Overall rating for North Tees and Hartlepool NHS Foundation Trust
GOOD

North Tees and Hartlepool
NHS Foundation Trust

Stockton Scrutiny Committee

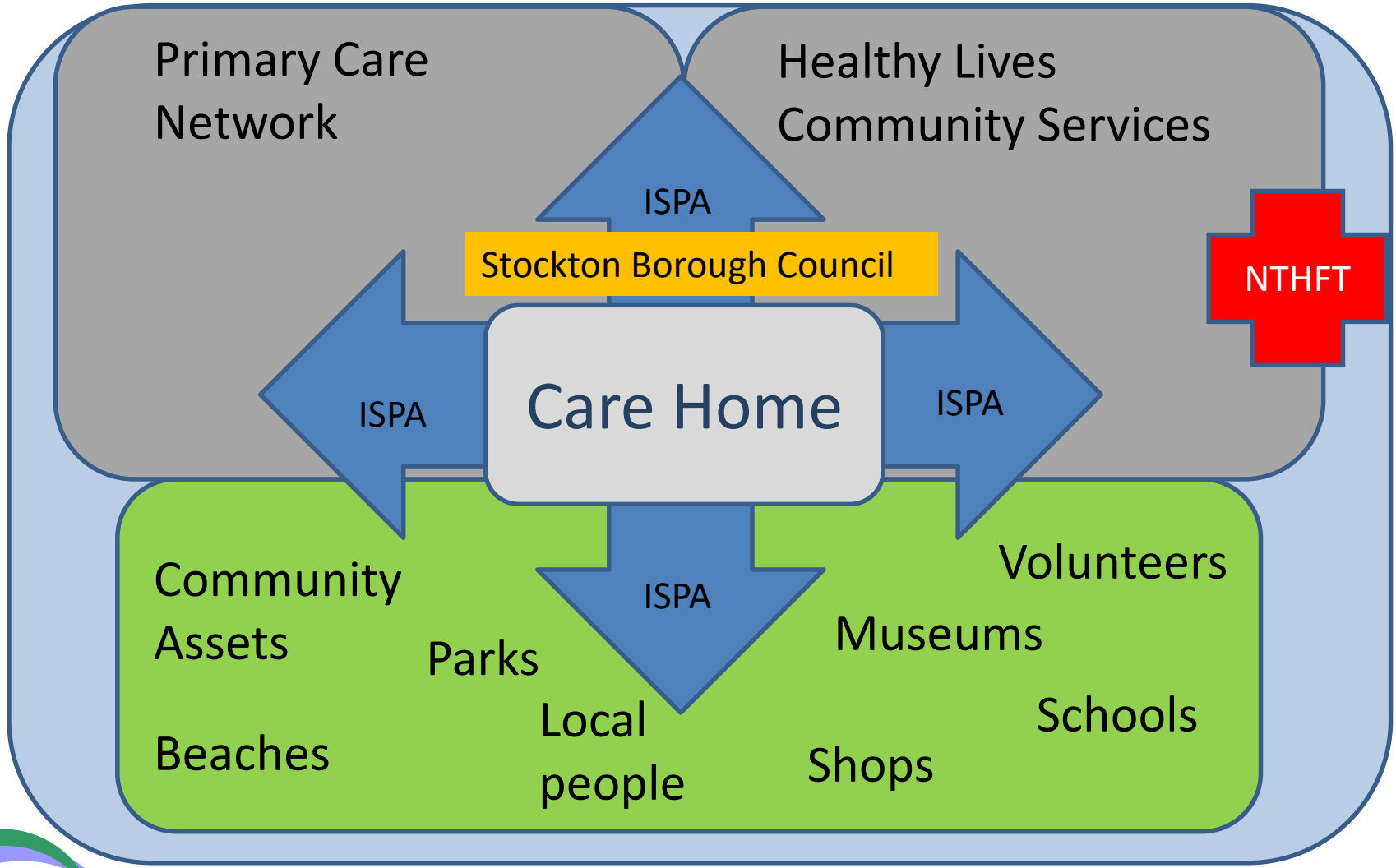
Transforming our services - *Putting patients first* - *Valuing our people* - *Health and wellbeing*

3rd September 2020

North Tees & Hartlepool NHSFT

Delivering what matters most to our local people living in care homes - *Adding life to years*

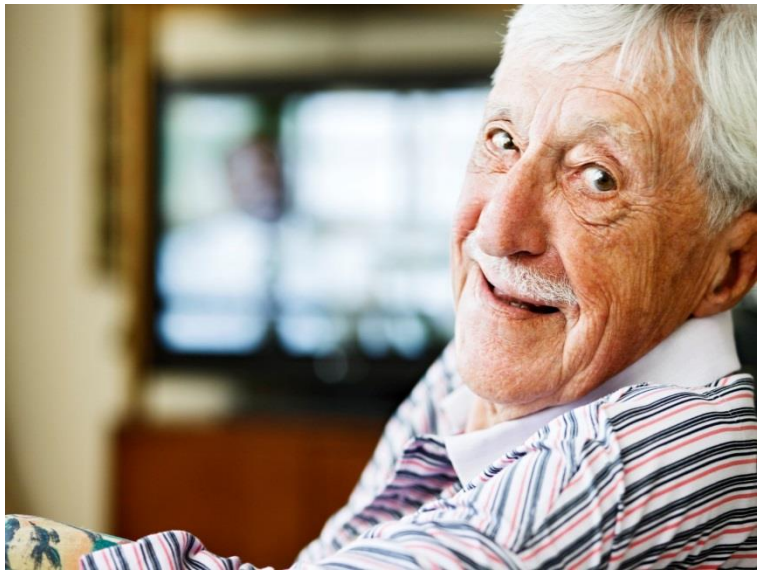
North Tees and Hartlepool NHS Foundation Trust



Stockton Care Home data

NHS
North Tees and Hartlepool
NHS Foundation Trust

Primary Care Network	Combined list size as at 1st Jan 20' [Exeter]	Locality %	Number of Older Peoples Homes	Number of CQC Registered Beds*	Percentage of all Beds
Stockton PCN	51,738	26%	14	507	26%
Billingham and Norton PCN	51,887	26%	10	499	26%
BYTES PCN	52,993	26%	8	495	26%
North Stockton Network	46,064	23%	7	425	22%
Total	**202,682**	**100%**	**39**	**1926**	**100%**



Key milestones & guidance

North Tees and Hartlepool NHS Foundation Trust

- Clinical Oversight – Clinical Decisions group led by our Trust Medical Director
- 18th March – multi agency meeting with Care Home Providers in Stockton
- 19th March – *Hospital discharge requirements* released
- 23rd March – Multi agency Care Home protection meetings via Teams

Weekly multi agency Care Home Protection meetings initiated

NTHFT Public Health SBC TEWV

- 2nd April *Admission and care of Residents during the covid 19 pandemic*
- 15th April – *Adult social care action plan* & increased testing capacity available, all Patients tested prior to discharge from Hospital
- 20th July - 1st Stockton Enhanced health in Care Home Multidisciplinary meeting

Discharge pathways

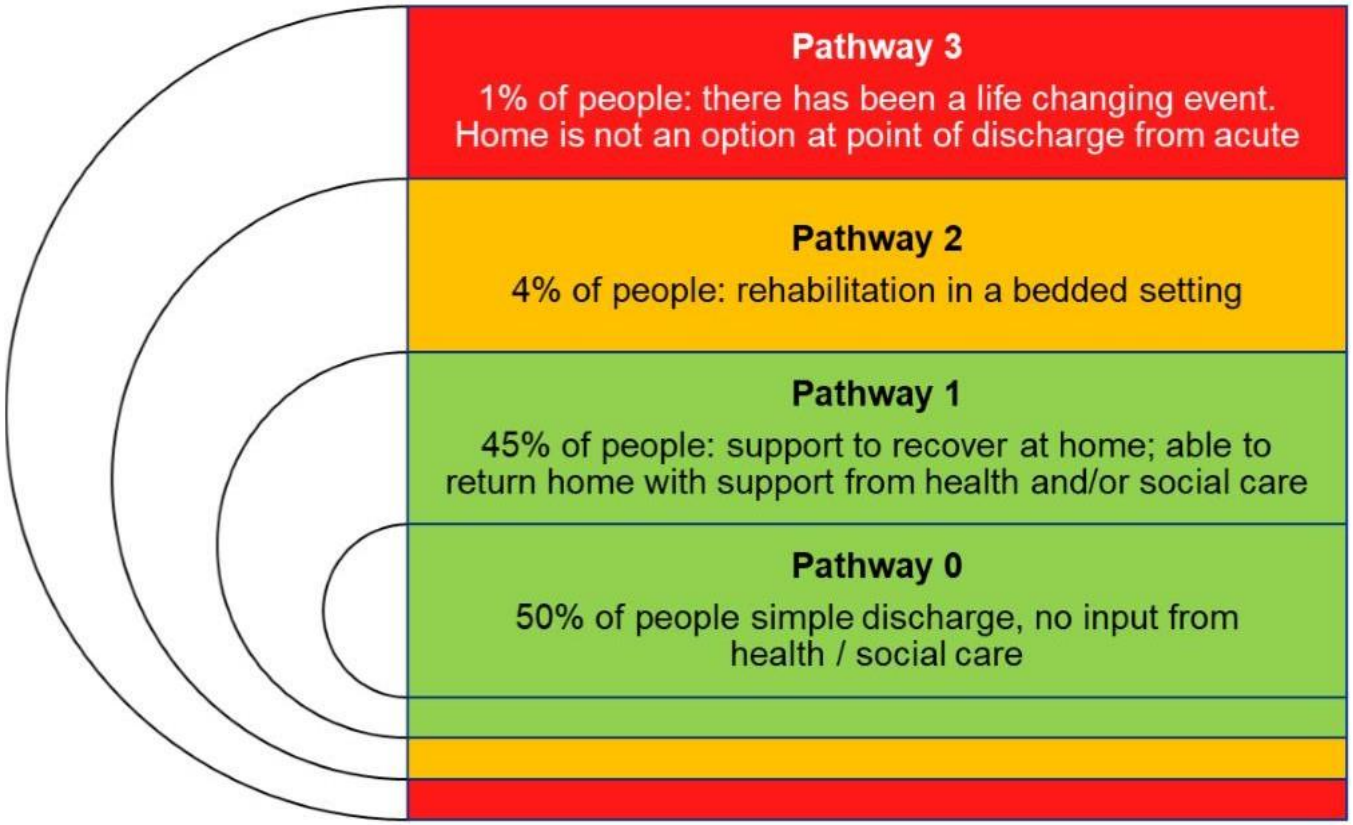


Figure 1: Discharge to Assess model

Integrated Single Point of Access COVID Support

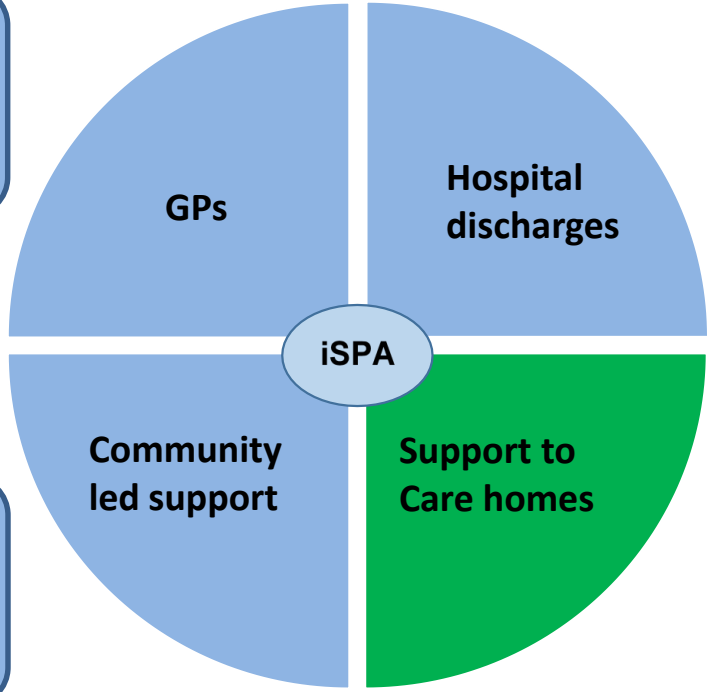
North Tees and Hartlepool NHS Foundation Trust

- Crisis response
- Weekly MDT EHCH – multi-professional approach to frailty elderly
- System approach

Responsiveness

Prevention

- Supporting Vulnerable People
- Helpline
- Shopping
- Isolation
- Community access



- Red / amber / Green tool
- SBARD tool – standardised assessment tool
- Flow into new additional community bed base
  - Bed base oversight

Co-ordination

Collaboration

- Whzan – live data for clinical interpretation
- COVID19 Swabbing
- IPC
- MDT
- Leadership support

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https://www.youtube.com/watch?v=rR2sQiAFvJo

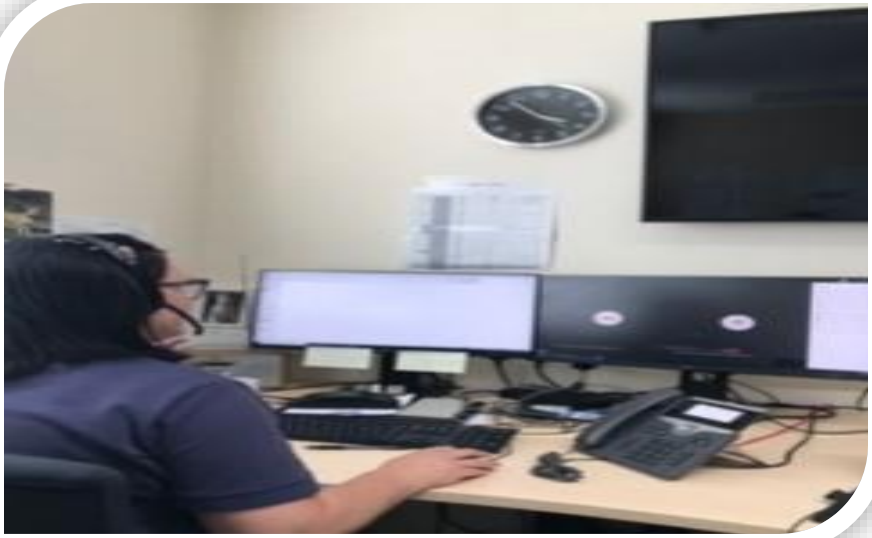
Role of Community Matrons during the pandemic

- To continue to provide a responsive service to adult care homes
- Provide support to care homes with the changing requirements of individuals related to the covid pandemic
- Meet the ever evolving government guidance in partnership with care home staff
- Completion of covid swabbing as per changing guidance
- Support care homes with blanket swabbing and and training to individual care home staff as required
- Commencement of remote prescribing for low level conditions to reduce unnecessary visits and ensure timely intervention
- Support for care staff and advice on how to contact and access mental health support as needed
- Review existing Emergency Health Care Plans (EHCP)and DNAR adapting to the current pandemic as appropriate using emerging national guidance to ensure that residents received compassionate, tailored, personalised care that considers the individual and families wishes in collaboration with care home staff and primary care colleagues

- Using past experience since start of the pandemic and emerging symptoms to become experts in the management of potential covid residents in care homes
- Enhanced support to care homes where clusters of residents with potential or positive covid cases
- Daily support to care homes with additional commissioned beds
- Commencement of Enhanced Care in Care homes MDT's as part of the PCN alignment
- Commencement of a resilience unit for all residents swabbed to ensure comprehensive understanding of the Covid status across care homes
- Working in partnership with Local Authority to problem solve

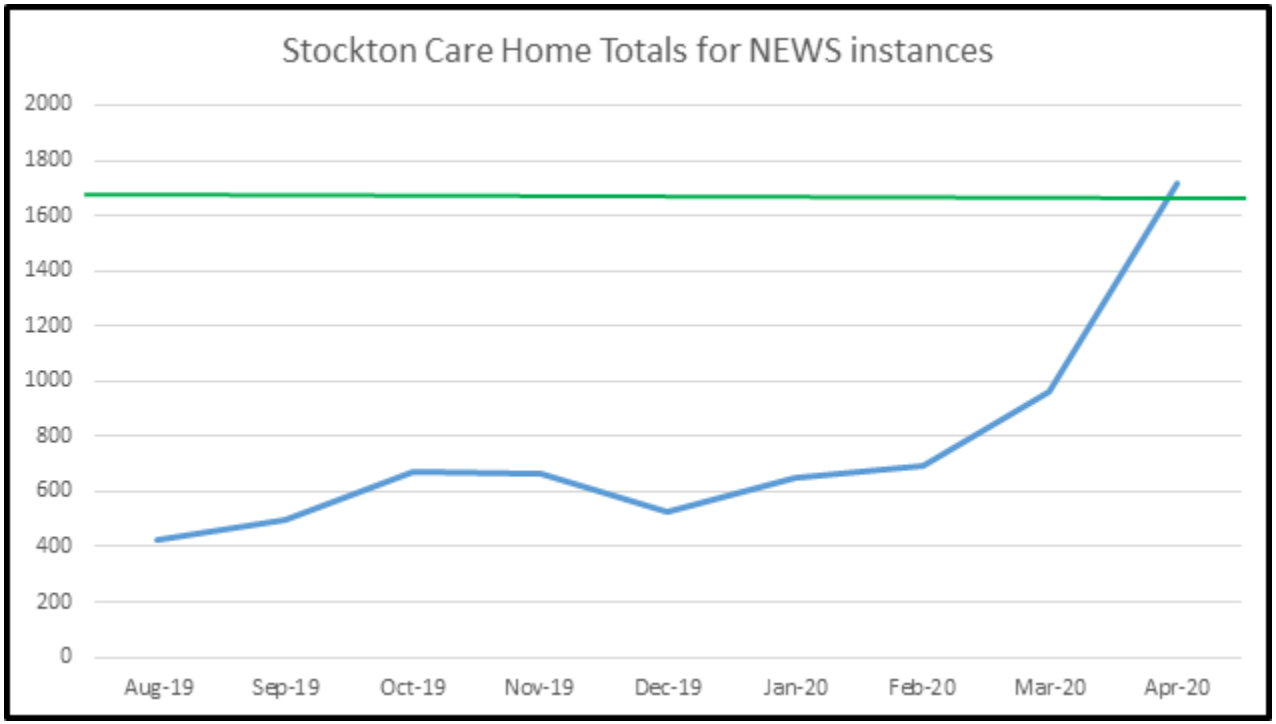
Partnership Working

- Continuation of planned and unplanned District Nursing support to residential care homes
- Additional dedicated Therapy Team to care homes to support intermediate care pathways
- Development of iSPA in partnership with Local Authority to enhance care home support as part of a Multi Disciplinary Team
- Embracing technology –virtual meeting
- Enhanced working with TEWV



Collaborative working

Covid enhanced our digital capabilities



Enhanced Health in Care Homes

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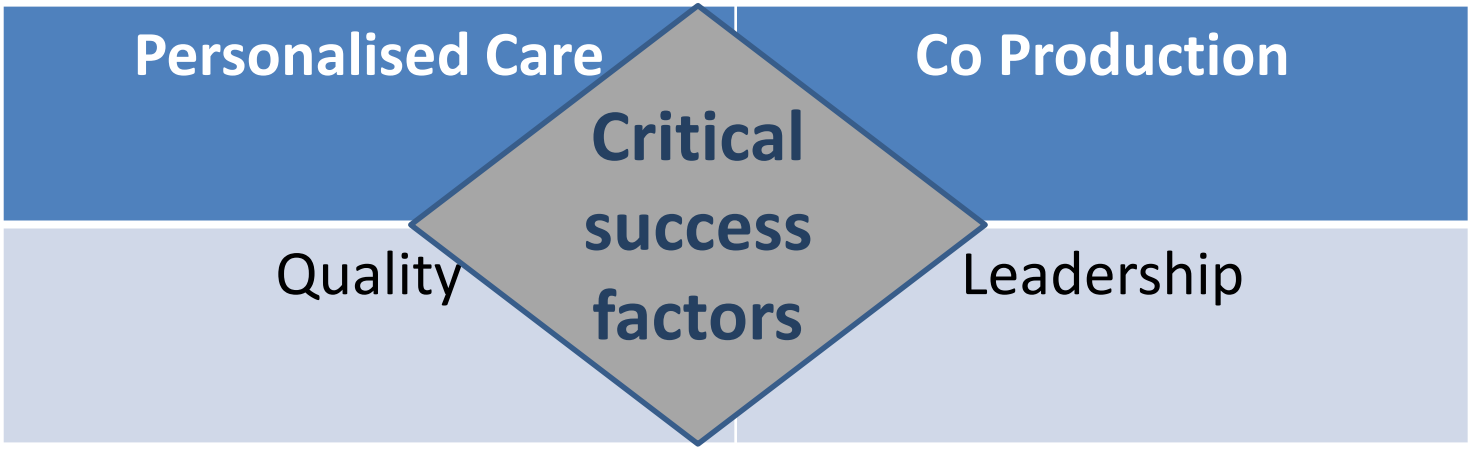
The Enhanced Health in Care Homes (EHCH) model moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.



Enhanced Health in Care Homes

North Tees and Hartlepool NHS Foundation Trust

Enhanced primary care support

Multidisciplinary Support

High quality end of life care, mental health care & dementia care

Falls prevention,
Reablement
Rehabilitation

Joined up commissioning & collaboration

Workforce development

Data, IT & Technology

What have we learnt? Are we prepared for a 2nd surge?

- Collaboration – *weekly operational care home protection forum*
- Swabbing – *rapid turn around prior to admission*
- Safe practices – *Personal protective equipment, mask fit testing*
- Recovery at home
- Importance of weekly MDT meetings
- Importance of working proactively
- Utilizing other teams to increase resilience