

Health & Social Care; Achieving Excellence Together

York, Friday 2nd December 2022



Humber and North Yorkshire
Health and Care Partnership



North Yorkshire
County Council

Welcome !

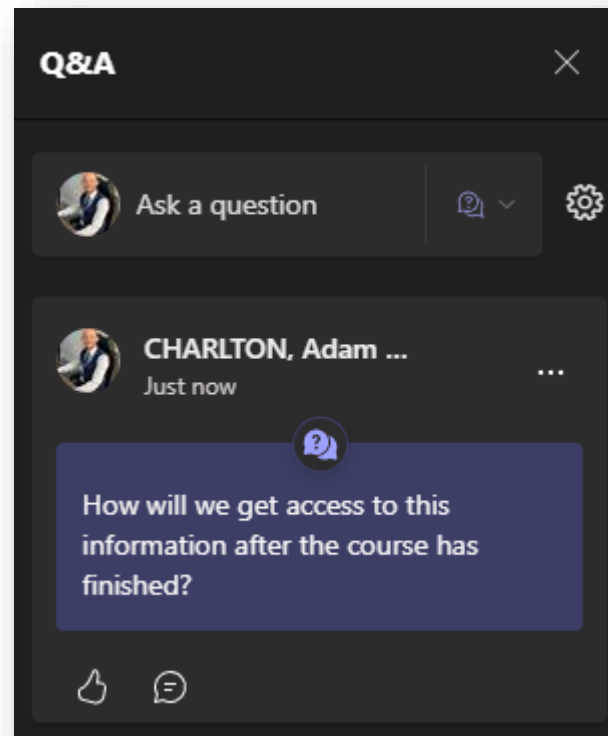
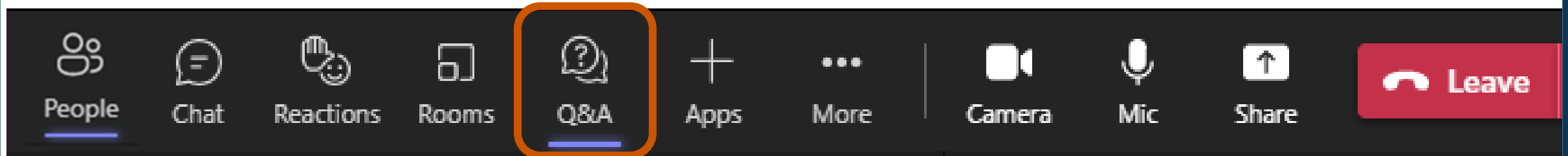




Digital Services


Taking your skills to the next level

Q&A



Questions

Responses



Humber and North Yorkshire
Health and Care Partnership

Health & Social Care; Achieving Excellence Together

Friday 2nd December 2022

Section 1

...

1. Please rate your overall satisfaction with this event? *

1

2

3

4


5

Totally dissatisfied

Completely satisfied

Questions

Responses



Humber and North Yorkshire
Health and Care Partnership

Health & Social Care; Achieving Excellence Together

Friday 2nd December 2022

Section 1

...

1. Please rate your overall satisfaction with this event? *

1

2

3

4

5

Totally dissatisfied

Completely satisfied





Digital Services

Taking your skills to the next level

Michelle Carrington

Director of Nursing & Quality,
NHS Humber & North Yorkshire Health & Care Partnership

Rachel Bowes

Assistant Director Adult Social Care
North Yorkshire County Council

Welcome & Opening Remarks

Deborah Sturdy OBE

**Chief Nurse Adult Social Care, Department of Health
and Social Care**



Department
of Health &
Social Care

Setting the Scene Social Care Nursing at the Heart of the Profession

Deborah Sturdy OBE

Workforce

1.6 million ASC employees - bigger workforce than NHS

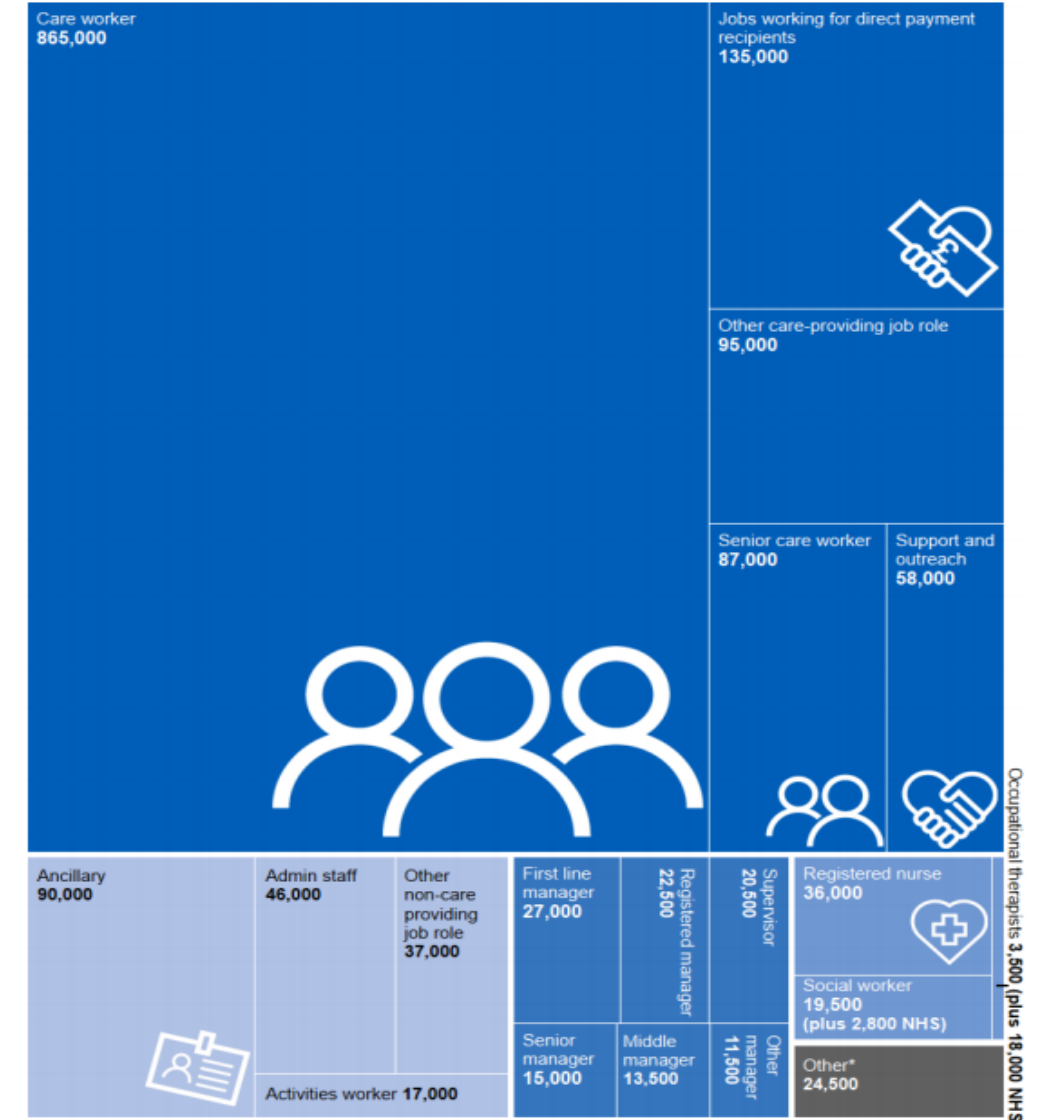
Range of professionals:

- **Managerial**– registered managers, supervisors, managers
- **Regulated professions** - social workers, occupational therapists, registered nurses, allied health professionals
- **Direct care and other roles** – carers, senior carers, ancillary staff

Landscape:

- **151 local authorities**
- **15,000 care homes** - within care-only homes (310,000 jobs) and care homes with nursing (285,000 jobs) as well as 10,000 jobs employed by Shared Lives services.
- **10,200 domiciliary care services** - with estimated workforce of 560,000 (96% within the independent sector, with 4% in local authorities).

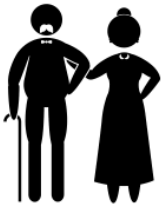
Chart 7. Estimated number of adult social care jobs by individual job roles
Source: Skills for Care estimates



* 'Other' includes 11 job roles which were estimated to include fewer than 6,000 jobs each.

Overview of the adult social care sector

Social care's legal framework is provided by the **2014 Care Act**: *"The core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life."*



Older people
with age related
needs



Disabled
Working Age
Adults 18-64,
including long
term conditions.



Those suffering
harm and abuse,
including
exploitation



Drug and alcohol
dependency

- Adult social care is the support provided to **adults** with either physical or learning disabilities, or physical or mental illness.
- The support provided could be for **personal care** such as eating, cleaning and getting dressed for domestic routines.
- This can be provided through **care services, including third sector services**, including care homes or a carer helping in your home.

683,738

Number of people who received LA funded
long-term adult social care support in
2019/20

10,300,000

Estimated number of people impacted by
social care – including paid workforce and
unpaid carers, formal care users and
recipients of unpaid care



The Adult Social Care White Paper sets out our 10-year vision for person-centred care

The White Paper puts **personalised care at the core** of the vision, which is underpinned by **three main principles**.

The 10-year vision will serve as a **framework for future spending decisions** and fiscal events.



People have choice, control, and support to live independent lives



People can access outstanding quality and tailored care and support



People find adult social care fair and accessible



Within each of these high-level principles are a **series of ‘I statements’** to describe what our 10-year vision should feel like for people who interact with the social care system. For example:

- *I lead a fulfilling life with access to support, aids and adaptations to maintain and enhance my wellbeing.*
- *I am provided with the tailored information and advice I need to support and meet the needs of the person I care for.*
- *I feel recognised for my existing skills and am able to develop new skills and take on new challenges as I become more experienced.*



National Framework for Delegated Healthcare interventions



Delegated Healthcare Interventions Framework

Supported by a national steering group led by Deborah Sturdy, Chief Nurse for Adult Social Care, DHSC and Skills for Care, alongside health and social care stakeholders, partners and regulators.

The new national delegation framework for England will set out voluntary guiding principles that can be adapted locally for personalised, safe and effective delegated healthcare interventions, complementing existing good practice and protocols. The framework will be developed within the wider context of social care reform, regulation and professional accountability, for use across residential and community settings, including Individual Employers and Personal Assistants.

Framework Timeline

Development June 22 – March 23 → Publication April 23 → Implementation and Trailblazers 23-24

Additional pieces of work commissioned by Skills for Care to support the framework
Activity to take place throughout June – December 2022

Lincolnshire Care Association

Toolkit to support
delegation of
diabetes
management and
remote monitoring

St Martins Care, Northumberland

Skills and
development to
support the
delivery of training
and skills
development for
wound care

National Care Forum (NCF)

Development of
a decision tree
for social care
providers and
supporting
policies

Foundation of Nursing Studies (FoNS)

Pilot of
resilience based
clinical
supervision for
adult social care
nurses

Association of Director Social Services (ADASS)

Research into
commissioning
practices and
development of a
top tips guide

For further information, please contact policy@skillsforcare.org.uk



Research & Evidence

- Publication [CNO research strategy](#) November 2021 - set out ambition, priorities and focus to enable nurses to **lead, support and deliver** research across health and care settings
- Publication of Nursing and Nurse Associate research:
- [The role and contribution of Registered Nurses in social care: A rapid evidence review'](#)
- <https://www.kcl.ac.uk/news/take-up-and-challenges>
- **Social Care Nursing Research Roundtable** – 16 May to build research capacity and capability to support high quality care– jointly sponsored by DHSC & NHSE and supported by National Institute for Health & Care Research (NIHR)
- First **Adult Social Care Applied Research Collaboration (ARC) summit** – 17 October
- **#CREDTalk** (Care Research Education Debate) – new series of webinars on research with, by and for social care research



Forging the next generation of social care nursing leaders

- Florence Nightingale Foundation – bespoke leadership development programme
- Ambition for 50 nurses over next two years to be ambassadors and champions for adult social care
- Mentoring whilst developing
- Celebrating success



Systems leadership across health and social care

- Team CNO - long term strategy for Nursing & Midwifery

<https://www.good-governance.org.uk/teamCNO>

- Strengthening the voice of social care in the Integrated Care Board/System (ICB/ICS) landscape
- Queens Nursing Institute (QNI) Field Specific Standards
- Get involved locally – offer your expertise to others
- Creating the first Professor of Social Care Nursing in the UK



New Opportunity



Social Care Nursing Voices are critical

Integration and NHS partnerships key and happening - councils

Professional pride in our skills and knowledge to stand out and influence

NMC SPQ consultation – creates a new opportunity

Celebrate success and nominate our colleagues

Telling our career stories vital

Recognition of the many subspecialities in social care nursing

Building our leadership capacity in an inclusive way

Making 2023 really matter



Dr Nigel Wells

Executive Director Clinical & Care Professional
NHS Humber & North Yorkshire Health and Care
Partnership

**ICS Transformation, what it means for Health &
Social Care and the role of GP Leads in Care Homes**



Humber and North Yorkshire
Health and Care Partnership

Integrated Care
Opportunities
Implications

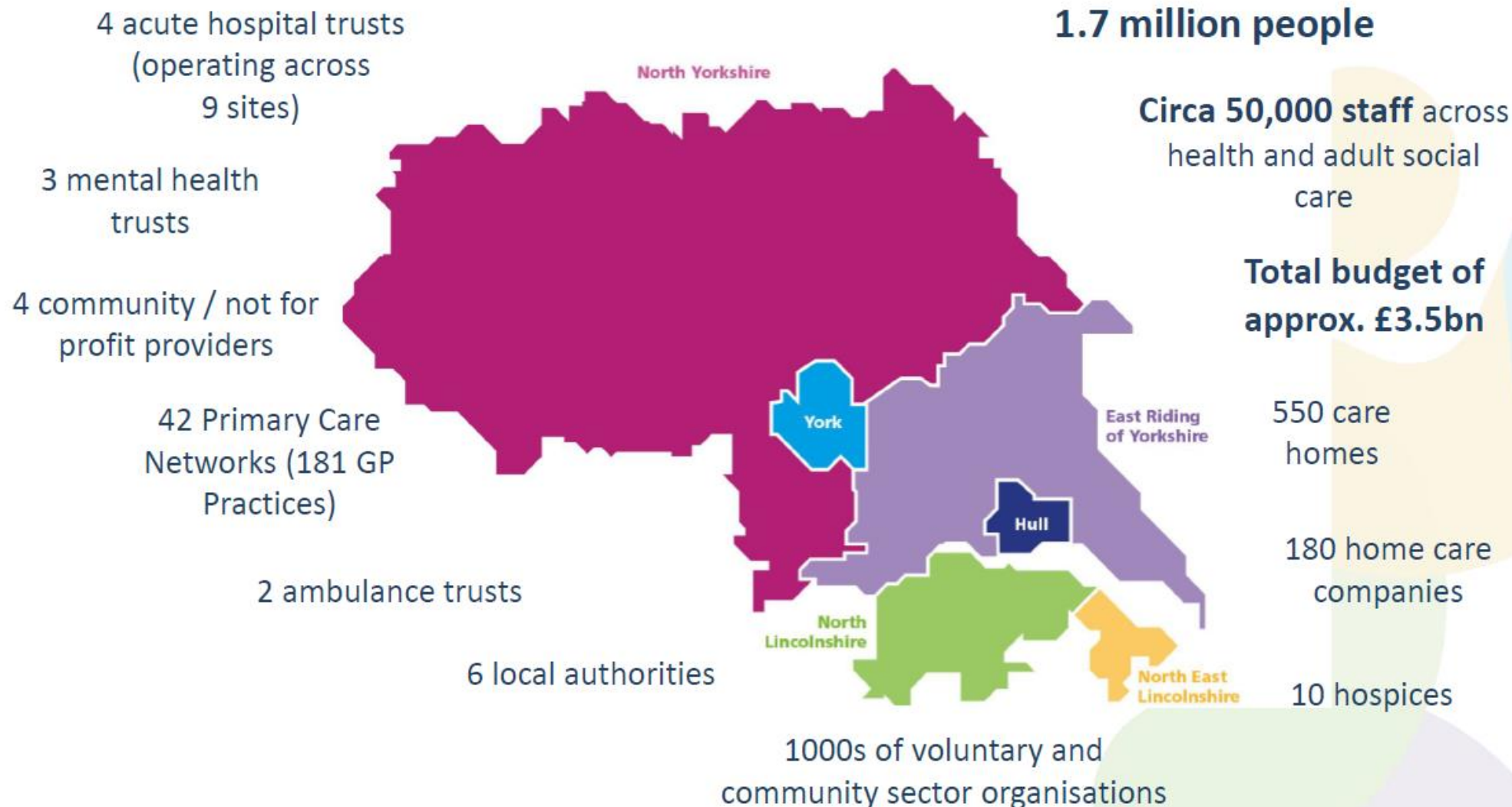
Dr Nigel Wells, Executive Director Clinical & Professional

Humber and North Yorkshire Health and Care Partnership comprises of NHS organisations, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations. We are one of 42 Integrated Care Systems (ICSs), established across England, to:

- Improve outcomes
- Tackle Inequalities
- Enhance quality and productivity
- Support social and economic recovery

Our collective mission is to improve the lives of the people who live and work in the Humber and North Yorkshire

Our Integrated Care System: HNY



This summarises the progress in developing our Integrated Care System

HNY Integrated Care Partnership (ICP)

Membership of the Humber and North Yorkshire Integrated Care Partnership (ICP) has been established throughout summer 2022 and met formally for the first time in October 2022. This is the statutory committee to representing the wider ICS partnership, including NHS, public health, social care, and VCSE sector organisations.

The ICP strategy is currently in the final stages of development.

HNY Integrated Care Board (ICB)

The NHS Humber and North Yorkshire Integrated Care Board (ICB) is a statutory organisation accountable for NHS spend and performance for 1.7million people across a region of 1500 square miles.

It was formally established on 1 July 2022 as part of plans set out in the Health and Care Act 2022 to place Integrated Care Systems (ICSs) on a statutory footing.

Sector Collaboratives

Our five sector collaboratives (Primary, Acute, Mental Health, Community and VCSE) bring providers from across Humber and North Yorkshire together, to work across the ICS with a shared purpose, set of priorities and effective decision-making arrangements.

These collaboratives are an important part of ICS, working across a range of programmes and assist providers to work together to plan, deliver and transform services.

Working at Place

Place Committees are being developed for each of the six places in our region to enable increased autonomy and delegation of local decision-making to a formal joint committee.

Fuller Stocktake



Next steps for integrating primary care: Fuller Stocktake report

Commissioned by NHS England and NHS Improvement from Dr Claire Fuller, CEO (designate) Surrey Heartlands ICS

MAY 2022

Next steps for integrating primary care: Fuller stocktake report

Improving access, experience and outcomes for the community

Enable PCNs to evolve into integrated neighbourhood teams with shared ownership for improving health and wellbeing

- Support preventive healthcare with generalist and specialists from all sectors for a holistic approach to health
- Adopt population-based approach by wider health and care systems and align secondary care to neighbourhood teams
- Develop models of personalised care
- Proactively identify and target those who can benefit from interventions and committing to CORE20PLUS populations

Work with local people and communities to tackle ill health

- Genuine co-production and personalisation of care that are tailored to local needs and preferences
- Bring local people into the workforce to establish integrated teams that are rooted in the community

System-wide approach to a single integrated urgent care pathway

- Provide same-day access to urgent care from the most appropriate local service, whether remote or face-to-face
- Develop new metrics and standards for access including new patient-reported experience measures
- Deliver better continuity of care by having better urgent care access
- Co-locate teams around the needs of the population with blended expertise and easy access to diagnostics

Create a clear development plan to support primary care sustainability

- Focus on unwarranted variation in access, experience and outcomes
- Understand current spending distribution compared with system allocation and health inequalities
- Support collaboration with other providers including community services
- Work in partnership with local authorities, communities and system partners to pool data and resources

Primary care workforce should be an integral part of system and national level strategy

- Develop system-level workforce data to inform long-term strategy
- Support innovative employment models and creatively maximise skills and experience of existing workforce
- Extend NHS Staff Survey across primary care
- National workforce strategy to focus on primary care

System leadership to become driver of primary care improvements

- Develop and support clinical directors to drive change, allowing protected time to meet the leadership challenge
- Establish primary care forums to ensure credibility and breadth of views
- Encourage multi-professional workforce and leadership

- Establish greater financial flexibility for systems on primary care
- Maximise system decision-making on future discretionary investment

System-wide estates plan to support fit-for-purpose buildings

- Adopt 'one public estate' approach by using perspectives on access, population health and health inequalities
- Maximise use of community assets and space

Improve data flow and embed digital transformation in holistic care

- Address patient data sharing challenges to improve co-ordination of care
- Develop digital transformation that focuses on patient experience and outcomes, made in partnership with staff and patients whilst addressing barriers to digital tools

Legislative, contractual, commissioning and funding frameworks

- DHSE and NHSE enable and support new models of integrated primary care, provide practical support and build ICS estates expertise
- Consider how to improve equity in resource distribution and improve health outcomes
- Ensure primary care estates is central in the next Health Infrastructure Plan



Recent publications



House of Commons
Health and Social Care
Committee

The future of general practice

Fourth Report of Session 2022–23

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 11 October 2022*

HC 113
Published on 20 October 2022
by authority of the House of Commons

The future of general practice 1

Contents

| | |
|---|-----------|
| Summary | 3 |
| 1 Access to general practice | 7 |
| Demand in general practice is rising | 7 |
| The NHS does not have enough GPs | 8 |
| Patients face poor access | 9 |
| GP workloads are unsustainable | 10 |
| GP recruitment is increasing | 12 |
| Other professionals can help | 13 |
| GP retention needs to be improved | 16 |
| 2 Continuity of care | 19 |
| Continuity is no longer standard | 19 |
| Continuity brings benefits to patients and GPs | 21 |
| Continuity is good for everyone | 22 |
| Continuity can be achieved | 24 |
| 3 General practice and new NHS organisations | 29 |
| Integrated Care Systems and Primary Care Networks have potential | 29 |
| There are too many micro-incentives in primary care | 30 |
| Regional variation has not been accounted for | 32 |
| GP organisations need more headspace and organisational support | 34 |
| 4 The GP partnership | 35 |
| The GP partnership model is innovative and efficient | 35 |
| Premises costs are a significant issue | 36 |
| Unlimited liability prevents GPs from joining | 37 |
| Conclusions and recommendations | 39 |
| Formal minutes | 46 |
| Witnesses | 47 |
| Published written evidence | 48 |
| List of Reports from the Committee during the current Parliament | 60 |

The most recent House of Commons Report contains 17 conclusions and 28 recommendations.
[The future of general practice \(parliament.uk\)](https://www.parliament.uk)

Fuller recommendations

| | |
|----------|---|
| National | new GMS 24/25 contract PCN and neighbourhood care teams Workforce |
| H&NY ICB | Health Inequalities / coastal communities Improvement systems International recruitment / workforce Interface and true integration |
| Place | PCN Neighbourhood teams Workforce strategies Group models – all sectors (not mergers) |

Community Collaborative is leading on

2 hour urgent response

Falls stocktake

Admissions avoidance

Virtual wards

Fuller recommendations

Coordinating actions and facilitating discussions. Delivery in and through our places

Continuity:

Delgado, J et al., 2022. 'Continuity of GP care for patients with dementia: impact on prescribing and the health of patients', British Journal of General Practice 72 (715) - high levels of continuity for patients with dementia improved the effectiveness of prescribing as well as reducing the risk of delirium and emergency hospital admissions.

Professor of Primary Care at the University of Bergen in Norway, who described the findings of his group's major study into the impact of the Norwegian regular GP scheme.

"We have investigated the association between having the same doctor over time and what we call hard end points: mortality, risk of death, hospitalisation for emergency reasons and issues for EDs or out-of-hours care [...] What we found was the same as other studies have shown; there is a clear association between continuity and hard end points. 11 of 11 studies show reduced mortality. There is an association with reduced emergency admittance to hospitals. There is a clear association between less use of emergency services like out-of-hours services. Over time, it shows a reduction of roughly 25% to 30% in all hard measures."

PCN DES

Emerging neighbourhood teams

Coordinated integrated care offers

Better specialists access

New care environments – vw, remote monitoring



Sarah Fiori

Head of Quality Improvement/ Principal Nurse
NHS York Health & Care Partnership/ North Yorkshire
County Council

Quality Assurance & Improvement Team colleagues

Introduction to the Quality Assurance & Improvement Team

What is the offer to Care Homes in your area?

North Yorkshire County Council

- ❖ **214** Care Homes
- ❖ **134** Domiciliary Care Agencies
- ❖ **200** Non Regulated Providers (APL)
- ❖ Border **13** Local Authorities and work with a further **100** Domiciliary Care Agencies
- ❖ **207** Registered Nurses, **2059** Care professionals, **806** Non Care Staff
- ❖ Agency of **60** Registered Nurses, **193** Care Professionals and **45** Non Care Staff





North Yorkshire County Council

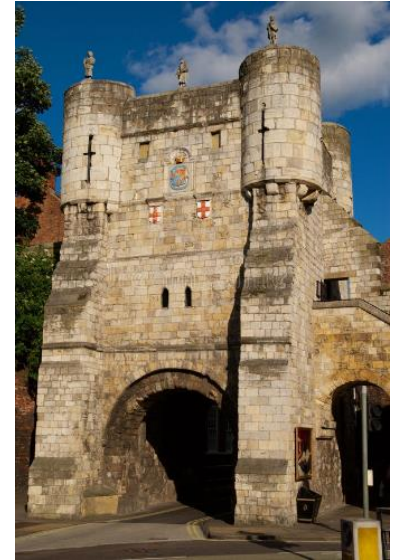
- ❖ North Yorkshire is 3,341 square miles
- ❖ 92 miles east to west and 67 miles north to south
- ❖ 2 National Parks – the North York Moors & Yorkshire Dales
- ❖ We have one of Yorkshire's three stretches of heritage coast
- ❖ The highest of North Yorkshires mountains is Wharfedale at 736 metres



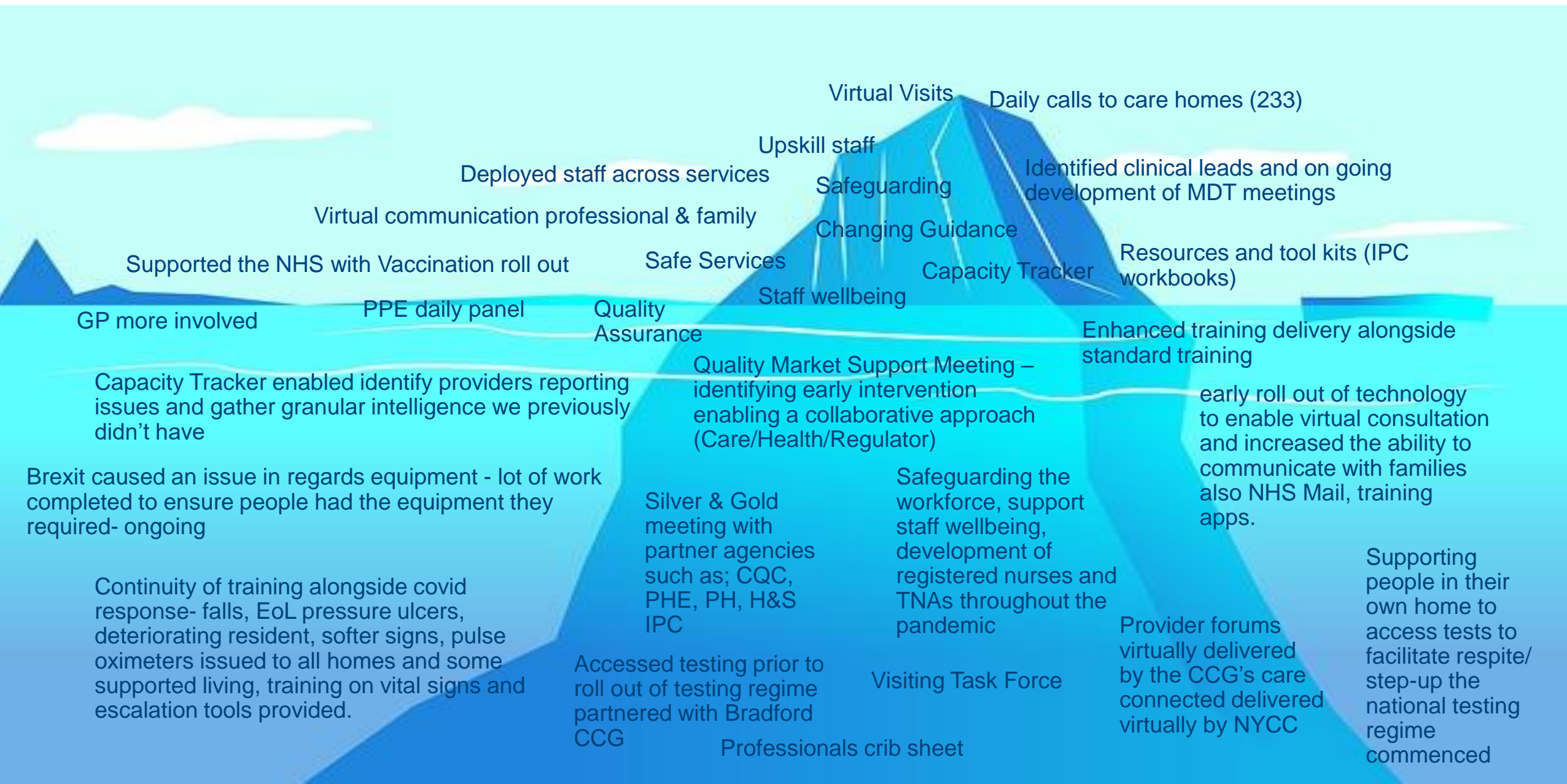
Humber and North Yorkshire
Health and Care Partnership

City Of York Council

- ❖ **182** care providers and **3668** staff
- ❖ **42** Care Homes employing **1804** staff
- ❖ **46** domiciliary services (CQC registered in York)
employing **1862** staff
- ❖ **94** Supported Living Sites



Support Provided through the Pandemic



Quality Assurance & Improvement Team

‘QAIT’



Service Managers




Collaboration

- North Yorkshire & York Health & Care Partnership
- Local Authorities
- Medicines Management
- Public Health Teams
- Community Nursing Teams
- Allied Health Professionals
- Primary Care
- Acute Trusts
- Research
- Academic health Science Networks
- Yorkshire & Humber Improvement Academy
- Equipment Providers

Too many people to list in full so apologies to the many not listed.....

**You and the people we all support &
care for!**





PARTNERS IN CARE
FROM PROMPT AND INFORMATION

For further information please contact:

Sarah Fiori, Head of Quality Improvement (VOYCCG)/Principal Nurse (NYCC)
Sarah.fiori@nhs.net

Helen Degnan, Senior Nurse, Quality Improvement
h.degnan1@nhs.net

<https://www.valeofyorkccg.nhs.uk/about-us/partners-in-care/>

Quality and Nursing Team
Support to Independent Care
Providers During COVID-19
Pandemic: March 2020-March 2022

OUR PARTNERS IN CARE

- 78 Care Homes
- 183 Domiciliary/Supported Living Services
- 450 Partners and stakeholders on distribution list



SHARING LEARNING AND SUPPORT

Partners in Care Forum offers virtual support and updates to providers and stakeholders



- 32 sessions delivered with 819 attendees from 96 organisations
- 105 editions of the weekly **Partners in Care Bulletin** communicating important guidance changes, updates and support available

All care providers offered an initial **covid support visit** followed by a **resilience visit**.

TRAINING: Virtual and Face to Face

- 61 initial IPC support/assurance visits
- 89 resilience visits
- 229 IPC training sessions (Care homes)
- 60 IPC sessions (Domiciliary care)
- 42 React to Red sessions
- 35 React to Falls sessions
- 61 Stop and watch sessions
- Launch of new programme "Improving Hydration of Care Home Residents"

582 sessions delivered since start of pandemic.

RESEARCH

- Participation in NIHR funded Development of Finding and Funding Social Care on **socialtalk.org** platform with **York University** and NIHR funded formative evaluation of the platform with **University of Oxford**.



INFECTION PREVENTION

Support to independent care providers also includes mental health settings and Hospice care

- 100% of care homes and majority of Domiciliary/supported living services have received IPC training
- 3807 IPC Workbooks and
- 65 IPC Policy folders provided to support and embed training/ best practice



DIGITAL CARE

- 127 providers set up with **NHS Mail**, enabling secure, rapid communication with clinical services
- 100% of care homes/ domiciliary providers reporting daily through the **Capacity Tracker** to help identify areas for support
- 126 tablets provided to all care homes facilitating connectivity and virtual consultation for residents
- 200 pulse oximeters provided to independent care providers.
- 48 care homes set up with fully funded access to a digital telemedicine service for 12 months, to allow rapid access to clinical input and support

AWARDS AND CERTIFICATES



"Best of the Abstracts" Award for presentation of Supporting Domiciliary Carers to Identify Deterioration using a 'Softer Signs' Tool

3 posters shared at **Health Service Journal conference** – Recognising and Responding to Deterioration, React to Falls and joint working through Project ECHO to support Covid response

Nominations for **Nursing Times Awards** and **Health Service Journal Awards** for Recognising and Responding to Deterioration

VOYCCG March 2020- March 2022



2022 North Yorkshire and York Inter Care Home and Supported Living Summer Olympics

- Exercise or regular physical activity can reduce the risks of major illness, such as heart disease, stroke, diabetes, cancer, and lower the risk of early death by up to 30%. It is an essential factor in weight management and shown to be beneficial in reducing pain, maintaining bone and muscle strength, and even improving skin health
- The Quality and Improvement Team are invited providers to take part in our "Post Covid, Inter-Care Home and Supported Living, Summer Olympics" which took place across 8 weeks during summer 2022. An amazing **32 Care providers** and over **600 individuals** from across the area took part in their own Olympic style event to support physical activity and fight de-conditioning for those in their care.
- These were filled with a wide range of activities including everything from wheelchair races to rounders, paper plane competitions and even weightlifting- demonstrating the amazing creativity in our local care sector. We also included a list of suggested set events which allowed your providers to rise up our overall medal table!

For more information
please contact Sam Varo:
Quality and Nursing
Administrator



Congratulations To All Our 2022 Olympic Champions



- Older Adults Category- Winners: The Orchards (Northallerton)
- Older Adults Category- Runners Up: Kirkwood Hall (Leyburn)
- Older Adults Category- 3rd: Abbey Lea Residential Home (Barlby)
- Younger Adults and LD Category- Winners: Sherbutt Residential and Home Care (Pocklington)
- Younger Adults and LD Category- Runners Up: The Gravers (York)
- Younger Adults and LD Category- 3rd: The Botton Community with Ryedale MENCAP (Whitby)



Helen Degnan
Senior Nurse Quality Improvement,
NHS York Health & Care Partnership

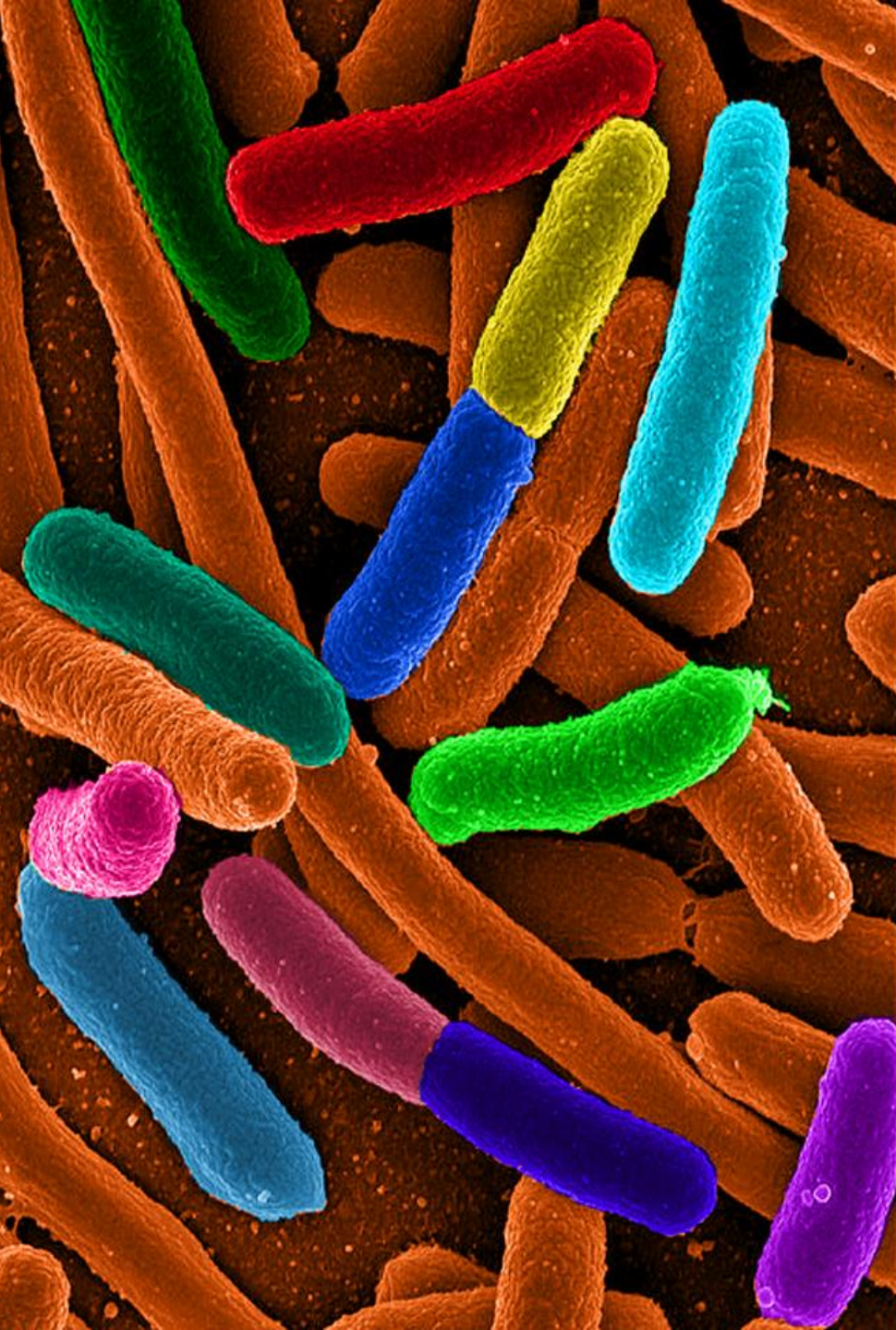
Danielle Burlingham
Registered Manager & Care Team, 5 Whitby Road

Quality Improvement in Action; Hydration

A scanning electron micrograph (SEM) of E. coli bacteria. The image shows numerous rod-shaped bacteria in various colors (red, yellow, blue, green, purple, orange) against a dark background. The bacteria are elongated and have a textured surface. A semi-transparent dark grey banner is overlaid on the bottom half of the image, containing the title and subtitle in white text.

Reducing E-Coli Bacteraemia

Across care homes within the NHS York and North Yorkshire Place Health and Care Partnership



- Particularly high incidence of E-coli bacteraemia across the North Yorkshire and York Locality compared to the rest of the UK
- Literature acknowledges poor hydration as a major contributory factor to a higher rate of E.coli bacteraemia
- Older people at high risk from dehydration
- Older people admitted to hospital from care home 10x more likely to be dehydrated
- Consequences of dehydration very severe yet achieving adequate hydration in this group can be particularly challenging



The consequences of dehydration can be severe and include:

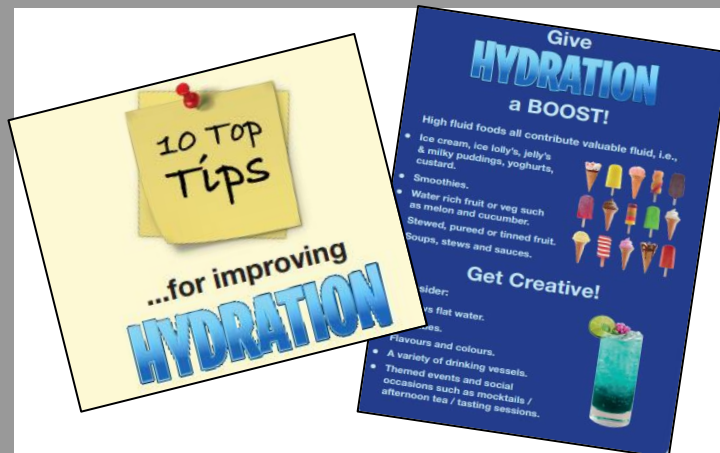
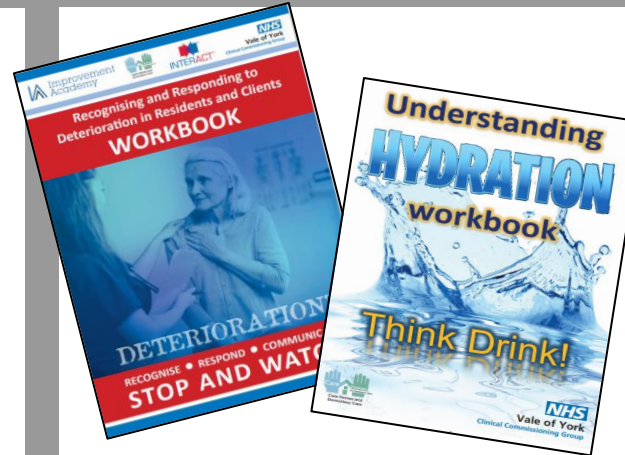
- Urinary & respiratory tract infections
- Potential for blood stream infections
- Confusion, delirium, dizziness, tiredness, constipation, headache, medication toxicity
- Falls
- Pressure Ulcers
- Hospital admission





Nursing team - programme of work with care staff to focus on supporting optimum hydration in residents of care homes.

- **hydration**
- **continence Care**
- **catheter Care**
- **no dip principles**



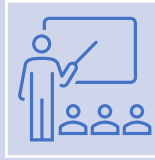
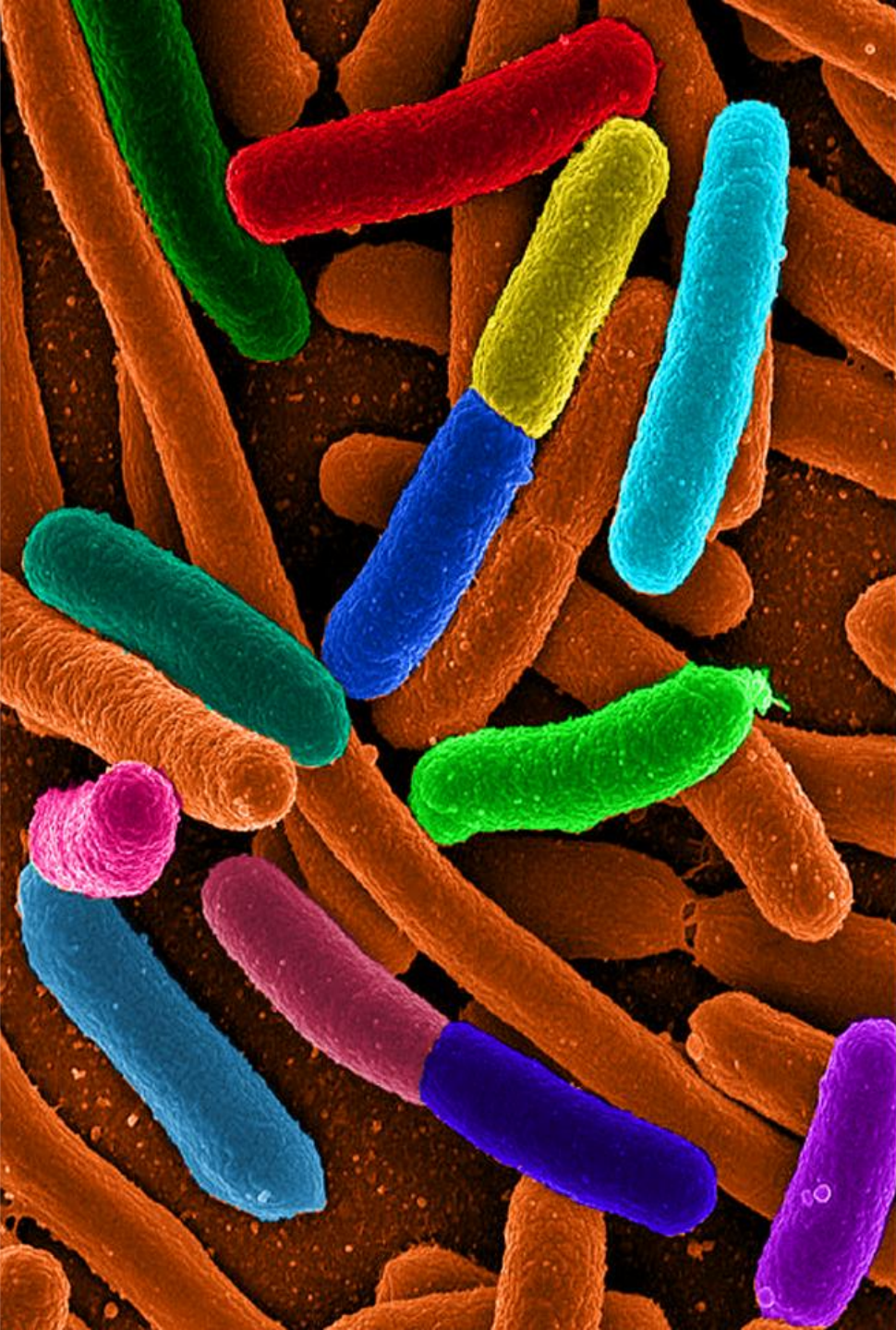
exploring ways of improving hydration through:

- education/training:
- face to face
- workbooks
- group discussion
- review of assessment/monitoring tools
- celebration of improvements



Through improving recognition and response to hydration needs of residents in care homes, it was anticipated that the following outcomes might be achieved:

- reduce avoidable harm caused through poor hydration
- enhance clinical outcomes (reduce need for antimicrobial treatment, hospital conveyance/admissions)
- improve experience for residents in care homes
- improve staff experience/ safety culture
- improve antimicrobial stewardship



Initial recruitment to the pilot – 5 Whitby Road, Pickering



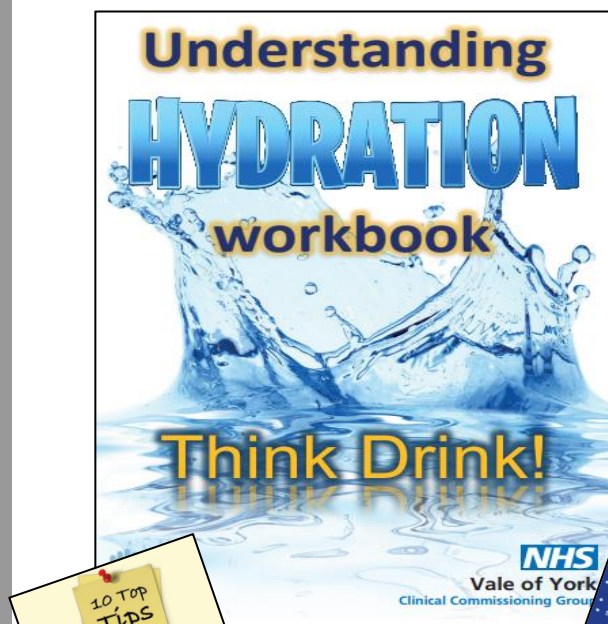
Extended to 11 providers due to enthusiasm to participate



Mix of Nursing, Residential and Residential LD registered settings



Providers were encouraged to review their current risk assessment and monitoring processes and consider the adoption of any additional interventions or tools to support carers



HYDRATION Think Drink!

SPOT THE SIGNS OF DEHYDRATION

- Thirst, headache, a dry mouth, lips, or dry cracked tongue.
- Tired, dizzy, lightheaded.
- Passing only small amounts of dark coloured, concentrated urine.
- Dry sunken eyes, fragile skin.
- Confusion or changes in behaviour.

A Urine Colour Guide to Hydration
Dehydration can become visible in urine colour

| | |
|---|--|
| 1 | 1 to 3 is a Healthy Pee |
| 2 | Pale, odourless urine is an indication that you are well hydrated. |
| 3 | |
| 4 | |
| 5 | At number 4?... Drink some more... |
| 6 | By 5, 6, 7, 8 you really need to RE-HYDRATE |
| 7 | |
| 8 | |

If blood is present in urine either red or dark brown, seek advice from your GP

HYDRATION Think Drink!

It is recommended that adults drink at least 1500mls of fluid every day. This equates to approximately 6-8 mugs or glasses. All fluids count (except alcohol) ... water, juice, tea, coffee, milk...

Top Tips

- Complete a hydration risk assessment tool to identify those with poor fluid intake or at risk of dehydration & those that require prompts, encouragement, support, or assistance.
- Ensure hydration charts are accurate and up to date.
- Increase drinking opportunities - provide extra drinks with medications and meals.
- Provide fluid rich food such as ice lolly's, ice cream, jelly, fruit/veg, soups, sauces, stews.
- Explore preferences, increase choice - **GET CREATIVE**
- Provide appropriate encouragement, support, assistance, and adequate time.
- Consider what drinking vessels are used to make drinking a pleasant experience.

Further info available at: <https://www.valeofyorkccg.nhs.uk/about-us/partners-in-care/care-home-domiciliary-care-staff/improving-hydration-in-care-home-residents/>

NHS Vale of York Clinical Commissioning Group

PARTNERS IN CARE PROMPT AND RECORDS INFORMATION

For further information please contact:
Sarah Fiori, Head of Quality Improvement (VOYCCG)/Principal Nurse (NYCC)
Sarah.fiori@nhs.net
Helen Degnan, Senior Nurse, Quality Improvement
h.degnan1@nhs.net

Face to face training



support with the adaptation of tools appropriate to the provider and the service users



Additional resources, including a hydration information leaflet, a hydration workbook, a hydration pocket card, prompt cards and access to further information regarding high fluid food groups.



Residents and carers were encouraged to get involved in any training or implementation of new ways of working.



Welcome to 5
Whitby Rd





- Your Journey
- How has it been for you
- What you have achieved

| Process Measures in place | |
|--|---|
| Gulp Risk Assessment tool | ✓ |
| Fluid monitoring for residents assessed as at risk | ✓ |
| Protected Mealtimes | ✓ |
| Stop & Watch tool | ✓ |
| Days between boards | ✓ |
| Urine no dip policy | ✓ |
| immedicare | ✓ |

Residential Unit

Best run of 18 days with all fluid charts complete and accurate

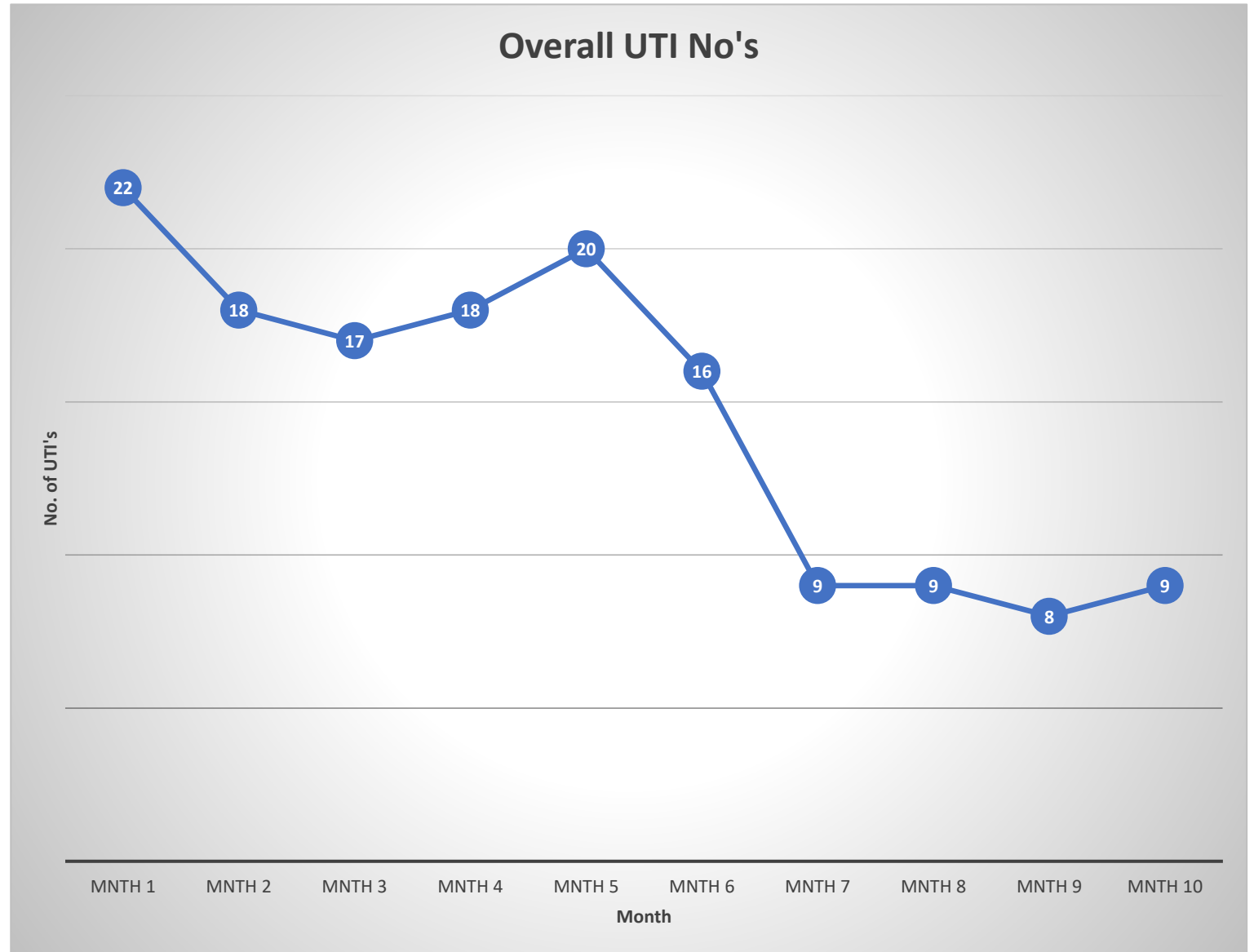


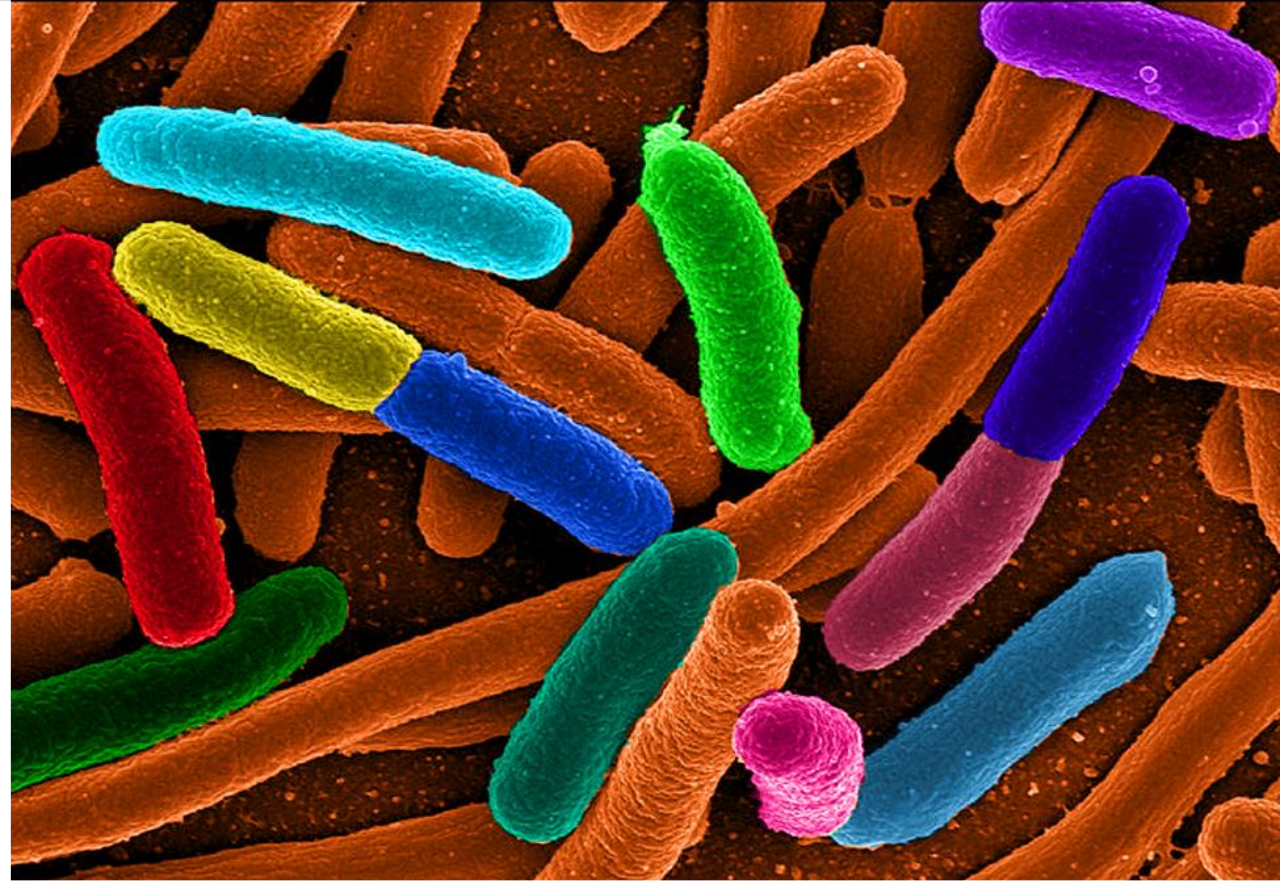
Memory Lane – Dementia unit

Best run of Days with all fluid charts complete and accurate



Overall, UTI
data across all
participating
providers





Thank you



Refreshments

10:45-11:00



**Many Thanks for our kind donations to
Morrisons, Lush, Nestle, Browns of York,
Tesco, QNI & F4IT for being our digital
heroes !**

**Keep doing what you are doing and
Keep in touch!**

We want to hear from you.....

Sarah.fiori@nhs.net

Sam.varo@nhs.net

Nicola Sumpter

Dietician
NHS York Scarborough Teaching Hospital

**Nutrition in Care Homes; a Quality Improvement
Project**



Selby Town PCN
PRIMARY CARE NETWORK



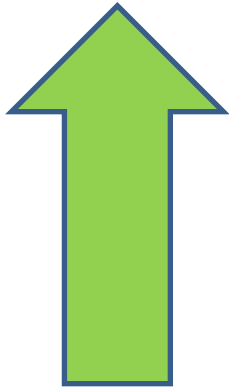
**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Selby Town PCN Dietitian Care Homes Project

October 2021 – March 2022

Primary aim

improve nutritional care of residents



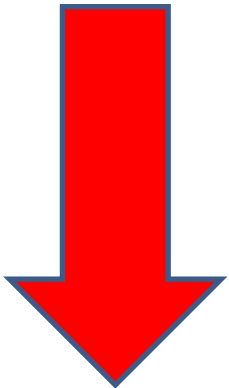
Weight

Handgrip

Quality of life

Nutrition screening

Care teams confidence



Pressure ulcers

Hospital admissions

Referrals to dietetics

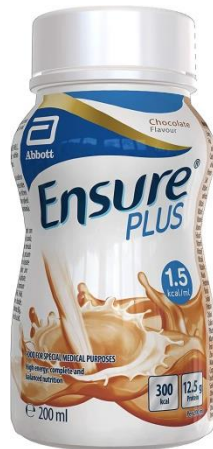
Dietetic contacts

Prescribed supplements

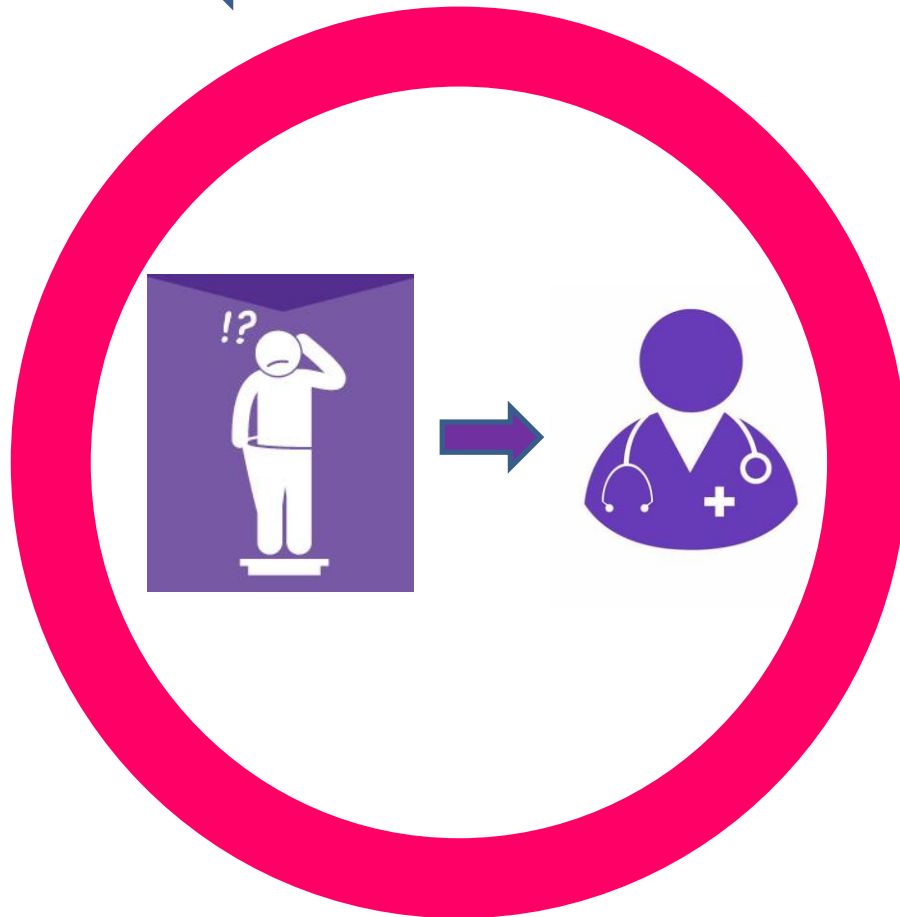
Standard Practice



Supplement prescription



Reactive



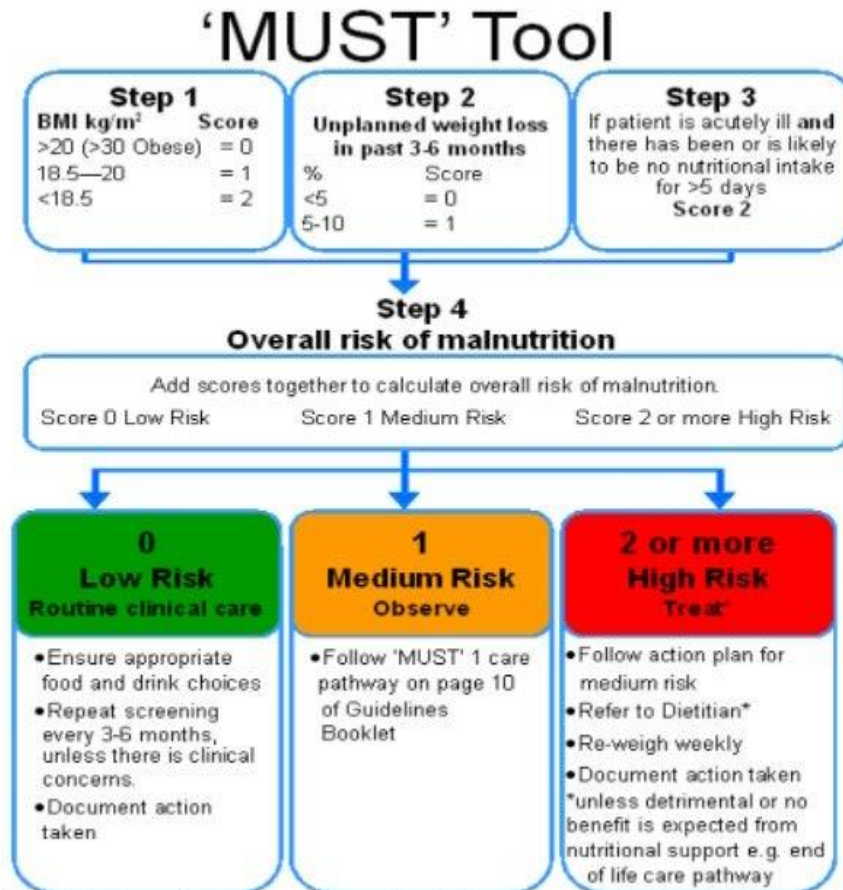
Proactive



Training



MUST Screening Tool



This tool is to assist your assessment. If in doubt, use your professional judgement

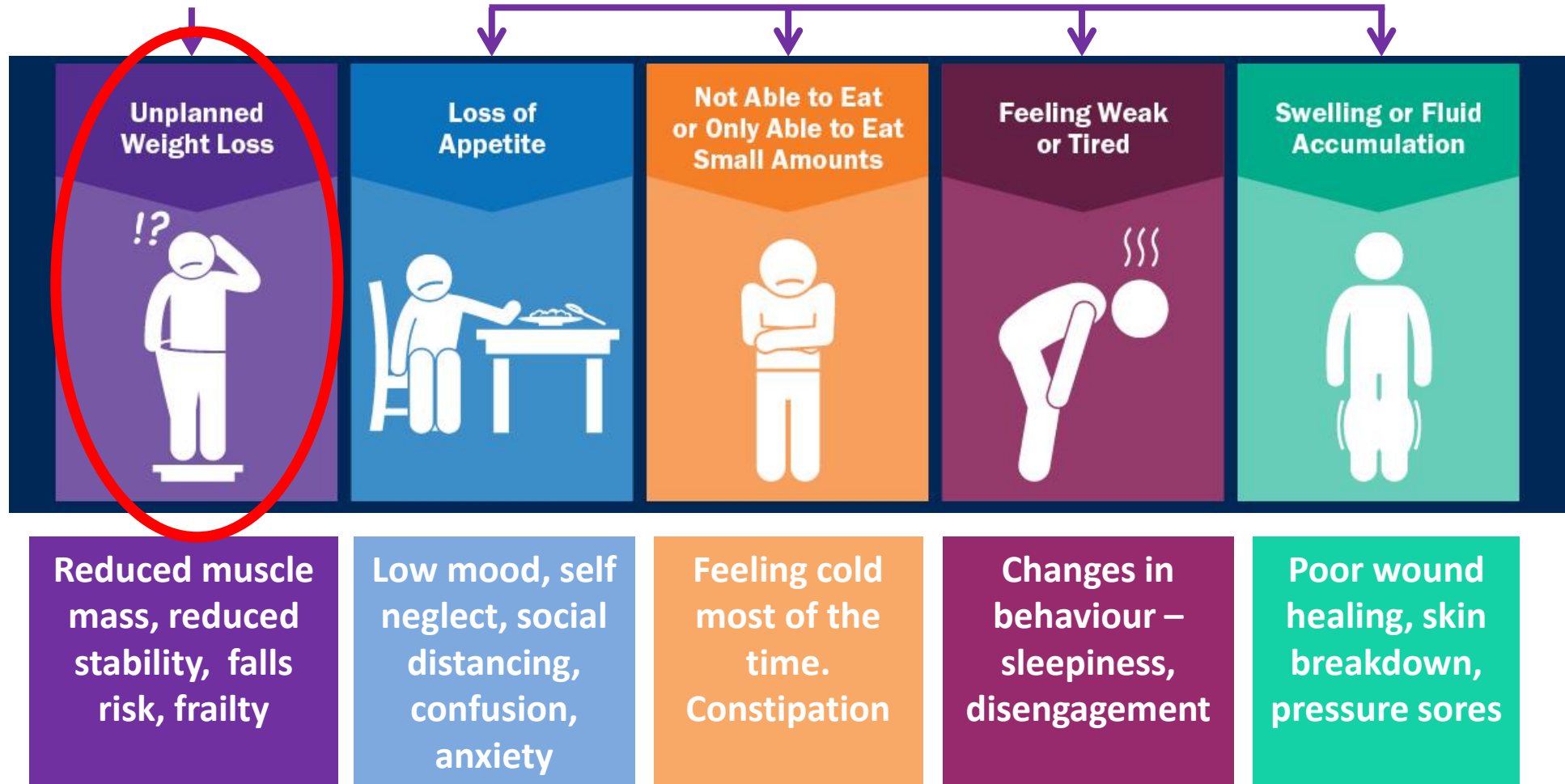
Weight centric

Energy deficiency

Signs of Malnutrition

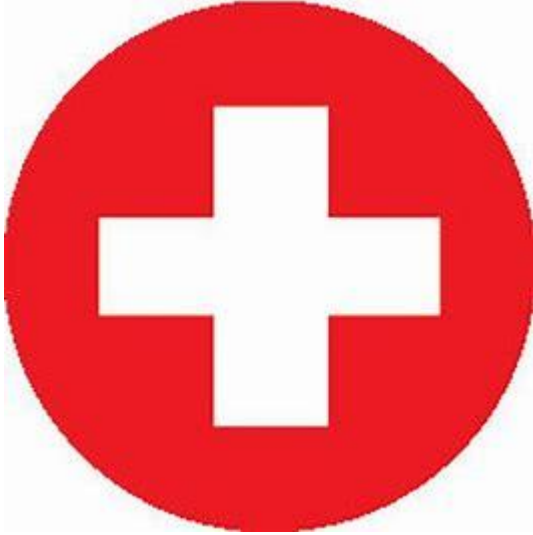
Objective

Subjective



Identify & address barriers

Clinical



Environmental



Nutritional action plan

1

Food Fortification



2

4x nourishing drinks/snacks



3

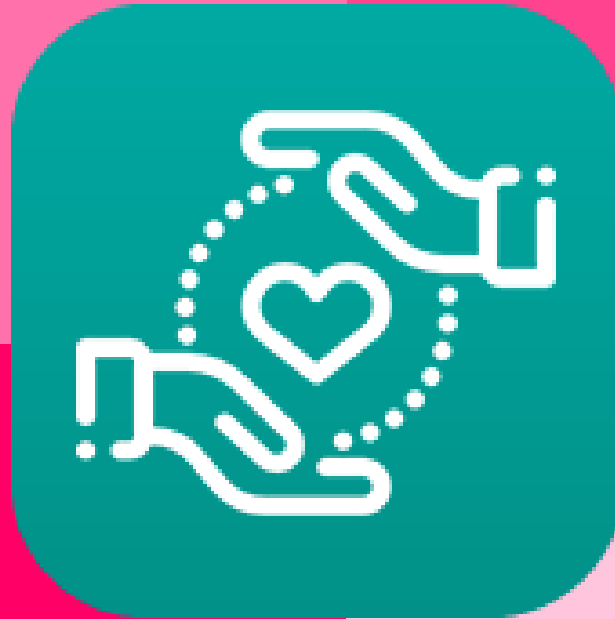
Recording/monitoring and plan refining



Benefits

Residents

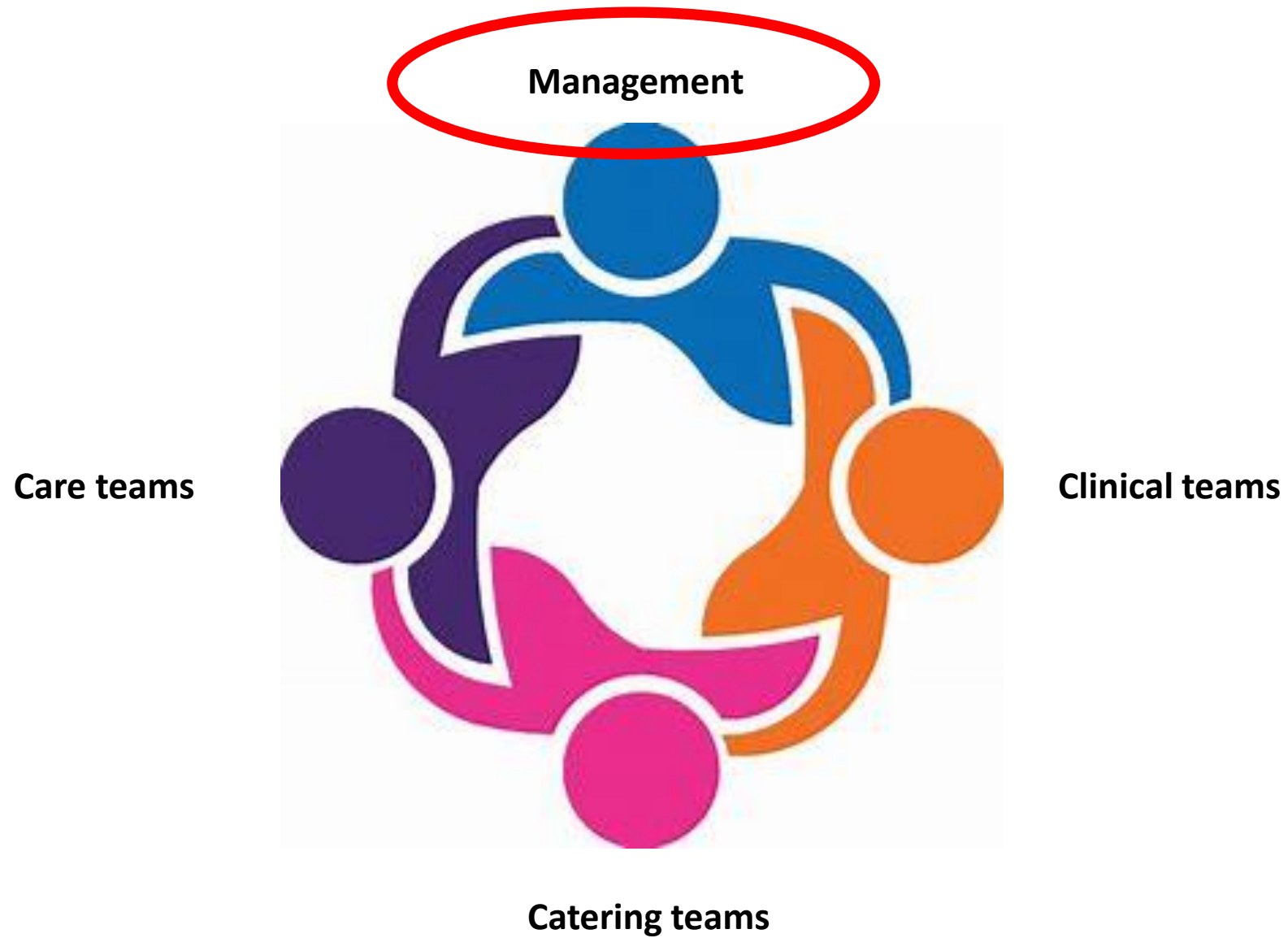
Care home
teams



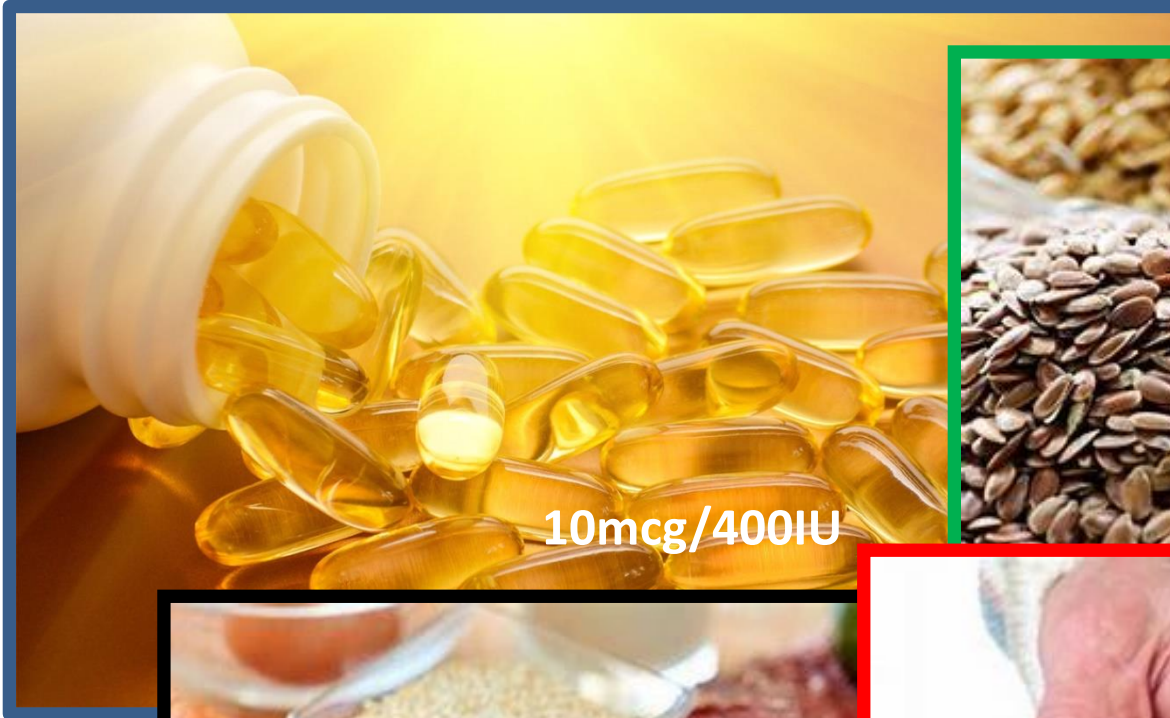
Families

Clinical
teams

Optimisation



Extended support



10mcg/400IU



Resources

We are now part of the Humber and North Yorkshire Health and Care Partnership. [Click here for more info.](#)

You are here: [Home](#) > [About us](#) > [Partners in Care](#) > [Care Home and Domiciliary Care Staff Area](#) > [Nutrition and Dietetics](#)

Nutrition and Dietetics

Please find through this link a set of resources kindly supplied by York and Scarborough Teaching Hospitals NHS Foundation Trust which providers may find useful in supporting the nutrition of those in your care

- › [Nutritious Drinks and Shots](#)
- › [Nutrition in Care Homes Handbook](#)
- › [Training Opportunities and Learning](#)
- › [Vitamin D Poster](#)
- › [Carbohydrate Portion Control for Individuals with Diabetes](#)

NHS North Yorkshire CCG and NHS Vale of York CCG medicines management teams have information available to help providers support clients who wish to take vitamin D supplements.

- › [CCG Vitamin D Guidance](#)

Key findings

Stable weights and BMIs

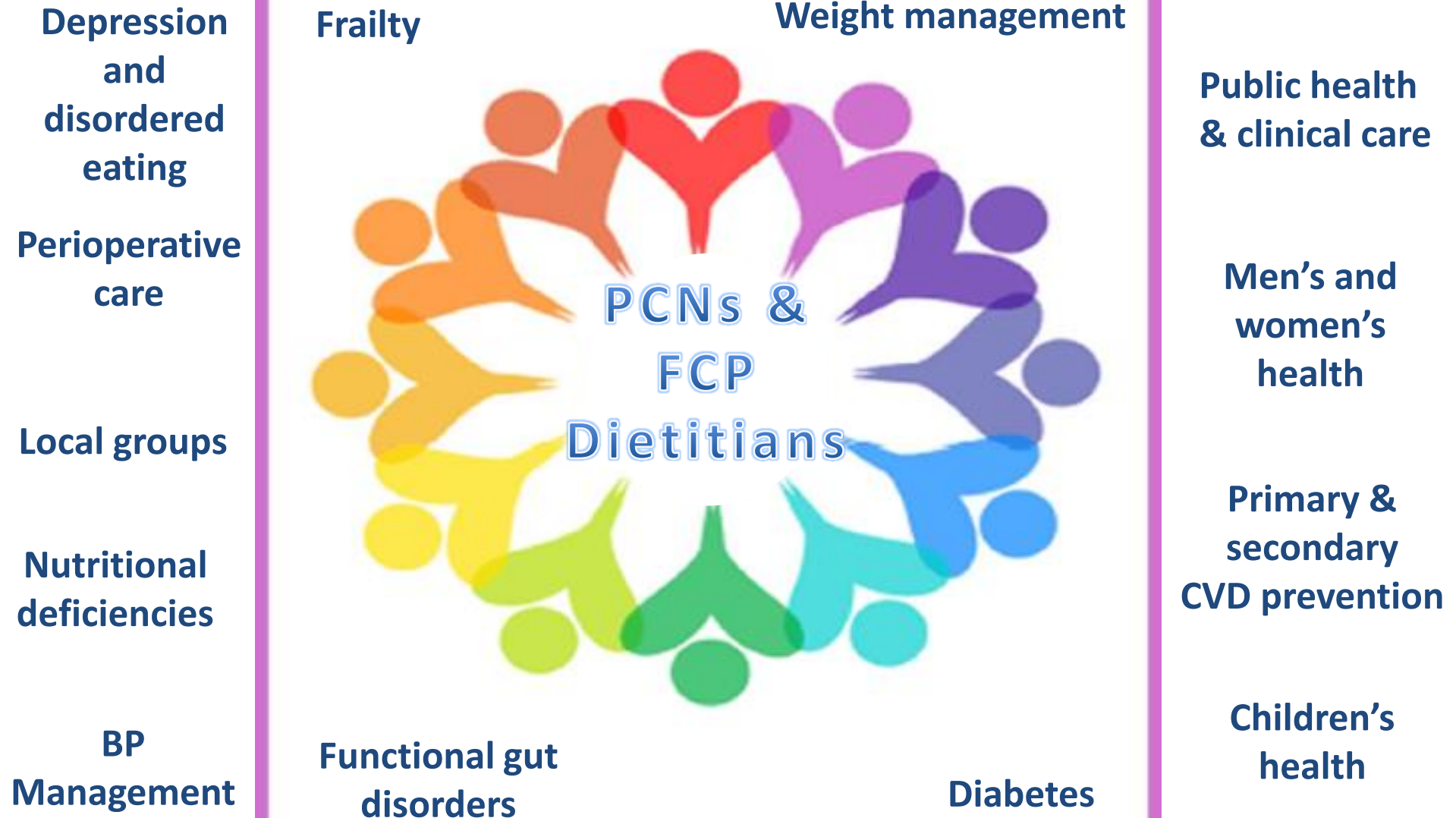
£30,000 savings on prescribed ONS

Dietetic referrals and contacts reduced

100% improvement in confidence of care teams

Positive feedback from clinical teams

Future scope and collaborations



Thank you for listening

Nicki Sumpter, Dietitian

nicola.sumpter1@nhs.net