

Multi Provider Forum 20th July 2017



Welcome

- Housekeeping
- Caroline Taylor , Director of Adult Services, Torbay Council and Cllr Parrott Executive Lead for Adults and Children



TIME	AGENDA ITEM		
12:00	ARRIVAL AND NETWORKING OPPORTUNITY		
12.15	<p>WELCOME</p> <p>Caroline Taylor Director of Adults Services and Cllr Parrott Executive Lead for Adults and Children</p>		
12.25	<p>CQC UPDATE</p> <p>Teresa Anderson, Inspection Manager (South Devon and Torbay) Care Quality Commission (South West Hub 1), Adult Social Care Directorate</p>		
12.40	<p>WORKFORCE DEVELOPMENT UPDATE</p> <p>Skills for Care Rosalita Mainwaring, Area Officer, South West, Skills for Care</p>		
12.50	<p>PROUD TO CARE SOUTH WEST</p> <p>John Bryant, Head of Integration and Development, Joint Commissioning Team, Torbay Council</p>		
13.00	<p>DEMENTIA DIAGNOSIS</p> <p>Vikki Cochran, Commissioning Manager, Community Services and Mental Health NHS, South Devon and Torbay CCG</p>		
13.20	<p>EXPLORING NEW WAYS OF CARING..... ENABLED BY TECHNOLOGY</p> <p>Business Development and Commercial Innovation, Torbay and South Devon NHS Foundation Trust</p>		
14.20 to 14.30	<p>BREAK - TEA AND COFFEE AVAILABLE</p> <p>Please see Skills for Care and Health and Care information tables</p>		
TIME	AGENDA A IN THE MADISON ROOM CHAIR Judy Grant with Justin Wiggin	TIME	AGENDA B CARE HOMES IN THE RIVIERA LOUNGE CHAIR Fran Mason with Chris Lethbridge
14.30 to 16.30	<p>SUPPORTED LIVING SERVICE SPECIFICATION ENGAGEMENT - WORKSHOP 2</p> <p>Justin Wiggin Torbay Council and Jill Yersin Specialist Accommodation Lead (Torbay) Torbay and South Devon NHS Foundation Trust</p>	14.30 to 15.00	<p>PROPOSED NEW DEVON COUNTY COUNCIL, TORBAY COUNCIL, TORBAY AND SOUTH DEVON NHS TRUST, SOUTH DEVON AND TORBAY CCG AND NEW DEVON CCG FRAMEWORK RECOMMISSIONING – CARE HOMES</p> <p>Fran Mason Head of Partnerships, People & Housing, Torbay Council and Andy Goodchild, Project Manager DCC Lead Commissioner Care Homes recommissioning, Framework Contract Adult Commissioning and Health, Devon County Council</p>
16.30 to 17.00	<p>INFECTION CONTROL IN HOMECARE</p> <p>Dr Selina Hoque Director of infection prevention and Control Lyn Kelly, Lead Nurse Infection Prevention and Control, Infection Control Department T&SD NHS FT and Julia Chisnell, Specialty Registrar in Public Health, Torbay Council</p>	15.00 to 16.00	<p>DEMENTIA DIAGNOSIS IN CARE HOMES - WORKSHOP</p> <p>Vikki Cochran, Commissioning Manager, Community Services and Mental Health NHS, South Devon and Torbay CCG and Sharon O'Reilly General Manager, Older People Mental Health Services Torbay and South Devon NHS Foundation Trust (TSDFT) and Devon Partnership Trust for Torbay, South and West Devon</p>
		16.00 to 17.00	<p>DOLS</p> <p>Nicky Griffin, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Lead Practitioner and the QAIT TEAM Torbay and South Devon NHS Foundation Trust</p>
17.00	CLOSE - NETWORKING		

12.25

PROUD TO CARE SOUTH WEST

John Bryant, Head of Integration and
Development, Joint Commissioning Team,
Torbay Council



Proud to Care

SOUTH WEST

Collaboration of 16 Local Authorities and Health Education England



Proud to Care
SOUTH WEST

Drivers for Proud to Care SW

- Care Act responsibility to ensure quality and sufficiency of external markets.
- Need to promote a positive image of the sector and to attract different labour market groups.
- Need to develop skills and career pathways in care and health.



Proud to Care
SOUTH WEST

Purpose of Proud to Care SW

- To raise the profile and esteem in which care and care giving is held.
- To recognise the value and commitment of carers and care workers.
- To encourage people to think positively about care, those caring and whether it may be something they may wish to do in some way.

Key Outcomes

- Retain and attract people
 - to join, stay and develop their career within health and social care
- Raise awareness of the value of care
 - within the population to benefit care workers, carers and volunteers, as part of our developed society
- Impact three domains:
 - Paid Care
 - Unpaid Care
 - Community Awareness (Citizen Appreciation)

Proud to Care
SOUTH WEST

Focus for Year 1 of Proud to Care SW

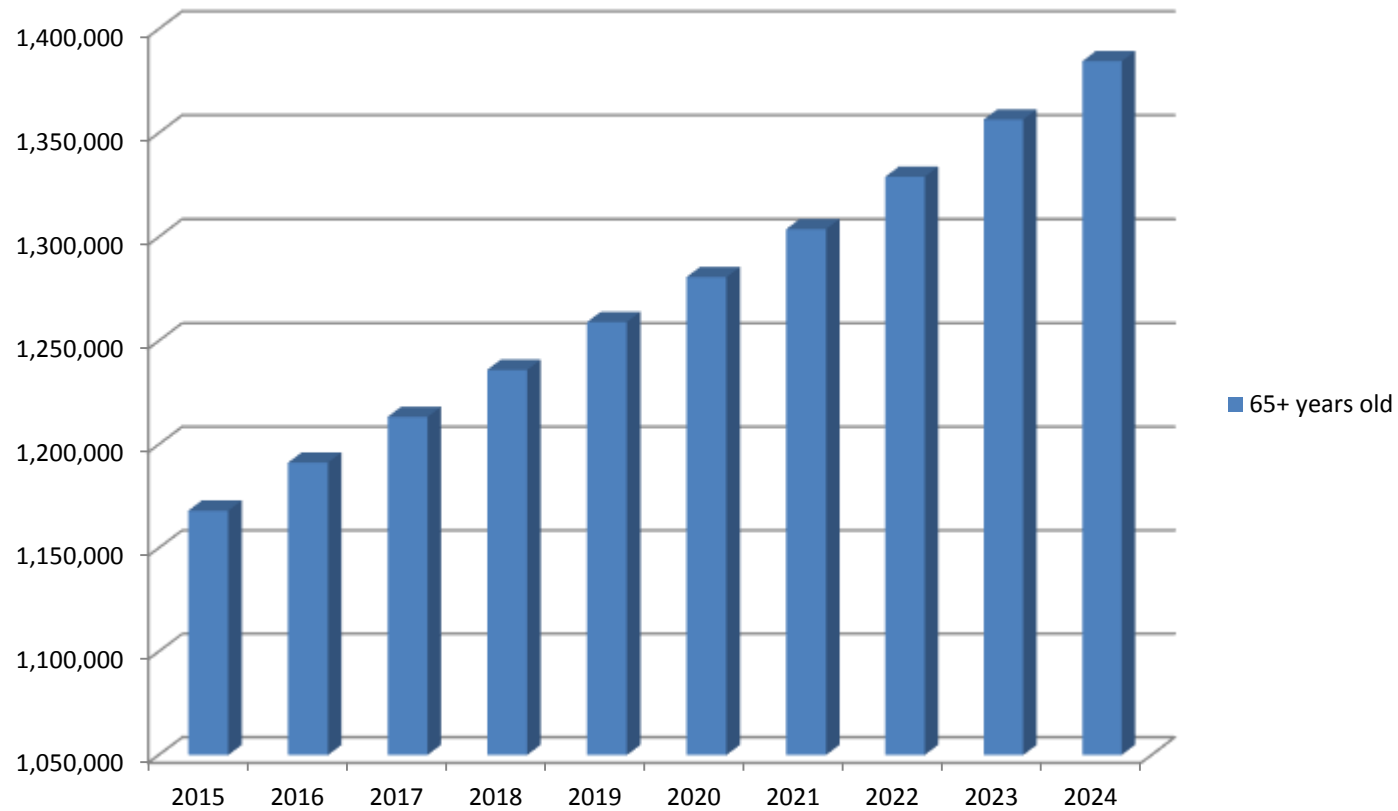
Improve the recruitment and retention to adult private, voluntary and independent social care roles in the partnership geographic area.

The focus will be on the recruitment of care and support workers, and other key adult social care staff in community-based personal care, care homes, learning disability and mental health.

65 years+ population projections

A problem?

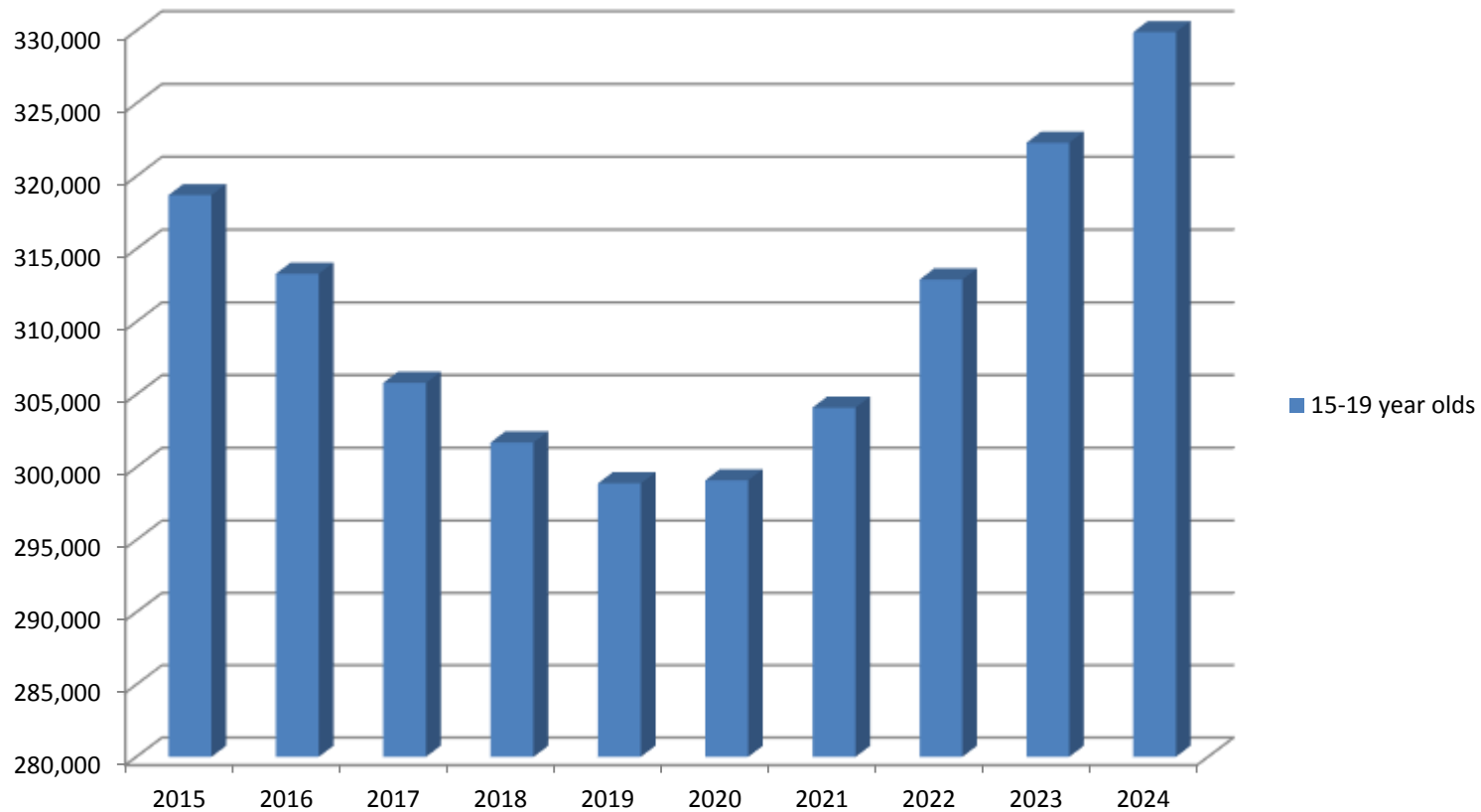
ONS 2014-based Subnational Population Projections, South West



Proud to Care
SOUTH WEST

15–19 year old population projections

ONS 2014-based Subnational Population Projections,
South West

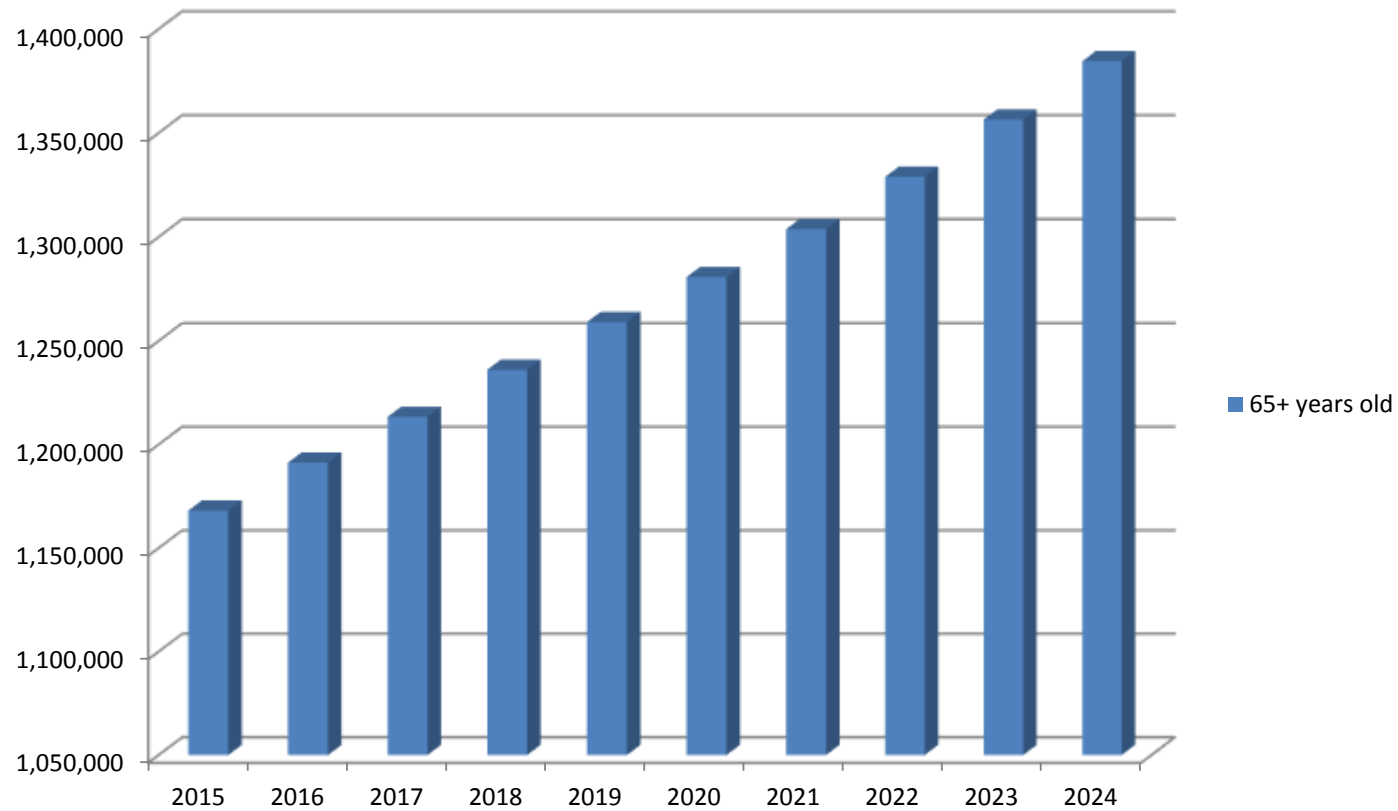


Proud to Care
SOUTH WEST

65 years+ population projections

A solution?

ONS 2014-based Subnational Population Projections, South West



Proud to Care
SOUTH WEST

Logo & branding for Proud to Care SW

33

April 2017

Proud to Care South West

New brand identity

Proud to Care South West

Logo variation three

Logotype
Colour Palette
Typography



Primary colours

	L BLUE CMYK 75 24 0 0 RGB 23 153 214 HEX 1799D6 PANTONE 2925		YELLOW CMYK 79 55 8 0 RGB 69 109 171 HEX 456DAB PANTONE 7683		L BLUE CMYK 72 129 0 RGB 30 180 189 HEX 1EB48D PANTONE 7710		D BLUE CMYK 77 24 19 3 RGB 33 148 184 HEX 2194B8 PANTONE 7489		D PURPLE CMYK 75 100 0 0 RGB 102 36 101 HEX 662483 PANTONE 2603		PURPLE CMYK 50 100 0 0 RGB 149 27 129 HEX 951B81 PANTONE 248		GREEN CMYK 48 186 0 RGB 154 195 71 HEX 9AC347 PANTONE 367		YELLOW CMYK 5 8 86 0 RGB 250 222 47 HEX FADE2F PANTONE 307		ORANGE CMYK 0 35 85 0 RGB 249 178 51 HEX F9B233 PANTONE 143		D ORANGE CMYK 0 50 100 0 RGB 243 146 0 HEX F39200 PANTONE 144
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Typography - Manus

The quick brown fox jumps over a lazy dog.

Proud to Care
SOUTH WEST

Case studies for Proud to Care SW



Proud to Care
SOUTH WEST

Campaign from July – Dec 17

- Facebook and YouTube
- Google Search Advertising
- Press advertorial and editorial
- Fish4Jobs
- SoundCloud podcasts and audio ads
- Sky TV advertising (*only pay if 75% of advert is watched*)
- Promoting holiday & seasonal work

Proud to Care
SOUTH WEST

Proud to Care Ambassadors



Proud to Care Ambassadors promote careers in social care and health at careers events in schools, colleges, universities & job centres. They are part of Skills for Care's *I Care ... Ambassador* scheme.

Proud to Care
SOUTH WEST

Where can I ...?

- **Access the information**
 - is www.proudtocaresw.org.uk
- **Put up any roles & job opportunities we have...**
 - www.dct.org.uk
- **Get instructions for uploading jobs**
<https://www.dct.org.uk/jobs/job-vacancies-form.ashx>

Measures of Success

- Analytical Data
 - e.g. hits to web pages, will be evaluated both locally and regionally.
- Formal evaluation – Qualitative and Quantitative
 - commissioned to evaluate the success of increasing awareness, capacity and promoting a positive attitude towards care and those caring.
- National Minimum Data Set
 - Longer-term improvements to completion of social care data and in figures on turnover and vacancy rates

Making it happen...again

1. Best Benefit

- How can you make the most of this?

2. Communicate the communication

- What's the best way to tell staff and families about it

3. It does *What?*

- How can know how much difference it's making

4. Investment test

- What would you want to know to inform a decision about running the campaign for a further 2/3 years

Join thunderclap: <http://thndr.me/40SFIn>



Encourage colleagues, partners, providers and friends to sign up now!

Official Go Live of Proud to Care SW at 9 am on Thursday 20 July 2017 on social media.

Proud to Care
SOUTH WEST

Social Media to promote Proud to Care SW

ProudtoCareSW



Use your local Twitter



Proud to Care
SOUTH WEST

www.ProudtoCareSW.org.uk

Goes live on

Thursday 20 July

2017 at 9 am

Proud to Care
SOUTH WEST

13.00

DEMENTIA DIAGNOSIS

Vikki Cochran, Commissioning Manager,
Community Services and Mental Health NHS,
South Devon and Torbay CCG



Dementia Diagnosis

Multi-Provider Forum
20th July 2017

Vikki Cochran, Commissioning Manager
South Devon and Torbay CCG



What is Dementia?

- Alzheimer's Society Video
- https://www.alzheimers.org.uk/info/20007/types_of_dementia/1/what_is_dementia

Background

- Over 675,000 in England have Dementia, 1.2% of the population.
- The number of people with dementia in the UK is forecast to increase to over 1 million by 2025 and over 2 million by 2051.
- There are over 40,000 people with early-onset dementia (onset before the age of 65 years) in the UK.
- The total population prevalence of dementia among over 65s is 7.1% (based on 2013 population data).
- This equals one in every 79 (1.3%) of the entire UK population, and 1 in every 14 of the population aged 65 years and over.

Background

- Prime Minister's Challenge on Dementia 2012-2015
- Some of the key aspirations of this vision are:
 - Equal access to diagnosis for everyone
 - GPs playing a lead role in ensuring coordination and continuity of care for people with dementia
 - Every person diagnosed with dementia having meaningful care following their diagnosis
 - All NHS staff having received training on dementia appropriate to their role.

Why is diagnosis important?

- Diagnosis is important to the individual, their family/carer and the health community who may care for them.
- It can help:
 - Ease uncertainty, for the individual and their family;
 - Provide an opportunity for treatment
 - Ensure that the wishes of the individual are known whilst they still have capacity
 - Can allow eligibility for financial and healthcare support
 - Can allow involvement in research and studies
 - Will assist in the treatment of other existing medical conditions.

Local Situation

- The predicted prevalence rate in Torbay for individuals who have Dementia is 2,418.
- Of that group, 1,516 have been diagnosed, a rate of 62.7%
- This means that there could be 37.3% individuals with Dementia in Torbay who are undiagnosed, equating 902 people.
- Whilst it may not be possible to identify 100% of individuals, we must ensure that 67% of the prevalence rate is diagnosed.

Local Situation

- Diagnosis can be made via:
- Memory Clinic:
 - Three locations across Devon, Torbay Hospital, Wonford House and North Devon District Hospital.
- Secondary Care:
 - Neurology
 - Geriatric/General Medicine
- General Practice

Sustainability and Transformation Plan

- As part of the work across Devon, Dementia has been identified as a key priority.
- Work being undertaken under both the Mental Health and Integrated Care Model workstreams.
- Project Sponsor - Solvieg Sansom (Devon County Council)
- Project Lead – Vikki Cochran (SD&T CCG)

Sustainability and Transformation Plan

- Improving the model of care for people with dementia with a focus on:
 - Ensuring consistent and formal diagnosis will be available for all those who are presenting with dementia related symptoms.
 - A personalised dementia pathway and care plan will be identified for all individuals with dementia who are accessing services.
 - Prevention of admission to hospital will be the priority for those with complex dementia across Devon. This aim will be supported by a range of mechanisms to support people in their own home and to support carers
 - Proactive liaison and support for care homes to provide high quality care to people with dementia and to reduce unwarranted ambulance call-outs, hospital admission or delays to hospital discharge back to care homes

Next Steps

- Working closely with each of the statutory and voluntary sector organisations to identify actions to address the four key aims.
- Engagement event planned in October/November 2017, involving people with lived experience.
- Linkages with other workstreams, such as Prevention, to address all aspects of Dementia care.
- New Dementia Adviser Service, July 2017, run by Alzheimer's Society across Devon.

Any Questions?

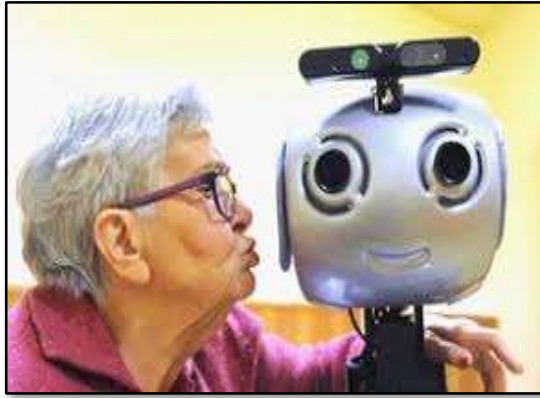
- Contact Details
 - Vikki Cochran, Commissioning Manager for Community Services and Mental Health
 - vikki.cochran@nhs.net
 - 01803 652506

13.20

EXPLORING NEW WAYS OF CARING..... ENABLED BY TECHNOLOGY

Torbay and South Devon NHS Foundation Trust





exploring new ways of caring
...enabled by technology



scene setting

Ann Wagner

Director of Strategy & Improvement



Torbay & South Devon “gobs”

Dr Matt Halkes

Director of Medical Education/Consultant Anaesthetist

Delivering our vision

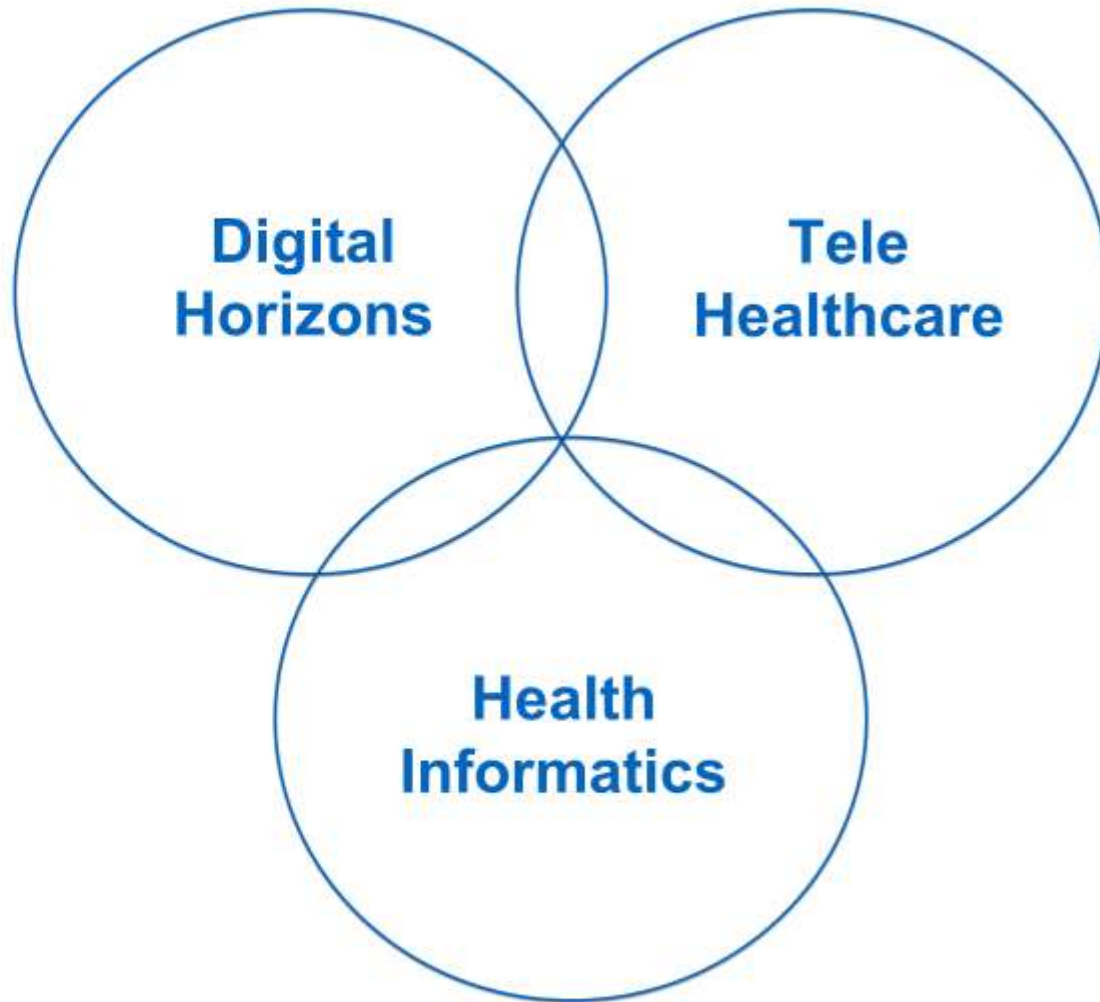


- Integrated
- Tell story once
- Care closer to home
- Strengths based
- Prevention
- Self care

.....enabled by technology

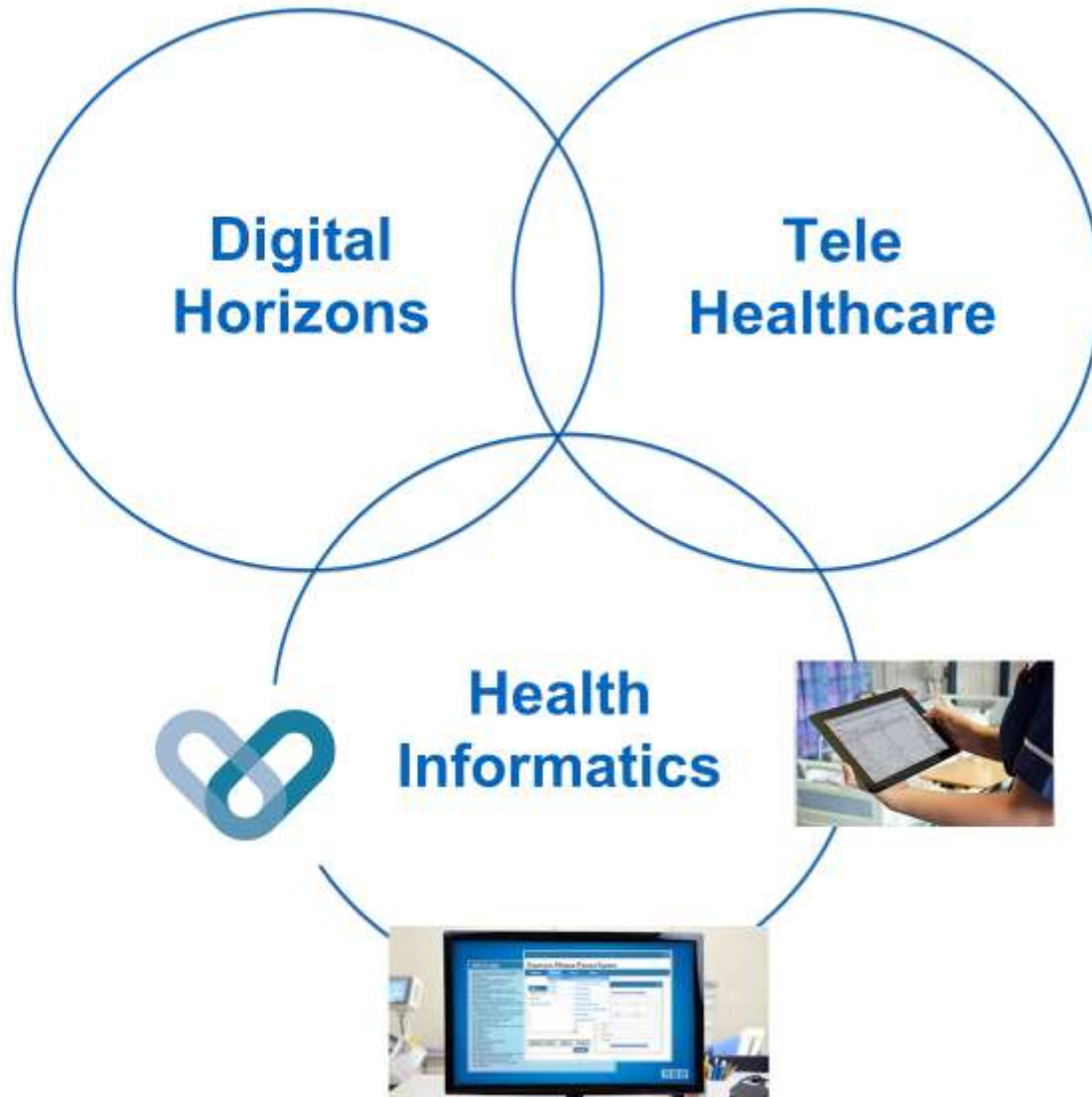
Torbay and South Devon

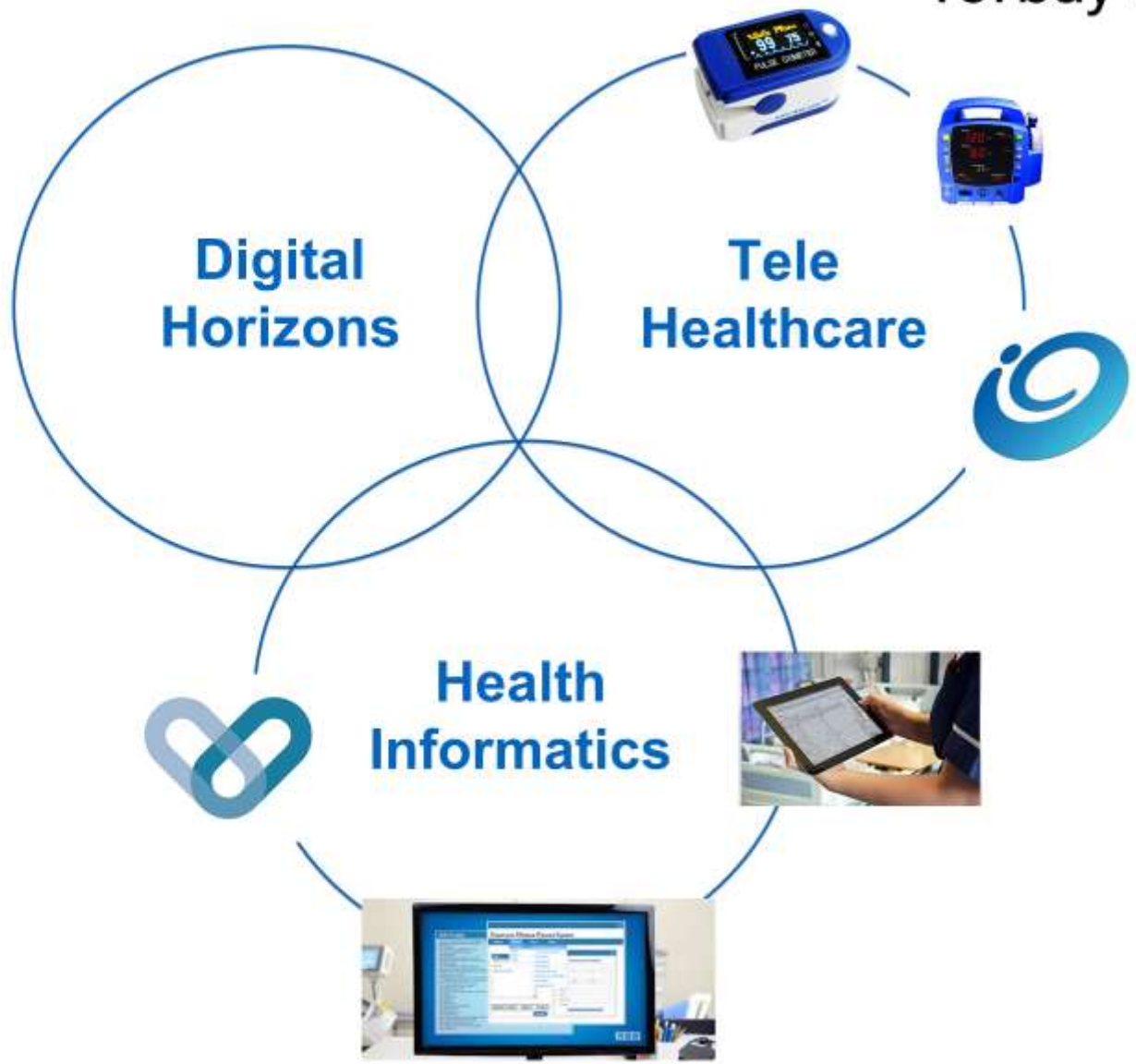
NHS Foundation Trust



Torbay and South Devon

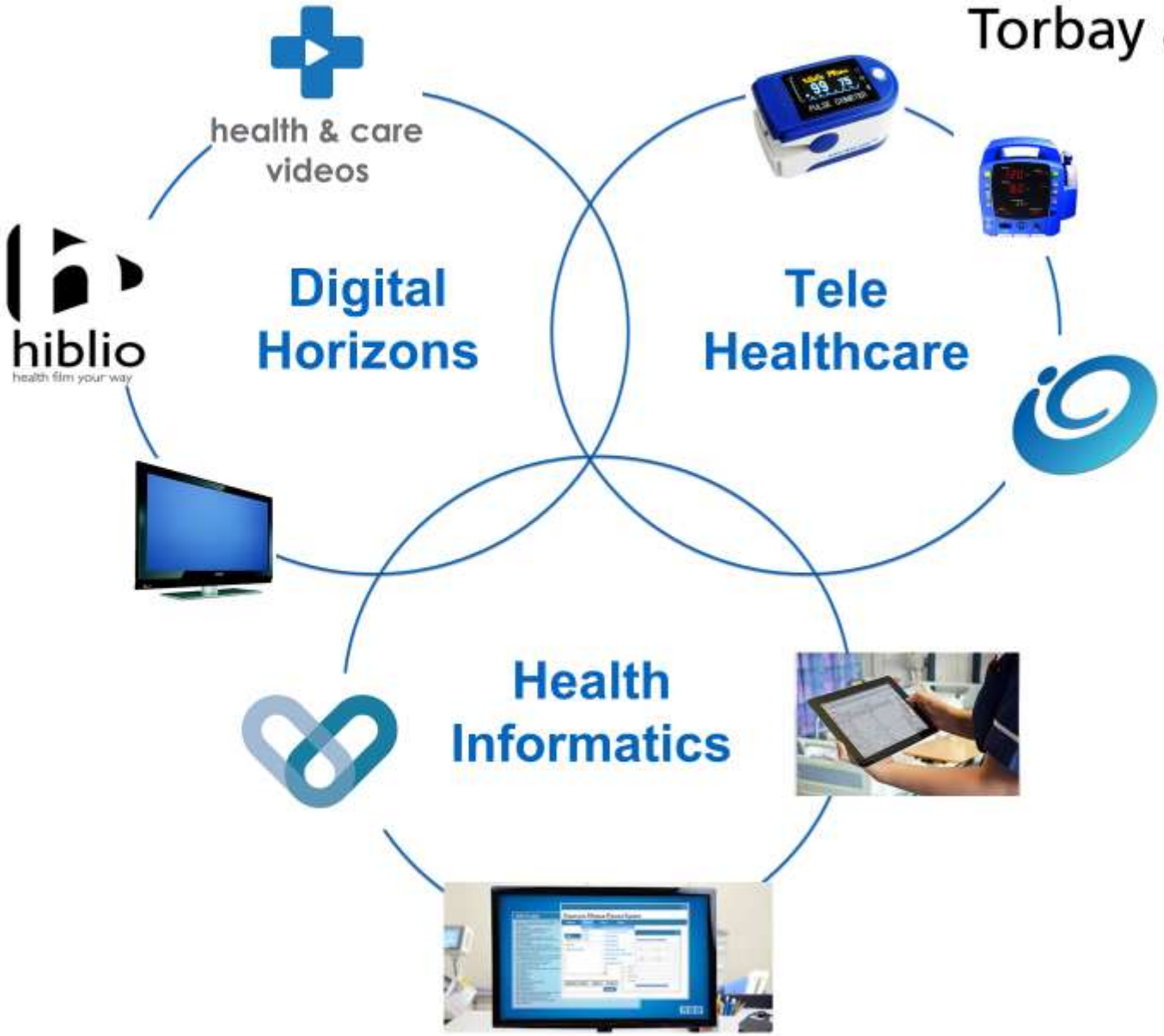
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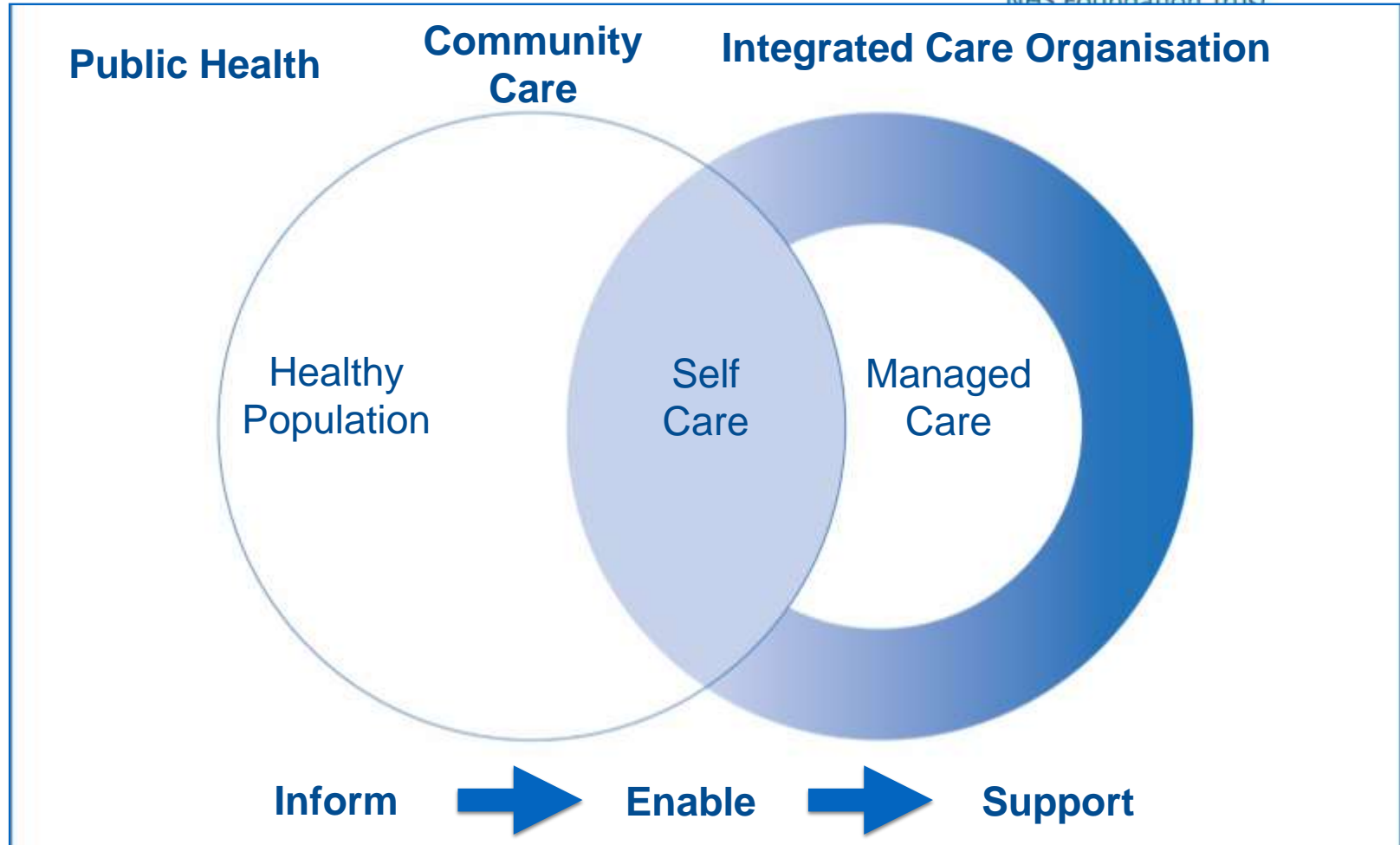


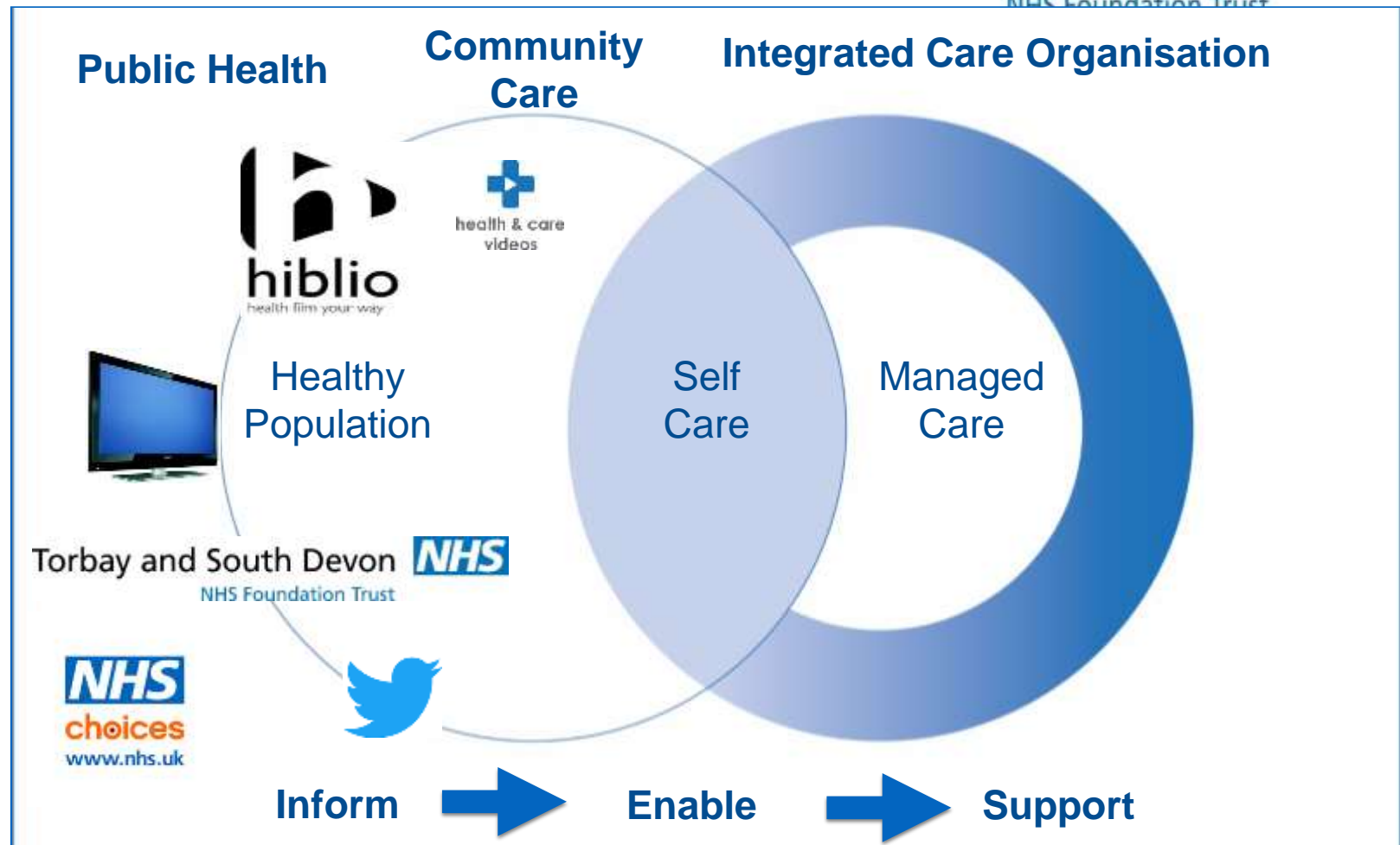


Torbay and South Devon

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Hiblio.TV



EDITORS CHOICE

Could you be a Dementia Friend?
with Gina Awad

Available now

I'm a Dementia Friend



NEWLY RECORDED

PODCAST [Nº3]
'My partner abused me'
A 26 year old woman talks about her experience of domestic abuse

Available now



HIBLIO YPC *talks*

RADICALISATION

Available now



NEXT BROADCAST

How one GP Practice reduced waiting times with Beacon Medical Group

STREAM **26 JULY, 2PM**

LIVE on www.hiblio.tv

Hiblio.TV Rewind

LIVESHIBLIO
Streamed: 5th July 2017
Ideas for fun family activities with Joanna Bowery, Families Online
Watch on hib 14:00

Hiblio TV - "Ideas for fun family activities" with Joanna Bowery
77 views • 1 week ago

LIVESHIBLIO
Recorded: 28th June 2017
Timebanking - How it works with Alan Butler, Timebank South West
Watch on hib 17:39

Hiblio TV - "Timebanking - How it Works" with Alan Butler
36 views • 2 weeks ago

LIVESHIBLIO
31st May, starts 2pm
Ways Wellbeing Teams Work with Molly Bird, Love2Care
Watch on hib 18:17

Hiblio TV - Ways Wellbeing Teams Work with Love2Care
77 views • 1 month ago

LIVESHIBLIO
Streamed: 24th May 2017
Effects of PTSD on Families with Jason Heath, PTSD Families Recovery Service
Watch again on hib 20:26

Hiblio TV - Effects of PTSD on Families with Jason Heath
140 views • 1 month ago

LIVESHIBLIO
7th May, starts 2pm
Looking after your mental health with Neill Richardson, Depression and Anxiety Service North & West
Watch on hib 22:05

Hiblio TV - Looking after your mental health with Neill...
107 views • 2 months ago

LIVESHIBLIO
03rd May, starts 2pm
VR in health humanities with Nick Peres, Founder of PatientsVR
Watch on hib 24:16

Hiblio TV - VR in health humanities with Nick Peres
102 views • 2 months ago

LIVESHIBLIO
EXAM STRESS 4:36
Watch on hib 16:39

Hiblio YPC - Exam Stress
84 views • 3 months ago

LIVESHIBLIO
5th April, starts 2pm
Just about managing with Deborah Gidman, Plough & Share Credit Union
Watch on hib 16:39

Hiblio TV - Just about Managing with Deborah Gidman
118 views • 3 months ago

LIVESHIBLIO
28th March, starts 2pm
Benefits of Counselling with Dexter McLaughlin, E.N.S Clinic Torbay
Watch on hib 18:06

Hiblio TV - Benefits of Counselling with Dexter...
82 views • 3 months ago

LIVESHIBLIO
15th March, starts 2pm
A whole-city approach to health & wellbeing with Claire Turlock, Plymouth City Council
Watch on hib 21:35

Hiblio TV - A whole-city approach to health & wellbeing with Claire...
138 views • 4 months ago

LIVESHIBLIO
STOP BULLYING 4:13
Watch on hib 22:51

Hiblio YPC - STOP Bullying
67 views • 4 months ago

LIVESHIBLIO
27th February, starts 2pm
Human Factors in Healthcare with Ellie Forbes & Dr Ted Guest, Twitter: @TSBFT_NHS
Watch again on hib 22:51

Hiblio TV - Human Factors in Healthcare with Ellie Forbes & D...

LIVESHIBLIO
15th February, starts 2pm
Lowering your financial stress with Deborah Gidman, Plough & Share Credit Union
Watch on hib 16:54

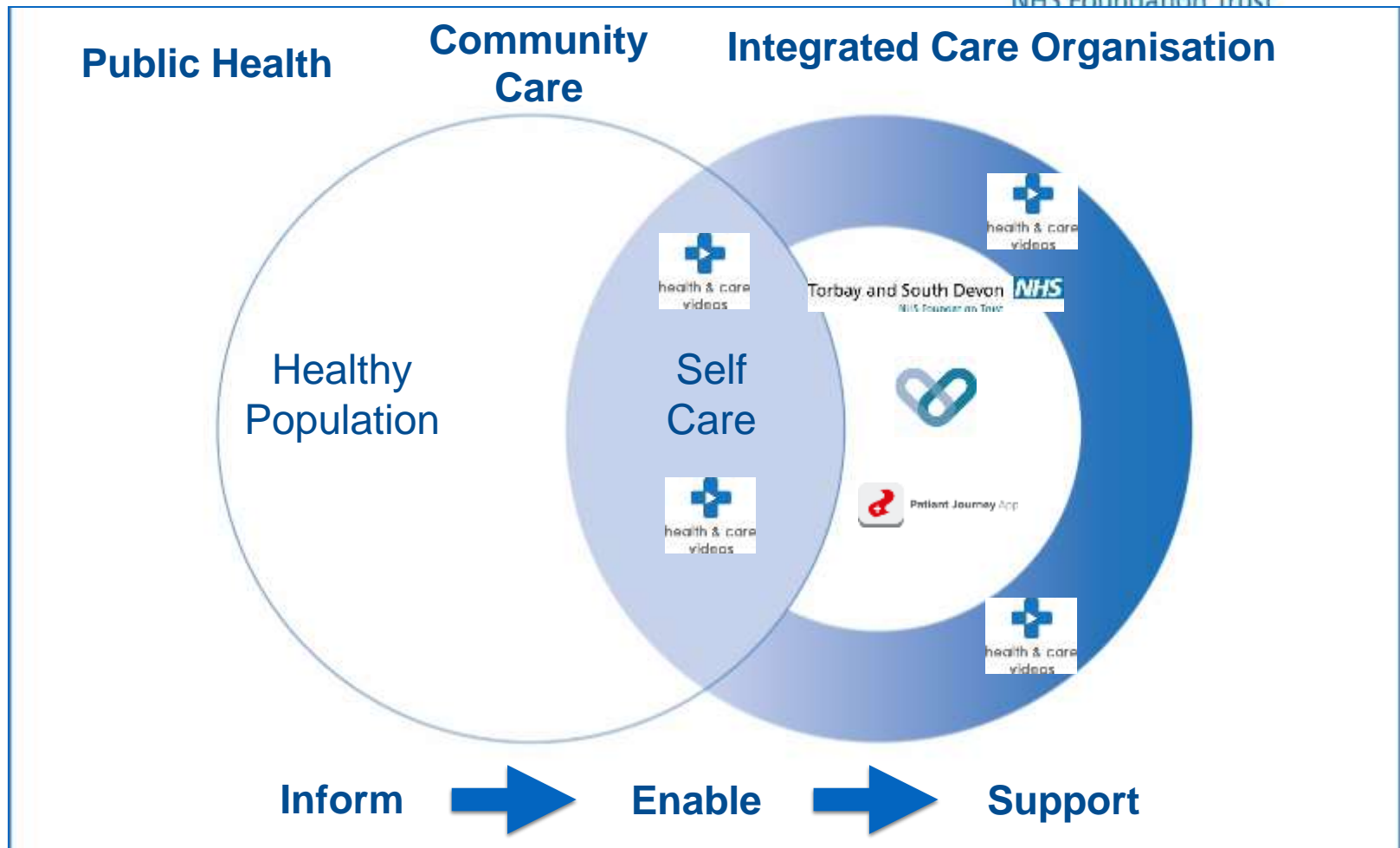
Hiblio TV - Lowering your financial stress with Deborah...

LIVESHIBLIO
Choosing the right NHS Service with Dr Mike Haugh, Brunel Medical Practice
Watch again on hib 16:20

Choosing the right NHS Service with Dr Mike Haugh

LIVESHIBLIO
20th January, starts 2pm
Becoming a dementia friendly GP Surgery with Gita Kaul, Senior Dementia Action Alliance & Caroline Lee, Healthwatch Devon
Watch on hiblio.tv
Watch this from your computer, tablet or smartphone 17:46

Hiblio TV - Becoming a Dementia friendly GP Surgery...



INTRODUCTION TO DEMENTIA

01:55
HD

01:43
HD

01:58
HD

CARING FOR SOMEONE WITH DEMENTIA

02:01
HD

01:49
HD

01:52
HD

01:35
HD


01:47
HD

COMMUNICATING WITH SOMEONES WITH DEMENTIA

01:38
HD

01:32
HD

01:30
HD

Torbay and South Devon 



health & care
videos

How to use an Accuhaler Inhaler



GP Library

Saving £5,000 per practice
in Pre-Diabetes

Care Providers
Library
Preventing admission



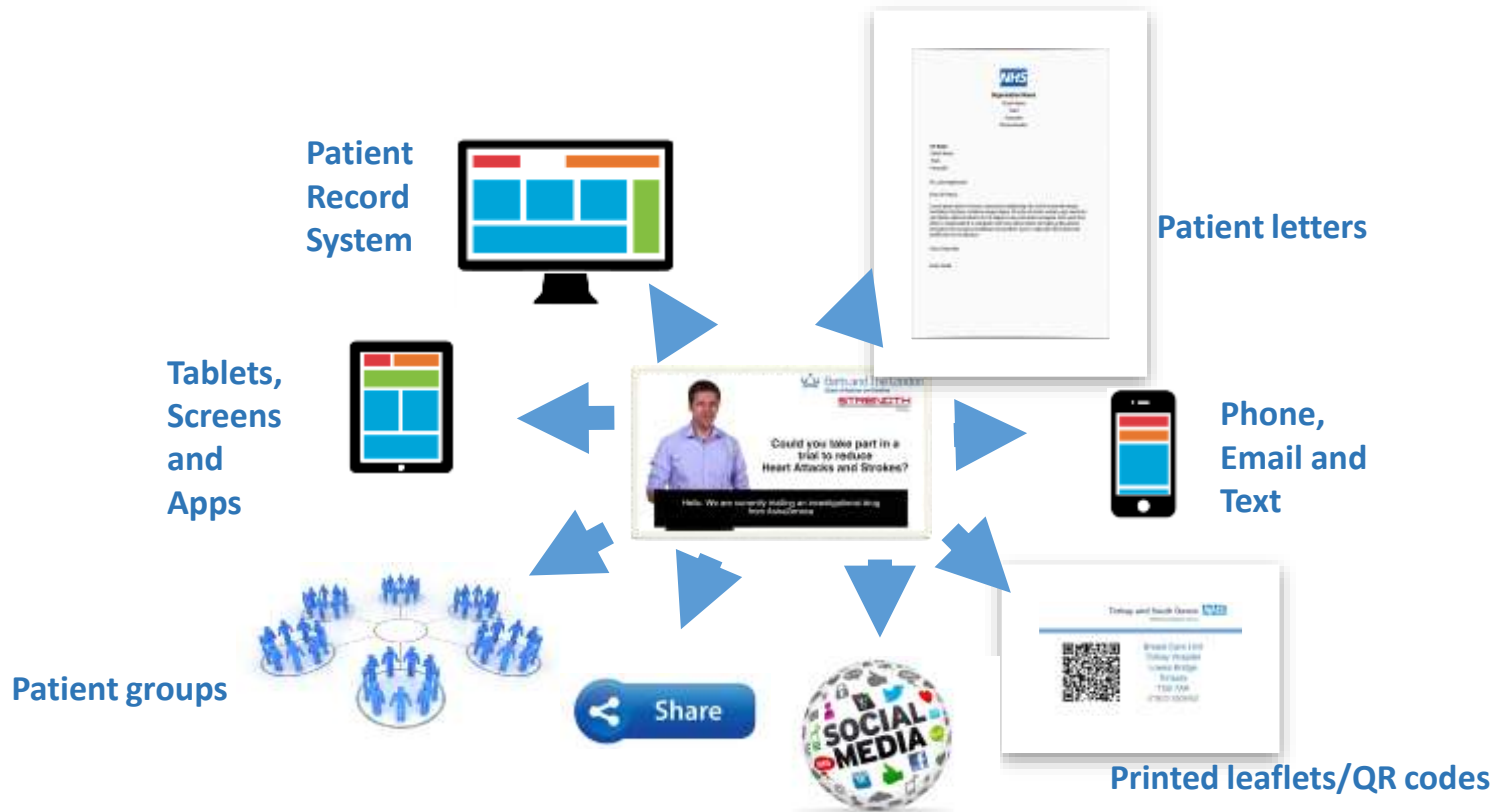
Hospital Library
Saving 4 hrs/wk Band 5 time
in Angiogram pathway

Unpaid Carers
Library
Accelerating discharge



health & care
videos

How can the videos be shared?



Using video to meet the Accessible Information Standard



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Your appointments

- Checking your health
- Providing information
- Helping you decide

and offer support and information about your programme to help you

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- Providing information
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health & care
videos

GP Library

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Care Providers
Library
Preventing admission

Unpaid Carers
Library
Accelerating discharge



health & care
videos

Care Laws (5 videos)	Carer Support (7 videos)	Casts (8 videos)	Children (6 videos)
Children's Health (1 videos)	Communication (6 videos)	Consent (6 videos)	COPD (1 videos)
Crutches (3 videos)	CT Scans (5 videos)	Dementia (18 videos)	Diabetes (7 videos)
Diet (2 videos)	Ears (9 videos)	Endoscopy (2 videos)	Epilepsy (3 videos)
Exercises (7 videos)	Eyes (2 videos)	Falls Prevention (6 videos)	Feet (3 videos)

health & care videos

In partnership with

Torbay and South Devon
NHS Foundation Trust

Diet

Problems with swallowing: An introduction to dysphagia
01:39 HD

How to use fortified milk to avoid malnutrition
00:12 HD

10 Top Tips for Healthy Eating
03:03 HD

health & care videos

In partnership with

Torbay and South Devon
NHS Foundation Trust

Feet

Looking after your feet when you have Diabetes
02:46 HD

How to carry out a "Touch the Toes test" for Patients and Carers
02:40 HD

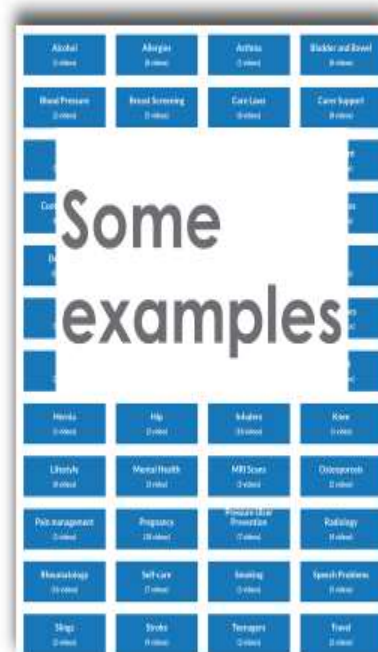
Looking after your toe dressing after nail surgery
04:31 HD

GP Library

Saving £5,000 per practice
in Pre-Diabetes

Hospital Library

Saving 4 hrs/wk Band 5 time
in Angiogram pathway



Care Providers Library

Preventing admission

Unpaid Carers
Library

Accelerating discharge



health & care
videos

Falls Prevention (7 videos)	Healthy Lifestyles (3 videos)	Hearing Aids (9 videos)	Heart Failure (11 videos)
Infection Control (8 videos)	Inhalers (17 videos)	Management and Leadership (11 videos)	Manual Handling (5 videos)
Mental Health (2 videos)	MRI Scans (5 videos)	Ophthalmology (2 videos)	Osteoporosis and Rheumatology (2 videos)
Physiotherapy (3 videos)	Podiatry (3 videos)	Pressure Ulcers (14 videos)	Professional Training (7 videos)
Safeguarding (2 videos)	Speech and Language (6 videos)	Ultrasound Scans (5 videos)	Urology (1 videos)

PRESSURE ULCERS AND CARERS



Introduction to Pressure Ulcers

02:53

HD



Completing a Risk Assessment for Pressure Ulcers

04:53

HD



How to complete a Skin Assessment

03:46

HD



How to Prevent Pressure Ulcers

04:04

HD



The SSKIN Bundle for Pressure Ulcers

04:53

HD

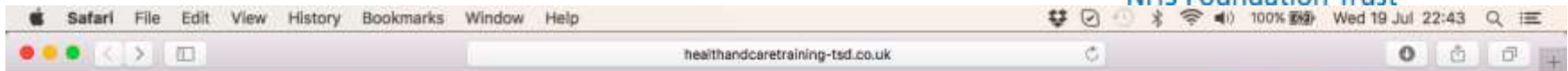
Surface Skin Keep moving Incontinence Friction



The Pressure Ulcer Grading System

02:35

HD



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Welcome to our Knowledge Hub

Helping to standardise and improve the quality of care
in Torbay and South Devon

Brought to you in partnership with



- CARE CERTIFICATE TRAINING
- EXPERT ADVICE
- LEARNING SUPPORT VIDEOS

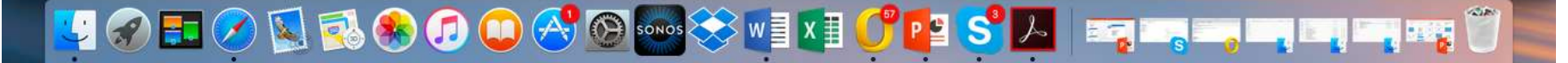
Welcome to our Knowledge Hub

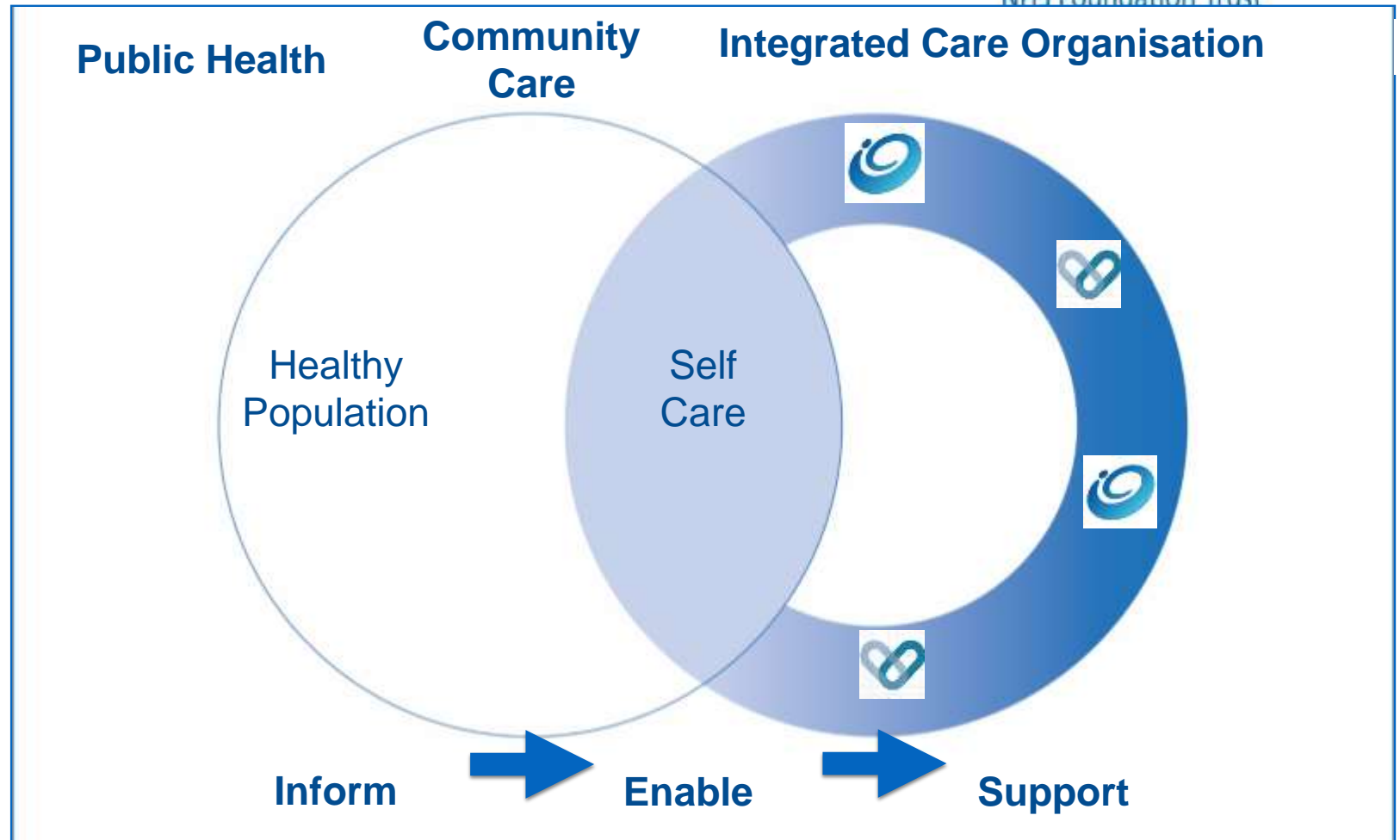
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training

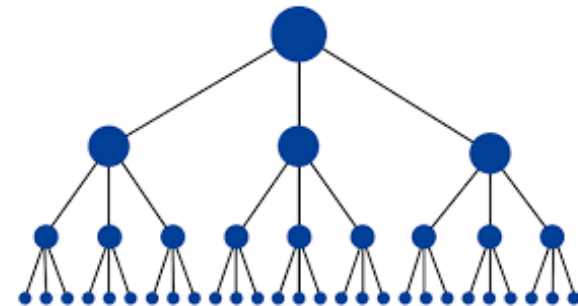




Telehealthcare

Visimeet

- Peer to peer
- Clinician to clinician
- Patient to clinician
- Education



Telehealthcare

Provision of Video Clinics

Patient opens health service website in browser, clicks **Start video call** button



(Patient does not require a login account, room ID, or password)

Patient directed to own, private, video consulting room...

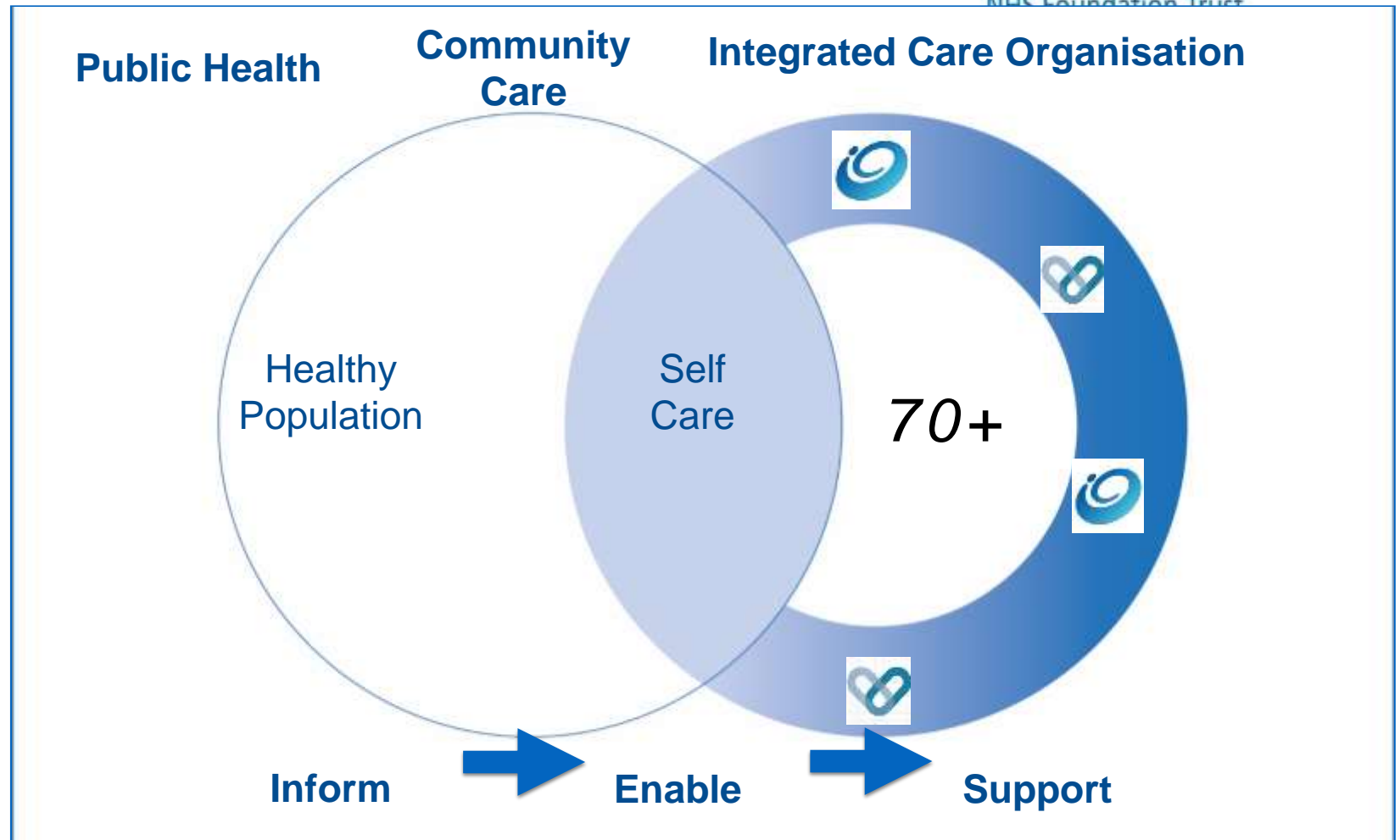


Clinician views waiting room queue in web browser



Clinician joins patient's video consulting room

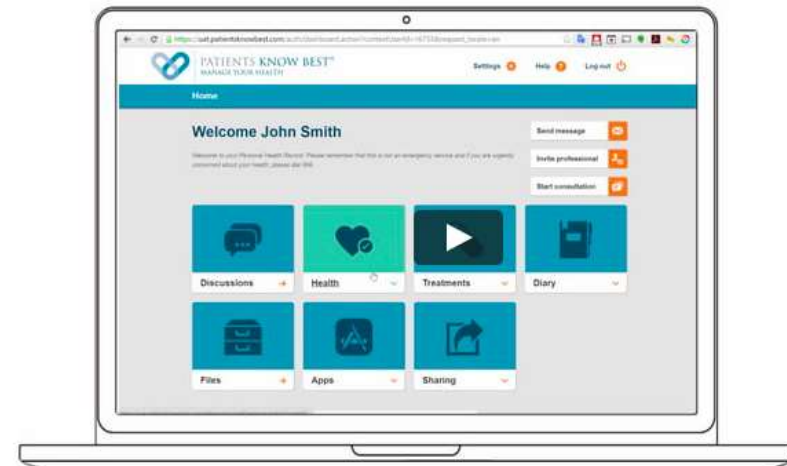






PATIENTS KNOW BEST®
MANAGE YOUR HEALTH

- Patient / client held digital record
- Across health and care
- One stop shop digital interaction
- Any time any place any device



Next Steps

- Strategy – framework for the future – why are we doing this and what will it achieve?
- Investment in marketing of TEC in the bay to support Asset based approach example – S+W
- Input/consultations with market leaders and Authorities



Technology Enabled Care Event

When? November 2017

Why? To help shape the future of TEC in Torbay.

Who? Health and Social Care Organisations (Care Homes and Dom Care), the public, patients/carers and market leaders in TEC.

What to expect? Short presentations from TEC providers so that so individual people and providers are able to identify solutions that meet the outcomes for the people they are caring for and also stalls to demonstrate products available.

We will also be using this event to shape the TEC strategy for Torbay.



Q&A



Contacts

Vikki Cochran

Commissioning Manager SD&TCCG vikki.cochran@nhs.net

Sarah Jones

Strategic Commissioning Officer Torbay Council sarah.jones@torbay.gov.uk

Dr Matt Halkes

Director of Education TSDFT

Clinical Director Heath and Care Videos matthew.halkes@nhs.net

Hiblio paul.norrish@nhs.net

Visimeet darren.woodall@nhs.net carl.beardsmore@nhs.net

Patients Know Best gary.hotine@nhs.net

Health & Care Training

helen.limmer@nhs.net ellen@healthandcarevideos.com

richard@healthandcarevideos.com

TIME	AGENDA ITEM		
14.20 to 14.30	<p align="center">BREAK - TEA AND COFFEE AVAILABLE</p> <p align="center">Please see Skills for Care and Health and Care information tables</p>		
TIME	AGENDA A IN THE MADISON ROOM CHAIR Judy Grant with Justin Wiggin	TIME	AGENDA B CARE HOMES IN THE RIVIERA LOUNGE CHAIR Fran Mason with Chris Lethbridge
14.30 to 16.30	<p>SUPPORTED LIVING SERVICE SPECIFICATION ENGAGEMENT - WORKSHOP 2</p> <p>Justin Wiggin Torbay Council and Jill Yersin Specialist Accommodation Lead (Torbay) Torbay and South Devon NHS Foundation Trust</p>	14.30 to 15.00	<p>PROPOSED NEW DEVON COUNTY COUNCIL, TORBAY COUNCIL, TORBAY AND SOUTH DEVON NHS TRUST, SOUTH DEVON AND TORBAY CCG AND NEW DEVON CCG FRAMEWORK RECOMMISSIONING – CARE HOMES</p> <p>Fran Mason Head of Partnerships, People & Housing, Torbay Council and Andy Goodchild, Project Manager DCC Lead Commissioner Care Homes recommissioning, Framework Contract Adult Commissioning and Health, Devon County Council</p>
16.30 to 17.00	<p>INFECTION CONTROL IN HOMECARE</p> <p>Dr Selina Hoque Director of infection prevention and Control Lyn Kelly, Lead Nurse Infection Prevention and Control, Infection Control Department T&SD NHS FT and Julia Chisnell, Specialty Registrar in Public Health, Torbay Council</p>	<p>15.00 to 16.00</p> <p>16.00 to 17.00</p>	<p>DEMENTIA DIAGNOSIS IN CARE HOMES - WORKSHOP</p> <p>Vikki Cochran, Commissioning Manager, Community Services and Mental Health NHS, South Devon and Torbay CCG and Sharon O'Reilly General Manager, Older People Mental Health Services Torbay and South Devon NHS Foundation Trust (TSDFT) and Devon Partnership Trust for Torbay, South and West Devon</p> <p>DOLS</p> <p>Nicky Griffin, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Lead Practitioner and the QAIT TEAM Torbay and South Devon NHS Foundation Trust</p>
17.00	CLOSE - NETWORKING		



AGENDA A



Workshop 2

Justin Wiggin Strategic Commissioning Officer
Torbay Council

Jill Yersin
Specialist Accommodation Lead (Torbay)

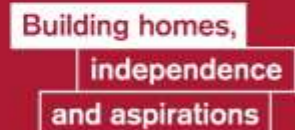
2.30 p.m.	Welcome and Introductions	Justin Wiggin, & Jill Yersin
2.35 p.m.	Patient Activation Measurement (PAM) Invitation to use tool.	Carl & Naomi
2.45 p.m.	Feedback and recap on previous workshop Summary and feedback to the group about previous workshop. Topics to include: <ul style="list-style-type: none"> • Similarities and difference in understanding of Supported Living • Views on Community Connectedness 	Justin Wiggin & Jill Yersin
2.55 p.m.	Lived Experience Hearing from someone living in Supported Living	
3.05 p.m.	Patient Activation Measurement and its use in Supported Living	Carl & Naomi
3.35 p.m.	Community Connectedness Measuring community connectedness	Martin Simon & Tracey Cabache Torbay Community Development Trust
4.05 p.m.	Plenary	Justin Wiggin & Jill Yersin

Promoting prevention and supporting customers to improve their own health and care through Patient Activation Measures



Naomi Cunningham Dexter Health and Social Care Partner

Carl Stock Business Development Partner
Carl.stock@homegroup.org.uk



Home Group



Our mission:

To build homes, independence and aspiration - making a real difference to the lives of individuals, families and communities

We are one of the UK's largest providers of housing, supported housing and care and support services

We promote the **integration of health and social care.**

We house over **120,000** people a year, managing **55,000** homes

Annually we work with **30,000** vulnerable people through **500+** supported housing, justice and health services

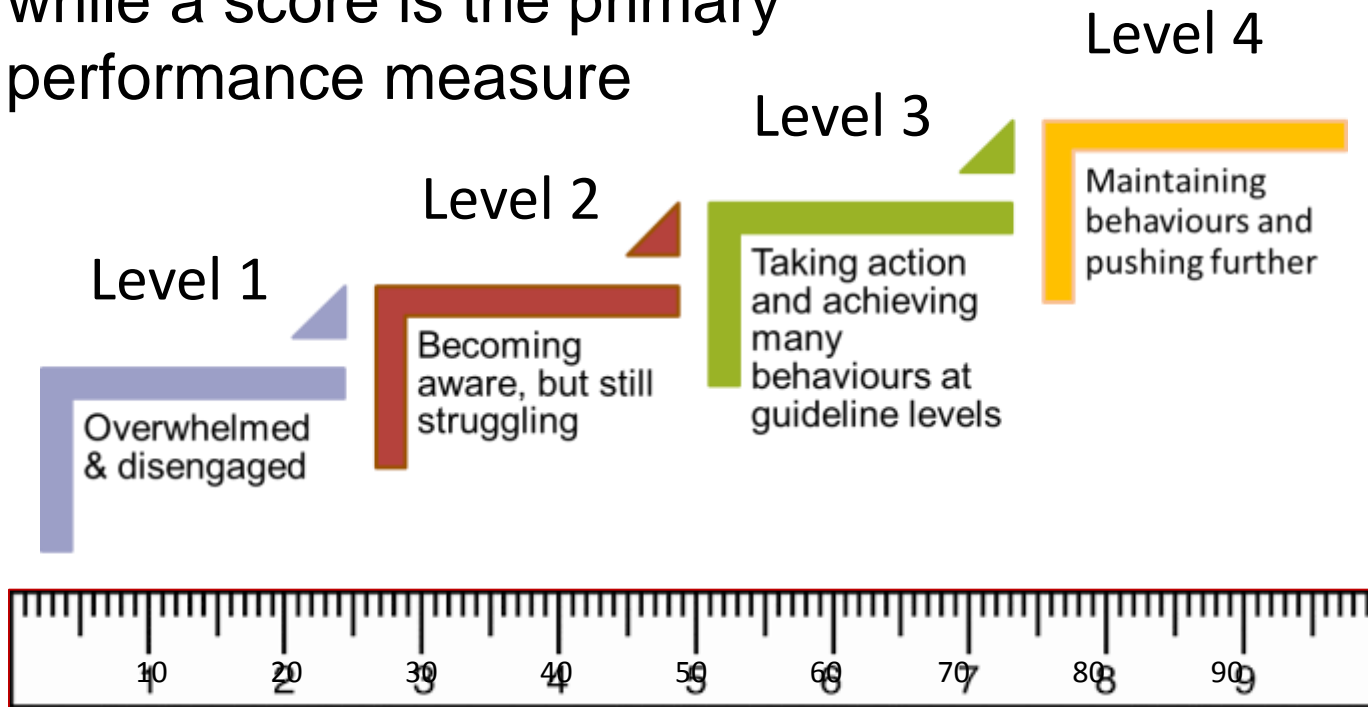
Building homes,
independence
and aspirations

PAM® evaluates a person's underlying self-management ability or activation.

- How capable an individual is of taking care of themselves when it comes to health and wellbeing
- PAM assesses the skills, knowledge and confidence
- Activation is gauged through the scoring of the 13 statement assessment
- Individuals are placed in one of four levels of activation (based upon their score)
- Different people have different levels of activation

PAM® evaluates a persons underlying self-management ability or activation.

Activation levels guide support,
while a score is the primary
performance measure



0-100 point empirically derived point scale

Allows us to understand how an intervention specifically impacts a change in PAM score

Accommodation with Care and Support

Our priorities 2017 - 2020

- Co-ordinate and integrate health, social care, and housing policy
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services
- Develop the workforce across sectors in order they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.
- Introduction of a new performance and quality assurance framework for all providers of accommodation based support and / or care

Definition of Supported Living

What do we think the current definition is?

The delivery of shared care and support to people within shared accommodation, a single building or buildings within close proximity.

The shared staffing within their own accommodation enables people to live with a level of independence and autonomy in the community which may be difficult to achieve within more traditional residential care.

Feedback on definition of Supported Living from Workshop 1:

1. *“Supporting people to live independently linked to accommodation”*
2. *“Clients own space, own needs, own staff. Continuity”*
3. *“Not shared care. Not always night support. Not CQC registered”.*
4. *“Showing a journey of new skills, moving on. Corporate. More person centred”*

Similarities and Differences

Similar	Different
Own Tenancy, personalised package of care. Least restrictive, reducing over time as social connectedness increases	Different terminology, different models e.g Extra Care, shared houses, shared hours, individual hours
	Some provision is closer to residential care than Supported Living
	Current banding does not feel person centred

What is Asset Based Community Development (ABCD)?

- ABCD demonstrates that local assets (people, physical assets etc.) and individual strengths are key to ensure sustainable community development, and that people have a life of their own choosing.
- We support communities to reduce institutionalisation and increase interdependency in community life.
- We know that everyone has something to offer.
- We know that people who are connected to their community (however they define that) are happier and healthier.
- In Torbay we have a team of community builders to help people reconnect to their community.

Current examples of Connectedness

- *Outreach, help people go to events, general respect, assessing community.*
- *Positive community becomes infectious- reap results. People talk to who they want – leave hierarchy. Right to talk to people in authority.*
- *Giving back to community e.g. garden, DIY, results in feeling better about yourself.*
- *Already using community builders- small group has grown- working to develop to be self-managed. Scheme has changed- people enjoy living there now. Using asset based support- change in focus building citizenship.*
- *Include in activities, engage in community to build skills. Encouraging talking to neighbours. Community buses.*
- *Already use community connectors. Individuals/ groups of people. Widen existing settings- to expand to others + in local community- finding new activities.*

What do we currently do to ensure we stay connected?	What more could we do?
'Outreach' going out with people	More connection between providers. Joint working.
Integration	Promote ABCD in each area in our organisation and forums.
Social opportunities for people LD	Mapping neighbour relationships for people we support
Going to and hosting community events	Clear commissioning and outcomes specific to this – Making it really happen
Introducing to neighbours	
Respect for all - Be normal (As much as any of us can be!)	

**‘focus on what is
strong not what is
wrong’**

Home Group PAM project

Building homes,
independence
and aspirations

Patient Activation Measure® (PAM®)

Home Group project aims



Utilising PAM, Home Group wanted to demonstrate and evidence the impact the organisation can have on health outcomes, increasing wellbeing and improving tenancy sustainment.

Delivered via a person centred approach, as opposed to conditions focused, thereby providing a preventative solution to the escalation of health conditions. Using PAM to help identify unmet health needs as well as improving the wellbeing and quality of life of customers

**Building homes,
independence
and aspirations**

Home Group project approach

PAM delivered within Supported Housing and floating support environments

12 month pilot with 1000 PAM licences

- 400 – Durham
- 300 – Birmingham Carers
- 300 – Norfolk

50% control group

- 500 - PAM assessments only
- 500 - PAM assessments with Coaching For Activation®

Outcome measures

- PAM assessments undertaken at beginning and end of customer engagement
- Quality of Life score
- Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

home
group

Building homes,
independence
and aspirations

Durham project

PAM delivered within a floating support service 'Homestay' which delivers across the County of Durham and supports customers with general housing related support needs.

Support is delivered on a one to one or group basis.

- 400 customers referred into the PAM project over a 12 month period
- 200 control group and 200 with coaching

Project outcomes

Results comparison

home

PAM Trend – control	Level 1	Level 2	Level 3	Level 4
Initial PAM Level	14	46	56	82
Score Point Change	0.94	1.78	0.44	-1.62
% Improved	21.43%	16.67%	21.43%	2.47%
Final PAM level	15	44	57	84

PAM Trend - support	Level 1	Level 2	Level 3	Level 4
Initial PAM Level	81	46	53	20
Score Point Change	16.48	14.11	11.22	6.64
% Improved	98.77%	97.83%	96.23%	75.0%
Final PAM level	13	33	89	65

Quality of Life

N3 - FY2016-17	At the beginning of your service	At the end of your service	Movement
Control	1.36	2.32	70%
Personal care	2.16	2.57	19%
Food and nutrition	1.93	2.66	38%
Accommodation	1.91	2.50	31%
Safety	1.62	2.30	42%
Social participation	1.55	2.45	58%
Occupation	1.27	2.39	88%
Dignity	1.73	2.48	43%
Total	13.53	19.67	45%

- 45% improvement in their quality of life

WEMWBS

Statements	Beginning of service	At the end of service	Movement
I've been feeling optimistic about the future	2.73	3.42	25%
I've been feeling useful	2.53	3.31	31%
I've been feeling relaxed	2.23	3.14	41%
I've been feeling interested in other people	2.83	3.48	23%
I've had energy to spare	2.25	2.98	32%
I've been dealing with problems well	2.50	3.39	36%
I've been thinking clearly	2.60	3.36	29%
I've been feeling good about myself	2.22	3.36	52%
I've been feeling close to other people	2.85	3.61	27%
I've been feeling confident	2.28	3.37	48%
I've been able to make up my own mind about things	2.83	3.54	25%
I've been feeling loved	3.15	3.60	14%
I've been interested in new things	2.43	3.52	45%
I've been feeling cheerful	2.57	3.50	37%
Total	36.02	47.60	32%

- 32% improvement in wellbeing

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Conclusion and initial findings

- Initial results for PAM trend, Quality of Life and Warwick-Edinburgh are extremely positive
- The evidence can clearly see an increased activation through coaching approach
- We are seeing a shift in support needs which cover more health related conditions
- PAM has enabled us to learn more about our customers and their health needs
- Evidence has shown that many of the health needs of customers had underlying root causes, especially anxiety

Case study 1

Initial PAM Score: **47** Level: **1**

Exit PAM Score: **90.7** Level: **4**

Duration: **7 week**

Time spent: **11 hours**

32 female suffering with social isolation, diagnosed and medication for anxiety, and depression. Self-referred to PAM and wanted to access support outside a clinical setting. Other than the school run and the weekly family shop the customer stays at home and has very little social contact

Goals: Improve health, well-being, build on confidence, gain more control over life, reduce social isolation and be empowered to make positive changes

Outcomes

- Weight loss 1 stone 5 pounds over four sessions and 3 inches from waist
- Increase in energy levels
- Increased overall well-being
- Awareness of diet and preferring to eat healthier
- Increased socialising
- Accessing local gym and speaking to other gym members.
- Customer accessed a First Aid Course and now focused on education
- Regained desire to train to be a nurse.
- Customer feels they are now coping much better and no longer feels overwhelmed.

Case study 2

Initial PAM Score: **36.8** Level: **1**
Exit PAM Score: **67.8** Level: **3**
Duration: **12 weeks**
Time spent: **17 Hours**

**38 year old male with long term substance misuse and mental illness.
Referred by Homestay to receive support around health and medication.**

Goals: Accessing new GP, help with medication, increased confidence, help with anxiety around visiting GP, weight gain, preventing social isolation, making positive changes

Outcomes

- Medication reviewed and prescribed different medication
- Customer put on a monitoring programme where he was prescribed some tablets daily to prevent over self-medication
- Positive relationship with a new GP built
- Increased confidence in managing medication
- At the beginning of support, the client weighed 68.9kg. Since the client has put on and extra 2kg and will make a conscious effort to continue to put on weight and eat healthier. The Homestay coach continued to reinforce this positive behaviour throughout support and gave recognition of the changes he had been making
- Customer completed substance misuse courses and incorporates learning into everyday situations
- Attended mindfulness course



Measuring Community Connectedness

Asset Based Community
Development
and Supported Living

Measures of individual connectedness

- Stories are paramount
- But system needs data and spreadsheets ☹️
- Collecting positive data on potential and possibilities
- Timebanking – social capital

Examples

Individual

How many people are there in your life in your local neighbourhood/ community? Let us count them: How many family members? How many friends? How many people paid to provide you a service (e.g. cleaners, carers, shopkeepers etc.)

How many of these relationships do you value?

How do you feel about your local area. Overall I like living in this neighbourhood/ community , I feel like I belong to this neighbourhood/ community, I regularly stop and talk to people in the streets around where I live....

Are you able to utilise your skills, knowledge and/or expertise for the benefit of your community?

Measures of connectedness/collectivism

- Walk about and ask questions
- Set a baseline and reviewing through group level assessments
- Accountability stays with the community

Helping people help themselves = self-determination

Improvisation and personal responsibility in a manner which affirms multiple realities and local diversity

Bear in mind



- No linear process
- No one person
- Not predictable
- Collaboratively generated
- Participant driven
- Commitment
- Relevant and timely action plans

Group level assessments



- Climate setting
- Generating
- Appreciating
- Reflecting
- Understanding
- Selecting
- Designing timely next steps

Questions...

Contacts

Martin Simon

contact@freedomfavours.com

Websites: www.timebanking.org www.freedomfavours.com

Twitter: @TBUKMartin

Tracey Cabache

Community Development Manager

traceycabache@torbaycdt.org.uk

Torbay Multi Provider Forum- Introducing Infection **Prevention** & Control on 20/7/17

Lynn Kelly Infection Prevention &
Control (IP&C) Lead Nurse

01803 655757

Selina Hoque Director of Infection
Prevention & Control(DIPC)

01803 654990

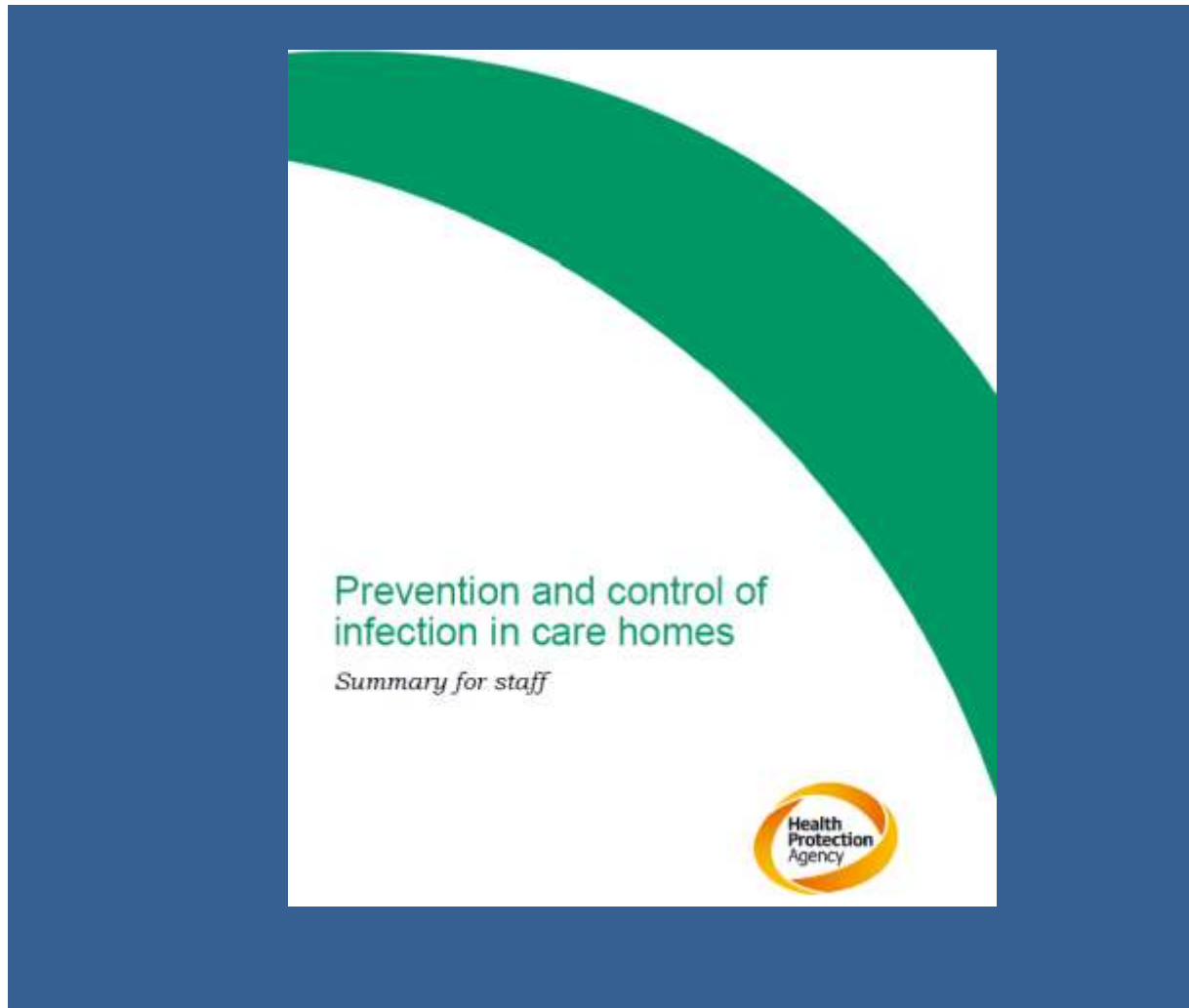
Julia Chisnell, Specialty Registrar in Public Health, Torbay Council



IP&C and you.....

- Provide telephone advice for Community nurses, members of QAIT. (01803 655757)
- No jurisdiction over Independent Sectors (Care homes, Adult Social Care Providers).
- Support the IP&C Annual Audit Tool for Care homes used by QAIT.
- Support the requirements requested by Commissioners. Eg. Provide IP&C education.

DH & PHE Guidance from 2013 remains relevant



Infection Prevention is breaking the chain of infection



Standard infection prevention & control precautions

A simple, consistent and effective approach to infection prevention & control



Hand hygiene



Use of gloves



Personal protective equipment



Use of gowns/apron



Safe handling of sharps



Safe handling of waste



Safe handling of soiled linen



Environmental cleaning

Minimise contact with blood and body fluids by ensuring safe working practices, protective barriers and a safe working environment

What practices do you do that put you at risk of infection?

- Are you in contact with diarrhoea?
- Do you handle needles?

What precautions do you take to minimise the risks of infection?

- Wash hands – what do you use?
- Do you carry alcohol gel?
- Do you have hand wipes?
- Using gloves and aprons- how do you dispose of them?

Case Study.....

In Clients' home; Carer disconnected a urine night drainage bag, whilst wearing no gloves.

No hand hygiene.

Then went to administer the client's wife's eyedrops.

Then emptied the night bag into the toilet without wearing gloves.

Observed and hand hygiene advised.

What to do?

- Infection Control is taught on Induction and on annual updates.

Standard Precautions

- Wash hands
- Change gloves between tasks
- Cover wounds or breaks in the skin
- Wear gloves when you anticipate contact with bodily fluids
- Wear gloves when cleaning equipment
- Hold linen away from you
- Dispose of clinical waste correctly
- Wear a plastic apron to protect your uniform, change regularly



What to do?

- Are there attendance records?

Dealing with bodily fluids

- Use gloves and disposable aprons when handling things like soiled bedding, linen and incontinence pads. Make sure you change gloves between each task
- Soiled linen should be rinsed before placing in the washing machine or laundry basket, washed separate from other washing and at a high temperature
- Place used incontinence pads, (and other waste soiled with blood, faeces, urine or vomit) into yellow clinical waste bags if available. Alternatively, double bag and place into the outside general waste bin



Hand hygiene after removing gloves please..

- Wear well fitting and correct size gloves.
- Always change gloves between resident contact.
- Ensure hand hygiene before and after use of gloves.
- Use standard infection prevention and control precautions

Hand hygiene
& glove use



Teaching IP&C

- Use the glow box to check hand hygiene technique..



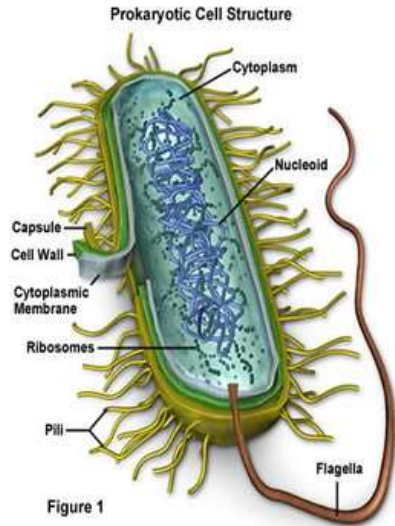
Gram negative infections such as E coli

- These bacteria are found in the bowel of all of us.
- Problems if get into the wrong part of the body.
- Cause UTIs, can colonise pressure sores.
- Can then get into the **blood** and cause septicaemia or **SEPSIS** also called bloodstream infection (bacteraemia).

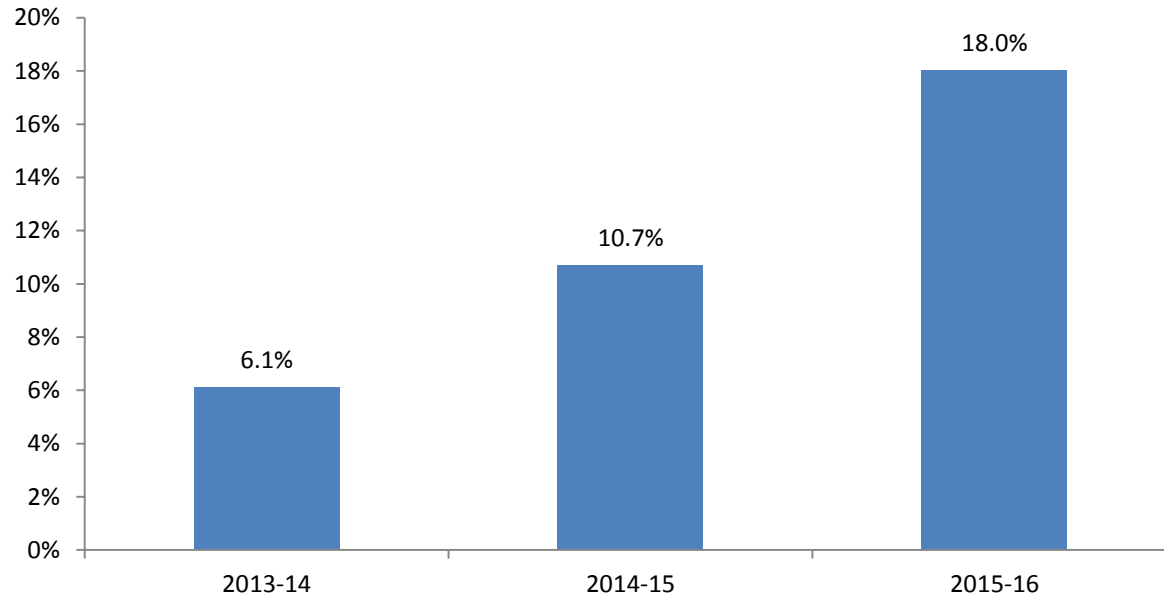


The increase in *E.coli* bacteraemia

E. coli bacteraemia now have a CCG Target to decrease by 10% each year!!



% change



NEED TO TARGET PRESSURE SORES & ENSURE PATIENTS ARE KEEPING HYDRATED

Questions?

AGENDA B CARE HOMES



14.30 to 15.00

**PROPOSED NEW DEVON COUNTY COUNCIL,
TORBAY COUNCIL, TORBAY AND SOUTH
DEVON NHS TRUST, SOUTH DEVON AND
TORBAY CCG AND NEW DEVON CCG
FRAMEWORK RECOMMISSIONING – CARE
HOMES**

Fran Mason Head of Partnerships, People & Housing, Torbay Council and
Andy Goodchild, Project Manager DCC Lead Commissioner Care Homes
recommissioning, Framework Contract Adult Commissioning and Health,
Devon County Council





Northern, Eastern and Western Devon
Clinical Commissioning Group



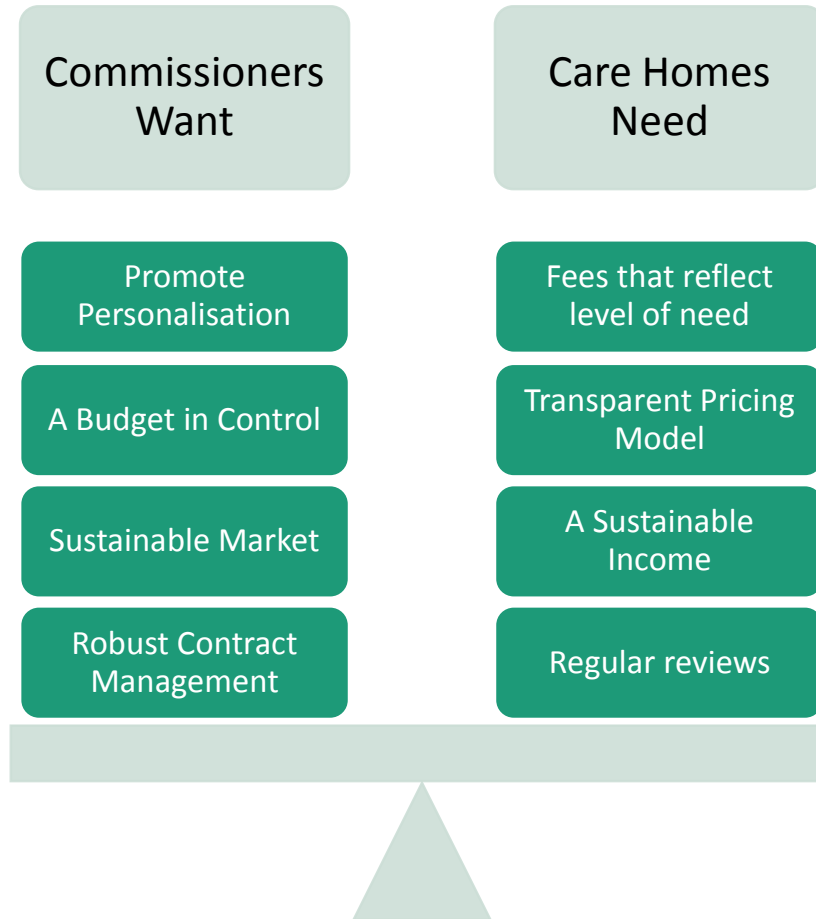
South Devon and Torbay
Clinical Commissioning Group



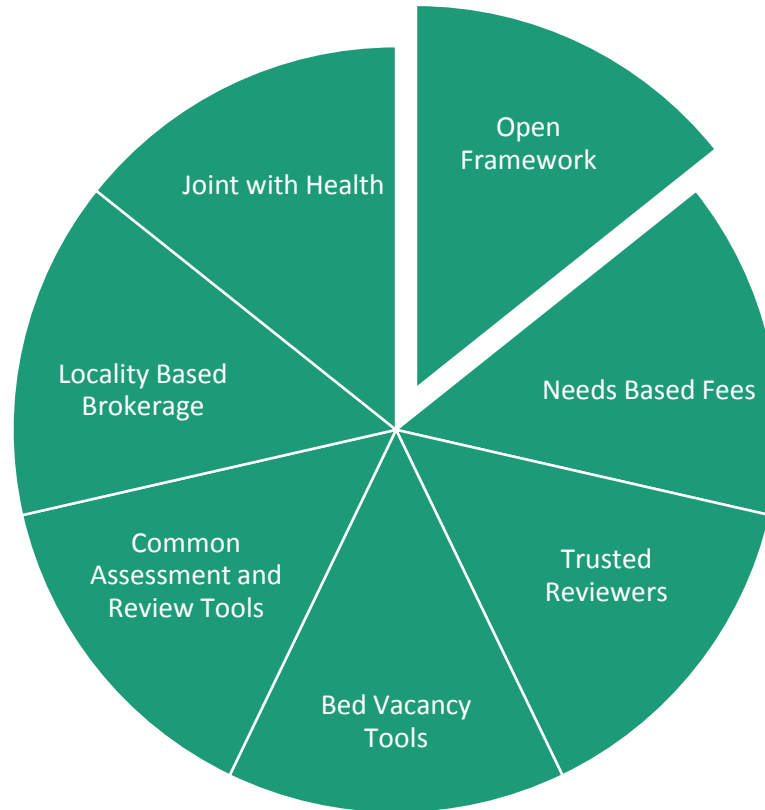
Care Homes: Personalisation in Action

Andy Goodchild

New Contract Needs



New Contract Make Up

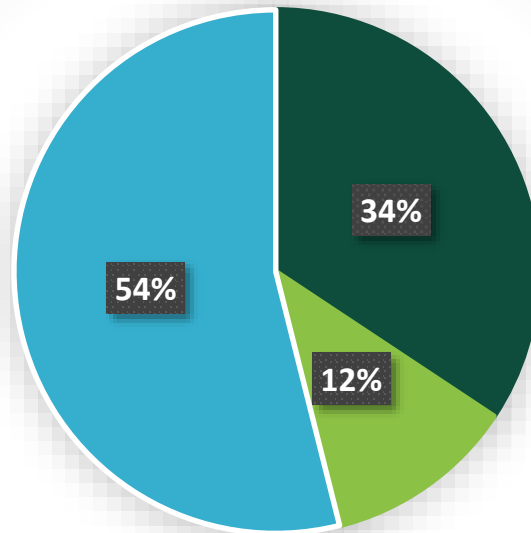


Needs Based Fees

Variable

- Direct Care Costs
- Extensive testing with Providers, Staff and Partners

Example Fee Structure



■ Fixed Costs

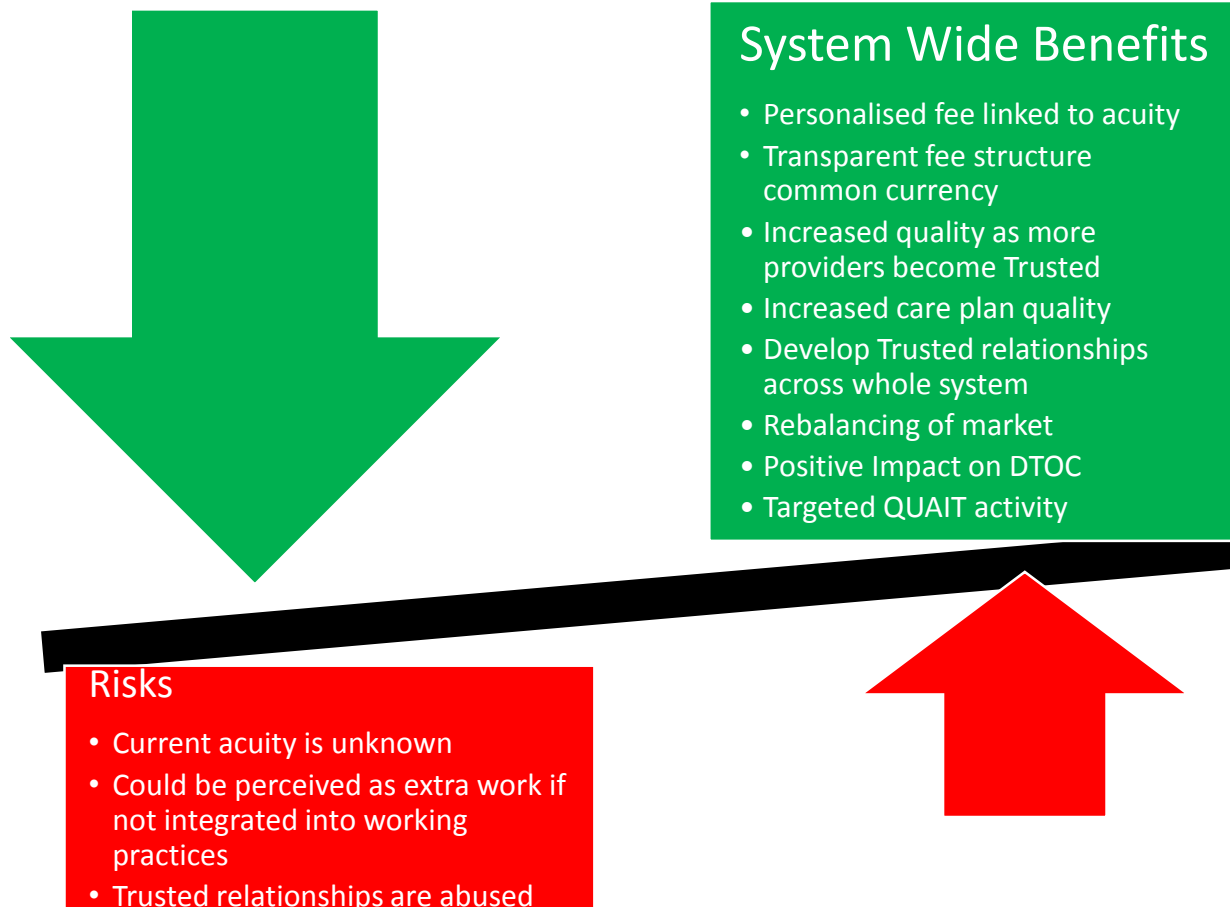
■ Return on Investment

■ Direct Care Costs

Flat Rate

- Fixed Costs
- Open Book Review
- Similar to L & B
- Return On Investment

Outcomes



15.00 to 16.00

DEMENTIA DIAGNOSIS IN CARE HOMES - WORKSHOP

Vikki Cochran, Commissioning Manager, Community Services and Mental Health NHS, South Devon and Torbay CCG and Sharon O'Reilly

**General Manager, Older People Mental Health Services
Torbay and South Devon NHS Foundation Trust (TSDFT)
and Devon Partnership Trust for Torbay, South and West Devon**



Dementia in Care Homes

Multi-Provider Forum
20th July 2017

Vikki Cochran, Commissioning
Manager
South Devon and Torbay CCG



Background

- STP Priorities - Dementia
 - Ensuring consistent and formal diagnosis will be available for all those who are presenting with dementia related symptoms.
 - Proactive liaison and support for care homes to provide high quality care to people with dementia and to reduce unwarranted ambulance call-outs, hospital admission or delays to hospital discharge back to care homes

New Care Models

- Care closer to home – best bed is your own bed
- Intermediate Care – promoting timely discharge for individuals with Dementia
- Admission avoidance – early home visiting pilots

Diagnosis

- How can diagnosis be made?
- Benefits of diagnosis for individuals and care homes
- STP work around Dementia diagnosis, including BAME
- CHESTeam

Training and Support

- CHESTeam
- Better Care Fund
- Alzheimer's Society
- Training materials
- How else can you be supported?

Timeline

- July 2017 – set up project group
- August – September 2017 – evaluate current state across the whole of Devon
- October 2017 – stakeholder events, including provider organisations and individuals/carers with lived experience.
- October 2017 – identify areas of good practice which can be replicated and benefits analysis
- November 2017 – Recommendations and implementation

Care Home Education and Support Team

Sharon O'Reilly

General Manager Older People
Mental Health Services

Natalie Portwine

Senior Mental Health Practitioner
CHESTeam



Care Homes Education & Support Team

- Demand
- Financial/Resource Pressures
- Whole Service Approach

Team's Aims

- **Prevention**
- **Effectiveness**
- **Educate, Support and Develop**
- **Provide Holistic Consistent Response**

Food for thought...

Behavioural and Psychological Symptoms in Dementia (BPSD)

May occur in up to 85% of people living with dementia, this can include:

- Verbal and physical aggression
- Pacing
- Vocalising
- Agitation
- Disinhibited behaviour
- Psychotic symptoms
- Nocturnal disruption

‘Behaviour’ of any kind is a form of communication and is often driven by ‘need’

CLEAR Dementia Care ©



Duffy 2016

Pre - chart

I – Incontinence

P – Pacing

A – Aggression

C – Content

S – Sleeping

Time/Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8-9	A	A	A	IA	A	C	A
9-10	C	C	C	C	C	C	IA
10-11	C	IC	C	P	C	C	IA
11-12	P	C	C	P	C	C	PA
12-13	C	C	C	P	C	P	P
13-14	IP	CI	P	PI	I	IA	AP
14-15	C	PA	A	C	CA	AP	C
15-16	C	PA	P	C	P	AP	C
16-17	P	P	PA	P	P	PA	P
17-18	AP	P	PA	P	P	PA	P
18-19	IP	P	A	P	P	P	P
19-20	PA	PA	A	PA	PA	P	P
20-21	P	S	S	A	S	S	S
21-22	S	S	S	S	S	S	S
22-23	S	S	S	S	S	S	S
23-00	S	S	S	S	S	S	S
00-1	S	S	S	S	S	S	S
1-2	IPA	S	S	S	S	S	S
2-3	S	S	S	S	S	S	S
3-4	S	S	S	S	S	S	S
4-5	S	S	S	S	S	S	C
5-6	S	S	P	S	S	S	C
6-7	A	S	P	S	S	S	IPA
7-8	A	S	P	S	S	S	PA

Benefits

- Working collaboratively
- Able to refer directly (without need for GP referral)
- Able to telephone for advice or to check out ideas
- Evidence based approach
- Supporting staff to deliver person centred care
- Improving wellbeing and quality of life for people with dementia, which in turn will improve wellbeing and quality of life for staff (reduce sickness, increase retention)
- Investing more time now getting to know people will save time and distress in the future

Practice examples

Outcomes update

- Prevent crisis escalating
- Prevent delay in response
- Prevent hospital admission
- Prevent delayed discharges from Hospital
- Reduce anti- psychotic medicines prescribing
- Reduce length of stay in hospital and on staff caseload
- Reduce frequency of re-referral
- Reduce referrals
- Reduce distress for individual resident and others they live with or who care for them.

You tube clip?

<https://youtu.be/mj8guMNYixA>

creating the care we all want.

Chris Gage TEDX

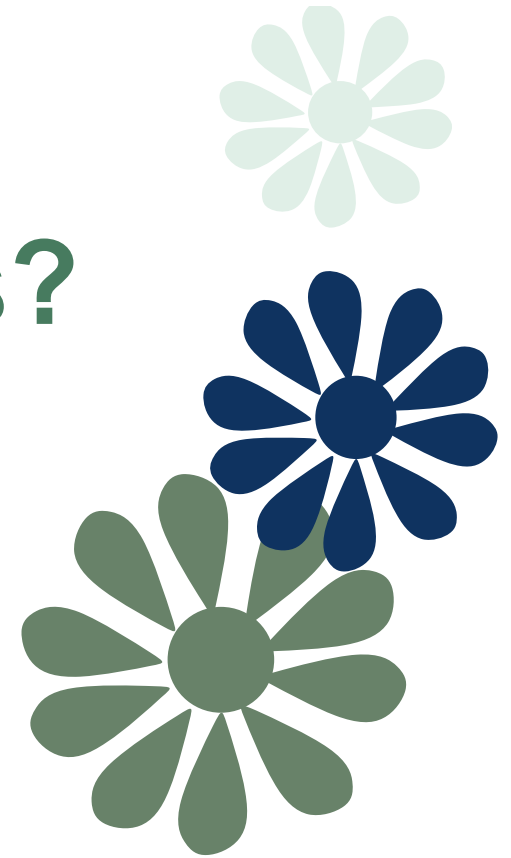
<https://youtu.be/VQCOsVo2dus>

Teepa Snow

https://youtu.be/swjmuD_qZyo?

[t=63](#) David Sheard

Any Questions?



16.00 to 17.00

DOLS

**Nicky Griffin, Mental Capacity Act 2005 and
Deprivation of Liberty Safeguards Lead
Practitioner and the QAIT TEAM Torbay and
South Devon NHS Foundation Trust**



Provider Forum

20/07/2017

Deprivation of Liberty Safeguards

Nicky Griffin DoLs Lead Practitioner

Adele Friend QAIT Manager

Law Commission

- Following an extensive consultation process, the law commission has proposed that DoLS should be replaced as soon as possible.
- A report and draft bill was published 13/03/2017
It can be found at:
http://www.lawcom.gov.uk/wp-content/uploads/2017/03/lc372_mental_capacity.pdf
- As yet, there is no government response.
- Best estimates are 2-3 years for possible implementation
- Until then it is business as usual .

What do the proposals cover?

It is proposed that the scheme should include:

- Anyone over age 16 (currently DoLs covers 18+)
- All settings, including private residences (currently Court)
- Conveyance and returning people to an address (Currently Court)
- Protection of others (Currently DoLs not covered)
- Fluctuating capacity (Current DoLs not covered)
- Arrangements for advance consent negating need for the scheme

New Structure for Authorisation

The Supervisory Body” will be replaced by a “Responsible Body”

Responsible body will be:

- Hospital Manager for people in hospital
- The CCG for NHS continuing healthcare
- The local authority where the person is ordinarily resident – for everyone else including private arrangements.

New Role

The Responsible Body will identify a person who will scrutinise assessments and authorise deprivation. This will be a review of the Care Plans/Risk Assessments/Mental Capacity Assessments/Best Interest Decisions/Review processes that are already in place to support the person, to determine if the decision is reasonable on the information provided.

Approved Mental Capacity Practitioner (New Role)

The AMCP must be someone acting on behalf of the Local Authority where the person is ordinarily resident (regardless of who is the Responsible Body) and not involved in the care of the person.

The Local Authority must employ enough AMCPs and an AMCP Manager who reports to the director for social care.

The Responsible Body must refer to an Approved Mental Capacity Practitioner where :

- The person is objecting to the arrangements in place for their care
- The arrangements are mainly for the protection of others

New Assessment Process

In such cases there will be:

- 3 new assessments
- 2 different Assessors.

These will be:

- Mental Capacity to consent to “arrangements” (AMCP)
- Assessment to determine “unsoundness mind” (Medic)
- That the arrangements are necessary and proportionate to the likelihood and seriousness of harm to the person AND to other individuals (AMCP)

The Authorisation

An authorisation will be referred to as an “Authorisation Record”

It can travel with a person and be added to as required between settings by new responsible bodies as required.

One authorisation can cover planned periods in other care settings (the Responsible Body will remain according to where the arrangements are “primarily” carried out).

They can be agreed :

- Initially for up to 12 months
- Then renewed by the Responsible Body for a further 12 months
- Thereafter for periods of 3 years if all criteria are met and there is no significant change in person’s condition.

Review and Appeal

- The Responsible Body must keep the authorisation under review – and plans for frequency of review are to be set out in the authorisation record.
- The Responsible Body must carry out a review if there is a reasonable request by any person interested in the arrangements or the person is detained under the MHA.
- If it becomes clear that the person is objecting to their arrangements, the Responsible Body must refer to an AMCP.
- The Court of Protection will continue to hear appeals

Emergency situations

The new scheme requires that authorisation is arranged before any arrangements begin except in the most urgent circumstances.

There is no equivalent of the “Urgent Authorisation” in the new scheme.

The proposal is that a person may be deprived of liberty:

- To enable life sustaining treatment
- Or an action believed necessary to prevent a serious deterioration in the person’s condition
- If there is a reasonable belief that the person lacks capacity to consent to the steps being taken
- While a responsible body is determining whether to authorise arrangements.
- There is no proposed time limit.

New Penalties

- “A person should be able to bring civil proceedings against the managers of a private care home or an independent hospital when arrangements giving rise to a deprivation of their liberty have been put in place and have not been authorised under the Mental Capacity Act, the Mental Health Act or by an order of a court.”
- Section 5 protection from liability will no longer apply to professionals making certain decision unless there is a written record to include a list of prescribed information. Decisions include, “(1) moving the person to long-term accommodation; (2) restricting the person’s contact with others; (3) the provision of serious medical treatment; (4) the administration of “covert” treatment; and (5) the administration of treatment against the person’s wishes.”

What can you do now?

- Ensure you have an MCA/DoLs training programme in place
- Ensure you have risk assessments in place which identify restrictions /restraints
- Ensure you develop the necessary care plans in collaboration with the Person where possible, and seek informed consent for the arrangements set out within them, to include being accommodated with you. Record consent
- Where consent cannot be sought for the above, and there is reason to doubt capacity to do so, ensure a mental capacity assessment is undertaken to determine the Person's capacity to consent to be accommodated with you to receive care and or treatment. Record
- Where a lack of capacity for the above is determined undertake a full Best Interest Assessment (MCA code of practice chapter 4) to ensure the care plan/intervention is the less restrictive option/necessary to protect from harm/a proportionate response to that harm/ person's views are central to the decision and consultation has occurred. Record
- Demonstrate a timely review process for the intervention/care plan. Record
- Ensure all staff have access to the Codes of Practice.

Useful Resources

Torbay and South Devon NHS Foundation Trust
MCA page

<http://www.torbayandsouthdevon.nhs.uk/services/mental-capacity-act/>

Social Care Institute of Excellence MCA
page:

<http://www.scie.org.uk/mca/>

Any Questions?

Thank you for listening

How to keep in touch

See the **Care and Support Provider area** of the Torbay Council website -

<http://www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/>

Get involved tell us if you want to join the new Provider Reference Group
Torbay Council Joint Commissioning Contact information –

- Email: commissioning@torbay.gov.uk
- Tel: [01803 208729](tel:01803208729)
- Ask to join our newsletter contact list

SAVE THE DATE OF NEXT FORUM – 19th OCTOBER 2017

And **South Devon and Torbay CCG contact information** link here

<http://www.southdevonandtorbayccg.nhs.uk/contact-us/Pages/default.aspx>

