. Any changes in toilet habits need to be recognised and appropriate signage for the toilet in place as required. The use of commodes considered for night time use as required. |

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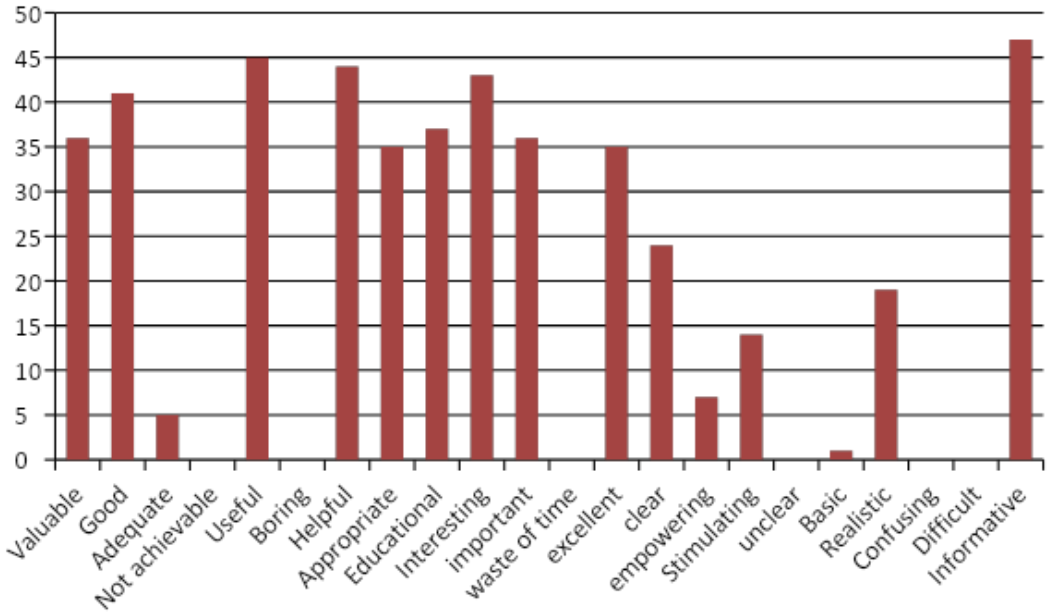
REACT TO FALLS PREVENTION

## So Far.....

- 15 care homes participating
- 88 Care staff received training

## Your Feedback...




For further details, please contact:
**Sarah Fiori, Senior Quality Lead**
email: sarah.fiori@nhs.net
**Helen Degnan, React to Falls Prevention Project Nurse**
email: h.degnan1@nhs.net

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# VOY CCG, Care Homes & Domiciliary Care


Coming soon…….

- Identification of Deteriorating Residents
- Hospital Transfer Pathway
- ‘React to Falls’ Prevention
- Connecting Care Homes; digital programme
- DSPT- IG Toolkit

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# Care Home Capacity Tracker: Feedback Required

The CCG and North East Commissioning Support are looking for any feedback on Capacity Tracker, and if it has helped has helped or improved If there are any thoughts  or stories you have could collate to help with shared learning and development of the tracker (particularly in the below areas) please contact sam.varo@nhs.net

- Has a care home closed and the Capacity Tracker helped the moving of residents more quickly?
- Has the Capacity Tracker helped reduce time phoning around care homes in search of an appropriate setting?
- Has the Capacity Tracker helped collaborative working between LA, CCG and Trust?
- Has it helped patients or their families find their ideal place?

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# Data Security Protection Toolkit


- Roadshow: 07 August, 10:00. West Offices, York
- For a list of  DSPT webinars available from NHS England, please follow this link

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# Dispensing Creams Update

It has been brought to the attention of the CCG there have been some instances where topical preparations such as creams and ointments supplied via the District Nurse team do not have labels or directions meaning care staff do not have the information needed to apply them.

• The District Nursing (DN) teams obtain dressings and some topical preparations through a supplier called ONPOS to give to people directly instead of needing a prescription. This means supply of these items is quicker and more direct to support care for the person. However, this also means there is no dispensing label and the directions on how much to apply, where to apply the preparation and how often it should be applied need to be given in another way for care providers.Following on from this issue being raised, we have had conversations with the DN team leaders who have advised that care plans should be provided by the DNs and these should state how and where the preparation should be applied. The DN team leaders have been asked to remind all DNs to ensure they are leaving copies of care plans and if there are creams/ointments left to ensure the directions are clear.

• The details provided can be used by the care provider to prepare entries on the MAR chart and/or supplementary information for creams/ointments such as a TMAR. A blank supplementary information form is attached to this email which can be used if wished to record the information. A copy of the DNs care plan should be kept with the person's MAR chart or in their care records at the home. Staff can write the person's name on the packaging in order to identify it as belonging it to that person if necessary. The date of opening should be recorded on the packaging for creams or ointments with a short shelf life once opened.

• Going forward, if there are instances where DNs are not leaving care plans with directions, could these please be reported to jhussain1@nhs.net with as many specific details as possible, such as the person's details, the date of the visit, name of DN and name of care home. With these details we can feedback to the DN team leaders to improve the system as a whole

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# Partners in Care… next time!

- Sharing of information and discussion
- Please cascade information to colleagues who you think should be included
- What agenda items would you like including?

Feedback to sarah.fiori@nhs.net

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# Anything to talk about?


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# Good Practice and Sharing of Learning

***Share your news and let's celebrate!!***

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# Good Practice and Sharing of Learning

- *The Minister for Care visited Handley House, 5 Whitby Road and The Chocolate Works to mark care home open day*

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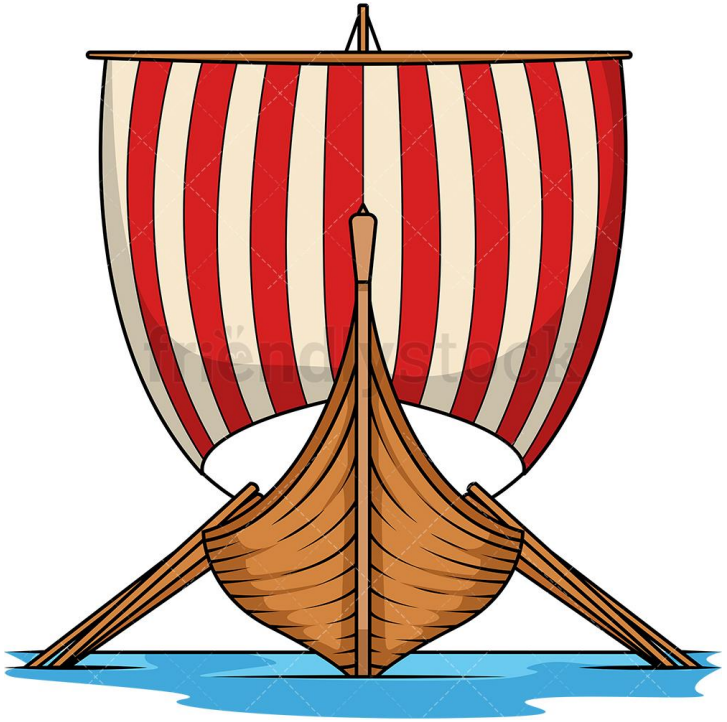
# Good Practice and Sharing of Learning

- *Riccall Carers are taking part in a dragonboat race in support of MySight York.*



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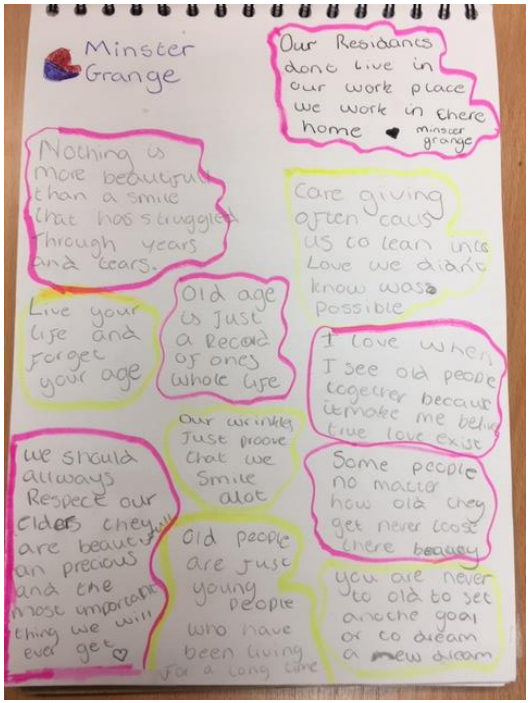
# Good Practice and Sharing of Learning




- ***CCG and NHS England visiting Minster Grange***

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# Good Practice and Sharing of Learning

- ***React to Red has been shortlisted in care for older people category of the Nursing Times Awards***

Nursing Times Awards 2019 Finalist


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# Good Practice and Sharing of Learning

- ***Stamford Bridge Beaumont hosted a Dementia Friends training session open to the local community.***

Alzheimer's Society
United Against Dementia

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# Good Practice and Sharing of Learning

- ***Rosevale hosted a vintage tea party and seaside themed afternoon as part of care home open day.***

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# Good Practice and Sharing of Learning

- *Alne Hall hosted a performance by The Dynamics Band as part of Alne Street Fair*

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# Good Practice and Sharing of Learning

- *Ivy Lodge have raised over £500 at their summer fair, to be split between the residents association and North Yorkshire Dementia Forward*


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# See you next time!


***Next meeting:***
***Wednesday 18th ****
***September 2019***
***Date and Venue TBC***

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