

17th May 2023

- MCA and DoLS Refresher Session for Care Providers

Public Health

COVID-19 spring booster and first and second doses – reminder

The Department of Health and Social Care published materials designed to increase awareness of the COVID-19 spring booster offer among eligible cohorts.

The resources include ‘Top up your immunity this spring’ graphics, with information on eligibility for the COVID-19 spring booster and materials alerting that the offer of a first and second dose of the COVID-19 vaccine will be changing during 2023.

Many people will no longer be eligible for these doses after 30 June. The [resources](#) are designed to encourage people to come forward in good time to get both doses before this date



If you're in one of the following groups, you can take up the **spring COVID-19 Booster offer**

**Adults
75 years
and over**

**People aged 5-74
with a weakened
immune system**

**Residents
in care
homes**

Please wait to be contacted
by the NHS if you're eligible



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Deprivation of Liberty Safeguards

Sandra Burbidge TM 2023

Who are the MCA/DoLS team

- ▶ **Team Managers** - Jo Sutherland and Sandra Burbidge
- ▶ **Team BIA's** - Rebekah Watson, Greg Slater, Jodi Walton, Christine Hill, Lana Edmondson and Jayne Jones
- ▶ Supported by a comprehensive business support team

- ▶ Contact details
- ▶ dols@northyorks.gov.uk Admin queries
- ▶ 01609 536829

Content

- ▶ What is DoLS?
- ▶ Forms
- ▶ Least restrictive practice
- ▶ Covert medication, things to look out for
- ▶ Physical restraint
- ▶ Necessary and Proportionate, what does this mean in practice?
- ▶ LPS

What are Deprivation of Liberty Safeguards (DOLS) ?

A Supreme Court judgement in March 2014 made reference to the 'acid test' to see whether a person is being deprived of their liberty,

- ▶ Anyone 18 or over who doesn't have the ability to make the decision regarding their care and support needs and is in a Care Home or Hospital
- ▶ **AND**
- ▶ Who is under constant supervision and control
- ▶ **AND**
- ▶ Who isn't free to leave

Human Rights

- ▶ **Article 5** of the Human Rights Act states that
- ▶ 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'.
- ▶ The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Human Rights

- ▶ **Article 8**

- ▶ Right to respect for private and family life

- ▶ Article 2

- ▶ A right to life

- ▶ Article 3

- ▶ Freedom from torture and inhuman or degrading treatment

DoLS process/ forms

▶ **Managing Authority**

- Form 1 - Standard or Urgent referral
- Form 2 - renewal

▶ **Supervisory Authority**

- Form 3 - Best Interest Assessor
- Form 4 - Mental Health Doctor
- Form 5 - DoLS Granted
- Form 6 - DoLS not granted

[DoLS form guidance](#)

Which Form is it for DOLS Authorisations?

Use Urgent Authorisation When:

- Someone is already being deprived of their liberty.
- It's authorised by the Managing Authority themselves
- The DOLS Comes into force immediately
- The authorisation is valid for 7 days.

Also note the following:

- The supervisory body can extend for a further 7 days if they agree with this request
- The Managing Authority must also apply for a standard authorisation if an urgent authorisation has been made (this is on the same form)
- The Managing Authority must try to consult the person's family/ friends/ carers before an urgent authorisation is granted. Evidence of his consultation or efforts made must be documented

Use Standard Authorisation When:

- When you are aware someone is going to be coming into your care who will be Deprived of their Liberty.
- This request does not give the Managing Authority the powers to authorise a Dols.

Also note the following:

- Request can be made up to 28 days before the person is Deprived of there Liberty
- Supervisory body will prioritise the referral and a BIA will be allocated based on this.
- High priority referrals aim to be assessed for a Standard Authorisation within 21 days of the referral being processed.
- Managing Authority must speak to the person's family/ friends/ carers before a request for a Standard Authorisation is made and documented.

How can we help each other

- ▶ Please ensure that the person and or relatives are informed that you are submitting a request for a DoLS

[Deprivation of Liberty Safeguards \(ageuk.org.uk\)](https://ageuk.org.uk)

[quick-guide-to-deprivation-of-liberty-safeguards.pdf](#)
 [\(adass.org.uk\)](https://adass.org.uk)

[What is a Relevant Person's Representative \(RPR\)? \(mental-capacity.co.uk\)](https://mental-capacity.co.uk)

- ▶ The more information you can provide for us on the form 1 the better we can triage the referral
- ▶ We are happy to discuss any DoLS queries

Conditions

- ▶ Conditions can be added to a DoLS where the BIA feels that it would reduce any current restriction.
- ▶ This should be discussed with the Care Home as being a reasonable request and achievable
- ▶ Eg weekly access to wider community, review of covert meds
- ▶ Care Home need to document that they have met conditions for future dols
- ▶ If not met/ documented then could be considered a Safeguarding matter
- ▶ CQC will check and if not achieved a potential breach of MCA

Covert medication

► What is covert medication?

-Case law AG v BMBC & Anor [2016] EWCOP 37, District Judge Bellamy ruled that for medication to be administered this way it had to be essential that the medication was needed e.g vitamins.

Judge Bellamy also issued guidance in relation to this as these cases did not need to be heard in court.

- Medication that is hidden or disguised.....

Covert Medication

- ▶ **How do care homes give covert medication?**
 - *Capacity assessment*
 - *Best Interest decision*
 - *Medication Specific*
 - *Reviewed regularly.*

Covert Medication

- ▶ **What is the reviewers role with covert medication?**
 - Capacity assessment?*
 - Check date of best interest decision.*
 - Are individual medications listed*
 - regular reviews*
 - Is it included in the DoLS*

Physical restraint

▶ Physical restraint

-lap belts

-bed rails

-tilt chair

-electronic surveillance

-Locked in a room

-physical holding of person

- ▶ Needs to have MCA and BIM for each physical restriction and that this is care planned and reviewed. If the person is being held, locked in a room there needs to be an escalation plan of when this is needed and what needs to be tried before this occurs.

Chemical restraint

▶ Chemical restraint

- *Sedatives*
- *Antipsychotics (haloperidol, chlorpromazine)*
- *Benzodiazepines (Lorazepam, Nitrazepam)*
- *Regular/ PRN*

- ## ▶ Needs to have MCA and BIM for chemical restraint and that this is care planned and reviewed regular with the mental health team/ psychiatrist or GP.

Necessary and Proportionate

▶ Necessary

-It is needed for a purpose or reason

-What the risks to the person

-What if we did nothing

-What else has been tried, Did it work

-What is in place now

▶ Need to ensure it is Person specific- not generic

[promoting-less-restrictiv-b0f.pdf \(local.gov.uk\)](#)

Proportionate

► *Proportionate*

- Increasing or decreasing in size, amount or degree to changes in something else e.g is what is in place proportionate to the likelihood and seriousness of harm to person*
- You identified how the risk is being manage e.g but is it proportionate ?*
- How likely is the harm and what is the severity*
- Are the risk being managed least restrictive*
- Human rights, wishes and feelings*
- What is the impact on the person*

Blanket policies are no longer acceptable

- ▶ Is there a valid reason for someone to be checked 2 hourly over night
- ▶ Are visiting hours restricted ?
- ▶ Does the person actually need support to bathe?
- ▶ If someone tends to have a nocturnal habit, is this accommodated by offering meal etc through the night

When is a DoLS review needed

- ▶ If Covert meds are introduced
- ▶ If chemical restraint are introduced
- ▶ If physical restraint are found necessary
- ▶ If restrictions around visitor contact are necessary (Poss a SW review only)
- ▶ If dramatic increases in supervision are required
- ▶ Notify RPR's(paid or family) and /or SW in any of the above situations
- ▶ Think risk.....

Not necessarily when -

- ▶ Lap belt
- ▶ Assistive Technology - unless camera's are involved
- ▶ When placement breaking down

Liberty Protection Safeguards

- ▶ Designed to replace DoLS but unfortunately delayed for the foreseeable future
- ▶ In the meantime it's everyone's business to ensure that all care plans consider least restrictive options
 - ▶ Necessary
 - ▶ Proportionate

References

- ▶ Case law AG v BMBC & Anor [2016] EWCOP 37

<https://www.courtofprotectionhub.uk/cases/august-04th-20169064495>

- ▶ Least restrictive tool kit (Please read this)

<https://www.local.gov.uk/publications/promoting-less-restrictive-practice-reducing-restrictions-tool>

- ▶ Physical/ chemical restraint guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812435/reducing-the-need-for-restraint-and-restrictive-intervention.pdf

<https://www.mind.org.uk/media-a/4429/restraintguidanceweb1.pdf>



THE ROLE OF THE RELEVANT PERSON'S REPRESENTATIVE (RPR)

ADVOCACY AWARENESS

INTRODUCTION

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ABOUT CLOVERLEAF

- We're an independent charity, formed in 1995 and we deliver a range of advocacy, carers support, training and inclusion services across the North of England



IN NORTH YORKSHIRE

We provide the following types of advocacy;

- **Independent Mental Health Advocacy (IMHA)**
- **Independent Mental Capacity Advocacy (IMCA)**
- **Relevant Person's Representative (RPR)**
- **Care Act Advocacy**
- **Health Complaints Advocacy**
- **Community/non-statutory Advocacy**

WHAT ARE THE DIFFERENT TYPES OF ADVOCACY?



Advocates are independent from other organisations and support people who have no one else able or appropriate to support them in certain situations

- **IMCA** – An IMCA is an Independent Mental Capacity Advocate who is trained and experienced in working with people affected who lack capacity to make certain decisions.. An IMCA may be involved if a person is moving home or needs serious medical treatment. IMCAs also support people who are being assessed for DOLS, or going through safeguarding processes.
- **Care Act** Advocates support people who are having an assessment or a review of their needs or are going through safeguarding processes. People must have a 'substantial difficulty' in weighing up and retaining information about the social care process to be eligible for an advocate
- **IMHA** -An IMHA is an Independent Mental Health Advocate who is trained in the Mental Health Act. IMHAs support people who are detained under the Mental Health Act
- **Relevant Persons Representative (RPR)**
- **Non-statutory advocacy** -can support people with a range of social care issues.

WHAT TO EXPECT WHEN AN ADVOCATE OR RPR GETS IN TOUCH



Risk assessments are undertaken for each person we support, for each setting

The advocate or RPR will need to make sure they are safe by asking questions about:

- any risks from infection such as Covid or Norovirus for example
- If you are aware of any behaviours which may be viewed as challenging or presenting a risk
- Anything else they may need to be aware of in the environment

RELEVANT PERSON'S REPRESENTATIVE



- The RP is the name given to the Relevant Person (who is deprived of their liberty) and the RPR **is** the Relevant Person's *Representative* for the DOLS
- The RPR is one of the Safeguards and has to monitor the arrangements that are authorised as a result of the Best Interest assessment
- The RPR must be independent of the Managing Authority (the care home or hospital) and independent of the body which authorises the DoLS. They can be, and often are, a close relative or friend, but they must accept the role voluntarily and shouldn't have been involved in arranging the placement . If there is no-one else to take on the role, a professional (paid) RPR will be appointed.
- A person can have both a Lasting Power of Attorney and an RPR (which could be two different people). The role of the LPA and the RPR are quite separate

WHAT DOES AN RPR DO?



- Keep in regular contact (face-to-face) with the person they are supporting (we visit a minimum of every 8 weeks)
- Check that things aren't too restrictive for the person
- Check that the care home or hospital is meeting any requirements/conditions in the DoLS authorisation
- Check whether there are any new restrictions which need DoLS authorisation.
- Help the person to request a review of the DOLS (called a Part 8 Review) or a Review of their Care and Support
- Help the person access legal support to ask the Court of Protection whether they should be Deprived of their Liberty (called a 21A challenge)

This means that the RPR needs to ask questions about the person's care and have access to care records.

Unfortunately, it isn't possible for RPRs to liaise with families about their visits or share information

Our paid RPRs feed back to the DoLS team, either by an email or a formal report.

WHAT INFORMATION DOES AN RPR NEED?



The RPR will need to find out about the person's experience of living/staying in the care setting and their views on this

The RPR does this by

- meeting with the person and ask them how they feel about being in this setting
- talking to people who support the person on a daily basis to see if they have any concerns
- Checking in care plans and daily notes to see if there have been any issues about the persons care . This could be a safeguarding or risk incident or health concerns such as weight loss or behavioural changes or that a DNACPR has been correctly completed
- Asking about Conditions specified by the Best Interest Assessor and checking these are being met

RPR RESPONSIBILITIES



- The RPR reports any concerns back to the Supervisory Body (Local Authority)
- If the person is objecting to their arrangements the RPR has a responsibility to raise this. One option might be to ask for another BIA to review the DOLS to see if it is still in a person's best interest (Part 8 review)
- If the person continues to object, the RPR **MUST** seek access to challenge for the person. The RPR would contact a solicitor to see if in the solicitor's view they meet the criteria for their objection to be heard in the Court of Protection by a judge

AN ESSENTIAL ROLE



The role of the RPR is critical to ensuring that the relevant person's rights are upheld, their access to justice and their right to a review or appeal is acted upon and their best interests promoted

The European Convention on Human Rights (ECHR), Article 5 (Right to liberty and security) subsection 4 states that :

“Everyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful.”

RPR IN ACTION!



David is an 81-year old gentleman living in a residential care home. His first DoLS had recently been authorised and Laura was appointed as his paid RPR. David does have family, and his daughter holds Lasting Power of Attorney for Finance and Health and Welfare. A paid RPR was requested as David's family were instrumental in making the decision for him to move to the care setting.

RPR IN ACTION!



When Laura visited David, she explained her role to him. Straight away, David told her he was not happy that he couldn't go out on his usual walks. Laura explained what the DoLS authorisation meant, and asked how he felt about this, and his own needs (about keeping himself safe, and his mobility).

Laura explained that David had a right to ask for the DoLS to be reviewed or challenged. David asked for her support to request a review.

RPR IN ACTION!



Laura looked at David's care records, and spoke to care home staff and the manager. Laura asked if there were any ways for things to be less restrictive for David, for example supported outings or additional paid support to take him out. Laura wrote a report to the DoLS team detailing David's objections, what she had noted from the records and some possible solutions. She requested a Part 8 Review of the DoLS and a Care Review.

RPR IN ACTION!



The allocated Social Worker, Rebecca, contacted Laura. Initially, Rebecca wondered if David had capacity to make decisions about his own care needs, but, on visiting him a few times at different times of day, concluded that he lacked capacity in this area.

Rebecca agreed that David would benefit from more activities outside the care home. Previously he had an active life, and rarely joined in activities in the home.

David expressed his wish to get outside for fresh air -he did not wish to walk far on his own.

RPR IN ACTION!



Whilst David's DoLS remains in place, the RPR involvement helped him to be heard and support his legal rights. David is now coming out of his room more and socialising with other residents. David has told Laura that he is happy he now has more choice over his daily routine and can get out more. Small changes can have a large impact on someone's wellbeing and how they feel about where they live!



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New Online Forms

➤ Request for involvement from Adult Social Care

A new online form has been developed to make it easier for professionals to request involvement from adult social care and is now live to use and can be found [on the request involvement from adult social care page on our website](#).

➤ Safeguarding Concern Form

A new online safeguarding concern form for professionals will go live on **1st June 2023** and can be found on [the safeguarding vulnerable adults page on our website](#). For a short period of time, we will still accept the current (Word document) form, you will be reminded about the online form if you submit this way.

➤ Deprivation of Liberty Safeguards (DoLS) Form

A new online DoLS form will go live on **1st June 2023** and can be found on https://forms.northyorks.gov.uk/service/Deprivation_of_liberty_safeguards

The form will enable Managing Authorities (MA) to submit referrals for a DoLS in a quick step by step process. Once submitted the form will be prioritised accordingly.

Benefits of the new online forms to you

The benefits to you are:

- they can be completed at a time that is convenient for you
- you don't have to spend time waiting in a telephone queue
- you can be confident that we have all the information we need to action your request or concern
- you will be able to download an electronic (PDF) copy of the form you have submitted for your records
- No need to provide a signature
- It will be possible to request an extension for an urgent DoLS referral

At the end of each form, there is a short feedback survey which we would encourage you to fill out to help us improve the forms.

Inflation Award 2023

Residential and Nursing Care

Placements made on the new Approved Provider List: Over 65s

Table 1 sets out the uplift for Actual Cost of Care (ACOC) rates. Table 2 lists the uplifts that apply to any APL rates that have been set above ACOC, including specialist residential placements. As in previous years, rates will be rounded up so they can be divided by 7. This means we can pay by actual number of nights.

Table 1				
ACOC Weekly Rates – Over 65s	2022/23	2023/24	Increase	% uplift
Residential	£742	£812	£70	9.4%
Residential/Dementia	£784	£854	£70	8.9%
*Nursing	£819	£896	£77	9.4%
*Nursing/Dementia	£826	£903	£77	9.3%

*does not include FNC

Table 2	
Other Weekly Rates – Over 65s	% uplift
Above ACOC rates – up to £1200 (inclusive)	3%
Non-specialist rates over £1200	0%
Specialist residential placements, less than £1000 per week (inclusive)	9.2%
Specialist residential placements above £1000 per week	3%

ACOC

Above ACOC (including specialist placements, if the person is over 65)

Inflation Award 2023

Contracts agreed before the new Approved Provider List: Over 65s

The Council's Approved Provider List (APL) was introduced in November 2021. The uplifts described above only apply to any contracts that are on the APL. For any contracts that pre-date the APL (sometimes referred to as legacy contracts), there is an agreement to bring them all in line with ACOC by 2025/26. This means that:

- Last year (2022/23) providers received 33% of the difference between their 21/22 contracted rate and ACOC
- This year (2023/24) providers will receive 50% of the difference between their 22/23 contracted rate and ACOC
- Next year (2024/25) providers will receive 100% of the difference between their 23/24 contracted rate and ACOC, which will mean all providers in North Yorkshire will be paid at least the ACOC rate.

So, for 2023/24, all legacy contracts will receive an uplift that amounts to 50% of the difference between their 2022/23 rate and ACOC. Table 3 provides an **example** how this will be calculated for a general residential placement on a 'legacy' rate of £600.

Over 65 services that are below ACOC (does not include specialist services)

Table 3 EXAMPLE of how the uplift will be applied to legacy contracts				
(A) 22/23 Fee	(B) 2023/24 ACOC	(C) Difference	(D) Uplift	(E) 2023/24 fee

Inflation Award 2023

Specialist Services (working age adults,
excludes ACOC)

Placements made on the new Approved Provider List: Under 65s

ACOC only applies to over 65s. Table 4 shows the uplift that is being applied to rates for under 65s.

Table 4 Weekly Rates – Under 65s	% uplift
Rates below £1000 per week (inclusive)	9.2%
Rates above £1000 per week	3%

Inflation Award 2023

Supported Living

The 2023/24 uplift for Supported Living will be applied to all packages of care, whether they are on the APL or were commissioned before the APL was launched in November 2023. The uplifted rates will also be reflected on the Approved Provider List and will be applied to any future packages of care.

Table 6 Supported Living	% uplift
All rates (APL and legacy)	9.2%

The uplifted fees will be rounded up so they can be divided by 4. This allows for 15-minute payments. Whilst we do not usually commission care for 15 minutes, there are times when support plans require 45 minutes of care and very occasionally for 15 minutes

This includes providers on old and new APL's identified as delivering SL services

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This includes providers previously commissioned via the Non-Reg APL who deliver community based services (minus Practical Support)

Community Based Support

Community Based Support includes a broad range of non-regulated services, including day services. The rate for Community Based Services will be rounded up so it can be sub-divided by 4.

Table 7	
Community Based Support	% uplift
All rates (APL and Legacy)	9.2%

North Yorkshire Autism Strategy 2024-2026 – Have your say.

Autism is a lifelong developmental condition which affects how people communicate and interact with the world.

North Yorkshire County Council have funded Inclusion North to conduct engagement across North Yorkshire that will inform the joint all age Autism strategy across the Health sector, Local Authority and the community voluntary sector.

This will be about the lives of autistic people – where they live, where they go to school or work and the communities within which they live. The strategy in North Yorkshire will be developed based on the six National Strategy commitments for autistic children, young people and adults

2021 – 2026.

- Improving understanding and acceptance of autism within society
- Improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- Supporting more autistic people into employment
- Tackling health and care inequalities for autistic people
- Building the right support in the community and supporting people in inpatient care
- Improving support within the criminal and youth justice systems

We have also included an additional theme, support for parent and carers (who may themselves be autistic)

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North Yorkshire Autism Strategy 2024-2026 – Have your say.

Further information on the previous Autism Strategy can be found here: <https://www.nypartnerships.org.uk/autism>

Survey

You can share your thoughts by filling in our survey:

The survey is available online: [North Yorkshire Autism Strategy survey](#)

There is an easy read version online here: [Rix Easy Read Autism Strategy survey](#)

You can also download and print a copy of the survey: [Word version of North Yorkshire Autism Strategy survey.](#)

You can also pick up a paper copy from North Yorkshire's libraries

Please complete the survey by 31 May 2023.

If you need the survey in a different format, please contact: Sandy Marshall sandy.marshall@inclusionnorth.org or phone 07767 776125.

Please share this engagement opportunity with friends, family and colleagues across North Yorkshire.



Emerade Prefilled Injection Pens – Product Recall



You should already be aware of this product recall through your services arrangements to receive drug alerts and patient safety warnings in line with CQC guidance and may already have contacted by the GP surgery regarding this. It is included here simply as a reminder.

If you/your service were not aware of the product recall please ensure that you are signed up to receive such alerts. You can do this via the Central Alerting System (CAS). See information on how to do this through this [link](#). It is advisable to use an email address that several staff can access. The email should be checked daily and relevant information actions taken as directed by the alert.

If you are not aware of the alert the information actions for patients or carers of patients who use Emerade to take can be found through this [link](#).

Reminder: ID in Hospitals

Please remember to have relevant identification when coming into hospital sites.

There have been a number of recent incidents reported, where care provider representatives have arrived onto hospital wards without identification. This presents a security risk, in addition to causing delays and wasted time.

Thank you for your co-operation.



Positive Approach to Care™ (PAC™)- Training for Staff Working with People Living with Dementia

The Positive Approach to Care™ concept is designed to support people living with dementia by equipping both formal and informal carers with specific skills aimed at increasing understanding of what it is like to live with dementia. Tees, Esk and Wear Valleys NHS Foundation Trust are facilitating a number of sessions open to care staff taking place in both the Hambleton and Richmondshire, and Scarborough, Ryedale and Whitby Areas. For more information please follow the below links.

- [Hambleton and Richmondshire](#)
- [Scarborough, Ryedale and Whitby](#)

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Tissue Viability Skills Workshop Training (Scarborough, Ryedale and Whitby Area Registered Nurses)

When: Wednesday 12 July 09.30-16.30 in Scarborough.

Following three very successful study days in 2022, Humber Teaching NHS Foundation Trust are holding these skills workshops again for 2023 which are open to any registered nurses working within care providers in the Scarborough, Ryedale and Whitby area. These will be a repeat of last year's events with additional sessions around foot health and soft cast application. For more information and to book your place please follow this [link](#).



Palliative Care Education Session for Care Providers (Scarborough, Ryedale and Whitby Area)

When: Thursday 22 June 9.30-16.30 at St Catherine's Hospice

St Catherine's Hospice will be hosting a comprehensive study day designed for all those working within care providers in the Scarborough, Ryedale and Whitby patch. This open for both registered nurses and care staff. For more information please follow this [link](#).



2023 North Yorkshire and York Care Provider Olympics- Registration Now Open

NHS Humber and North Yorkshire ICB in collaboration with partners have launched the 2023 North Yorkshire and York Care Provider Olympics on the success of last years event which saw over 600 individuals participate. The competition is open to care homes and supported living settings across the area to host their own Olympic style event to compete with other providers to compete for our Olympic title. This is your chance to get residents and staff up and moving to promote the health benefits of physical activity to those in your care. Throughout the initiative we will be sharing great practice, ideas and learning across the sector as well as resources and guidance to support physical activity in your settings. For further information and to register your service please follow this [link](#).



Smiling Matters at Amarna House

Maureen Hole, Sam Varo and Hannah Davies from the ICB recently visited Amarna House in York to present the team with the oral health prize resource box as winners of our World Oral Health Day Quiz Competition in March. The box contained a range of different equipment, resources, tips and ideas to support staff in continuing to deliver high quality and personalised oral care for their residents. We are looking forward to being back at the home in the coming weeks to deliver refresher training to staff.

We know oral health is a really important and intimate part of the care teams across our area deliver day, and crucial to helping those in their care maintain their dignity and prevent disease and wider associated health risks. There are a wide range of resources available through our [website](#) to support you and your setting including mouth assessment tools, guidance for managers and comprehensive training session which may be helpful to show to staff.

Data Security and Protection Toolkit (DSPT)- Don't Forget to Resubmit

For those care providers yet to complete the DSPT for 2022/23- the deadline to do so is **30 June 2023**. The DSPT is a self-completion assessment for providers showing what the requirements to demonstrate you are keeping people's information safe, and to protect your business from the risk of a data breach or a cyber-attack. It demonstrates compliance with GDPR/Data Protection Act/CQC KLOE's and is a requirement for all providers holding an NHS Standard contract, as well certain local authority contracts.

If you have previously completed you will need to review and resubmit. There is local support available including training workshops guiding you through completing, and 1:1 support to providers in the North East and Yorkshire through an NHS England Team who can be contacted by emailing: england.dsptney@nhs.net. There is also national support available through Digital Social Care which can be accessed through this [link](#).

Energy Efficiency in Care Homes - Grant Funding Opportunity

North Yorkshire Council has declared a climate emergency and pledged to play its part in tackling the causes and impacts of climate change. Health and Adult Services are working with Public Health colleagues to develop a Climate Action Plan. More information on this work and how social care providers can get involved will follow in due course.

We would like to support our social care providers to continue their essential work in our communities recognising all residents and businesses are facing a cost-of-living challenge due to spiralling energy costs.

The Council has access to a grant funding budget called ‘Shared Prosperity Fund’ which we would like to use to support energy efficiency in the residential & nursing care home sector.

Interested care home providers would have a **free survey undertaken of the care home building to review energy efficiency and the potential for renewable energy technology** such as solar panels and battery storage. A plan would then be provided that outlines the potential costs and savings that could be made.

Following that, the business would be eligible to apply for capital grant funding to make the recommended changes outlined in the plan over the next two years.

In order to inform how the development of the grant programme, we are asking residential and nursing care home providers that would be interested in the opportunity to contact us so that we can understand the scale of demand.

If you would be interested in this opportunity, please express your interest to HASservicedevelopment@northyorks.gov.uk by Friday 26th May.



Come dance with Care Provider Services

July 2023 is Good Care Month and we want to celebrate this by getting everyone moving whilst have a jolly good time. We have asked all our care services to hold a party, dance session or disco between 10th July – 16th July. We are creating a timetable of events so any NYC staff, family or friends of the individuals who use our services can come and join in.

- Hold your own event, and take pictures or short videos and send into us at socialservices.contractingunit@northyorks.gov.uk. Deadline for pictures and videos is Friday 21st July 2023. We will show the best ones in care connected and your service could be a 'Come dance with NYC' winner.
- Please ensure you gain consent from a staff member before filming and you review your publicity consent forms for the individuals who use your services in regards to filming. Keep any videos to a 10-15 second length so they can be sent via e-mail.
- If you want to get some more exercise to music ideas, take a look at [Join the Movement | Sport England](#) there are some great exercise ideas and free classes to join including NHS sitting exercises.
- There's also more ideas on 'ways to move' on [Home - We Are Undefeatable](#).



Open Floor

- Updates
- Good news stories
- Questions
- Suggestion for Care Connected T/O



let's talk

CARE 
CONNECTED

Dates for Your Diary

- 31 May- Care Connected Takeover. Home Oxygen Service
- 01 June- 14 July North Yorkshire and York Care Provider Olympics
- 10 July- 16 July Come Dance with Care Provider Services (North Yorkshire Council)

Key Contacts

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

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

CYC website - <https://www.york.gov.uk/AdultSocialCare> – main York Council website

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

York Provider Bulletin is circulated to providers on a regular basis and when there is important information to share

Please direct all written communication to our shared mailbox: AllAgeCommissioning@york.gov.uk
. If you require further assistance please contact All Age Commissioning on Tel: 01904 55 4661

Key Contacts Adult Social Care

NHS Humber and North Yorkshire ICB: sam.varo@nhs.net

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

ICG: DSPT Support clairebunker@independentcaregroup.co.uk

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

Dreams Team - dreamsteam@eastriding.gov.uk

Skills for Care: Angela.Thompson@skillsforcare.org website:[Home - Skills for Care](#)

Training available

IPC [Home - Infection Prevention Control](#)

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

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](#)