

OFFER OF MULTIDISCIPLINARY SUPPORT TO INDEPENDENT CARE PROVIDERS

Across the North Yorkshire and York area, work to support the independent care sector in preventing and managing outbreaks of Covid-19 has helped consolidate and expedite collaboration between Health & Social Care colleagues to develop the offer of support to you, the people you support and staff.

As a result of learning from work during the pandemic and subsequent pilot of integrating the teams, Humber and North Yorkshire Health and Care Partnership (HNYHCP), previously known as the Vale of York and North Yorkshire CCGs) & North Yorkshire Council (NYC) are now working together to deliver an integrated approach to quality assurance and quality improvement.

The team is formed of the NYC Quality & Service Continuity Team and York Place Quality Nursing Team who are now known as the 'Quality Team' and work as an integrated service led by the Principal Nurse/ Head of Quality Improvement for NYC/ York Place Health and Care Partnership and the Head of Quality and Service Continuity at NYC.

The Quality Team has Quality Nurses, Project Assistants (Quality Improvement), Quality Improvement Officers, Quality Assurance Officers and Quality Support Officers working together, with a risk-based approach, to provide support and advice to providers across York & North Yorkshire (including Craven). By working as a single service, the team ensure that the most appropriate support is provided by the most appropriate staff for the job.

The offer detailed in this document is one available to all adult social care providers across North Yorkshire and York.

More detailed elements of the NYC specific offer from the integrated team to providers based within the NYC geography have not been expanded on here. Further details of how the local authority work with providers in terms of the approved providers list and quality pathway and service continuity can be provided by contacting HASQuality@northyorks.gov.uk.

This offer does not detract in any way from the proactive and innovative work that is already underway by providers. Colleagues across the independent care sector have and continue to work incredibly hard under great pressure to keep people and staff as safe as possible. It is hoped that by all partners working together providers will feel able to call on extra resource or expertise to help complement existing structures to look after people and staff.

Background

Purpose and values underpinning the requirements:

As Health & Social Care partners across Humber and North Yorkshire Health and Care Partnership (HNYHCP) & North Yorkshire Council (NYC) we know how vulnerable the people you support are and will aim to work collaboratively to:

- Support the delivery of high quality care
- Prevent harm
- Share best practice
- Provide opportunities to influence and collaborate on service and quality improvement.

What is the offer to our colleagues in the independent care sector?

The offer from the Quality Team to providers includes seven elements:

1. Training and Care Sector Engagement – sharing, learning and good practice
2. Leadership and Workforce support
3. Commissioning responsive supportive care
4. Digital Support
5. Effective Communication with and between providers
6. Joint working for system wide care and response
7. Recovery plans

Further detail is provided below:

Element one - Training and Care Sector Engagement – sharing, learning and good practice

- Weekly bulletins to share good practice and learning
- Care Connected, a fortnightly, virtual meeting for social care staff and partners, provides a forum to raise concerns or queries and for the Quality team to facilitate support in responding to these including for example ethical dilemmas, guidance queries and training as requested by the membership
- The Quality Team will co-ordinate an offer of training in areas and where able signpost, including, but not limited to:

- Infection Prevention Control

- Outbreak management; specific messages and guidance
 - Catheter care
 - Sepsis awareness
 - Falls prevention
 - React to Red
 - Nutrition and Hydration
 - Dementia training
 - Mouthcare
 - Safety huddles, how to run these effectively
 - Early identification of the deteriorating resident
 - Advance care planning with the support of primary care colleagues
 - End of life care with support from the Hospice teams
 - Deprivation of Liberty Safeguards and Mental Capacity Act guidance including standard documents to be used and a forum for asking questions
 - Safeguarding support, advice, and guidance
 - Moving and Handling
 - Defensible documentation
 - Risk assessment and care planning
 - Access to language and numeracy courses
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- Supportive calls will be made to providers who report challenges
 - Infection prevention and control expertise will be available from HNYHCP and NYC super trainers who will then train in these key skills.
 - The HNYHCP and partners will support the care sector with learning from incidents

Element 2 - Leadership and Workforce

- Support for Registered Managers via Registered Managers Network through Skills for care and Care Connected forum
- Support for the development of Social Care Nursing and Associate Nurse Practitioner networks and forums both locally and nationally
- Support the development of other workforce/ leadership offers such as mentoring/ coaching from partners
- The Quality Team recognise the enormous toll the challenges involved in the sector impact on care sector staff, there is sharing of support available for the health & wellbeing for social care workers including mental health and wellbeing through IAPT and bereavement services.
- Support to Registered Managers with professional advice and support as requested from the Quality Team
- 'Care for Others, Make a Difference' campaign for recruiting into the care

sector alongside the 'Bring Back Staff' to maximise use of NHS returners to nursing homes, student nurses and mutual aid from other commissioned services

- Supporting the development of undergraduate nursing courses and student placements in social care
- Establishment of educational resources and materials which will be made available to the care sector from the Quality Team and colleagues including organisations such as Skills for Care

Element 3 - Commissioning responsive, supportive care

- In line with the model of Enhanced care in Care Homes (EHCH) there will be the provision of registered nurse offer for daily support to each care home through community / acute providers. This is to ensure that people supported receive the best advice and care from community services such as wound care, continence, long term conditions and no-one 'slips through the net'
- Telemedicine is supported in a number of identified providers to support staff and residents in accessing clinical advice/ care/ referral
- There is support available from specialists to every care home and a 'directory' detailing that support updated and issued regularly by the Humber and North Yorkshire integrated care Board (HNY ICB)
 - St Leonard's Hospice have committed to supporting the provision of exemplary end of life care services in the care sector and are available for to consult with for support people in your care and bereavement support for staff. As mentioned above, the toll this takes on staff is recognised and to support staff there is provision of clear support for staff wellbeing and mental health e.g. IAPT for care home staff, bereavement support, clear documentation for supporting homes to make best interests decisions, dementia care, mental capacity advocates where required. St Catherines Hospice also provide education and support and can be contacted directly or through the Quality Team to access services
- There will be clear and effective discharge planning processes from hospital and follow up visits the day following discharge, from most appropriate health professional and you will be made aware of the pathway so that you can ensure you are comfortable with residents transitioning into your homes
- There is provision of IPC support from community infection prevention and control team and the Quality Team

- The principle of 'one care home one GP practice' is the cornerstone of the multidisciplinary support in health. The enhanced offer from primary care includes:

- A named clinical lead from the practice for each care home
- Weekly 'check ins' with each home. This needs to be multidisciplinary in nature drawing on expertise and support as required for the population needs and can be a virtual 'check in'
- Development of a process and establishment of personalised care plans including advance care plans
- Clinical pharmacy support including medication reviews

Element 4 - Digital Support

- The Quality Team support the use of technology in care homes for virtual GP consultations continuing post pandemic a different way in working for Health Care Practitioners, reducing visit times and increasing speed of assessment and consultation.
- The Capacity Tracker allows the HNYHCP and NYC organisations to identify capacity in the market and challenges facing providers, allowing support to be offered to those settings, as appropriate. This has been extended to organisations including the Hospice, Mental Health, Learning Disability, and community units.
- NHS Mail provides a secure means of communicating information including, where appropriate, sensitive, and confidential patient information to colleagues in the NHS. It also enables care sector colleagues to comply with the requirements of the Data Security Protection Toolkit. A significant number of care sector colleagues have transitioned to NHS Mail, and support is available if providers have not already done so.
- Further development of telehealth solutions for effective monitoring and response with the provision of Immedicare is now available in many care homes and the aspiration is to extend this offer further

Element 5 - Effective Communication with and between providers

- The Trusted Transfer documentation used by care homes continues to be supported for enabling communication on admission and to support discharge.

- Urgent messages and signposting to updated guidance are and will continue to be circulated as required by the Quality Team and partners, it is anticipated these processes may blend as the team and system evolves in response to providers needs
- The Quality team support the interface between secondary care and care providers for resolution of issues and sharing of best practice (through discharge standards group)

Element 6 - Joint working for system wide care and response

- Building a provision to support specialist nurses and care providers in the training and education provided to enable wider skill set i.e. insulin administration, end of life care
- Pathway to Outstanding supports providers to improve their current Good CQC rating to achieve outstanding.

Element 7 - Recovery plans

Supporting care providers with requests and queries

- The Quality Team will provide clarity to care providers as services are re-introduced and/or developed and enable people to access these, where possible, including referrals/planned care etc.
- Quality Team to actively support planning for the vaccination programmes and how this might be operationalised under, planning for future service delivery, models and payment mechanisms

Please help us to help you:

Providers are encouraged to share examples of good practice. The Quality Team want to learn and work with providers for local solutions that work.

Providers are encouraged to make use of the training available and escalate concerns as soon as possible so that the team can try to support you to resolve these.

Next Steps:

Some parts of this offer are under development as the team evolves. The team will continue to communicate out further information regarding the overall partnership offer to care providers to support continued efforts to deliver enhanced healthcare in care homes and across the care sector for our most vulnerable people.

For further information and to see how the Quality Team can help your service please contact sarah.fiori@nhs.net
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