

Welcome

Older Persons Residential and Nursing Forum

18th October 2023

This Session will begin shortly

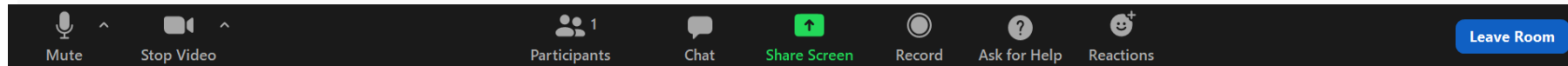


House Keeping

- If you are in the wrong break out room, please click leave and select Leave Breakout room and you will be taking back to main event to be reassigned
- Microphones off unless asked to speak or speaking
- For questions, please add these to the chat box, we will come to these at the end, you may be asked to elaborate over the microphone

In-Meeting Controls

The attendee controls appear at the bottom of your screen. To access the meeting controls, just move your mouse in the Zoom window.



Attendees have access to these features:

Mute or Unmute:



To mute or unmute your microphone, click the ^ arrow next to the picture of the microphone.

Please keep your microphone on mute during the presentation

Start Video or Stop Video:



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Please keep your video off during the presentation.



Agenda

Item
Action Planning
Co-Production
Updates- Dementia Strategy – Feedback Digital Literacy Care Home Directory and Support Services
Networking



Action Planning

Bryony Morris
Head of Provider Monitoring and Assurance

Rene Rogers
Business Development Coaching Manager



Contents

- Introduction
- PAMMs Action Plans
- Hints and Tips
- Service Action/Improvement Plans
- Questions

Introduction

- Recognise that Providers often have a number of different action plan requirements
- Good action plans are essential for continuous service improvement and are reflective of effective governance and quality assurance practice
- Action Plans in PAMMs are an integral part of the monitoring process
- An effective action plan should demonstrate lessons learnt as well as how the service will ensure any change in practice has been embedded

Action Plans in PAMMs

Action plans are a contractual requirement:

Following a PAMMS assessment where a Provider is rated 'requires improvement', the Provider shall prepare a plan (an "Action Plan") using the PAMMS Provider Portal, and in accordance with 39.3.2, setting out the steps which the Provider shall take to ensure that each area identified within the PAMMS report as either requires improvement and / or poor ("Performance Default") is remedied, and does not occur again. The Provider shall set out the reasonable timescale within which the Action Plan shall be implemented identifying who shall be responsible for each of the action(s). The Provider shall prepare and submit the Action Plan via the PAMMS Portal to the Council within ten (10) Working Days of the report being published on the Provider's Portal, or such other time limit as specified by the Council

Action Plans in PAMMS

Logged in as haroldpottter191@gmail.com (Provider) [Log Out](#)

PAMMS
Provider Assessment and
Market Management Solution

Training

ADASS East Supported Living Services for Wizzy Care

[← Back to Results](#)

[Summary](#) [Full Report](#) [Areas For Improvement](#)

Care Worker Knowledge & Understanding

The list below contains questions which were scored as 'requires improvement' or 'poor' during the assessment and will form the basis of the action plan which will address these points.

C06	Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.	Poor ★☆☆☆☆
C08	Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.	Poor ★☆☆☆☆
C13	Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.	Poor ★☆☆☆☆

[Create Draft Action Plan](#)

Action Plans in PAMMs

Click **New Action** to add an action to the Plan and complete the information.

1. **Description** – describe the action which is going to be taken and how it is going to be implemented.
2. **Questions** – tick all questions which are addressed by this action (more than one can be selected).
3. **Assignee** – enter the names of the people responsible for managing the implementation of the plan (more than one can be added).
4. **Planned Completion Date** – select the target date the Action should be completed by. Different Actions can have different Completion Dates.

Select **Add Action**

Select **Submit Draft Action Plan** when the plan is complete.

Once the Monitoring Officer has received your Draft Action Plan, they will review it. They will contact you if they need to discuss it further with you.

Action Plans in PAMMs

Once your Action Plan is approved:

- You can return to your Action Plan at any time to add information via the **Comments** icon
- The comment will automatically populate against all areas the Action has been linked with
- You can upload evidence via the **Attachment** icon – please be mindful of GDPR!
- When an action is complete tick **‘completed by provider’**
- Once approved your Monitoring Officer will mark the action as **Approved by Assessor**
- Once the Action Plan has been completed click **Submit Action Plan.** If your Monitoring Officer is satisfied with it then a note will appear on your assessment explaining that Actions have been taken to address areas non-compliance which are now complete

Hints and Tips

Consider a SMART approach:

Specific

Measurable

Achievable

Realistic

Timely

- Ensure Actions address wider service improvements, not just the specific area identified!
- Ensure effective communication with your monitoring officer around expectations and if there is any delay expected
- Consider RAG rating your actions

Service Improvement plans



How can I add value to the formation of my Service improvement plan/ action plan?

- Governance and quality assurance system reviews
 - Organisation chart – roles and responsibilities
 - Supervision | spot checks | observation | appraisal trackers
 - Quality assurance tracker – incorporating compliments | complaints | grumbles | safeguarding
 - Templates utilisation | evidencing compliance in daily notes | ensuring competency checking
 - Audits – tool for continuous improvement activity
 - Feedback – internal surveys | IFS | 6C's Culture Check
 - Recruitment & Retention – induction process | international recruits
 - Link SIP in with PIR

Service Improvement plans



Supervision, Appraisal, Spot Check and Observation Matrix															
								Supervision	Staff Briefing						
Name of Organisation	Parttime/ Bank	Key: Did not occur						Completed	Completed	Need to action/ follow up (Note any outcomes to link into relevant staff meetings or refresher training)					
Staff Name	Session Category	January	February	March	April	May	June	July	August	September	October	November	December	Additional Comments / Actions	
Name	Supervision	01/01/2023					02/06/2023	02/07/23			Need to book		Need to book	i.e. 01/01/23: Issue raised that manual handling was not done correctly and the supervision form needs to be signed by staff member	
	Appraisal			01/03/2023										01/03/23: Would like to be Medication Lead	
	Spot Check/ Observation				01/04/2023		01/05/2023			01/05/2023		Need to book			
Name	Supervision														
	Appraisal														
	Spot Check/ Observation														
Name	Supervision	Not working	Not working												
	Appraisal	Not working	Not working												
	Spot Check/ Observation	Not working	Not working												
Name	Supervision	Not working	Not working												
	Appraisal	Not working	Not working												
	Spot Check/ Observation	Not working	Not working												

Service Improvement plans

ACTION NO	Date entered on Plan	Source: CQC/ PAMMs/ HCPA	KLOE Standard / Pamms Ref No	Category	Priority Red - High Amber - Medium Green - Low	ISSUE/S HIGHLIGHTED IN LAST CQC/ HCC INSPECTION REPORT (it would be a good idea to link it in with the relevant KLOE/ PAMM's Code)	ACTIONS & PROGRESS UPDATES Describe clearly, corrective action To be Taken / Taken	ACTION OWNER	LEAD RESOURCE/S To implement change/s
#		i.e. Safe (tbc)	i.e. S1.1		RAG	Reviewing and agreeing priority areas from CQC/HCC/CCG/HCPA action plans	Please use this column to also provide any updates (these should be dated i.e. 01/01/22: Newsletter to include Visiting Protocol)	Name/s	Name/s
1	dd/mm/yy	PAMM's		Care & Support Planning		MCA, training is needed and should have 95% compliance . A plan is needed to sustain ongoing training			
2		PAMM's		Training		Training Matrix is not currently fit for purpose (not user friendly, difficult to pull out key information for governance purposes)			
3		CQC		Recording and Reporting		Insight Mandatory training is not at a satisfactory level			
4		CQC		IPC					
5				Safeguarding					
6				Medication Management					

Service Improvement plans

PROGRESS RAG KEY: Enter Due Date & % Complete		QUALITY OF EVIDENCE RAG KEY:					
Not Started/Overdue		Poor Evidence					
In Progress		Adequate Evidence					
Complete		Good Evidence					
START DATE	TARGET COMPLETION DATE	Where can documents evidencing the action taken be found	Has lessons learnt been conducted? (Document dates and key learning)	Who is aware of this & How were they made aware? (i.e. via newsletter/ documented in 09/09/23 team meeting minutes)	What was the Outcome	Additional Comments Note how people who use the service/s will be affected by you not taking the corrective action	
	dd/mm/yy 55%						
	dd/mm/yy 0%	Training Matrix, Trainers notes and competency tests, as part of spot checks and supervisions. Information to be made available on website and in the service users folder as well as via newsletters.					

Any Questions?

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Creating a cleaner, greener,
healthier Hertfordshire





Co-production in Hertfordshire



Co-production

Co-production is an approach where we bring people together to have their say on local services and influence how they may be delivered in the future.

This includes people who have used our services (known as 'experts by experience'), carers, voluntary sector organisations and our own staff.

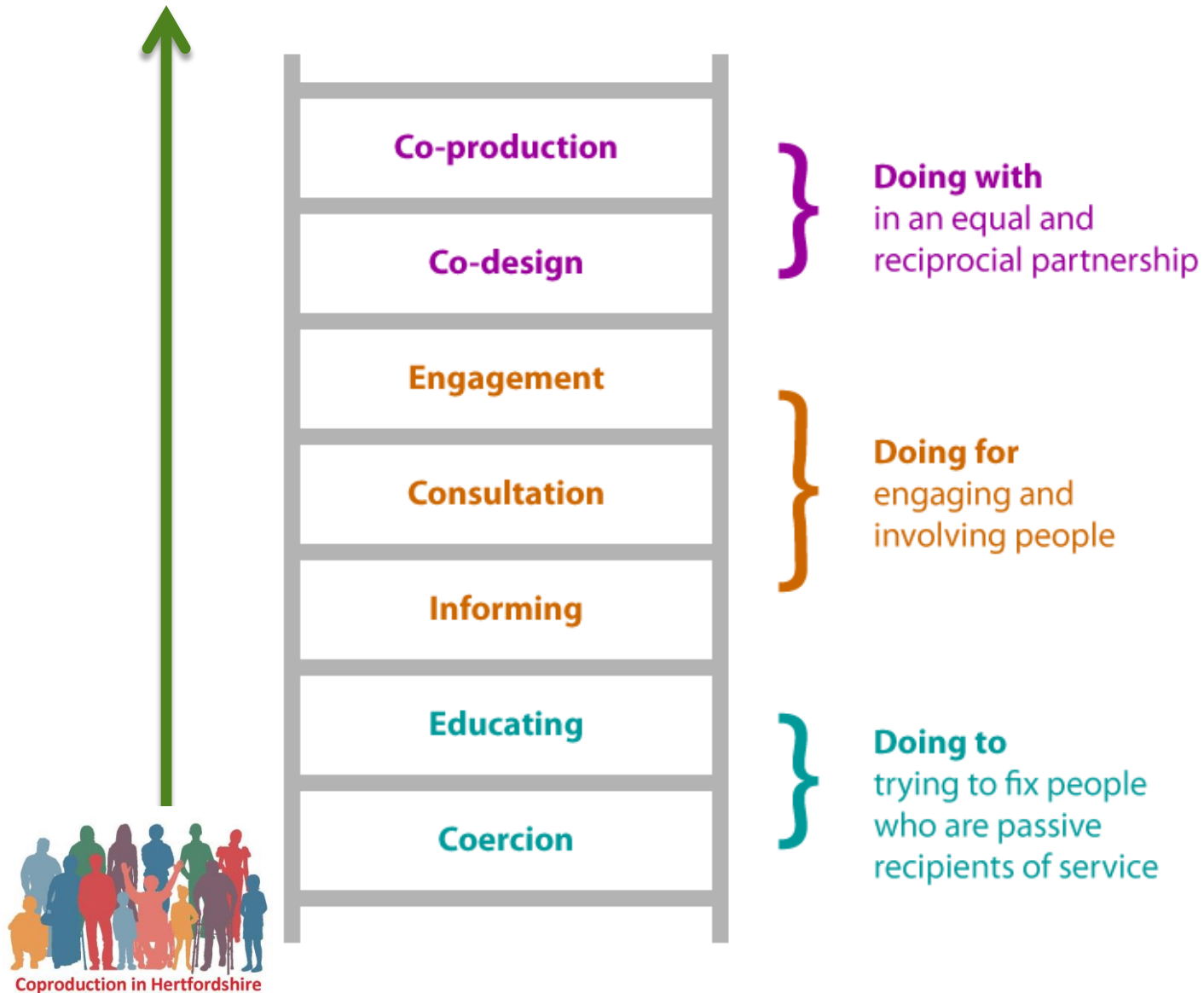
By doing this we are creating equal partnerships between people who use services, their carers and professionals.



Co-production



Ladder of co-production



The Basic Principles



➤ Equality

Everyone is equal and everyone has assets

➤ Diversity

We must be proactive about including people

➤ Accessibility

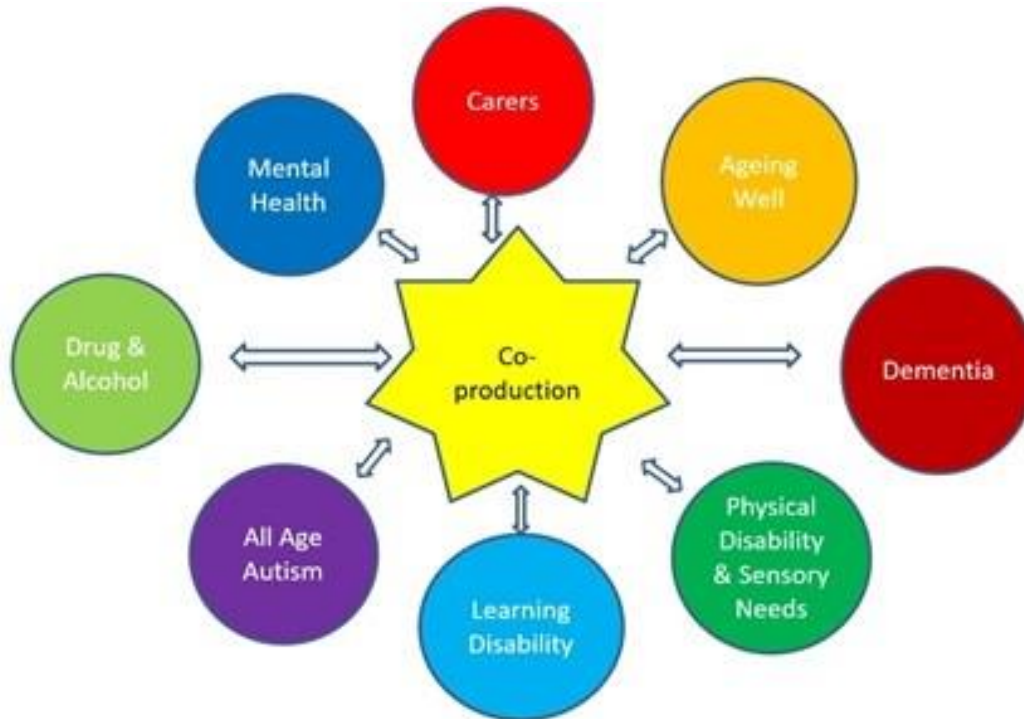
Everyone must have the same opportunity to take part fully

➤ Reciprocity

People need to receive something back and to have shared expectations



Hertfordshire Model



- 5 Statutory staff
- 5 Experts by Experience
- 5 Voluntary Sector Representatives
- Co-chairs
- Meet quarterly
- Terms of Reference
- Hertfordshire Standards
- Task and Finish group (ad-hoc or board roles)



Why Co-produce?

- How would you know what people need from services if you don't work with them
- Whole system approach – people use and receive support from across the system so we need to work together to make change
- Learn and develop your skills set
- Make new connections and build better relationships within the community
- Learn new ways of working to keep up with the ever changing demand and needs of the services



What is in it for an Expert by Experience?

Training and self development opportunities

Their experiences will influence service design, improving services for the future

Meet new people

User Involvement fees/expenses

CV and references



Co-production Team

Co-production Boards – administrative support to boards

Community Outreach - Awareness of co-production to the public to ensure diversity across the boards and co-production projects

Project support – Promotion of co-production to staff to improve the use of co-production throughout the commissioning process/cycle, strategies and all other projects

Delivery of Co-production Training

Monthly Virtual Coffee Mornings



How to deliver co-production

Diversity and Equality are important to make sure that different experiences and views are being represented in a co-production exercise

- Face to face, Online, Phone calls, Surveys, Accessible Information
- Board roles, Workshops, Focus Groups, Task and Finish groups (there are long term and ad-hoc roles available)
- Community Outreach and Drop In sessions (promote diversity and inclusion)

Training and support are available via the Co-production Team

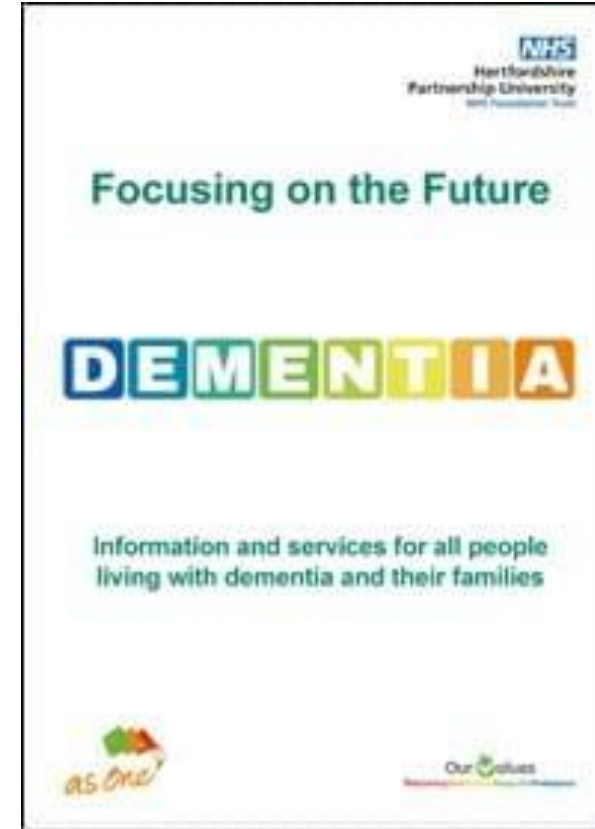


Examples of co-production

Hertfordshire
Dementia Strategy
2023 -2028

Hertfordshire All Age
Autism Strategy

Hertfordshire Direct
Payment Support
Service



Co-Production for Care Home Residents

How can we link residents within care homes so they feel part of the Co-Production process?



Co-production Contact Details

Website:

[Co-production in Hertfordshire | Hertfordshire County Council](https://www.hertfordshire.gov.uk/coproductio)

Email:

coproduction@hertfordshire.gov.uk

Telephone:

01438 843708



Michelle Airey

Head of Education and Quality Improvement

Last Chance to Complete International Recruitment Training Needs Survey



**INTERNATIONAL
RECRUITMENT
EAST**

Have your say and tell us more about what you think are the training needs for care workers from overseas. We want to know what employers think and staff working in the sector.

The information collected from the survey will be used by the partners working on this project to understand training and support needs of workers from overseas. In this way we can develop future training for people from overseas who come to work in adult social care, in order to ensure that people are supported even more effectively.

[Click here to complete](#)

Hertfordshire Dementia Strategy

2023-2028



Our vision is of a county where people affected by dementia have access to timely, skilled, and well-coordinated support from diagnosis to end of life, which helps achieve the outcomes that matter to them.



Our priorities

The following key themes were identified through our work with people affected by dementia, our voluntary sector partners, health and care professionals and providers.

These form the priorities for our Strategy and delivery plans:

- 1) Promoting Health and Wellbeing.
- 2) Enabling Equitable and Timely Access to Diagnosis.
- 3) Ensuring People with Dementia have Equitable Access to Appropriate Health and Care Services.
- 4) Supporting People Affected by Young Onset Dementia.
- 5) Supporting Carers of People with Dementia.
- 6) Preventing and Responding to Crisis.
- 7) Developing Dementia-Friendly Communities

[Click here for full strategy details](#)

Feedback from Dementia Survey

- 50% of respondents not aware of strategy
- 77% of respondents feel confident in using support services
- Identified a gap in awareness of different services available and how to link with local groups and day opportunities
- Need greater support for crisis and behaviour support
- Different expectations for crisis response and challenges with timeframes
- Different approaches and understanding of behaviour support
- 80% of respondents have received good dementia training but need further more detailed education needed for all staff
- Lots of useful resources identified across providers to be shared
- TNA- EOL, Medication and identifying signs of distress, deterioration associated with dementia key education areas
- Number of examples identified where provider is no longer able to meet the behaviour needs of the individual

[Click here](#) *to complete in full if you haven't already*

Chat Discussion

What challenges do you face that mean you are not able to accept a new or returning residents from hospital?

What is best practice for 1:1 care and what challenges do you face with this?

What support would you like to see?

Care Home Support Service Directory

[View all services](#) [Filter By](#) [Search](#)

Type of Service

[Admission Avoidance](#) [Community Trust Specialist Teams](#) [Emergency/ General](#) [End of Life Support](#) [Enhanced Care Home Support](#) [Equipment](#) [Learning Disability Support](#) [Mental Health](#) [Sensory](#)

Location

Town/Village/City

NHS Locality

[Dacorum](#) [Hertsmere](#) [Lower Lea Valley](#) [North Herts](#) [St Albans](#) [Stevenage](#) [Stort Valley and Villages](#) [Upper Lea Valley](#) [Watford and Three Rivers](#) [Welwyn and Hatfield](#)

Area of Hertfordshire

[East and North](#) [South and West](#)

Availability

Service Hours

[06:30-23:00](#) [08:00-18:00](#) [08:00-20:00](#) [08:00-22:00](#) [09:00-17:00](#)

Service Days

[7 days a week](#) [Monday - Friday](#)

- Please note some areas around Royston fall under Cambridge and Peterborough for health related support.

[Find services](#)

[Service Webinar 6th November- Click here to book](#)

Digital Skills and Recording

HCPA are exploring what support is needed for staff and management to support digital skills and subsequently recording in digital care plans.

Short TNA to be released beginning of November

What support do you staff need around Digital Skills?

What do you need to support our staff?

Upcoming Events

Primary and Social Care Apprenticeship event- Focus on

Nursing Roles 2nd November

Service Webinar 6th November- Click here to book

Fire Study Day – Residential Settings 8th November

HCPA network event 15th November

Coming- Winter Preparation and Safe Isolation

ICB Webinars

Webinar	Date	Time	Link
Urinary Tract Infections	18/10/2023	10:00	Register here
High Risk Medicines	23/10/2023	11:00	Register here
Urinary Catheter Care	25/10/2023	10:00	Register here
Administering Medication	30/10/2023	11:00	Register here
Inhalers and Spacers	06/11/2023	11:00	Register here
Chest Infection	08/11/2023	10:00	Register here
Self-care and Over the Counter Products	13/11/2023	11:00	Register here
When Required Medicines (PRN)	20/11/2023	11:00	Register here
Basic Health Observation with clinical frailty scoring	22/11/2023	10:00	Register here
Reducing Harm from Omitted and Delayed Medicines	27/11/2023	11:00	Register here
Self-administration of Medicines	04/12/2023	11:00	Register here
Hydration Prevention is better than cure!	06/12/2023	10:00	Register here
Medication Waste Reduction in Care Homes	11/12/2023	11:00	Register here
Constipation	13/12/2023	10:00	Register here

Breakout Room Discussion

What do you want out of future forums?

What challenges are you facing and what support would you like to see?

Sharing any good practice?

Feedback

Webinar evaluation form





Hertfordshire and
West Essex Integrated
Care Partnership

HWE ICS Integrated Care Strategy Delivery Plan Overview



**Working together
for a healthier future**

Hertfordshire and West Essex Integrated Care Strategy Summary

Vision

A healthy Hertfordshire and west Essex, enabling everyone to live their best lives, with the greatest possible independence

Principles

Integration of health, care and wellbeing services

Priority towards prevention and early intervention

Targeted work to reduce health inequalities

Involving our residents and our staff

Strategic Priorities

Give every child the best start in life

Support our communities and places to be healthy and sustainable

Support our residents to maintain healthy lifestyles

Enable our residents to age well and support people living with dementia

Improve support to people living with life-long conditions, long term health conditions, physical disabilities, and their families

Improve our residents' mental health and outcomes for those with learning disabilities and Autism

Enablers

Our Workforce

Delivery at the right place

Data and Insight

Research and Innovation

Collaborative and joint commissioning

Digital and Technology

High level delivery plan – principles

- Be proportionate
- Not create additional reporting routes
- Not create new governance if not necessary
- Plan for the long term – this is a ten year strategy
- Think prevention and wider determinants
- Consider extending involvement to other groups and sectors
- Think public engagement and co-production
- Think integration and innovation



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High level delivery plan – what are we aiming to achieve

Capture what we are planning to deliver so that:

Residents

- can see the plans we have for improving population health
- can see how well we are doing against the plans we set for ourselves
- know how they will be involved in shaping and delivering plans

System partners

- are clear on plans and the role they are expected individually and collectively to play
- can support each other to deliver actions set out in the plans
- can hold each other to account if progress is falling behind
- are able to amplify key areas of work that no single agency can deliver on their own

Transparency, accountability, impact



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ICP Year 1 areas of focus

A good start for children and families



Every child has the best start in life (*ICS Priority 1*)

Supporting our communities through wayfinding and sharing intelligence



Support our residents and communities to be healthy and sustainable (*ICS Priority 2*)

Ageing well and assistive technology



Support our residents to maintain healthy lifestyles (*ICP Priority 3*)

Enable our residents to age well and support people with dementia (*ICP Priority 4*)

Improve support to people living with life-long conditions, long term health conditions, physical disabilities and their families (*ICS Priority 5*)

Improving outcomes for mental health and learning disabilities through employment



Improve our residents' mental health and outcomes for those with learning disabilities and autism (*ICP Priority 6*)



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ICS Strategic Priority 3 – Support our residents to maintain healthy lifestyles

We want to take an all-age approach to improving healthy behaviours, to provide opportunities for Hertfordshire and West Essex residents to live healthy and fulfilling lives, reducing the risk of illness in later life. Aligning to our Health and Wellbeing strategies we will seek to achieve to the following outcomes:

1. Help Hertfordshire and West Essex residents access health and wellbeing information.
2. Provide Hertfordshire and West Essex residents with access to early health and wellbeing support services to support behaviour change (e.g. weight management services, physical activity opportunities, smoking cessation and drug and alcohol services).
3. Work in partnership with our communities and local health and wellbeing services (including primary care, secondary care, healthy hubs) to support them to help our Hertfordshire and West Essex residents be healthy.



How will we do this?

- Build upon existing specific strategies and delivery plans, for example, Active Essex 'Find your Active', Herts Sports Partnerships, Essex Drug and Alcohol Partnership, Essex Tobacco Control strategy, Hertfordshire Tobacco Control strategy
- Tackling inequalities – proportionate universalism
- Joining up work led by ECC & HCC Public Health teams alongside our ICP partners and communities
- ICS Prevention Strategic group will oversee the implementation of this delivery plan but will predominately be seeking assurance from the relevant governance group responsible for the workplans
- **Year 1 focus**
 - Aligning Weight management pathways (West Essex) / integrating Tier 2 & 3 weight management services & aligning weight management services (Hertfordshire), including reviewing medication pathways.
 - Integrating health and wellbeing services and developing a single point of access for Hertfordshire (Hertfordshire), using learning from West Essex model.
 - Reviewing alcohol early help offer across the ICS and pathways into treatment (West Essex / Hertfordshire)
 - Reviewing the Strategic approach to health checks offer to align with system priorities (West Essex / Hertfordshire). Priority 4 keen to develop this to support ageing well.



ICS Strategic Priority 4: Enable our residents to age well and support people living with dementia

Strategic leads meet on regular basis.

Big ticket items:

- Health Checks - planning a meeting to discuss how the checks are currently delivered; accessibility (explore Making Every Contact Count), health inequality, signposting to information & advice, expansion to Mild Cognitive Impairment etc. (Links with Priority 3);
- Age friendly communities (need to explore if this is age friendly or friendly/compassionate communities)
- Sharing best practice; for example ward led enablement (deconditioning) – lead Helen Maneuf & Magdalena Piwowarczyk
- Assisted technology - scoping meeting held with partners to build a picture of current future offer. To engage more formally with community providers. Planning to meet again in 4 weeks



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ICS Strategic Priority 5: Improve support to those living with life-long conditions, long-term health conditions, physical disabilities, and their families

We want to support people living with lifelong conditions, long term health conditions, physical disabilities and their families, assisting them to take more control of their health and live a good quality of life. We will seek to achieve the following outcomes:

1. Work more effectively as a system to develop and provide joined up integrated health and care services and facilities to support those living with long-term or life-long conditions or physical disability (Herts & West Essex)
2. Ensure robust and seamless transition pathways into adulthood that promote choice and independence (Herts & West Essex)
3. Support and empower people with long-term health conditions, physical disabilities, and their carers, to live healthily and independently, with better control over the care they receive (Herts & West Essex)
4. Support engagement in person-centred care through a range of activities including identifying and supporting champions to be local change agents (Herts & West Essex)
5. Support our residents with physical disabilities, including neurological conditions, to improve their physical health and access preventative health services (Herts & West Essex)



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Care Partnership



ICP Year 1 areas of focus

&

Integrated Care Strategy strategic priorities

Improving outcomes for mental health and learning disabilities through employment



Improve our residents' mental health and outcomes for those with learning disabilities and autism (**ICP Priority 6**)

- Develop a programme of work to influence and assist ICP members as employers to make progress against this priority
- Develop a co-produced inclusive employment offer with HR and other specialist teams from across the ICP focussing on two key elements:

Standards: which models/frameworks do we currently apply (Disability Confident Employers/IPS Model/British Association for Supported Employment) and what opportunities might there be to align behind a one or more models

Infrastructure: what infrastructure would need to be put in place to deliver this ambition across partner organisations e.g. data, communications, training HR. What opportunities might there be to share resource and expertise?

- New co-ordinating group established building on existing infrastructure and governance for employability and skills – programme management support available through the Hertfordshire Mental Health, Learning Disabilities and Autism Health and Care Partnership and the ICP secretariat in HCC
- Report to the Hertfordshire and West Essex ICP on 26 September 2023



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ICS Strategic Priority 6 – Improve our residents’ mental health and outcomes for those with learning disabilities and autism

- Ensure there are clear pathways and timely access to psychological therapies for children, young people and adults who require this support
- Improve integrated pathways to access housing, education, employment, and skills, particularly for people with learning disabilities and autism, physical disabilities and severe mental illness, embedding support within models of care.
- Work more effectively as a system to improve outcomes for our population with a mental health diagnosis or learning disabilities or autism by ensuring that reasonable adjustments are integrated in all pathways through implementing the NHS Accessible Standards
- Develop and deliver an integrated neurodiversity service for children and young people
- Reduce suicide through a focus on system support of suicide prevention and having addressed the seven national priorities as set out Suicide Prevention: policy and practice
- Work with local employers and partners to ensure they develop suitable opportunities and roles for people with LD and SMI to access and maintain employment and to develop new skills and help employers feel able and confident to be making the reasonable adjustment required to help them to prosper in work.



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Next Steps

1. Assess the delivery plan to check for the big areas, clarity of leadership and how will be taken forward, and flag up any issues/risks, including resource issue and produce a summary - plan on a page for each priority area for year 1
2. Refine indicators and draft an outcomes framework for the integrated care strategy delivery plan
3. Work underway to refine deliverables in priorities 5 and 6



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