

## Wednesday 17<sup>th</sup> April 2024

- ASC Inflation Award 2024/25 – Anton Hodge, Assistant Director & Julie Dalton, Service Manager  
Contract Management Team
- Social Care Market Updates
- An Introduction to ReSPECT – Sarah Holloway, Team Leader - Community Palliative Care, St  
Catherines

## ASC Inflation Award 24/25

Anton Hodge Assistant Director

Julie Dalton Service Manager Contract Management team

## Inflation Award 24/25

- Now being paid in line (from 1 April) with details set out in the Provider Bulletin
- This includes full implementation of the ACOC, takes into account the 2022-27 Approved Provider Lists and will still mean that we pay some of the highest rates in the country. (These rates were uplifted to 2023 levels due to exceptional inflation levels last year). Continues principles agreed with ICG in previous years:
  - Implement ACOC over 3 years
  - Move away from universal inflation rates. This has also allowed us to focus inflation on the lower priced end of the market
- Providers will therefore receive an uplift for some, but not necessarily all contracts they have. The bulletin has been sent out; if you have not received this please email [HASContracting@northyorks.gov.uk](mailto:HASContracting@northyorks.gov.uk) to request a copy and for any queries related to the detail.
- Further work:
  - consultation with non-residential providers to understand the benefits and risks associated with reverting to payments in arrears. This is in direct response to mixed feedback from providers about challenges associated with the reconciliation process.
  - Work with the Independent Care Group to review the methodology for the Actual Cost of Care within 24/25. Any changes will be reflected in the 25/26 inflation considerations
  - Develop a process for the consideration of one-off grants

## Best Value Best Match: Helping Providers to Increase Referrals

- As part of our process for sourcing care that is ‘Best Value, Best Match,’ we are now giving providers
- the opportunity to offer a reduced rate for individual placements or packages of care.
- This means providers will be able to adjust their prices to improve their chances of securing new business from the Council, but without committing to a long-term reduction in their contracted APL rates.
- These rates will be agreed on a case-by-case basis with our Brokerage Team and will not impact on rates paid for existing or future packages. The provider must agree to honour the reduced rate for the duration of the service, or until there is a change in need, at which point the rate can be renegotiated.
- Case Examples:
  - A provider has had an increase in 1:1 and reduced the base rate to compensate that some of the core hours were being picked up within this
  - A provider reduced their weekly rate to pick up a package as they had voids and no waiting list
  - A provider reduced their rate as the rate submitted was inflated to last the term of the contract
  - A provider reduced their rate as the persons needs were low
  - A provider reduced HBS rate as they had a run in the area

# Guidance Updates

## Safer Visiting Guidance

This week UKHSA published new guidance on supporting safer visiting in care settings during outbreaks: [Supporting safer visiting in care homes during infectious illness outbreaks - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/supporting-safer-visiting-in-care-homes-during-infectious-illness-outbreaks). This should be helpful to assist with provider risk assessments.

## HPT Update

As you are aware, there have been some recent changes to the Care Homes' Guidance on Acute Respiratory Infections (ARIs), including Covid-19: [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)

Here is a summary of some of the key changes, including the role of the UKHSA Health Protection Team (HPT) in facilitating testing during suspected outbreaks:

1. Routine COVID-19 lateral flow device (LFD) testing of asymptomatic individuals prior to discharge from hospital into care homes is no longer required. **Testing may still be undertaken, based on local risk assessment by the hospital together with the care home, for example during outbreaks.**



## Guidance Updates

2. The ordering portal for accessing LFD test kits for outbreak testing has now closed. **During a suspected outbreak of acute respiratory infection (ARI), settings can access multiplex polymerase chain reaction (PCR) tests through their local health protection team (HPT) to help identify the infection responsible.** This means that care homes are now expected to report suspected outbreaks of ARIs to the HPT without initially undertaking Covid-19 testing for affected residents (except those eligible for Covid-19 treatment as per point 3 below). **The HPT should carry out a risk assessment as normal, then (if indicated) arrange for respiratory swabs to be sent to the care home from the UKHSA Leeds lab.** Instructions for taking the swabs will be sent to the care home by the HPT as part of a “flu pack”.

3. It should be noted that in addition to previously identified eligible groups, all persons aged 85 years and over plus those aged 70 years and over who are resident in a care home **are now eligible for Covid-19 treatments and are therefore eligible for Covid-19 LFD testing if they develop ARI symptoms.** Care homes should obtain LFD tests for eligible residents from local community pharmacies as per guidance from NHS England [NHS lateral flow device tests supply service for patients potentially eligible for COVID-19 treatments \(england.nhs.uk\)](https://www.england.nhs.uk/service-for-patients-potentially-eligible-for-covid-19-treatments)

## Guidance Updates

4. The scheme to provide free PPE for COVID-19 has now ended. **Providers should ensure that they have arrangements in place to access and order PPE for staff to use in line with guidance recommendations.**

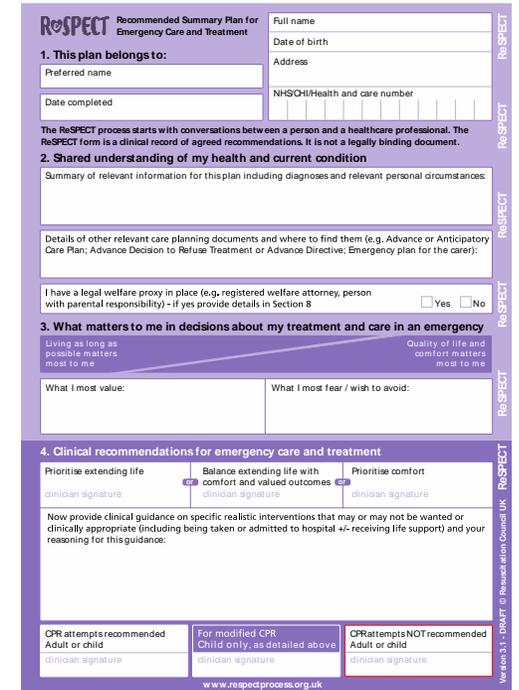
### End of discharge testing

As noted, routine LFD testing of asymptomatic individuals prior to discharge from hospital into care settings is no longer required. However, there are suggestions in the summary of guidance changes (<https://www.gov.uk/guidance/covid-19-testing-from-1-april-2024>) about when testing may still be appropriate, with a focus on individual risk assessment:

- *“Together with the care home or hospice setting, **hospitals should assess the risk in the period before planned discharge**, seeking advice on proposed changes to testing arrangements from local authority public health teams or UKHSA HPTs, if needed. **Following discussion with care home providers and any advice from public health teams or HPTs, hospitals may decide to undertake an LFD test, for example if there is a local outbreak within the hospital setting. This test should be provided and done by the hospital.**”*

# An introduction to ReSPECT

## Recommended Summary Plan for Emergency Care and Treatment



**ReSPECT Recommended Summary Plan for Emergency Care and Treatment**

Full name  
Date of birth  
Address  
NHS/CHI/Health and care number

**1. This plan belongs to:**  
Preferred name  
Date completed

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

**2. Shared understanding of my health and current condition**  
Summary of relevant information for this plan including diagnoses and relevant personal circumstances:  
  
Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):  
  
I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - If yes provide details in Section 8  Yes  No

**3. What matters to me in decisions about my treatment and care in an emergency**  
Living as long as possible matters most to me  Quality of life and comfort matters most to me   
What I most value:  
What I most fear / wish to avoid:

**4. Clinical recommendations for emergency care and treatment**

Prioritise extending life clinician signature	Balance extending life with comfort and valued outcomes <input checked="" type="checkbox"/> clinician signature	Prioritise comfort clinician signature
--	--	---

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature
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www.respectprocess.org.uk

[resus.org.uk/respect](https://resus.org.uk/respect)

# The Project

- The adoption of the ReSPECT process for all adults aged 18 over across all settings within the ICB footprint (noting adoption in surrounding areas)
- Roll out will begin 1<sup>st</sup> June 2024



# What was/is wrong with DNACPR?

- ✓ Not considered / discussed / recorded routinely
- ✓ Many inappropriate CPR attempts
- ✓ Many people disliked discussing it
- ✓ Poorly discussed, not individualised
- ✓ Misunderstood - other treatments withheld
- ✓ DNACPR 'decisions' led to differences in care
- ✓ Many different form designs



# All of this led to:

- ✓ negative perception by patients and the public
- ✓ negative perception by clinicians
- ✓ complaints
- ✓ litigation
- ✓ negative media reports



# Common themes:

- ✓ Poor or absent communication
- ✓ Bad decision-making
- ✓ Poor or absent documentation



# ReSPECT aims to:

- ✓ put each individual at the centre of the conversation
- ✓ achieve shared understanding between person and clinician
- ✓ focus on treatments to be given, not just one to be withheld
- ✓ record agreed clinical recommendations
- ✓ be recognised across all boundaries



# How was ReSPECT developed?

- ✓ Many individual stakeholders  
(e.g. patients, doctors, nurses, ambulance clinicians)
- ✓ Representatives of many stakeholder organisations
- ✓ Integrated ethical and legal best practice
- ✓ Responded to feedback from users
- ✓ Support from Resuscitation Council UK
- ✓ After release – continued evolution in response to feedback



# What is ReSPECT?

- ✓ a process
- ✓ based on one or more conversations
- ✓ supported by a plan
- ✓ a summary for use in an emergency

**ReSPECT** Recommended Summary Plan for Emergency Care and Treatment

Full name  
Date of birth  
Address  
NHSCHI/Health and care number

**1. This plan belongs to:**  
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Date completed

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**2. Shared understanding of my health and current condition**  
Summary of relevant information for this plan including diagnoses and relevant personal circumstances:  
Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):  
I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8  Yes  No

**3. What matters to me in decisions about my treatment and care in an emergency**  
Living as long as possible matters most to me | Quality of life and comfort matters most to me  
What I most value: | What I most fear / wish to avoid:

**4. Clinical recommendations for emergency care and treatment**  
Prioritise extending life | or | Balance extending life with comfort and valued outcomes | or | Prioritise comfort  
clinician signature | clinician signature | clinician signature  
Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

CPR attempts recommended Adult or child | For modified CPR Child only, as detailed above | CPR attempts NOT recommended Adult or child  
clinician signature | clinician signature | clinician signature

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**ReSPECT** Recommended Summary Plan for  
Emergency Care and Treatment

**1. This plan belongs to:**

Preferred name

Date completed

Full name

Date of birth

Address

NHS/CHI/Health and care number

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ReSPECT

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# The ReSPECT process and plan

## Section 2 summarises:

- ✓ Relevant health conditions + how these might progress
- ✓ Important problems (e.g. with communication)
- ✓ Other care plans + where to find them
- ✓ Does the person have a legal proxy + who they are

**2. Shared understanding of my health and current condition**

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8  Yes  No

ReSPECT



# The ReSPECT process and plan

## Section 3

- ✓ balancing priorities
- ✓
  - what they most value in life
  - what outcomes they would fear after an emergency or its treatment
- ✓ Wherever possible, summarise using the person's **own words**

3. What matters to me in decisions about my treatment and care in an emergency

Living as long as possible matters most to me	Quality of life and comfort matters most to me
What I most value:	What I most fear / wish to avoid:

ReSPECT



# The ReSPECT process and plan

## Section 4

Record the priority that you have agreed between trying to extend life and a focus on maintaining comfort



4. Clinical recommendations for emergency care and treatment		
Prioritise extending life clinician signature	or Balance extending life with comfort and valued outcomes clinician signature	or Prioritise comfort clinician signature
Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:		
CPR attempts recommended Adult or child clinician signature	For modified CPR <b>Child only, as detailed above</b> clinician signature	CPR attempts <b>NOT</b> recommended Adult or child clinician signature
<a href="http://www.respectprocess.org.uk">www.respectprocess.org.uk</a>		

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# The ReSPECT process and plan

## Section 4

Discuss and record specific types of care and treatment:

1. that may help and that they would want
2. that wouldn't work for them
3. that they wouldn't want



4. Clinical recommendations for emergency care and treatment		
Prioritise extending life clinician signature	or Balance extending life with comfort and valued outcomes clinician signature	or Prioritise comfort clinician signature
Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:		
CPR attempts recommended Adult or child clinician signature	For modified CPR <b>Child only, as detailed above</b> clinician signature	CPR attempts <b>NOT</b> recommended Adult or child clinician signature

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# The ReSPECT process and plan

## Section 4

Sign only **ONE BOX** to confirm the agreed recommendation about CPR

Use the modified CPR box only for a child – if agreed with parents.

Insert detail in the box above.

4. Clinical recommendations for emergency care and treatment

Prioritise extending life clinician signature	or Balance extending life with comfort and valued outcomes clinician signature	or Prioritise comfort clinician signature
--	--	---

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

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# The ReSPECT process and plan

- Remember that a ReSPECT document is NOT the same as a DNACPR
- A patient may have a ReSPECT document and be FOR RESUSCITATION
- CPR recommendations are only valid for the condition for which they were put in place, not an incidental conditions or situations, e.g. choking



# The ReSPECT process and plan

## Section 5

If you suspect that the person may not have capacity to discuss / agree ReSPECT recommendations:

- ✓ complete a formal mental capacity assessment
- ✓ document this fully in the health record and summarise here
- ✓ involve legal proxy and/or family in ReSPECT discussion

**5. Capacity for involvement in making this plan**

<p>Does the person have capacity to participate in making recommendations on this plan? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p>Document the full capacity assessment in the clinical record.</p>	<p>→ If no, in what way does this person lack capacity?</p> <p>If the person lacks capacity a ReSPECT conversation must take place with the family and/or legal welfare proxy.</p>
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# The ReSPECT process and plan

## Section 5

If a person lacks capacity:

- ✓ those close to them **must** be contacted  
unless it is **impracticable or inappropriate**
- ✓ valid reasons for not contacting them must be recorded in section 6
- ✓ make a plan to make contact as soon as **practicable or appropriate**
- ✓ inform other members of the team



# The ReSPECT process and plan

## Section 6

- ✓ Documents whether the patient does or does not have capacity to have these discussions
- ✓ Remember that capacity is fact and time specific

### 6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A,B or C, OR complete section D below):

- A** This person has the mental capacity to participate in making these recommendations. They have been fully involved in this plan.
- B** This person does not have the mental capacity, even with support, to participate in making these recommendations. Their past and present views, where ascertainable, have been taken into account. The plan has been made, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.
- C** This person is less than 18 years old (16 in Scotland) and (please select 1 or 2, and also 3 as applicable or explain in section D below):
  - 1** They have sufficient maturity and understanding to participate in making this plan
  - 2** They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.
  - 3** Those holding parental responsibility have been fully involved in discussing and making this plan.
- D** If no other option has been selected, valid reasons must be stated here: (Document full explanation in the clinical record.)



# The ReSPECT process and plan

## Section 7

- ✓ Having completed the process and plan you **MUST** sign it here
- ✓ You are confirming that you have done this properly and lawfully
- ✓ Provide all details requested – legibly
- ✓ If you are not the senior responsible clinician, they should check and sign it in the shaded area as soon as possible

7. Clinicians' signatures				
Grade/speciality	Clinician name	GMC/NMC/HCPC no.	Signature	Date & time
Senior responsible clinician:				

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# The ReSPECT process and plan

## Section 8

Now record:

- ✓ names and roles of people who participated the conversation
- ✓ names and contact details of the person's main emergency contacts

Participants may sign - including the person themselves – only if they want to  
This does not change the plan's validity or legal status

8. Emergency contacts and those involved in discussing this plan			
Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature
Primary emergency contact: <input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional

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# The ReSPECT process and plan

## Section 9

Use section 9 to record subsequent reviews:

- ✓ when the person or those close to them requests this
- ✓ when their condition changes
- ✓ when they move from one care setting to another

Review and discuss the form and its recommendations

Use this section to confirm that they have been agreed as still correct

9. Form reviewed (e.g. for change of care setting) and remains relevant				
Review date	Grade/speciality	Clinician name	GMC/NMC/HCPC No.	Signature

1.3.1 DRAFT © Resuscitation Co



# FAQs



# Who is ReSPECT for?

Everyone – with increasing relevance for those:

- ✓ with particular healthcare needs
- ✓ at risk of cardiac arrest
- ✓ nearing the end of their lives
- ✓ who want to record their preferences for any reason

It is suitable for both adults and children



# When should a ReSPECT process take place?

Ideally:

- ✓ when a person is relatively well and able to participate fully
- ✓ before an emergency reduces their ability to make decisions

Otherwise:

- ✓ as soon as possible in an acute illness when there is no ReSPECT plan

It may need more than one conversation



# Where should a ReSPECT process take place?

Anywhere – for example:

- ✓ in a person's home
- ✓ at a GP surgery
- ✓ at a hospital clinic
- ✓ at a pre-operative visit
- ✓ in a hospice



# Who should start the process?

This could be – for example:

- ✓ the person themselves
- ✓ a GP or community nurse
- ✓ a hospital doctor or nurse

Clinicians engaging with this process should have had training in its use



# What if a person becomes acutely ill but has no ReSPECT plan?

Consider discussing and completing a plan as soon as possible

This might be – for example:

- ✓ at their home
- ✓ soon after or during hospital admission



# How does ReSPECT work with other care plans and legal documents?

A ReSPECT plan provides a summary that applies only:

- ✓ in an emergency
- ✓ when the person has lost capacity to make informed decisions

It is not legally binding

It can work well alongside:

- ✓ other, broader or more detailed care plans
- ✓ a legally binding ADRT or Advance Directive



# Where is a ReSPECT plan kept?

- ✓ Paper plans should be kept by or with the person
- ✓ They should be easy to find when needed
- ✓ A copy – or details of content – should be in GP and/or hospital and/or care home records
- ✓ Make sure that all of these are updated with any changes.

# Important considerations for homes and care staff

- Make sure staff are aware of upcoming changes
- Develop an education plan
- Consider your policies and documentation
- Display resources in your homes
- Have conversations with your residents and families
- Speak to your GP surgeries and help change existing DNACPR forms to ReSPECT forms



# Questions?

# ReSPECT 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:

- **17/05/2024 10.00am** - The ReSPECT process: a guide for care staff – held on MS Teams; suitable for all working in the social care sector
- **06/06/2024 10.00am** - 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
- **19/07/2024 10.00am** - 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
- **17/09/2024 10.00am** - The ReSPECT process: a guide for care staff – held on MS Teams and suitable for all working in the social care sector
- **14/10/2024 10.00am** - 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 8 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](mailto:sarah.holloway@saintcatherines.org.uk).





# York and North Yorkshire Mayoral Election 2 May 2024

Request from the NYC comms team for help with supporting people to vote



# We want to give voters information about how to vote in this and other upcoming elections

Please can you help us share information about voting in the election with the people you support?



# Update 17.04.24

Toolkit and slides from the last meeting are on the SharePoint site here <https://www.valeofyorkccg.nhs.uk/rss/referral-support-service/supporting-our-partners-in-care-our-quality-team/care-connected1/>

An easy read version of the Candidate Address book (24pp booklet sent to all registered voters in York and NY) is also on the above link.



**York and North Yorkshire**  
Combined Authority

A guide to the York and North Yorkshire mayoral election:  
your chance to make a difference

Election day: 2 May 2024

	This document is about the election for the mayor for York and North Yorkshire on 2 May 2024. It tells you how you can get involved and vote in the election.
	On Thursday 2 May 2024, you can have a say in who becomes the mayor of York and North Yorkshire.

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# Contact

Please contact [alison.Clarke@northyorks.gov.uk](mailto:alison.Clarke@northyorks.gov.uk) if you require printed copies of the easy read info, or voter information in any other formats.

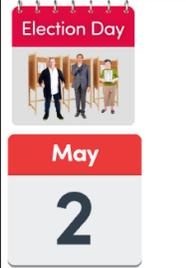
Thank you.



**York and North Yorkshire**  
Combined Authority

A guide to the York and North Yorkshire mayoral election:  
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# Home Based Support Provider Forum - Tuesday 30<sup>th</sup> April 10am to 12pm

- Provider Forum to directly engage with Home Based Support Providers.
- Opportunity to share future plans and coproduce future services.
- Points for discussion on the first Forum will include:
  - Maps
  - Current APL re: pricing
  - Sourcing Allocation Model
  - Live-In Care
  - 24-hour Care
- If you wish to attend, please send your interest to [HASservicedevelopment@northyorks.gov.uk](mailto:HASservicedevelopment@northyorks.gov.uk) with details of who to send the invite to.



# Yorkshire & the Humber Care Home Support Network

Yorkshire & Humber Care Home Support Network on **Tuesday 23rd April 10:00 – 12:30**.

The network is open to all social care settings including supported living, domiciliary care and care homes. It will focus on topics related to resident/service user safety.

The network brings together colleagues from across health and care. Those working in primary / community/ secondary / social care are welcome to attend. The focus of this meeting is **'Person-centred care'**

- We will hear from the NHS England regional lead for Personalised Care.
- We will hear about the 'carers in the ED' project which looks at the experiences of care home staff when they accompany residents to the Emergency Department.

There is also their regular 'Ask the network' slot where you can raise questions/comments/concerns and share ideas, insights and good practice.

There will be an opportunity for discussion, networking, sharing of ideas and innovation

If you would like to register to attend, please email: [Academy@yhia.nhs.uk](mailto:Academy@yhia.nhs.uk)



# Immedicare Training Timetable – May 2024

**May 2024**

<b>Date</b>	<b>Session Topic</b>
1 <sup>st</sup> May 2024	Nutrition and Hydration
2 <sup>nd</sup> May 2024	Top to Toe
7 <sup>th</sup> May 2024	Leg Ulcers
8 <sup>th</sup> May 2024	Catheter Care
9 <sup>th</sup> May 2024	Diabetes
14 <sup>th</sup> May 2024	React to Red
15 <sup>th</sup> May 2024	End of Life Care
16 <sup>th</sup> May 2024	Falls
21 <sup>st</sup> May 2024	UTI's
22 <sup>nd</sup> May 2024	Virtual Verification of Expected Death
23 <sup>rd</sup> May 2024	Restore 2
28 <sup>th</sup> May 2024	MSK
29 <sup>th</sup> May 2024	Behavioural Symptoms in Dementia

# Immedicare Clinical Virtual Training - May Timetable

Training features:

- Monthly training sessions for all staff working in homes with Immedicare service
- Wide range of topics covered
- Post training evaluation available for delegates to submit feedback on the sessions
- Certificates sent to all delegates who complete a full session
- 2-3pm Tuesdays, Wednesdays and Thursdays
- Free of charge
- Easy to access via web page
- Accessible on any device

## Accessing the Training

Head to <https://involve.moodlecloud.com/> or click the link below. You must create an account, and once you have an account you can register for the courses you would like to attend.

For any queries relating to training, please contact [acunningham@immedicare.co.uk](mailto:acunningham@immedicare.co.uk)



## Change of Email Address

Please be aware that the previous Generic Email address for the old Quality and Contracting Team at North Yorkshire Council [socialservices.Contractingunit@northyorks.gov.uk](mailto:socialservices.Contractingunit@northyorks.gov.uk) is no longer in use. Should you email this address you will receive a bounce back email asking you to redirect your email to either:

The Quality and Service Continuity Team at [HASQuality@northyorks.gov.uk](mailto:HASQuality@northyorks.gov.uk) This email is for Quality related queries (e.g. PERSON form, RNR, whistleblowing, guidance and advice, service continuity).

Or

The Contract Management Team at [HASContracting@northyorks.gov.uk](mailto:HASContracting@northyorks.gov.uk) This email is for Contract related queries (e.g. contract terms, information requests relating to the contract and fee queries).

We are in the process of updating documents that contain the old email address so that they are replaced with the appropriate email above. Please note that during April the old email will be fully switched off.



## Dates for your Diary

- ReSPECT process support sessions being held from May to October.  
Contact: [sarah.holloway@saintcatherines.org.uk](mailto:sarah.holloway@saintcatherines.org.uk)
- Autism Awareness Month – April 2024
- Stress Awareness Month - April 2024 [Stress Awareness Month 2024 - The Stress Management Society](#)
- Yorkshire & Humber Care Home Support Network on Tuesday 23rd April 10:00am – 12:30pm.  
Please email: [Academy@yhia.nhs.uk](mailto:Academy@yhia.nhs.uk) if you would like to attend.
- Home Based Support Provider Forums – Tuesday 30<sup>th</sup> April, 10am – 12pm. Please send your interest to [HASservicedevelopment@northyorks.gov.uk](mailto:HASservicedevelopment@northyorks.gov.uk)

# Key Contacts – North Yorkshire Council

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

Quality Team: [HASQuality@northyorks.gov.uk](mailto:HASQuality@northyorks.gov.uk)

NYV HAS Contract Team: [HASContracting@northyorks.gov.uk](mailto:HASContracting@northyorks.gov.uk)

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

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

Public Health [dph@northyorks.gov.uk](mailto:dph@northyorks.gov.uk)

Service Development: [HASservicedevelopment@northyorks.gov.uk](mailto:HASservicedevelopment@northyorks.gov.uk)

Jo Holland - [joanne.holland@northyorks.gov.uk](mailto: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](http://www.makecarematter.co.uk)



# Key Contacts and Information – City of York Council

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

## Dedicated email address for care providers:

**Commissioning and Contracts:** [AllAgeCommissioning@york.gov.uk](mailto: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](mailto:asctransformationteam@york.gov.uk)

<https://www.york.gov.uk/ShapingCare> - 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](mailto:hnyicb-voy.yorkplacequalitynursingteam@nhs.net)

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

Heather Bygrave- Relationship Team Manager Immedicare [hbygrave@immedicare.co.uk](mailto:hbygrave@immedicare.co.uk)

Dreams Team - [dreamsteam@eastriding.gov.uk](mailto: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](#)

