

Partners in Care Meeting

Wednesday 27 November 2019
Riccall Regen Centre. Landing Lane, Riccall. YO19 6PW
Minutes

Present

Sarah Fiori (Senior Quality Lead, NHS Vale of York CCG. Chair)

Helen Degnan (Project Nurse, NHS Vale of York CCG)

Kay Ford (Project Nurse, NHS Vale of York CCG)

Ciaran Ferris (Clinical Leadership Fellow, NHS Vale of York CCG)

Sam Varo (Quality and Nursing Administrator, NHS Vale of York CCG)

Pam Bolderson (Contract Manager, NHS Vale of York CCG)

Karen Harrison (Continuing Healthcare Nurse Assessor, NHS Vale of York CCG)

Heidi Sircus (Continuing Healthcare Nurse Assessor, NHS Vale of York CCG)

Alison Redhead (Registered Manager, Minster Grange Care Home)

Dipin Peter (Registered Manager, Somerset House Care Home)

Alison Green (Registered Manager, Hilltop Manor Care Home)

Beverley Emmett (Registered Manager, Abbey Lea Care Home)

Janet Smith (Registered Manager, Hambleton House Care Home)

Yvonne Clark (Registered Manager, Westwood Care Home)

Joanne Othen (Area Manager, Wellburn Care)

Emma Smith (Deputy Manager, Stamford Bridge Beaumont Care Home)

Bethany Smith (Care Co-ordinator, Helping Hands Homecare York)

Joanne Heffernan (Helping Hands Homecare York)

Louise Crampton (Regional Registered Manager, The Wilf Ward Family Trust)

Jayne Rudge (Registered Manager, The Wilf Ward Family Trust Domiciliary Care Ryedale and Whitby)

Lucy Lawton (Registered Manager, Care Preference)

Shani Sanderson (Registered Manager, Age Concern York In Safe Hands)

Lynda Ruddock (Sister, St Leonards Hospice)

Angela Thompson (Locality Manager, Skills for Care)

Claire MacDiarmid (Clinical Lead, Tees, Esk and Wear Valleys NHS Foundation Trust)

Rachel Instone (Assistant Psychologist, Tees, Esk and Wear Valleys NHS Foundation Trust)

Darren Clark (Contract Manager, Medequip Assistive Technologies)

Tim O'Dowd (Urgent Care Practitioner, Yorkshire Ambulance Service NHS Foundation Trust)

Ann Potter (Team Leader, Continence Nurse Specialist Team. York Teaching Hospital NHS Foundation Trust)

Tracy Means (Deputy Head of Nursing - Care Group 1 Acute. York Teaching Hospital NHS Foundation Trust)

Suzanne Smith (Quality Improvement Manager, North Yorkshire County Council)

Jan Tuson (Project Co-ordinator, York Advocacy Hub)

Diane Neville Beck (York Advocacy Hub)



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1	Welcome and Apologies	S Fiori
	The group were welcomed to the meeting and thanked for taking the time to attend.	
2.	Skills for Care and Registered Managers Network Update	A Thompson
	Angela updated partners on the <u>"Every Day is Different"</u> recruitment campaign being run by the Department of Health and Social Care. As well as resources and information on the roles involved in care, this website also acts as a job board which can be filtered by care roles by region unlike other job boards.	
	The <u>"A Question of Care: A career for you"</u> tool was introduced. This is an online interactive quiz which runs through real life scenarios within social care. This could be used as a pre interview test or screening tool for candidates applying for care roles.	
	Skills for Care have produced guidance around statutory and mandatory training, which describes what training is mandatory for each role and how often this needs to be refreshed.	
	The group were advised about a series of leadership development programmes offered for Skills for Care:	
	Lead to Succeed- 5 day course for aspiring and deputy managers.	
	 Well Lead- 4 day course designed for registered and other managers. 	
	Employers can claim money through the Workforce Development Fund to cover these and other education opportunities.	
	The group heard that workshops in a becoming a confident mentor are available, which are free to Skills for Care members.	
	It was updated that the next meeting of the Registered Managers Network for York nursing home managers would take place in January. If any individuals would be interested in setting up a residential or domiciliary managers network, please contact Angela. Funding to help establishment could be available.	



	Further information from Skills for Care can be found in the	
	meeting slides.	
3.	Fast Track Improvement Team Workshop	L Ruddock
	Lynda attended the group on the review of the fast track process she and Chris Charters have been commissioned by the CCG to produce. This review began at Easter and has seen the team speak to district nurses, GP's, inpatient services, palliative specialist care, local authority, Macmillan among others to gather feedback around fast track in the Vale of York. They have also spoken to other CCG's to understand how the service works in different areas.	
	Fast Track is provision of care through the continuing health care team for individuals entering the terminal phase. It was clarified that this doesn't have to be the last 6 weeks of life, but is for individuals who have shown a rapid deterioration. The elements required for Fast Track are consent, the tool (to be completed by a clinician) and the care plan.	
	Care can be provided through Hospice at Home if no suitable package can be established. There is also an ability to offer night carers, provision of which depends on other support offered by organisations such as Marie Curie and Macmillan.	
	All care will be reviewed at 6 and 12 weeks. An individual can't be taken off fast track without a review, and funding can be restarted as many times as required. It was advised a leaflet to guide relatives/next of kin through the process has now been created, and will be shared through the Partners in Care Bulletin.	
	There was a query around if an individual needs to have stopped eating and drinking to meet the criteria for funding, it was clarified that is not the case and a rapid deterioration is the only criteria needed.	
	Feedback has been received that some district nurses are asking GP's to verify fast track applications. It was advised that the team were aware of these such disparities.	
	It was asked why a fast track referral was still required on occasions when a resident already had appropriate service in place.	
	Going forward, Lynda updated the team will have a regular stand in the hospital canteen to be able to engage acute	



	clinicians around fast track. They are also plans to conduct a further re-audit to review care that is being commissioned. Lynda and Chris will return to the group to update on their findings from this review.	
4.	Continence Team Update Ann updated that the team have created a question and answer sheet for frequently raised queries around continence. This will be circulated to the group through the Partners in Care Bulletin. It was updated that conversations with the CCG are ongoing and the coat line with for outre products required during an	A Potter
	on who the cost lies with for extra products required during an outbreak. Ann also advised that Hayley Clayton would be leaving the service, which may have an impact until a new individual is recruited.	
	A member of the group reported issues with the speed of continence assessment taking place. They have been 6-8 weeks due to staff issues experienced by their GP practice. Ann advised in such cases to contact the continence team, who will aim to speed up this assessment (but can't guarantee that)	
	In response to feedback around residents who have been assessed having to wait for a routine delivery to receive their products, it was agreed this shouldn't be the case.	
	Ann informed that a pilot is under way with certain teams in the hospital using a shorter team, to help facilitate a continence assessment prior to discharge.	
5.	Urgent Care Practitioners Update	T O'Dowd
	Tim gave partners background on the role of UCP's, and the services they can provide.	
	UCP's are commissioned by the CCG but employed by Yorkshire Ambulance Service. They have 9 staff who are based out of Sherburn in Elmet, all of which are MSc trained. The team operates from 7am to midnight.	
	At any one times there will be 3 UCP's on the road, and 1 in the depot co-ordinating activity and receiving calls. The team can be contacted directly and are able to have a clinical conversation with the care home/GP practice/district	



	nurse/ambulance service (unlike NHS 111).	
	UCP's are able to provide services on site including but not limited to: Acute wound care, local anaesthetic, COPD/asthma exacerbation, UTI's, back pain and vertigo. The team provide a holistic and patient based approach to prevent unnecessary conveyance to hospital. They also have access to 4 step up beds at Fulford Nursing Home if required.	
	Tim updated on a series of trials the team have been involved with, these include working with York Medical Group to facilitate earlier home visits. This has good potential but there is still work to overcome some IT issues. They are also trialling closer working with Primary Care Networks.	
	The team now have access to raiser chairs, which can raise a resident who has fallen from horizontal to vertical.	
	It was added that the team see around 450 to 500 patients each month, with 60 to 70% non-conveyance rate.	
	Partners fed back that they found the service provided by UCP's really beneficial, and that more capacity and the ability to cover domiciliary settings too would be of great help.	
	A poster for the UCP service will be circulated in the Partners in Care Bulletin.	
6.	Interval and Refreshments Break	
7.	CHAD Team Update	R Instone
	Rachael updated the group that she had been commissioned by the CCG to identify care home residents who have dementia but do not have a formal diagnosis. The national target for identification is 67%, with the CCG currently around 8% below this.	
	The advantages of having a diagnosis include the ability to put an advanced care plan into place, greater understanding and the possibility to put medication in place if required.	
	Rachael has begun working with several homes in the Selby area to go through their records. She has found that sometimes the DoL's (Deprivation of Liberty Safeguards) has had dementia as the reason for putting in place, however there has been no formal diagnosis.	



	It was noted that a number of York homes will be covered by the York Integrated Care Team for this project, with Rachael covering the remainder. This break down of homes is detailed in the meeting slides. Rachael will be in touch with homes she is covering in due course to arrange a visit.	
8.	Community Equipment Update	P
	The group received a summary of community equipment contract provided by Medequip for CCG's across North Yorkshire, as well as for North Yorkshire County Council. This operates on a loans based model, where NHS and social care are paying for equipment that has been prescribed until it has been returned. However upon return 90% of this cost is return. As an example, the NHS Vale of York CCG spent £6,000,000 on community equipment in the year 2018/19, and received £3,900,000 back due to returns.	Bolderson/ D Clark
	Partners were urged to take back the message to their providers the importance of returning equipment not being used, or being used by an individual it hasn't been prescribed for. Each item returned has a financial benefit to the NHS. Items not being used by the correct resident need to be returned as part of the contract to be decontaminated.	
	Darren updated that Medequip provide a 24/7 service over 365 days a year. Deliveries take place following equipment by an NHS professional, but it was clarified that anybody can to report a fault/request a repair/request collection. For service users the team aim for 2 day collection, and 5 days for care homes. However in times of issues with capacity, deliveries will be prioritised over collection. Following a query, it was clarified that equipment collection can be expatiated if an individual has passed away. However this can only be done through a phone call.	
	It was added that Medequip and the CCG are conducting an equipment amnesty, and have already seen £9000 of equipment returned in a short space of time.	
	Resources were circulated at the meeting on how to return equipment. This will be circulated in the Partners in Care Bulletin. It was clarified that equipment prescribed to social care providers in York through Be Independent wasn't included in this amnesty. Old equipment from before Medequip took on the contract is still encouraged to be returned, as this is still NHS property.	



	The group reported difficulties with identifying who equipment was for upon delivery. It was clarified that GDPR rules prevent Medequip from printing names on receipts or products. For any queries/issues around community equipment, partners are encouraged to contact Pam or Medequip.	
9.	Trusted Transfer Pathway and Discharge Team Update	S Fiori
	There was no update received on discharge, however Sarah reiterated the request for partners to feedback any issues with discharge to her (including feedback on the use of the trusted transfer pathway). It was updated that further communication with the acute trust was needed to embed use of the transfer pathway.	
10.	CHC Contracts and Team Update	K Harrison
	Karen reminded the group that if any FNC applications were overdue to contact the CHC admin email address.	
11.	React to Falls Prevention	H Degnan
	Helen provided an update on the React to Falls Prevention training that has so far been taken up by 31 care homes, with around 450 staff being trained.	
	This training is based around the REACT framework, which can be worked through to identify falls risk through huddles or staff meetings. The programme encourages all staff to get involved (including maintenance and domestic staff) as everybody has a responsibility to prevent falls, with training also being available for residents. As part of the training homes are encouraged to use a days since last fall board to monitor progress.	
	The programme also involves data collection from providers to track home the training is affecting number of falls. Data so far from a small number of homes shows a decrease in falls prevalence, and positive feedback has been received from care homes on how the training empowers and motivates staff.	
	Helen also congratulated Minster Grange and Fulford Nursing Home for the activities they lead to recognise International Stop the Pressure day.	



12.	Opportunity for discussion, issues to be raised, good practice and learning to share Suzy Smith updated that she and Ciaran Ferris were conducting a piece of work around oral health care on the back of the CQC report "Smiling Matters". They are investigating holding workshops for care homes/domiciliary providers to help implement best practice, linking in with NICE. If you would like to be involved in this work please contact Suzanne.Smith@northyorks.gov.uk	
13.	 Good News The meeting closed with the group being updated on good news stories from across the care home and domiciliary sector. These included: Nominations for the CCG's React to Red programme in the Nursing Times Awards and Health Service Journal Awards (where it was highly commended), recognising the contribution all Vale of York partners and care providers have made to avoiding pressure ulcers. The nomination of Alison from Minster Grange in the York Press Community Pride Awards for her contribution to the care sector. Rosevale raising £1050 through a charity fun day in aid of the York Tourette Support Group Meadow Lodge Home Care Services leading a "jabathon" with a local pharmacy and vaccinating 32 staff. Amarna House hosting a "Make a Difference Day" where staff and residents were able to give back to all the people who make a difference to them. Further good news stories can be found in the bulletin and slides from the meeting. If you have any stories to share with us for the January meeting please get in touch. 	
14.	Thank you and close. Next meeting: Wednesday 29 January 2020 13:30-16:30. York Sports Centre, Shipton Road. York	