

7th February 2024

- Dementia Prevention in the Care Sector- Dementia Forward Update
- Assistive Falls Technologies Overview
- Falls Prevention Grant Application Launch (North Yorkshire Providers)

Sam Is leaving us....





Have you signed your HAS APL Contract?

- The Procurement and Contract Management Team are currently driving an agenda to ensure all HAS APL Contracts are signed.
- Once you have reviewed the terms of the contract, the signing step is relatively quick and straight forward. Follow icon below for guide on how to complete process.



Microsoft Edge
PDF Document





Benefits to signing your contract

Reference Position: NYC would not be able to act as a referee without a signed contract, neither can the contract be relied on for external verification

Reference position

Legal Clarity

Legal Clarity: A contract clearly outlines the rights, responsibilities, and expectations of all parties involved, reducing misunderstandings and potential disputes.

Protection

Protection: Contracts protect the interests of both parties.

Relationship: The contract also contains other vital legal aspects that boost the relationship between parties.

Relationship

Risk

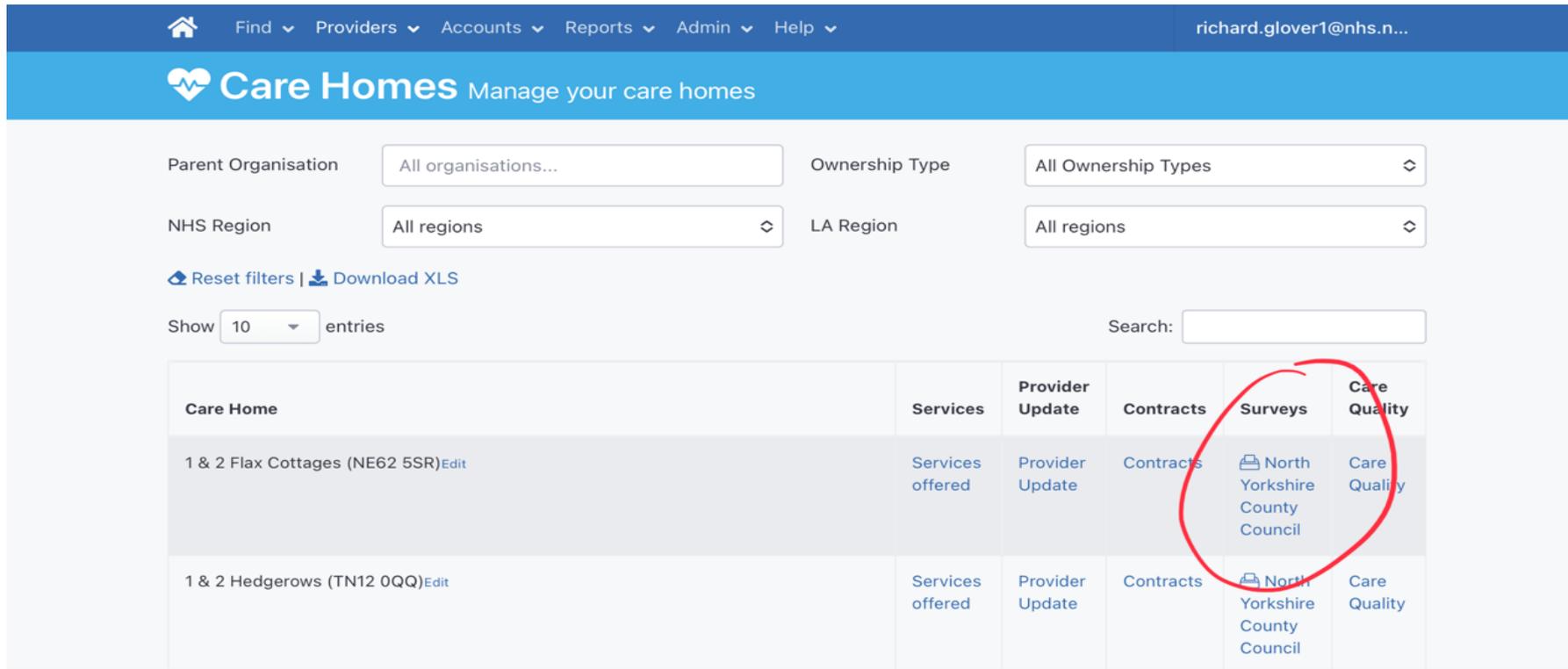
Risk: Contracts are also the best way to protect your business against risks, such as loss of money or legal disputes.

Steps to take if you haven't signed

- When a contract has been attached to signing hub for your company to sign you will receive an email from **Signing Hub (notification@signinghub.com)**
 -
- If you haven't received the email or cant locate it please email procurement@northyorks.gov.uk
- A Step by Step Guide will be emailed after this event.

How to Access the Local Questions on Capacity Tracker

- We launched the local survey in January and it was great to see so many response!
- Reminder to complete the CT during the Mandate Window as we have fallen below our usual numbers in NY.



The screenshot shows the 'Care Homes' interface with various filters and a table of care homes. A red circle highlights the 'Surveys' column for the first two entries, which both list 'North Yorkshire County Council'.

Care Home	Services	Provider Update	Contracts	Surveys	Care Quality
1 & 2 Flax Cottages (NE62 5SR) Edit	Services offered	Provider Update	Contracts	 North Yorkshire County Council	Care Quality
1 & 2 Hedgerows (TN12 0QQ) Edit	Services offered	Provider Update	Contracts	 North Yorkshire County Council	Care Quality



Our Draft Guidance on Visiting Care Homes, Hospitals and Hospices: Tell CQC What You Think

CQC are asking for views on our proposed guidance to help providers understand and meet the new standard on visiting and accompanying in care homes, hospitals, and hospices. The guidance also sets out what people using health and social care services and their families, friends or advocates can expect. They would like to hear views from the public and providers, their representatives, and other stakeholders.

This consultation is limited to guidance about the new fundamental standard. It does not cover the scope and content of the visiting legislation itself, which was looked at by the Department of Health and Social Care's own consultation.

The consultation on the guidance closes at midday on **20 February 2024**.

- [News: Consultation on our guidance on visiting in care homes, hospitals and hospices](#)
- [Consultation: Our guidance on visiting in care homes, hospitals and hospices](#)



Infection Prevention and Control (IPC) in Adult Social Care: Acute Respiratory Infection (ARI)

On 1st February 2024, the government published new guidance which replaces the 'COVID-19 supplement to the infection prevention and control resources for adult social care'.

The new guidance is found here: [Infection prevention and control \(IPC\) in adult social care: acute respiratory infection \(ARI\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/infection-prevention-and-control-ipc-in-adult-social-care-acute-respiratory-infection-ari)

Please [see interim guidance produced by the North Yorkshire Council Public Health Team](#) available through this link. This will be updated when final guidance documents are released.

It is consistent with the approach of managing COVID-19 increasingly in line with other ARIs, made possible by high vaccination coverage, high immunity amongst the population, and increased access to COVID-19 treatments.

Please continue to follow the local recommendations below within all settings:

1. Ensure business continuity plans are reviewed regularly
2. Continue to risk assess mask wearing in settings (should be worn when caring for anyone with suspected or confirmed acute respiratory infection)
3. Maintain a low symptom threshold to reduce transmission of respiratory viruses
4. Continue to report cases to UKHSA
5. Utilise testing for admission into settings, and testing within settings where appropriate, to support management of cases of respiratory viruses
6. Ensure you maintain a stock of tests and check for expiration dates



Department
of Health &
Social Care

CARE 
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Introduction of ReSPECT Process Briefing for Providers

The York and North Yorkshire area is moving towards the adoption of the ReSPECT process. The aim of this is to promote a more patient-centred and consistent approach to advanced care planning. Over the coming year, you will see the introduction of ReSPECT documentation and eventually the phasing out of the “red bordered” DNACPR forms. In order to support staff with this, a number of sessions are planned to talk through the process, and enable you to ask questions. The following sessions, lasting approximately 1.5 hours, are currently available:

- 17.5.24 10.00 The ReSPECT process: a guide for care staff – held on MS Teams; suitable for all working in the social care sector
- 6.6.24 10.00 The ReSPECT process: a guide for care staff – held face to face in the Education Centre, Saint Catherine’s Hospice, Scarborough; suitable for all working in the social care sector
- 19.7.24 10.00 The ReSPECT process: a guide for LD and autism providers – held on MS teams; suitable for any staff caring for clients with learning disabilities and/or autism
- 17.9.24 10.00 The ReSPECT process: a guide for care staff – held on MS Teams and suitable for all working in the social care sector
- 14.10.24 10.00 The ReSPECT process: a guide for LD and autism providers – held face to face in the Education Centre, Saint Catherine’s Hospice, Scarborough; suitable on MS teams for any staff caring for clients with learning disabilities and/or autism

There will also be a session on ReSPECT on the *Palliative care for care staff study day* run at St Catherine’s on 8th July

Further dates, including face to face sessions in other locations across the area, will be circulated over the coming months.

To book onto any of these sessions, or to discuss how we can support your organisation with the Respect roll out please email:
sarah.holloway@saintcatherines.org.uk



Rise in Measles Cases – Check You and Your Family Have Had the MMR Vaccine

The UK Health Security Agency (UKHSA) recently declared a national incident as a result of a rise in measles cases across the UK. Measles is a viral illness that spreads very easily through airborne transmission. Measles is more than just a rash and can lead to serious complications including meningitis and blindness.

All staff should be up to date with their routine immunisations, including tetanus, diphtheria, polio and MMR (measles, mumps and rubella). Two doses of the MMR vaccine gives 99% life-long protection against measles – you can check your vaccination status with your GP practice if unsure. Unvaccinated individuals who come into contact with someone with measles may be asked isolate for up to 21 days, which is the length of time it can take to develop the illness after being in contact with a measles case.

It is never too late to catch up on any missed doses of MMR vaccination; people can request any missed doses at any age. Getting vaccinated not only protects you, but also helps protect people you work with and care for.



National Patient Safety Alert- Medical Beds, Trolleys, Bed Rails, Bed Grab Handles and Lateral Turning Devices: Risk of Death From Entrapment or Fall

We are resharing the above [national alert](#) which was originally released in August 2023, following reports of death and entrapment relating to medical equipment. According to investigations, deaths were found to involve factors including inadequate risk assessment, maintenance issues and children and adults of small stature using beds which are designed for use by adults with typical body dimensions. The alert requests a series of actions for providers around maintenance, training and risk assessment. It is asked that all providers ensure they are familiar with the notification and take relevant action as appropriate.

It is expected that all providers as standard practice are registered to receive alerts directly to support the safety of those in your care. For information on how register please follow this [link](#) or contact safetyalerts@mhra.gov.uk.



North Yorkshire and York Palliative and End of Life Care Group- Care Provider Representative Opportunity

Are you passionate about high quality and person-centred end of life care provision, and would be interested in acting as a care provider representative contributing to service improvement across our area? We are looking for a representative from the adult social care sector to join the North Yorkshire and York Palliative and End of Life Care Group, which is a multi-agency group with representation from acute, community, primary care, mental health, hospice, local authority, ICB and wider partners involved in the delivery of end of life care.

This is an opportunity to ensure the voice of social care is heard and used to shape palliative care service delivery across our area to support best outcomes for those in our care. The group meets every 3 months via Microsoft Teams- though there will be opportunity to contribute to additional groups to support the delivery of key workstreams should you wish. To express interest or to discuss the opportunity further please contact sam.varo@nhs.net or nikki.henderson1@nhs.net



Fiona Andrews

How to prevent / reduce dementia risk

Dementia
Forward

**Helpline Open
Monday to Friday
9am to 4pm**

03300 578592



Cognitive Function and Ageing Studies 1 & 2 (CFAS)

- *Population based studies of individuals 65+ to investigate dementia and cognitive decline (1989)
- *Look at factors which increase the risk of a person developing dementia
- *Linked to a brain donation programme

Modifying 12 risk factors might prevent or delay 40% of dementias

- Lets be ambitious about prevention
- Contributions to the risk of dementia start early and continue throughout life, so its never too late to start
- Action is needed through **public health** and **individual** interventions

DEMENTIA

Defined: An 'umbrella' term used to describe the symptoms of a group of more than 100 conditions that impair memory, behaviours and thinking. The most common causes of dementia are outlined below.

Vascular dementia (VaD)

is the second most common form of dementia accounting for 20% of cases. VaD occurs through a reduced blood supply to the brain usually due to stroke.

Parkinsons disease (PD)

accounts for 5% of dementia cases. PD is a degenerative disorder of the central nervous system.

Fronto-temporal dementia (FTD)

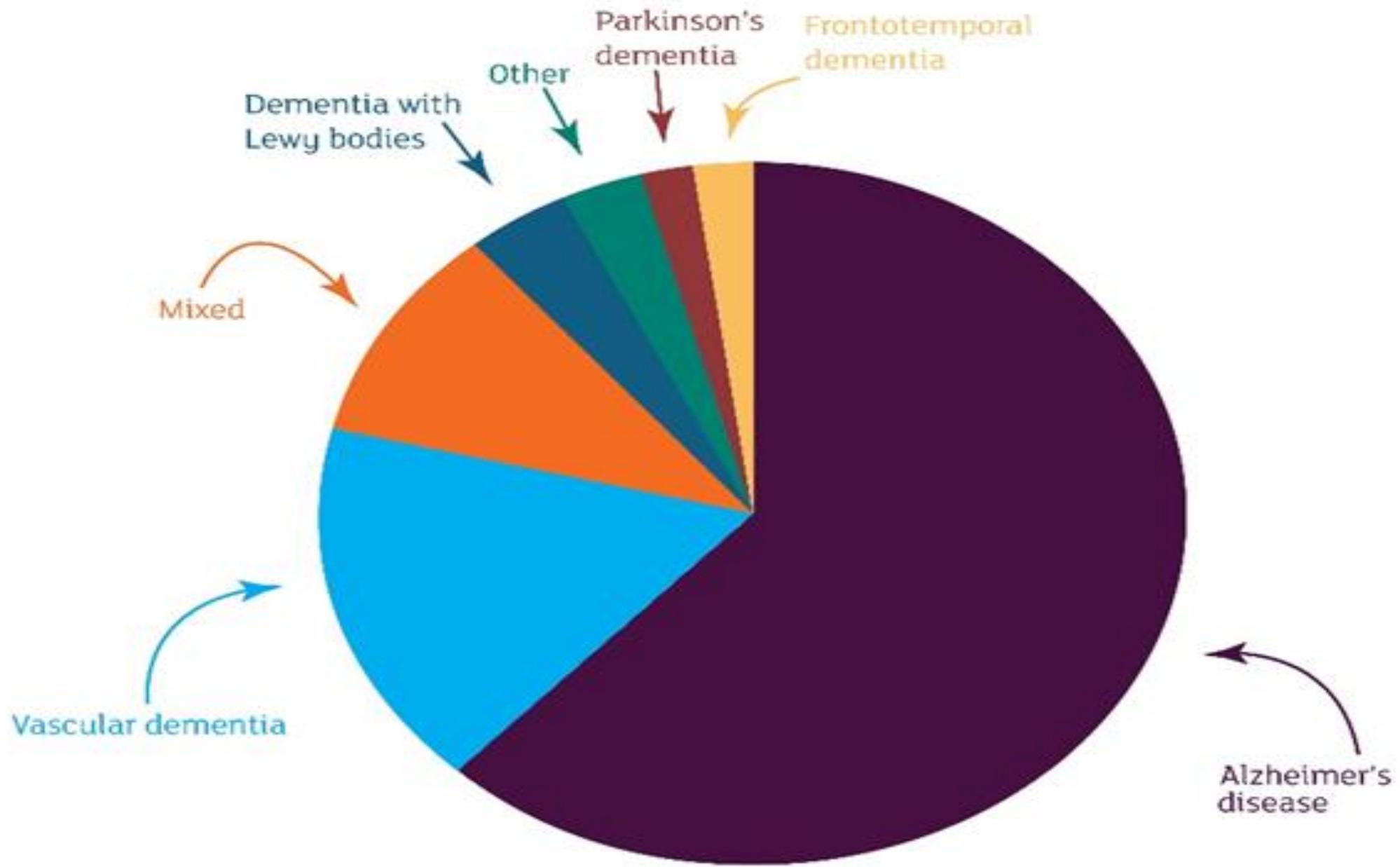
accounts for 5% of dementia cases. FTD is associated with rounded and tangled bundles of protein in brain nerve cells.

Alzheimers disease (AD)

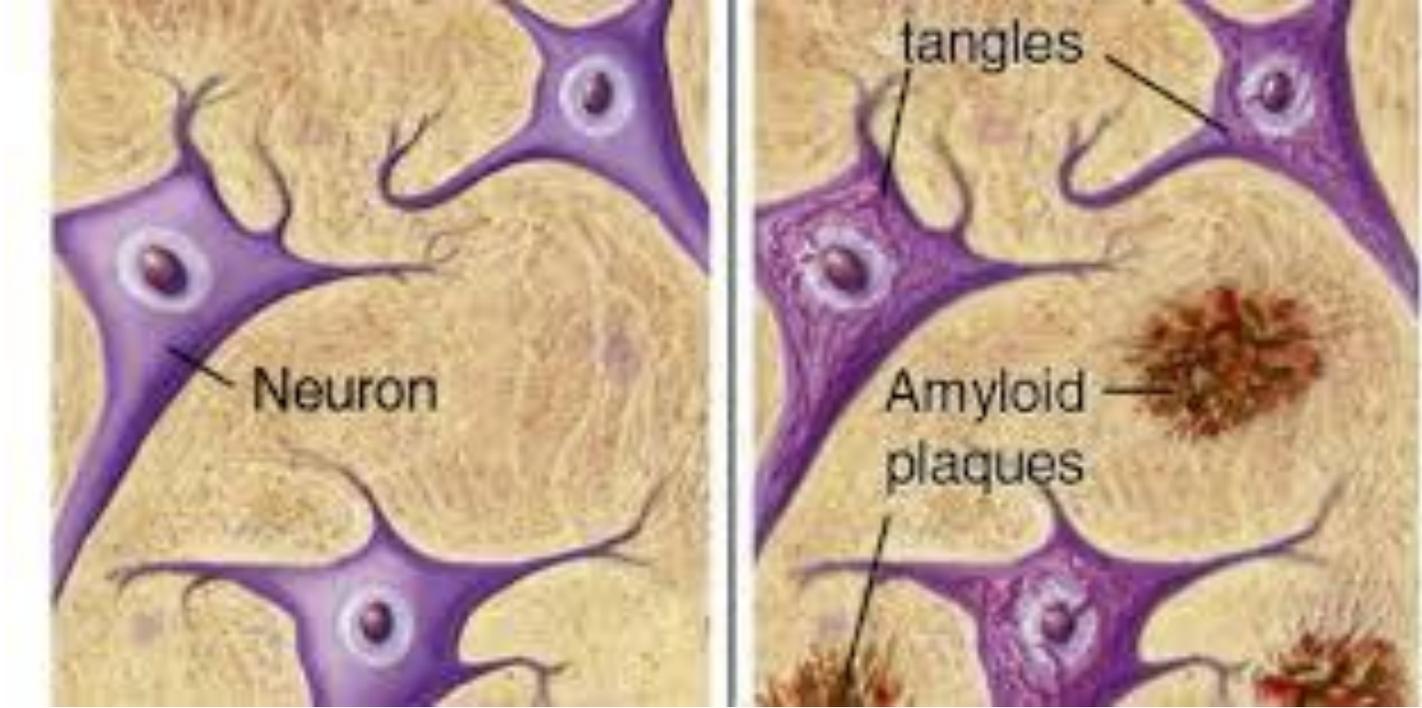
is the **most common form of dementia** accounting for 50-70%. AD is a degenerative disease that attacks the brain resulting in impaired functioning.

Dementia with Lewy bodies (DLB)

accounts for 15% of dementia cases. DLB is associated with Lewy bodies which are abnormal brain cells.



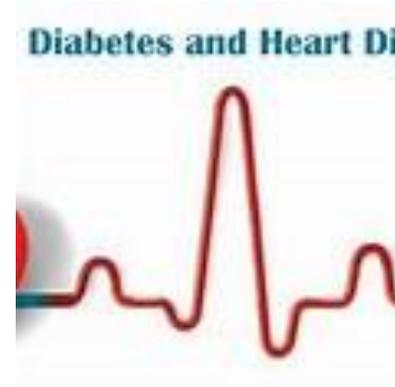
Amyloid plaques and Tau tangles



Dementia caused by lack of or limited blood flow to part of the brain

Some causes are:

- * **Stroke**
- **Aneurysm in the brain**
- **High blood pressure/ cholesterol**
- **Cardiovascular disease**



Look after your heart

It's the one that can come on suddenly

It's the one we have some control over



Evidence Based Recommendations

- HEALTH

- Manage Diabetes
- Manage High Blood Pressure
- Manage High Cholesterol
- Prevent Midlife Obesity
- Reduce Risk of Brain Injury
- Treat Depression
- Manage Hearing

Evidence Based Recommendations

- LIFESTYLE

- Physical Activity – 150 mins per week
- Stop Smoking
- Limit Excess Alcohol Consumption
- Diet low in fat /high in fruit and veg
- Continued Cognitive Stimulation

Fiona Andrews
Thank you!

Dementia
Forward

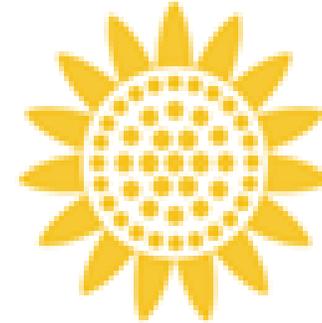
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Advance Care Planning Skills (Vale of York Providers)

St Leonard's
Hospice



When: Third Fridays of the Month 9:30-12:00

St Leonard's Hospice run monthly sessions which are open to staff from all Vale of York area care providers, and designed to support in empowering people's choice and wishes. Open to all, the training session is designed to normalise and enhance decision making in end of life care. You will gain an insight into the types of decisions we make, your legal protections and how best to support friends, families, and patients. For more information please follow this [link](#).

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Falls and Assistive Technology

Claire Bell, Service Manager Technology Enabled Care and

Carly Walker, Public Health Manager

Telecare, Assistive Technology, Technology Enabled Care

Telecare refers to the use of sensors and alarms. They are used to signal when someone is in distress and needs assistance, either automatically or when triggered by the user.

Personal alarms are supplied as pendants, wrist straps and can be linked to overlays and onto pagers in residential and nursing setting.

This technology has now been supplemented by a range of sensors and alarms that link to overlays and carer pagers, including activity, door, bed or chair occupancy sensors, and detectors of falls.

Early intervention to reduce the risk of a fall

Chair and Bed sensors

Chair and bed sensors will alert when someone is attempting to stand from a chair or get up from bed, when they may be at risk of a fall, for example they do not use a walking aid, or should be accompanied.

The next video shows how these work in practice, (we do not suggest this is a compatible device and local advice should be sought re right product).



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Motion sensors

In a similar way door sensor, floor sensors, passive infrared motion sensors and PIR voice message sensors can be useful to alert either carers on site and or the person that they may be at risk.



Motion Sensor
Info



Motion Activated Lighting

Where a person may be at risk of a fall due to light levels motion sensor light sensors can be utilised to light a room once a PIR beam is broken.



Timely response to sensor alarms is essential to avert a fall. However, early reaction to a fall can also mitigate risk, especially of a long lie.

Early Response to Falls 'The Long Lie'

Patients who have had a 'long lie' on the floor (>1 hour) after a fall are at high risk of complications such as:

- dehydration
- skin integrity
- pneumonia
- hypothermia and
- rhabdomyolysis

A breakdown of skeletal muscle due to direct or indirect muscle injury. If not treated immediately, it can lead to kidney damage.

Falls Sensors

It is equally important to be able to react after a fall, as we have just seen, the longer a person lies after a fall the greater the risk of hospital admission, whilst these options will not prevent a fall, they can alert that a fall has occurred and provided early assistance, especially where a person is unable to summons assistance themselves.

A falls sensor such a Tunstall Vibby can alert to a hard fall, even if a person is unable to press the pendant. It can though still be used as a pendant where a person can summons assistance.



Additional benefits of sensor based technology

On its own falls prevention and early reaction to a falls related event is important but there other benefits that this can also.

This can also have an additional benefit as part of ongoing review in reducing levels of 1-1 support, especially during the night, which can be crucial when care staff are a finite resource.

In relation to DoLS this can be a less restrictive option and something a supervisory body are pleased to see as a consideration of the managing authority.

Lifting equipment

There are times when a person is not injured in a fall, but it can be difficult to get them from the floor back to a chair, bed, or wheelchair.

Some settings will choose to use a hoist to assist them from the floor, others may use lifting equipment such as the Mangar Elk/Camel or the raiser. Staff will have to be provided with training to use and comply with PUWER/LOLER regulations re onward servicing and maintenance must be considered as they are lifting devices.

[Lifting Operations and Lifting Equipment Regulations \(LOLER\) \(hse.gov.uk\)](https://www.hse.gov.uk/lifting/)

[Provision and Use of Work Equipment Regulations 1998 \(PUWER\) \(hse.gov.uk\)](https://www.hse.gov.uk/PUWER/)

Raizer

<https://youtu.be/g53bG PH5w>

Mangar Elk

<https://youtu.be/9DIYkmHb Z4>

Mangar Camel

<https://youtu.be/-wbzdV6QAQw>



World Falls Guidelines recommendations.

Care homes:

- Perform a multifactorial falls risk assessment at admission to identify factors contributing to fall risk and implementing appropriate interventions to avoid falls and fall-related injuries in care home resident older adults.
- Conduct a post-fall assessment in care home residents following a fall in order to reassess fall risk factors, adjust the intervention strategy for the resident and avoid unnecessary transfer to acute care.
- Have a multifaceted approach to falls reduction for care home residents including care home staff training, systematic use of a multidomain decision support tool and implementation of falls prevention actions
- Have nutritional optimisation including food rich in calcium and proteins, as well as vitamin D supplementation as part of a multidomain intervention for falls prevention in care home residents.
- include the promotion of physical activity (when feasible and safe) as part of a multidomain falls prevention intervention in care homes.
- Don't carry out falls risk screening to identify care home residents at risk for falls - all residents should be considered at high risk of falls.

[Source: world falls guidelines](#)

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Falls in care homes grant opportunity

- ICB funded, managed by NYC: £104k available
- Competitive grant process
- Care homes can bid for up to £5k per care home
- Capital funding only not revenue e.g. physical activity equipment, sensors, improvements to existing assets, lifting equipment
- Launching next week – all care homes will be sent information via the NYC Quality Team inviting them to bid
- For more information or to express interest contact caroline.reeves@northyorks.gov.uk

Considerations when requesting a grant for falls related equipment.

These sensors that provide alerts that indicate a person may be at risk of a fall, they are mobilising without support or have had a fall and we need to support them immediately are readily available in the market and most nurse call overlays have a range of peripheral sensors.

When submitting a bid for sensors the following must be considered:-

- Will the sensor be compatible to a settings nurse call overlay?
 - Specific guidance re compatibility will need to be explored by each settings provider.
- Do you have a staff member competent with fitting, connecting to an overlay and checking serviceability of equipment?
 - This may be a combination of setting care staff and property teams who manage overlays.
- How will you assess suitability of sensor/lifting aid for each individual(s) and review and recycle for other individuals?

Considerations when requesting a grant for falls related equipment.

There are different consideration to be thought about when bidding for lifting equipment described earlier, if you already have personal hoists, the infrastructure and expertise is probably already available for you, but worth clarifying.

When submitting a bid for lifting equipment consider:-

- Do have moving and handling assessors to train on use of lifting aids and who can completed individual M & H risk assessments?
- Do you have LOLER and PUWER infrastructure in place to remain legally compliant with legislation related to lifting equipment?
- How will you assess suitability of sensor/lifting aid for each individual(s) and review and recycle for other individuals?

Dates for Your Diary

- [Oral Health Training- Professionals Working in Care Homes- Tuesday 13 February 3.00-4.00](#)
- [Saint Catherine's Hospice Syringe Driver Training- Monday 5 February/Wednesday 7 February](#)
- [Saint Catherine's Hospice Palliative Care Link Professionals Forum \(Informal Support, Case Studies and Education\). Thursday 8 February 2.00-4.00](#)
- [Oral Health Training- Professionals working with adults with physical and learning disabilities- Monday 26 February 11:00-12:00](#)
- [Skills for Care Registered Managers Webinar LGBTQ+ Good and Best Practice- Thursday 29 February 10.00-11.00](#)
- [Catheter and Bowel Simulation Training for Vale of York Care Home Nurses- Thursday 29 February 1.30-2.15](#)

Key Contacts – North Yorkshire Council

North Yorkshire Council website [Home | North Yorkshire Council](#)

Dedicated email address for care providers: SocialServices.Contractingunit@northyorks.gov.uk

Quality Team: HASQuality@northyorks.gov.uk

North Yorkshire Partnership website: [Care Connected | North Yorkshire Partnerships \(nypartnerships.org.uk\)](http://CareConnected|NorthYorkshirePartnerships(nypartnerships.org.uk))

NYC Approved Provider Lists for Adult Social Care – FAQs, Webinars can be found [here](#)

Public Health dph@northyorks.gov.uk

Service Development: HASservicedevelopment@northyorks.gov.uk

Jo Holland - joanne.holland@northyorks.gov.uk

Training available NYC, PHE & NYSAB:

<https://safeguardingadults.co.uk/> & <https://www.nypartnerships.org.uk/phtraining>

Workforce

Make Care Matter www.makecarematter.co.uk



Key Contacts and Information – City of York Council

City York Council website - <https://www.york.gov.uk/AdultSocialCare>

Dedicated email address for care providers:

Commissioning and Contracts: AllAgeCommissioning@york.gov.uk - If you require further assistance, please contact All Age Commissioning on Tel: 01904 55 4661

Transformation and Service Improvement: asctransformationteam@york.gov.uk

<https://www.york.gov.uk/ShapingCare> - NEW! Market Position Statement for all providers to view

City of York Council Individual Provider Bulletin is circulated regularly to providers and as/when there is important information to share.

Key Contacts – Health and Adult Social Care

NHS Humber and North Yorkshire ICB: hnyicb-voy.yorkplacequalitynursingteam@nhs.net

iCG: John Pattinson johnpattinson@independentcaregroup.co.uk To join the iCG [click here](#)

Heather Bygrave- Relationship Team Manager Immedicare hbygrave@immedicare.co.uk

Dreams Team - dreamsteam@eastriding.gov.uk

Skills for Care: [Home - Skills for Care](#)

Training available

IPC [Home - Infection Prevention Control](#)

NHS Humber and North Yorkshire ICB- [Training and Development Opportunities](#)

Digital Update Newsletter sign up - [Newsletter Signup - Digital Social Care](#)

Workforce

Skills for Care <https://www.skillsforcare.org.uk/Recruitment-retention/Recruitment-and-retention.aspx>

Department of Health & Social Care <https://www.adultsocialcare.co.uk/home.aspx>

The DHSC social care reform [Homepage -](#)

Workforce wellbeing resource finder: [Wellbeing resource finder](#)

