



Welcome

Winter-Readiness for Hertfordshire Care Settings

07/11/24

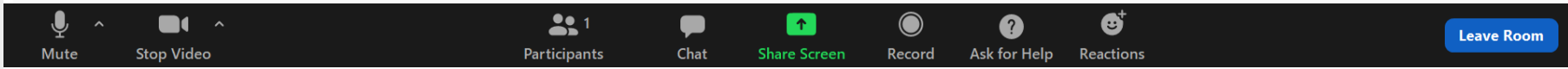


Housekeeping

- For now, microphones off unless asked to speak or speaking
- **We really like questions** - 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
- We will share a recording of this event, plus all resources and slides shown
- If you have questions post event – Get in touch with the care provider hub


In-Meeting Controls

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Agenda

- Introduction
- Public Health
- Cold Homes
- Business Continuity
- Digital and Data
- Monitoring Deterioration and SBARD
- Admission Avoidance and supporting discharge
- Questions



Michelle Airey

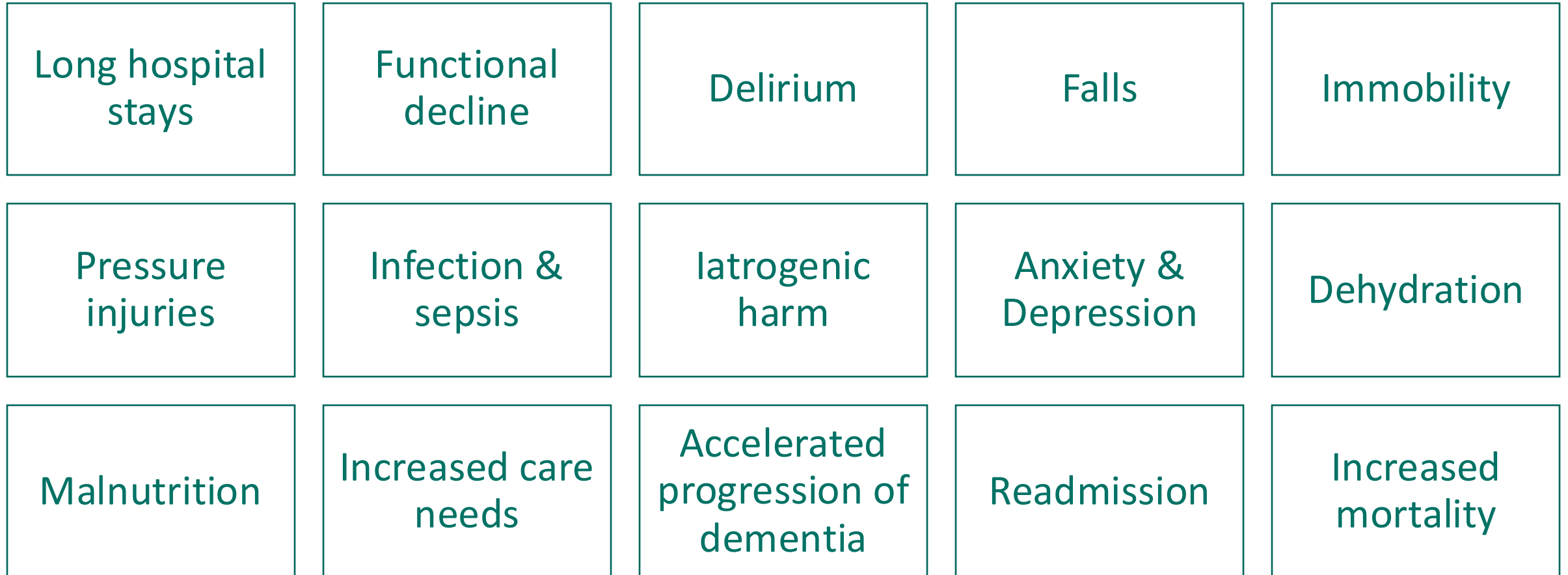
Head of Education, Quality and Integration - HCPA

Setting the scene





Frailty predisposes patients to harm and worse outcomes from an admission



Tanya Brady

Health Protection - Public Health - Hertfordshire County Council



Winter preparedness webinar: November 2024

Tanya Brady Senior IPC Nurse

PH/HPT HCC



Overview

- How to prepare for Acute Respiratory Infections
- Autumn / Winter Vaccinations - Influenza / COVID-19 / RSV
- Revisit IPC guidance
- Outbreak recognition and reporting
- D&V

Are you winter ready?



- Respiratory viruses such as COVID-19 , flu and other viruses such as Norovirus are likely to co circulate this winter.
- Acute Respiratory infections (ARI) including COVID-19 and viral gastroenteritis such as Norovirus can spread rapidly in social care settings, resulting in outbreaks due to prolonged close contacts between residents, and through direct and indirect care provided by staff.
- By being prepared for winter you can help prevent the spread of these viruses and support positive health outcomes for those you care for.

UKHSA Winter Readiness Toolkit

UKHSA Winter Readiness toolkit:

- The toolkit provides key messages for adult social care managers on winter preparedness (messaging on ARI's including early detection, prompt notification and management of outbreaks of ARI and gastroenteritis).
- Provides useful checklists to support managers, offering the opportunity for a quick review of processes and plans in place compared to national guidance.

[2024-08-20-Winter-Readiness-Toolkit-EoEASC-version-5.0-FINAL.pdf \(hcpa.info\)](#)

How to prepare for Acute Respiratory Infections

Prevent the spread of COVID-19/Flu in ASC settings

The best way to reduce the spread and mitigate the harm of ARIs is to combine standard infection prevention and control precautions (SICPs) with vaccinations, available medical treatments, and proportionate outbreak management.

Apply standard infection control precautions (SICP's) at all times

- Hand hygiene
- Respiratory hygiene
- Regularly letting fresh air into rooms and shared areas (can help remove air that contains virus particles, dilute their effect, and prevent the spread of infection).
- Regular cleaning of the environment, frequent touch points and shared equipment.
- Appropriate use of PPE
- Correct handling and segregation of waste and infectious linen.



courage staff and service users to get vaccinated

Vaccination remains one of the most important defences against both COVID-19 and seasonal flu, helping to reduce the risk of serious illness, hospitalisation and death.

It is important that all those eligible for vaccination take up the offer to help protect themselves and those they care for from these viruses and prevent having to take time off work due to illness.

Providers should take steps to support vaccination by:

- providing information on vaccination campaigns which can be accessed here [Get Vaccinated. Get Winter Strong. | Campaigns | Campaign Resource Centre \(dhsc.gov.uk\)](https://www.dhsc.gov.uk/campaigns/get-winter-strong)
- commencing the consent process for residents in good time to maximise uptake for eligible people in residential care settings
- encouraging staff to book their vaccinations as soon as possible.



Influenza Vaccination

- Flu vaccination remains a critically important public health intervention to reduce morbidity and mortality in those most at risk including older people, pregnant women and those in clinical risk groups.
- Flu vaccination helps the health and social care system manage winter pressures by helping to reduce demand for GP consultations and likelihood of hospitalisation. Getting vaccinated will help to prevent transmission of flu.
- UK Health Security Agency (UKHSA) data shows that over the past 2 winters (October to May, 2022 to 2023 and 2023 to 2024) at least **18,000 deaths were associated with flu**, despite last winter being a relatively mild flu season.
- Evidence shows the significant impact from last year's flu vaccine with a **30% reduction** in the number of those aged 65 and over being hospitalised [Surveillance of influenza and other seasonal respiratory viruses in the UK, winter 2023 to 2024 - GOV.UK \(www.gov.uk\)](#).

Influenza Vaccination: Who is eligible?

From September 1st 2024:

- Pregnant women
- All children aged 2 or 3 years on 31 August 2024
- Primary school aged children (from Reception to Year 6)
- Secondary school aged children (from Year 7 to Year 11)
- All children in clinical risk groups aged from 6 months to less than 18 years.

From 3 October 2024:

- People aged 65 years and over
- People aged 18 years to under 65 years in clinical risk groups
- Those in long-stay residential care homes
- Carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person.
- Close contacts of immunocompromised individuals
- Frontline workers in a social care setting without an employer led occupational health scheme
- All frontline health care workers

[National flu immunisation programme plan 2024 to 2025 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/121212/national-flu-immunisation-programme-plan-2024-to-2025.pdf)

[Flu vaccination: who should have it this winter and why - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/121212/flu-vaccination-who-should-have-it-this-winter-and-why.pdf)

[Flu vaccination guidance for social care workers and unpaid carers \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/121212/flu-vaccination-guidance-for-social-care-workers-and-unpaid-carers.pdf)

Covid-19 Vaccination

The primary aim of the COVID-19 vaccination programme remains the prevention of severe illness, hospitalisation and death arising from COVID-19. The focus is to offer vaccination to those most likely to directly benefit from vaccination, such as those with underlying health conditions that increase their risk of hospitalisation.

In the last two-year winter period, the estimated number of **deaths associated with COVID-19 was just over 19,500.**

The groups to be offered a COVID-19 vaccine in autumn/winter 2024/25 are:

- Residents in a care home for older adults
- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group, as defined (as defined in tables 3 or 4 in the COVID-19 chapter of the Green Book)
- Pregnant women
- Frontline health and social care workers and staff working in care homes for older adults

Campaign Timing



Care homes and housebound

- Primary care networks are prioritising vaccinations of residents in older adult care homes and those who are housebound.

National Booking Service (NBS)

- The NBS is open for COVID-19 and flu bookings for all those eligible. The last available appointment date on NBS will be Friday 20 December 2024 for both flu and COVID-19.

Vaccination of health and social care workers

- For frontline health and social care workers and staff working in care homes for older adults' employers will be asked to signpost these staff to the most convenient vaccination offer.
- This may be through NBS, GP or local community pharmacy where staff can self-declare their eligibility (bring letter of entitlement) and receive a free vaccination through the NHS.

Respiratory Syncytial Virus (RSV) Vaccination

A new Respiratory Syncytial Virus (RSV) Vaccination Programme commenced 1 September 2024

What is Respiratory Syncytial Virus (RSV)?

- Respiratory Syncytial Virus (RSV) is a common respiratory virus that can cause serious lung infections. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and infants.
- RSV has a considerable impact on individuals and NHS services during the winter months.
- RSV accounts for around 30,000 hospitalisations in children aged under 5 and is responsible for 20 to 30 infant deaths. It also causes around 9,000 hospital admissions in those aged over 75 causing severe illness and mortality.

[Introduction of new NHS vaccination programmes against respiratory syncytial virus \(RSV\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

RSV Vaccination Programme 2024-25: Who is eligible?

Programme for older adults aged 75-79 years.

- All adults turning 75 years old on or after 1 September 2024 will be offered a single dose of the free RSV vaccine.
- Those eligible can get the vaccine up to the day before they turn 80
- For the first year of the programme, the vaccine will also be offered to those who are already aged 75 to 79 years old on 1 September 2024 as part of a catch -up programme.

[Your guide to the RSV vaccine for older adults - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/your-guide-to-the-rsv-vaccine-for-older-adults)

Programme for pregnant women to protect the infant.

- All women who are at least 28 weeks pregnant on 1 September 2024 will be offered a single dose of the RSV vaccine to protect their baby.
- After that, pregnant women will become eligible as they reach 28 weeks' gestation and remain eligible up to birth.

[A guide to RSV vaccination for pregnant women - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/a-guide-to-rsv-vaccination-for-pregnant-women)

RSV Vaccination Promotion

- You can promote the RSV vaccine to eligible older adults at risk of the virus by accessing a poster here to display in your setting [RSV Poster for Older Adults - Health Publications](#).
- You can also share this information leaflet with eligible older adults [RSV vaccine for adults \(publishing.service.gov.uk\)](#).

Identify those eligible for treatments

COVID-19 treatments

- Providers should familiarise themselves with the full eligibility criteria for COVID-19 treatments and identify people who may be eligible. (If you are not sure check with the GP).
- If someone who is eligible for COVID-19 treatments develops COVID-19 symptoms, they should be tested with an LFD test.
- Ensure you have sufficient LFD test kits available in the home and check expiry dates. (at least 3 tests available per eligible individual to enable them to test for 3 consecutive days).
- If the individual tests positive providers should organise an assessment for COVID-19 treatments for them. If in doubt, contact the integrated care board (ICB). [Herts and West Essex ICS](#).

Accessing LFT tests

- Access tests for those eligible for COVID-19 treatments in a residential care setting via **NHS local pharmacy**.
- Staff providing care to people outside of residential care settings can help support individuals to access tests and treatment via NHS for those eligible for COVID-19 treatments. More information available here [Treatments for COVID-19 - NHS \(www.nhs.uk\)](#).

Identify those eligible for treatments

Flu antivirals

- Antivirals for the treatment and prevention of flu work best when people start them within 2 days of becoming unwell or being in close contact with a person with flu.
- Flu antivirals in care homes may be recommended by the UK Health Security Agency (UKHSA) HPT when there is a suspected ARI outbreak.
- GP's can also prescribe antivirals directly for treatment of individual cases and prevention in close contacts when flu is circulating.

How to access tests for outbreak testing in a care home

- COVID-19 LFD tests for testing during a suspected outbreak are no longer available from UKHSA.
- Care homes with a suspected outbreak of Acute Respiratory Infection (ARI) should discuss with UKHSA HPT who can arrange multiplex PCR testing (only testing of the first 5 residents with symptoms of a respiratory infection will be arranged via the Community Provider for testing in the EoE HPT region).
- In the first instance, you can seek confirmation of the diagnosis by using Lateral Flow Devices (LFD) for those eligible for COVID-19 treatments to exclude COVID-19 before reporting a suspected outbreak.
- **Symptomatic testing with LFDs is advised only for those eligible for COVID-19 treatments** during suspected outbreaks in ASC settings.

Personal Protective equipment (PPE)

- Ensure you have an adequate supply of PPE available.
- Appropriate PPE should be worn by care workers in all settings, as well as visitors to residential care settings, subject to a risk assessment.
- For PPE to be effective, it is important to use it properly and follow instructions for putting it on (donning) and taking it off (doffing). [Guide to donning \(putting on\) and doffing \(removing\) PPE \(non-AGP\) in adult social care settings \(for print\) \(publishing.service.gov.uk\)](#) .
- All used PPE should be disposed of appropriately in the correct waste stream.
- Ensure sufficient foot operated bins for disposal of PPE.

Maintain adequate stock levels

Ensure sufficient stock levels

- liquid soap, disposable paper towels, alcohol hand rub
- Foot operated bins
- Tissues
- Cleaning supplies – maintain adequate levels of cleaning materials in anticipation of increased cleaning (e.g. disposable cloths, mop heads, detergent, chlorine- based disinfectant).

Revisit IPC Guidance

Acute Respiratory Infection guidance in adult social care

- Now is the time for all staff to revisit IPC/ acute respiratory infection guidance
[Infection prevention and control in adult social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/infection-prevention-and-control-in-adult-social-care-settings)

[Infection prevention and control in adult social care: acute respiratory infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/infection-prevention-and-control-in-adult-social-care-acute-respiratory-infection)

[NHS England » National infection prevention and control manual \(NIPCM\) for England](https://www.nhs.uk/publications/nipcm/)
- Ensure IPC policies / procedures, SOP's & BCP's are up to date and read by all staff.

If a service user has symptoms of ARI

Care home residents

- residents with symptoms of ARI and who have a high temperature or do not feel well enough to do their usual activities should be **supported to stay away from others**.
- Test for COVID-19 only if eligible for COVID-19 treatments.
- If tests positive for COVID-19, arrange an assessment for appropriate treatment and follow guidance. [Infection prevention and control \(IPC\) in adult social care: acute respiratory infection \(ARI\) - GOV.UK \(www.gov.uk\)](#)

Service users not in a care home

- Support to follow the guidance [People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](#).

Ensure IPC precautions are followed:

- Adequate Ventilation
- Enhanced cleaning (1,000ppm chlorine-based solution) of environment and frequent touch points
- Appropriate PPE

service user tests positive for COVID-19 or Flu

Care home residents with COVID-19 or Flu

- Support to stay away from others for a **minimum of 5 days** after the onset of respiratory symptoms.
- After 5 days, the resident can return to their normal activities if they feel well and no longer have a high temperature.

Staff with symptoms of acute respiratory infection

- Support to stay away from work returning only when no longer feel unwell and no longer have a high temperature.

[Infection prevention and control in adult social care: acute respiratory infection - GOV.UK](#)

Recognise Outbreaks promptly

Consider the possibility of an ARI outbreak:

where you have 2 or more positive or clinically suspected linked cases of ARI within the setting within a 5 -day period.

Follow the HCC ARI outbreak management process

[ARI-OB-management-process-V3-Mar24final.pdf \(hcca.info\)](#)

Implement outbreak control measures- proportionate, risk assessed and time limited.

Acute Respiratory Infection (ARI) including COVID-19 outbreak management process



Setting suspects an Acute Respiratory Infection (ARI) outbreak (COVID-19, Flu or other acute respiratory infection)

An ARI outbreak consists of 2 or more positive or clinically suspected linked cases of ARI, in the setting within a 5-day period.

The setting should undertake a risk assessment as soon as possible and implement proportionate outbreak control measures in line with guidance.

[Infection prevention and control \(IPC\) in adult social care: acute respiratory infection \(ARI\) - GOV.UK \(www.gov.uk\)](#)

Report the outbreak

Complete the UKHSA web-based Care OBRA Tool via <https://forms.ukhsa.gov.uk/ReportAnOutbreak> using your Unique Organisation Number (UON).

Any updates to an ongoing outbreak should be emailed directly to eastofenglandHPT@ukhsa.gov.uk

UK Health Security Agency (UKHSA) HPT will provide relevant IPC advice and guidance and organise PCR testing for up to 5 symptomatic residents (and flu antivirals where indicated) via Commisceo (commissioned provider). Any symptomatic residents eligible for COVID-19 treatments should also be tested as soon as possible using LFD test obtained for this purpose, even if they are also tested by PCR.

Further support is available from UKHSA where there are specific issues of concern for example:

greater severity of illness with more deaths or hospitalisations than expected, rapidly increasing cases despite control measures, a suspected outbreak of 2 ARI's (for example Flu alongside COVID-19). Providers should seek advice from the relevant Local Authority contact if there are operational issues such as staffing shortages or concerns about safety.


Outbreak measures can be lifted 5 days after the onset of symptoms in the most recent symptomatic resident. All residents should be monitored for up to a further 5 days after this to ensure they can access appropriate treatments where necessary.

Should you require any further advice or support you can email HCC Public Health Team

Email: hertsht.spoc@hertfordshire.gov.uk

Once the outbreak is declared over please notify HCC Public Health Team
Email: hertsht.spoc@hertfordshire.gov.uk

Reporting of Outbreaks

- If you suspect an outbreak of respiratory illness in your care home, report this promptly to UKHSA via the Care OBRA notification tool using the link or QR code [Care Outbreak Risk Assessment \(Care OBRA\) Tool for Acute Respiratory Infections \(ukhsa.gov.uk\)](https://ukhsa.gov.uk/care-obra) . 
- Report outbreaks of diarrhoea and vomiting to UKHSA HPT on **0300 303 8537 Option 1** or emailing eastofenglandhpt@ukhsa.gov.uk.

Prompt reporting is essential to implement timely and effective control measures.

Diarrhoea and/or Vomiting outbreak in a care home

Immediate control measures:

- Isolation of residents/affected staff until clear of symptoms for 48 hours
- Enhanced cleaning (1,000ppm chlorine)
- Effective hand washing with liquid soap and warm water only (**DO NOT use alcohol-based hand rub** as this has limited effectiveness against some diarrhoeal diseases).
- Appropriate Personal Protective Equipment (PPE) - disposable apron /gloves and kept outside affected residents' room.
- Ensure linen management systems are in place as well as clinical waste disposal systems.
- Stool sample collection for affected residents as requested by either the home GP or UKHSA HPT.
- Ensure residents are clinically assessed and rehydrated adequately.
- Inform visitors of the outbreak and need for hand washing/ PPE.

Norovirus, also known as the 'winter vomiting bug', is the most common virus in the UK. It can spread easily through close contact, or by contaminated surfaces.

The main symptoms of norovirus include a sudden onset of nausea, vomiting and diarrhoea, usually 1 to 2 days after becoming infected. Other symptoms include a high fever, a headache and aching arms and legs.

Good hand hygiene is important to stop norovirus spreading.

To stop norovirus spreading, you should:

- wash your hands thoroughly using soap and warm water after using the toilet, after contact with a sick individual and before preparing and eating food.
- stay off school or work until you have not been sick or had diarrhoea, vomiting or diarrhoea, usually 1 to 2 days after becoming infected.
- not rely on alcohol gels instead of washing your hands, as these do not kill the virus.
- wash any contaminated clothing or bedding using detergent at 60°C.
- handle any items.
- use bleach-based cleaners to disinfect surfaces.

If you catch it, stay home for 48 hours after you are well.

DO ✓

- Wash clothes and bedding at 60°C
- Wash hands with soap, clean surfaces with bleach-based disinfectants

DON'T ✗

- Go to work or school, visit other homes or hosp...

Most people will make a full recovery in 2-3 days without needing any medication. Keep hydrated – especially children and the elderly.

Try not to visit A&E or GP surgeries if you have symptoms of norovirus unless you are a healthcare professional, as this may spread the bug to others. Call ahead if you are worried about your symptoms.

Further information is available at NHS 111 or NHS.uk <https://www.nhs.uk>

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Diarrhoea and/or Vomiting outbreak in a care home

Transfer of residents to hospital or other institutions

- should be avoided unless medically required. If necessary, inform the ambulance provider and receiving hospital/institution of the outbreak or if the resident is infectious prior to arrival.

[Guidelines for the management of norovirus outbreaks in acute and community health and social care settings \(publishing.service.gov.uk\)](#)

[Stop norovirus spreading poster \(publishing.service.gov.uk\)](#)

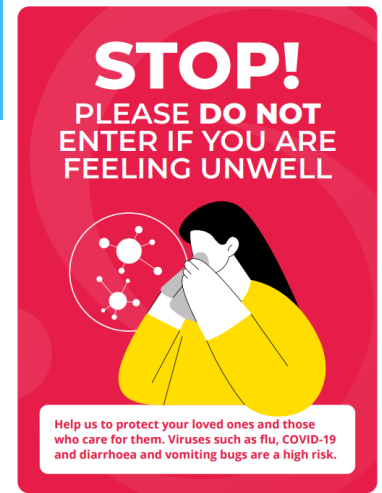
Precautions for visitors

- Visitors should not enter the care home if they are feeling unwell

[Visitor-Poster-Care-Homes-final-11-10-24-jw.pdf \(hcpa.info\)](#)

- Visitors should be asked to follow the IPC processes put in place by the care home, practising hand hygiene and following the same PPE recommendations as staff.
- Visitors should be warned of any ongoing outbreak and any symptomatic residents so that they are aware of the risks and can decide whether to go ahead with the visit or postpone if they wish to do so.
- Health, social care and other professionals may need to visit residents within care homes to provide services. Visiting professionals should follow the same PPE recommendations as other visitors.
- Ensure procedure in place for visiting during an outbreak in line with visiting guidance

[Supporting safer visiting in care homes during infectious illness outbreaks - GOV.UK \(www.gov.uk\)](#) .



Resources

[Infection prevention and control \(IPC\) in adult social care: acute respiratory infection \(ARI\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/infection-prevention-and-control-ipc-in-adult-social-care-acute-respiratory-infection-ari)

[Infection prevention and control: resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/infection-prevention-and-control-resource-for-adult-social-care)

[NHS England » National infection prevention and control manual \(NIPCM\) for England](https://www.nhs.uk/publications/nipcm)

[Influenza-like illness \(ILI\): managing outbreaks in care homes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/influenza-like-illness-ili-managing-outbreaks-in-care-homes)

[Norovirus: managing outbreaks in acute and community health and social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/norovirus-managing-outbreaks-in-acute-and-community-health-and-social-care-settings)

[Infection prevention.pdf \(nice.org.uk\)](https://www.nice.org.uk/guidance/infection-prevention)

[Infection prevention and control: quick guide for care workers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/infection-prevention-and-control-quick-guide-for-care-workers)



Creating a cleaner, greener,
healthier Hertfordshire



Geraldine Bruce

Health Protection - Public Health - Hertfordshire County Council

Winter preparedness webinar: November 2024



Cold Weather / Healthy Homes

Geraldine Bruce, Public Health



- Cold Weather and impacts on health
- What you can do to support people when it's cold
- Cold Homes
- Damp & Mould in Homes

Cold weather and health who is at risk?

Whilst exposure to cold weather can affect anyone, some people are particularly at risk.

These include:

- older people (aged 65 years and over)
- people with long-term health conditions such as cardiovascular or respiratory disease, or mental health condition
- pregnant women
- young children (particularly those aged 5 and under)
- people with learning disabilities
- people at risk of falls
- people who live alone and may be unable to care for themselves
- people who are housebound or have low mobility
- people living in deprived circumstances

[Supporting vulnerable people before and during cold weather: for adult social care managers - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

The direct and indirect effects of cold weather



UK Health Security Agency

COLD WEATHER

The direct and indirect effects of cold weather



Exposure to cold weather can affect your health in different ways, even at temperatures as mild as 4 to 8 °C

Direct effects



- **heart attack**
- **stroke**
- **increased risk** of respiratory disease
- **weakened lung function** causing an increased risk of influenza
- **falls** and injuries
- **hypothermia**

Indirect effects



- **disruption to healthcare services** caused by snow and ice
- **carbon monoxide** poisoning
- **poorer mental health** and reduced educational and employment attainment have been linked to cold homes and fuel poverty



Cold weather guidance

UKHSA Cold Weather guidance for ASC managers

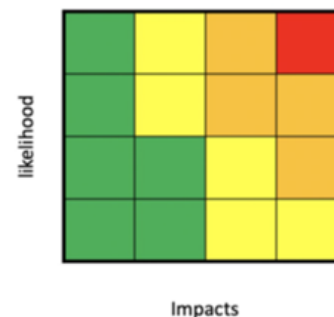
Provides advice to managers working in the social care sector on how to reduce the risks of cold weather for the health and wellbeing of those who receive care.

[Supporting vulnerable people before and during cold weather: for adult social care managers - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Cold-Health Alert action card for health and social care providers - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Details the suggested actions that providers of social care should consider to prepare for and respond to each Cold-Health Alert (CHA) type (yellow, amber or red).

It also identifies some of the key long-term strategic actions managers can take which will help minimise harms to health arising from cold weather.



Reduce the risk associated with exposure to cold weather

Cold weather can put people at greater risk of ill-health and even death primarily because it increases the probability of complications from existing disease, and of injury due to falls.

In all settings reduce the risk associated with exposure to cold weather by:

- developing, and where necessary implementing, business continuity plans (BCP) for cold weather, and ensuring all staff know how to take action accordingly.
- protecting clients and staff by promoting COVID-19 and flu vaccination for them.
- taking simple measures to protect clients and staff from cold, snow and/or ice.



Delivering care to people in their own home

- identify who is at higher risk of cold-related illnesses and how to reduce that risk.
- have a plan in place for individuals you are responsible for to keep them warm during the winter and ensure staff know how to raise concerns regarding clients they are working with if necessary.
- ensure staff are aware of main sources of support for housing, energy bills and other needs to signpost clients to, including support for those on low incomes.
- help people who use your service to understand health risks from cold weather and simple actions they can take.

[Keeping warm and well: staying safe in cold weather - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

 **Keeping warm and well:
staying safe in cold weather**

Plan ahead

-  Check the weather forecast and the news
-  Make sure you have sufficient food and medicine
-  Take simple measures to reduce draughts at home

Keep yourself warm

-  Heat rooms you spend most time in to 18°C if you can
-  Keep bedroom windows closed
-  Wear multiple layers of thinner clothing

Prepare your home

-  Check what financial support may be available for you
-  Use energy saving tips to save money on heating
-  Make sure appliances are safe and working well

Look after yourself and others

-  If you're eligible, get vaccinated against flu and COVID-19
-  Check on others who may be vulnerable
-  Get help if needed. Call NHS 111 or in an emergency 999

For more information go to:
[Top tips for keeping warm and well this winter - www.GOV.UK](https://www.gov.uk)

Top Tips to keep warm and well this winter

Heat rooms you spend time in to at least 18°C

Try to reduce draughts - fit draft excluders around doors cheaply.

Keep windows closed at night.



Wear multiple layers of thinner clothing this will keep you warmer than one thicker layer.

Get vaccinated against COVID-19 & seasonal Influenza.

Keep active- try not to sit still for more than an hour or so. If you find it difficult to move about, stretching your arms and legs can also help keep you warm.

Where bad weather is forecast plan ahead for provision of medicines & food.

If you work in a care home or other residential setting, you should:

Ensure that plans are in place to be able to monitor room temperature, body temperature, pulse rate and blood pressure to protect residents.

Age UK Hertfordshire Winter Welfare Check



Age UK Hertfordshire will be supporting older and/or vulnerable people to keep warm this winter by providing Winter Welfare Visits. This is a fully funded project by HCC and the ICS and is therefore free of charge. If you would like to make a referral please complete [this form](#) and return it using the contact details given at the bottom of the form. [Find out more...](#)

Resources

<https://www.gov.uk/government/publications/adverse-weather-and-health-plan>

<https://www.gov.uk/government/publications/cold-weather-and-health-supporting-vulnerable-people/supporting-vulnerable-people-before-and-during-cold-weather-for-adult-social-care-managers>

<https://www.gov.uk/government/publications/cold-weather-plan-action-cards-for-cold-weather-alert-service/cold-health-alert-action-card-for-health-and-social-care-providers>

<https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>

[Helping to prevent winter deaths and illnesses associated with cold homes | Quick guides to social care topics | Social care | NICE Communities | About | NICE](#)

[Winter vaccinations and winter health - NHS \(www.nhs.uk\)](https://www.nhs.uk)

What is damp & mould?



Damp refers to the presence of moisture, water and condensation being present within a property, which is often caused by condensation, penetrating damp or rising damp.



Mould is a type of fungus that grows in damp and poorly ventilated conditions.

Health effects

Respiratory

- General symptoms: cough, wheeze and shortness of breath
- Increased risk of airway infections
- Development or worsening of allergic airway diseases, asthma and other conditions that involve inflammation of the airways

Other physical health

- Irritation of the eye
- Eczema, and other patches of itchy skin or skin rashes
- Other fungal infections

Poor mental health due to:

- Unpleasant living conditions
- Anxiety related to physical health impacts
- Frustration with poor advice
- Social isolation because of not wanting visitors in the home

People at increased risk

Damp & mould can cause disease and ill health in anyone, but the below groups of people are at greater risk of ill-health:

- Has a **pre-existing health conditions** i.e., allergies, asthma, cystic fibrosis, other lung diseases, and cardiovascular disease
- Has a **weakened immune system** i.e., those with cancer, those receiving chemotherapy, transplant patients
- Has a **mental health condition**
- Is **pregnant** or has **recently given birth**
- Is a **child** or **young people**
- Is an **older person**
- Is **bedbound, housebound** or has **mobility problems**

Causes of damp and mould



What can be done to reduce risk?

Reduce Moisture

Always cook with pan lids on.

Use an extractor fan and close kitchen and bathroom doors when cooking or washing.

Dry clothes outside where possible or use a vented tumble dryer. When not possible, use a clothes airer in a well-ventilated space. Do not hang clothes on radiators to dry.

When filling your bath, run the cold water first then add the hot – it will reduce the steam by 90% which leads to condensation.

Wipe surfaces to remove excess condensations.

Improve Ventilation

Open windows regularly (especially when cooking or washing).

Move furniture away from walls so air can circulate.

Keep cupboards and wardrobes clutter free.

Heat your home

If you don't have heating in every room, keep the doors of unheated rooms open to allow some heat into them.

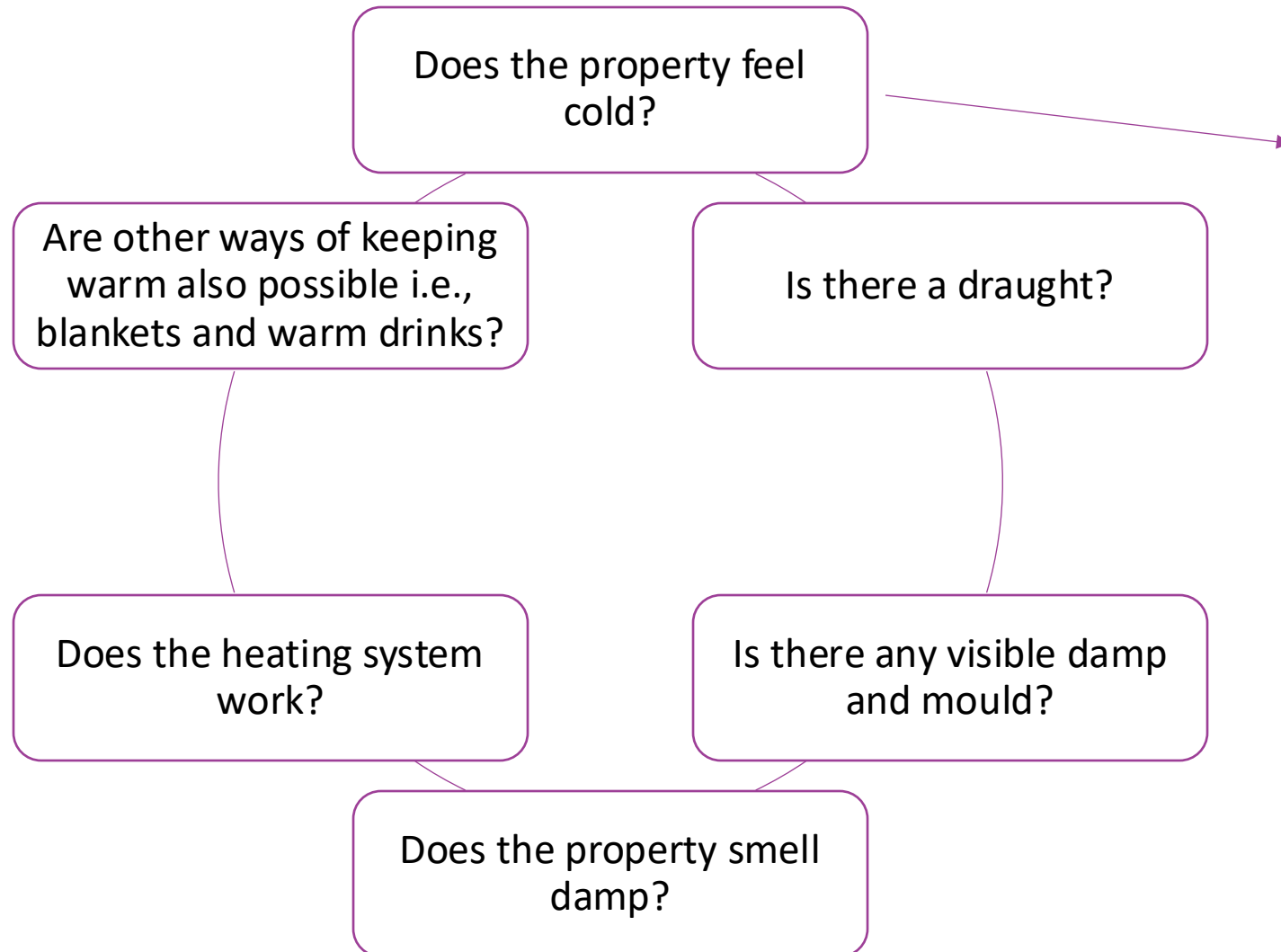
Try to keep your home properly heated to a temperature of at least 18c.

Avoid heaters that use bottled gas or paraffin as they produce lots of moisture.

Dealing with mould:

- Don't disturb mould by vacuuming or brushing it.
- Wipe down affected areas with an anti mould wash, following the instructions. Bleach is not recommended as it does not kill the mould.
- Use an anti mould paint or wallpaper paste after treatment. Don't use ordinary paint on the affected area.
- Dry-clean clothes if you spot mould/ mildew on them.
- Shampoo carpets that have mould on them.

What should you look out for?



18-21°C is particularly important for people over 65yrs or with pre-existing medical conditions.

To learn about the Hertfordshire damp & mould referral pathway (which includes direct referrals to Environmental Health/ Housing), please email HealthyPlaces@hertfordshire.gov.uk

Signposting & Referrals

We are your helping hand

There's lots of support, advice and services to help you manage the cost of living. Turn over to find out more. Alternatively, visit www.hertfordshire.gov.uk/costofliving or scan the QR code.

If you need help and don't know where to turn, contact HertsHelp on 0300 123 4044



We are
Hertfordshire County Council



HertsHelp

Independent advisors offering free, confidential advice on local services and support.

Call: 0300 123 4044

Email: info@hertshelp.net
www.hertshelp.net

Warm Spaces

Find a Warm Space near you, locations all across Hertfordshire.

Call: 0300 123 4044

www.hertfordshire.gov.uk/warmspaces

Welfare Assistance Service

Support scheme to help Hertfordshire residents facing an immediate financial crisis.

www.hertfordshire.gov.uk/was

Money and benefits advice

Free guides on debt and benefits, disability, bereavement, housing, retirement, carer support.

www.hertfordshire.gov.uk/moneyadvice

Citizens Advice

Receive free, local, confidential advice on benefits, money and credit problems, employment, housing and family issues.

Call: 0800 144 8848

Mental health

Advice and support available for your happiness, wellbeing and mental health.

www.hertfordshire.gov.uk/mentalhealth

Age UK

Supporting older people with advice, including financial support, and many other services to help maintain independence.

Call: 0300 345 3446

www.ageuk.org.uk/hertfordshire

Local food support

Find information on food support available near you and to get a referral.

Call: 0300 123 4044

www.hertfordshire.gov.uk/foodsupport

Health and Independent Living Support (HILS)

Meals on wheels and other independence-promoting services for older and disabled people.

Call: 0330 2000 103
www.hils-uk.org

Noemi Varga

Business Development Coach - HCPA

Key elements of a Business Continuity Plan (BCP)

The Purpose of the BCP: A proactive plan of action put in place in readiness to control arising risks that would cause significant disruption to your service delivery. A proactive planning tool that identifies, minimises the impact of a risk and brings the risk back into control as quickly as possible.

BCP Risk v BAU risk: A BCP risk can be described as an out-of-the-ordinary occurrence that can cause significant disruption to the service. E.g. 10 staff calling in sick all at once = BCP
whereas 1 or 2 member/s of staff calling in sick = Business as usual (BAU)

Establish a BCP Response Team: with clear details of who will deputise in their absence and who can invoke the BCP.

Reviews & Testing: Make sure that your BCP is up-to-date, relevant to your business needs and staff are aware of their responsibilities, and what to do in the event of an emergency. Build in stop and checks to ensure mitigating arrangements put in place are still viable i.e. check if the recruitment agency you use is still operational and available to draw upon. BCP needs to be tested 4 times a year approx. every 4 months and these tests should be logged on your testing log. The tests should contain different risks .

BCP risks over the winter period

BCP risks and threats that should be looked at and ensure that is up to date over the winter period:

- Shortage of staff/staff sickness
- Flooding
- Adverse weather including storms, heavy snow and heavy fog
- Infection control
- Flu and other viral infections



Shortage of staff and staff sickness

- **Potential risk/threat:** Staff shortage/ Staff sickness
- **Business issues:** struggle to cover the rota, potential extra finances to spend, compliance may drop back down, clients' needs may not be met;
- **Mitigating actions in place:** engage bank staff and or agency staff; Have some staff agencies on the book who are reliable and can supply you with competent and well-trained staff within a short space of time if needed have good job flexibility; Listen to your staff; build a strong team; maintain good communication with your team; good retention and recruitment processes; Improve company culture; Ensure you have sufficient staff-level; Ensure that you do not burn your staff out so they can help you in real emergencies; have your management team ready to step in if needed.
- **Triggers:** adverse weather, transport issues; outbreaks

Shortage of staff and staff sickness

- **Action card:**

Step 1: Identify the number of shifts that have gone done and the number of staff you would need

Step 2: Have a look at the existing rota and see if anywhere any gaps can be identified and can be filled

Step 3: Ask any staff that is on shift if they would be willing to work any extra

Step 4: Contact any staff that may not be on the shift on the day, if they would be able to work

Step 5: Contact any bank staff that you have and see if they can help you out (Ensure contact details are always at hand).

Step 6: Call all staffing agencies (*incl. name and contact number of the agencies*) around that you have on your book and see if they can send any staff to help within the short notice

Step 7: See if you can spare any of your management staff who can help out at all with any shift coverage.

Step 8: Incident close procedure: The BCP lead ensures that the incident has been logged, conducts a debrief discusses lessons learnt and reviews the BCP if required

Step 9: Communication: Thank the team that has helped, and learning shared with the wider team including individuals who are supported and their families or friends

- **Considerations:** As you are creating the action cards you will need to consider the business Impact Analysis which is simply, thinking about the **risk probability** – how likely is it to happen, the **business impact** should it happen, **Risk Priority** and **Critical Level** – in other words, what's the maximum allowable time before the risk would need to be brought back into control – and a **named threat one**

Flood

- **Potential risk/threat:** Flood
- **Business issues:** damage to the property; possible relocation of the residents and staff in temporary accommodation; disruption of the service;
- **Mitigating actions in place:** ensure that the business insurance has relevant coverage for flood, check all gutters and keep them clean all year around to help water flow; Ensure that you have an evacuation plan in place and alternative accommodations where you can relocate clients if need to, ensure that flood policy is up to date; arrangement to maintain staffing level where there might be difficulties where staff travelling arrangement; arrangements to maintain essential supplies such as food and medicine; ensure that you have got enough PPE suppliers; ensure that you have got up to date action cards with clear processes and available for all staff; have a disaster preparedness kit;
- **Triggers:** weather changes - too much rain pouring in a small space of time; water gutters are not clean overflow; rivers and lakes are affected nearby by the huge amount of rain and that causes flood;
- **Action card:**
 - Step 1: Communicate to all staff the emergency
 - Step 2: Ask all staff to follow each client's PEEPs which is located (please include the exact place that these are located)
 - Step 3: Ensure that you have enough staff on board. If not arrange for backup immediately
 - Step 4: Staff to grab the garb bag which is located (please add the exact place where it is located)
 - Step 5: Call for disabled cabs (please include the name and number of the company that you use)
 - Step 6: Call for a private ambulance to transport patients if needed (please include the number of the private ambulance)
 - Step 7: Call the fire brigade if you need help to bring down patients from the top floors - 999- please state the address and your situation and highlight that there are vulnerable adults in the building.
 - Step 8: Ensure that you grab all emergency medication supplies
 - Step 9: Evacuate everyone to the following place (include the alternative accommodation name and address)
 - Step 10: **Incident close-down procedure:** The BCP lead ensures that the incident has been logged, conducts a debrief discusses lessons learnt and reviews the BCP if required
 - Step 11: Communication: Thank the team that has helped, and learning shared with the wider team including individuals who are supported and their families or friends
- **Considerations:** As you are creating the action cards you will need to consider the business Impact Analysis which is simply, thinking about the **risk probability** – how likely is it to happen, **business impact** should it happen, **Risk Priority** and **Critical Level** – in other words, what's the maximum allowable time before the risk would need to be brought back into control – and a **named threat owner**.

Adverse weather including storms, heavy snow and heavy fog

- **Potential risk/threat:** Heavy Snow
- **Business issues:** Staff may not be able to travel to work; possible public transport stop; shortage of staff; business disruption;
- **Mitigating actions in place:** The provider ensures that always check insurance against winter hazards; determines your greatest risk potentials such as loss of heating, loss of access, frozen pipes; ensures that staff are aware of the emergency plan; ensures you have electrical heating's in stock; ensure that you carry out your electricity and gas safety checks regular and they are in good working condition; have extra cars ready with fuel in case you need to drop and pick staff dues to scared driving in heavy snow.
- **Triggers:** weather forecast; low outside temperature and moisture in the air; seasonal;
- **Action card:**
 - Step 1: Communicate to all staff about the problem
 - Step 2: Check all access including driveways and parking. If they are not accessible staff needs to clear off all the snow with the snow removals located in the *(ensure the where these equipment are located)*
 - Step 3: Check for all heaters if it is working. If the heating stops call the emergency number for a call out on *(name and number of the company)*
 - Step 4: In the meantime, until the contractors come, please use the electric heater *(please add the location where these are located)*
 - Step 5: Staff to observe the temperature in the building and ensure that they serve hot drinks around
 - Step 6: If the heating is not able to be repaired staff to evacuate the residents following the evacuation plans *(please state where is it located)* to the following location *(please add the location where the residents will be evacuated to)*
 - Step 7: Ensure that staff takes all medication for clients and any emergency supplies that may required
 - Step 8: **Incident close-down procedure:** The BCP lead ensures that the incident has been logged, conducts a debrief discusses lessons learnt and reviews the BCP if required
 - Step 9: Communication: Thank the team that has helped, and learning shared with the wider team including individuals who are supported and their families or friends
- **Considerations:** As you are creating the action cards you will need to consider the business Impact Analysis which is simply, thinking about the **risk probability** – how likely is it to happen, the **business impact** should it happen, **Risk Priority** and **Critical Level** – in other words, what's the maximum allowable time before the risk would need to be brought back into control – and a **named threat owner**.

Document Management

- There is information on the front page detailing version control of the current BCP plan
- There is details on the front page of when the BCP was last reviewed
- There is details on the front page of when the BCP was last updated and by whom
- There is details on the front page of who the document owner is (who is also responsible for any reviews and updates)
- Details contained on the front page detailing date of next review (this should state mandatory reviews and when also)
- Document testing exercises stating when you will do these and how i.e. fire drills, desktop exercises, scenario practice run's

Storage

- The document is easily accessible i.e. a location of grab bag is included and factors in confidentiality
- The plan clearly states where the Master paper copy is stored electronically in a secure location and details access persons/ details
- The plan clearly states where a hard/ paper copy is stored on site and provides clear access details
- The plan clearly states where (and how many) the off-site copies are kept (also that laptops are password protected)
- The plan clearly states alternative remote access i.e. secure e-copy file location, iCloud access and named persons

Audience

- Plan clearly states who it has been written for
- Plan has been written to be and easy read that can be followed by anyone with no prior knowledge
- It is usable and understandable
- There is a master version containing all required information
- There is a data sensitive version that signposts to confidential information

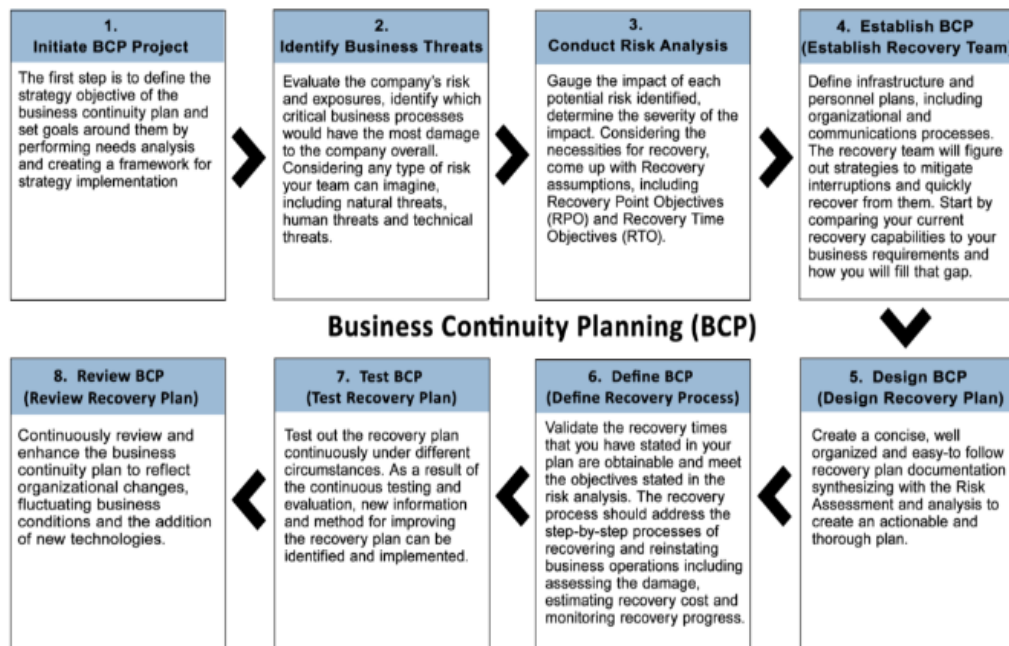
Awareness

- Plan clearly explains how staff are made aware of the BCP and details frequency in raising awareness and familiarity with it
- Details of when and how it is shared with staff has been documented within the plan

Additional Guidance Notes:

This should be reviewed annually and as and when as a minimum practice.

Leadership Overview of BCP Activity



Contact Us!

 HCPA Business Development Team

 businessdevelopment@hcpa.co.uk

 01707 536020



Peter Bullen

Worrier - HCPA

Digital and Data: IT, cyber and scams



DIGITAL

Transformation of the sector

- New systems: are staff ready? Do staff have the required skills?
- New policies and processes: Back-ups, BYOD, more...

DATA

Scams and data protection

- Common scams aimed at vulnerable adults; benefits, digital switchover, charity appeal, family
- Threats to businesses; people, phishing, hacking
- DHSC priority view on cybercrime in care sector
- Are staff aware and educated? Are Leaders and Board members aware and educated?

WHERE TO GO FOR HELP

For preventative support – DataProtection@hcpa.co.uk / 01707 708018

For secure business IT - info@virtualit.cloud

- ✓ Scams should be reported to [Action Fraud](#) online or by calling 0300 123 2040.
- ✓ All scam phone calls can be reported by texting the word 'call' and the dodgy phone number to 7726.
- ✓ You can report scam callers on WhatsApp by tapping 'report contact' and 'block'
- ✓ Suspicious emails should be forwarded to report@phishing.gov.uk
- ✓ Scam websites can be reported to the National Centre for Cyber Security [online](#).
- ✓ You can report digital switchover scams to your local [Trading Standards](#) team.



Emma Slater

Care home Quality Lead - Nursing and quality team – HWE ICS



Hertfordshire and
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Care System



Hertfordshire and
West Essex
Integrated Care Board

Deteriorating Individual

Recognising a deterioration



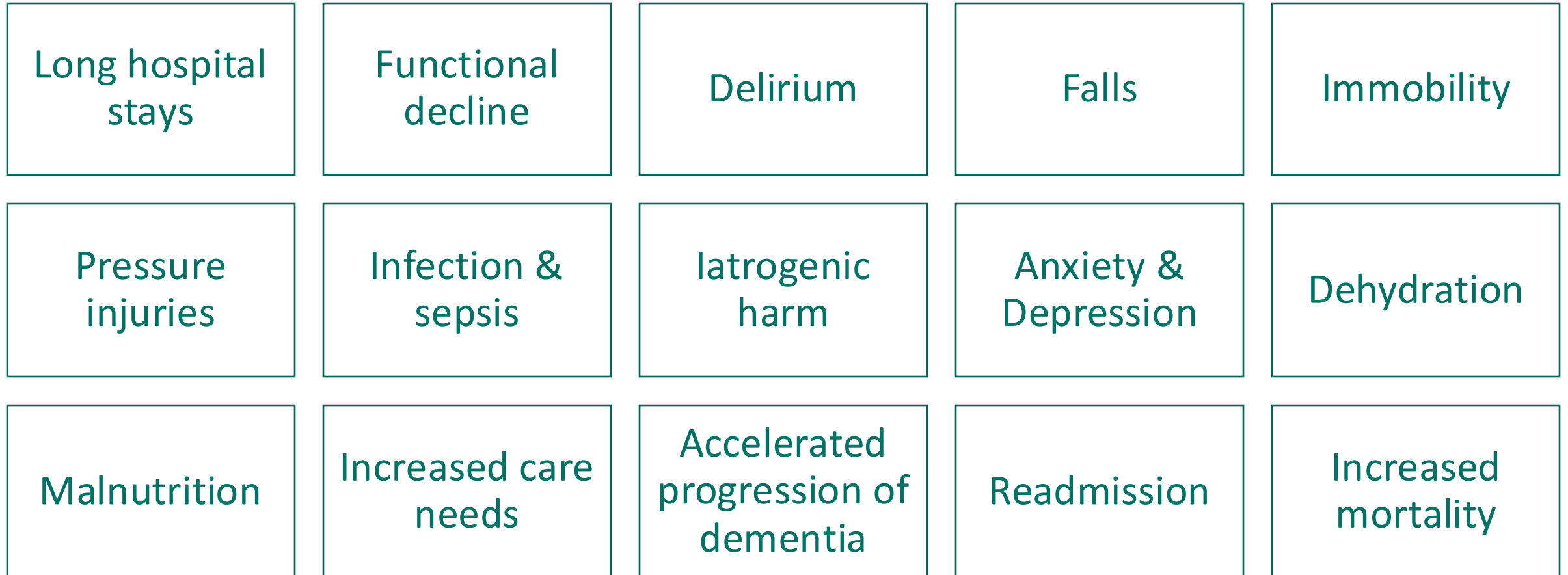
Working together
for a healthier future

- Early detection of deterioration enables swift intervention
- Prevents unnecessary or inappropriate hospital admissions
- Better outcome for the individual

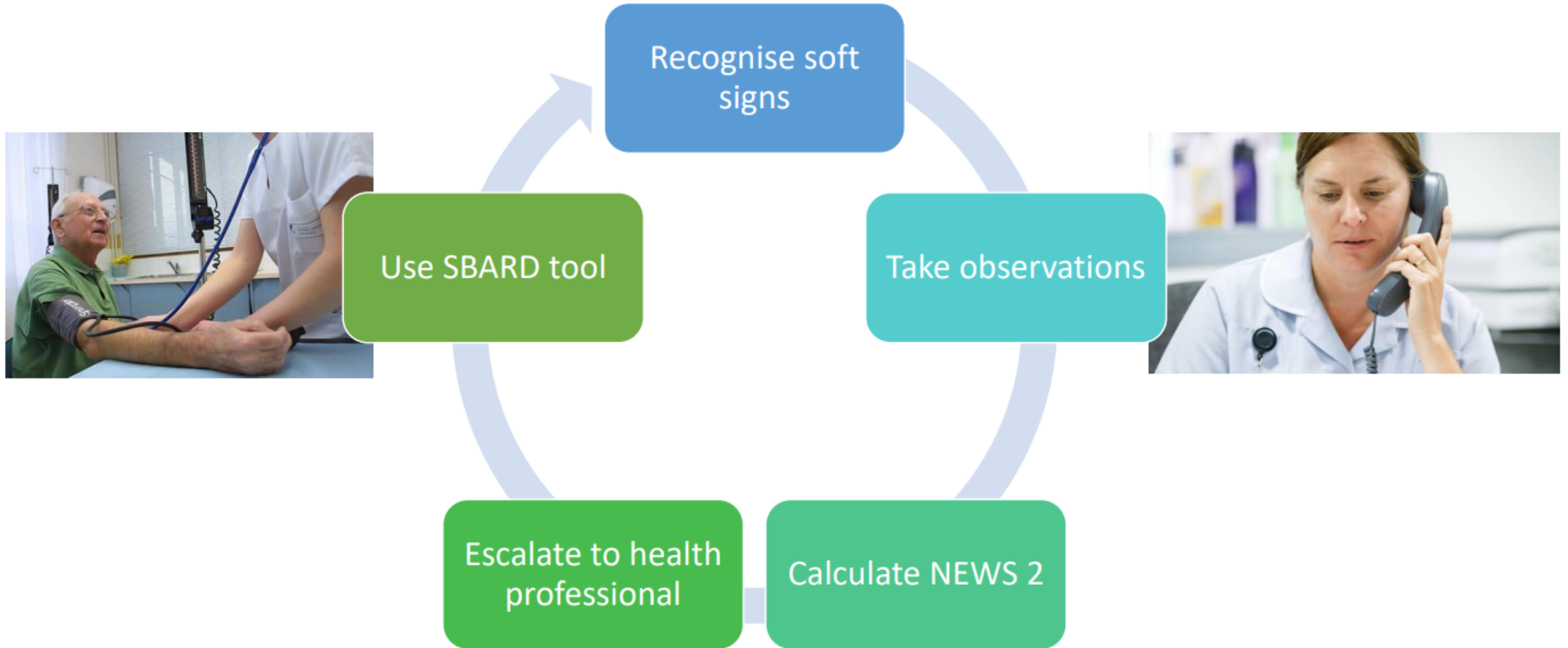




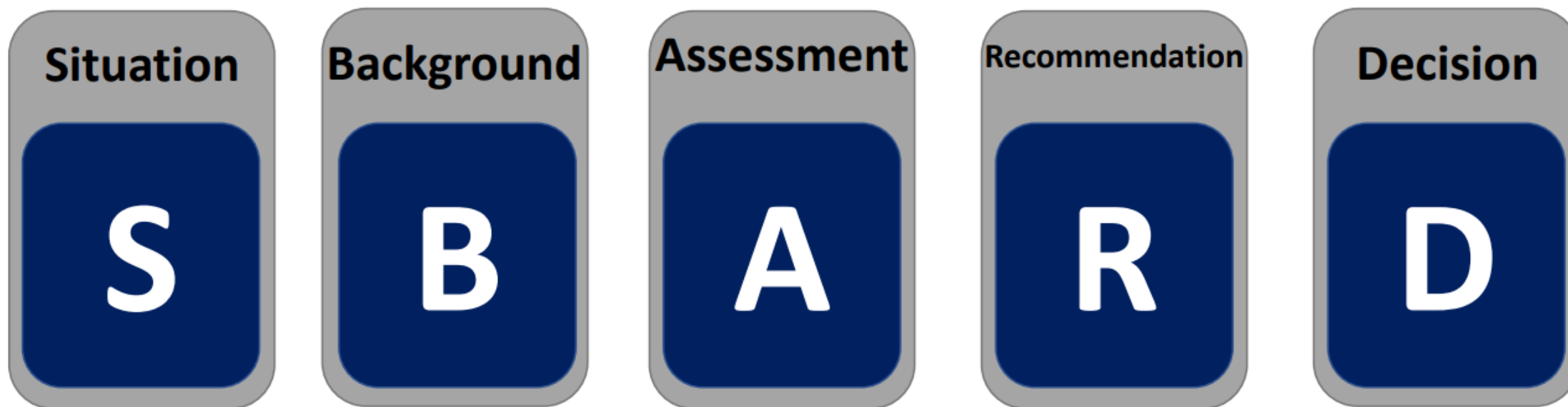
Frailty predisposes patients to harm and worse outcomes from an admission



Restore 2



SBARD is a reporting tool and action tracker to get your message across effectively. Being able to communicate effectively is critical for everyone working with individuals.



SBARD tool - to support you to structure your conversations when discussing individuals with professional colleagues

S	<p>SITUATION</p> <ul style="list-style-type: none"> Your name and Care home name Name of patient , age, DOB What is the concern, what has happened? Describe symptoms which are different than normal. Does the patient have capacity to tell you what is wrong? 	<p>Examples of symptoms you might describe:</p> <ul style="list-style-type: none"> Falls – are there injuries? Confused, disorientated, dizzy, unsteady Drowsy or hard to rouse Hot / flushed /sweating. Cold / clammy / shivering / pale Breathing harder or faster, slower or shallower Complaining of pain, grimacing, posture indicating pain if unable to communicate - describe where pain is Weakness in legs or arms / facial differences Coughing / bringing up phlegm / wheezing Vomiting / nausea - how long for Change in urinary continence / Smelly urine, blocked or problem with catheter Change in bowel habit /Diarrhoea Not eating or drinking / loss of appetite Bleeding from what area?
B	<p>BACKGROUND</p> <ul style="list-style-type: none"> How long have symptoms been present? Did they come on suddenly? Does the person have any other long term illness? Have they already been seen by the GP for this change? If so was any medications started? What instructions were given to the home? Have you got a list of their current medication? Has the patient recently been into hospital? If so what for? Does the patient have a current DNAR in place? If yes be clear why you are ringing 	
A	<p>ASSESSMENT</p> <ul style="list-style-type: none"> What actions have you already taken? Is the patient in a safe place? Has the person lost consciousness? Be very clear is it a true loss of consciousness? If yes how long for in minutes. Are there any obvious signs of injury or bleeding? 	<p>Examples of assessment actions you might describe:</p> <ul style="list-style-type: none"> First aid options used /Recovery position Pressure on bleeding area BP, Pulse, respiration rate, temperature, urine analysis - give results
R	<p>RECOMMENDATION</p> <ul style="list-style-type: none"> Explain what you need - be specific about the request and timeframe Make suggestions i.e. ECP or Dr or advice only Clarify expectations <p>Note: an ambulance can take from 9 – 60 minutes depending on urgency</p>	<p>Examples of recommendations you might describe:</p> <ul style="list-style-type: none"> Review by GP urgently Ambulance Call back from Clinical Advisor Clarify what is happening as a result of call – when you can expect a visit or ambulance

D- Decision



Remember- Look out for!

- **Constipation**
- **Dehydration**
- **Urinary tract Infection**
- **Chest Infections**
- **Sepsis**

Resources can be found here



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What is Sepsis?



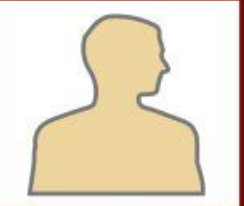


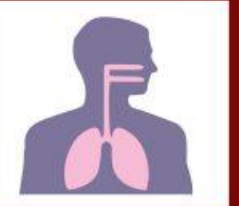


- Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs
- Sepsis is when your body fights too hard against an infection
- When the body has an infection present and goes into over-drive, this causes inflammation within the body, swelling and blood clotting
- This could then cause vital organs to start shutting down
- Anyone can develop sepsis after an injury or minor infection, although some people are more vulnerable
- Sepsis is sometimes called septicaemia or blood poisoning
- Sepsis can affect multiple organs or the entire body, even without blood poisoning or septicaemia
- **Individuals who have suspected sepsis need urgent attention**



Sepsis symptoms

SEPSIS SYMPTOMS

					
S	E	P	S	I	S
SHIVERING, FEVER, OR VERY COLD	EXTREME PAIN OR DISCOMFORT	PALE OR DISCOLORED SKIN	SLEEPY, DIFFICULT TO ROUSE, CONFUSED	"I FEEL LIKE I MIGHT DIE"	SHORT OF BREATH

- Possible Symptoms
- Agitated/ restless - or more than usual
 - Poor concentration/ dazed
 - Hallucinations/ delusions
 - Becoming sleepy/ withdrawn
 - Refuses diet and fluids

Actions to take with suspected Sepsis

- Seek medical advice urgently from NHS 111/Hospital at Home if the individual has recently had an infection or injury and may have possible early signs of sepsis
- Severe sepsis and septic shock are medical emergencies. If you think you or someone in your care has one of these conditions, go straight to A&E or call 999
- In some cases, symptoms of more severe sepsis or septic shock (when your blood pressure drops to a dangerously low level) develop soon after

Treatment for Sepsis

- Sepsis needs treatment in hospital straight away because it can get worse quickly
- Mechanical ventilation may be required
- If sepsis is not treated early, it can turn into septic shock and cause your organs to fail - this is life threatening
- Most people make a full recovery from sepsis - but it can take time

**Suspect Sepsis.
Save Lives.**



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Sepsis - preventing infections

What can be done to help prevent infections that can lead to sepsis:

- Keep up to date with **vaccines**
- Keep wounds clean - **clean and care for any wounds**
- Follow the **instructions** when taking **antibiotics**
- Take **all your prescribed antibiotics**, even if you feel better
- **Wash your hands regularly**





Palliative care

- Taking observations can be helpful in identifying individuals that are coming to the end of their life
- Once an individual is identified as receiving end of life care, observation taking should be ceased as per professional advice
- Care professionals need to know where documents are and their individual's wishes



Do you have Advance Care Plans in place?

Do you and your staff know an individuals wishes?

Is information easily accessible?

RESPECT

Recommended Summary Plan for
Emergency Care and Treatment

- Recommended
- Summary
- Plan for
- Emergency
- Care and
- Treatment

An alternative process...

...for discussing, making and recording recommendations about future emergency care and treatment, including CPR

Records treatments to be considered...

...as well as those that are not wanted or would not work



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Considerations....

1. Does the individual have an ACP in place?
2. Does the individual have a Respect Form or DNAR and it is accessible?
3. Do staff have the details for Admission Avoidance services in your area?
4. Do you know Out of hours services – i.e the Hospice 24 hour line
5. Do staff know how to monitor soft signs and take observations if needed?
6. Do staff know how to feedback to other professionals using SBARD?
7. Are all staff aware of different areas an individual may deteriorate?

If unsure access Resource Library [here](#)



Hertfordshire and
West Essex Integrated
Care System



Michelle Airey

Head of Education, Quality and Integration - HCPA

Support service directory



The screenshot shows the top section of the website. At the top left is the hcpa logo and the text 'Hertfordshire Care Providers Association'. To the right is a navigation menu with items: Home, About us, Membership, Services & Resources, Education, Recruitment, Academy, Contact Us, and Staff login. Below the navigation is a blue banner with the 'HCPA PROVIDER HUB' logo and the text 'Ask us anything! 01707 708108 / assistance@hcpa.co.uk (Mon to Fri - 9am to 5pm)'. The main heading is 'Hertfordshire Care Provider Support Service Directory'. Below this are two buttons: 'HCPA Provider Hub' and 'HCPA Resource Library'. A red arrow points to the 'HCPA Resource Library' button. Below the buttons is a promotional banner: 'Download our Care Home Directory poster which displays key contact information for services' with 'East & North' and 'South & West' buttons and a poster image.

Below you can search our Support Services Directory by viewing all services, filtering by criteria, or searching for a keyword.

This section shows the search interface. It includes a 'View all services' button, a 'Filter By' button, and a search box labeled 'Search services'. Below the search box is a map of Hertfordshire showing various locations like Studham, Wood End, Roundwell, Flamstead, Little Gaddesden, Gaddesden Row, Great Gaddesden, Aldbury, and Tring.

This is a detailed view of the search filters dropdown menu. It contains the following sections:

- 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 (Any).
- 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) and Service Days (7 days a week, Monday - Friday).

A 'Find services' button is at the bottom. A note at the bottom states: '- Please note some areas around Royston fall under Cambridge and Peterborough for health related support.'

hcpa.info/supportservicedirectory

Reminder Admission Avoidance Care Homes use SBARD



Falls 2 hour Community Response



Providing assessment and testing for patients without the need to go to hospital

8am - 8pm
7 days a week

Person has fallen. Call the local Community Response team on:
0300 123 7571 (East and North Herts)
03000 200 656 (South and West Herts)
0300 123 5433 (West Essex)

Response team will visit patient within 2 hours and will:



- Make patient comfortable and complete full assessment to determine cause of fall
- Take blood samples, including creatine kinase (CK), urea and electrolytes (U&Es), where appropriate
- Blood test results back within 4 hours
- If raised CK levels or dehydrated, patient will be started on IV fluids.



Patient benefits

- ✓ Can stay comfortable at home
- ✓ No need for ambulance
- ✓ No waits in emergency department
- ✓ Blood results back with 4 hours - faster than if taken to hospital
- ✓ Same treatment as would take place in hospital, including fluids and follow up blood tests
- ✓ Physiotherapy, occupational therapy, home equipment and ongoing monitoring where needed



Hertfordshire Care Home Support Services Directory

All the contacts you need **IN ONE PLACE!**



Use this QR code or link to access contact details for services available to Care Homes including admission avoidance, mental health, end of life and much more.
www.hcpa.info/supportservicedirectory



YOU SHOULD CALL 999 IN A LIFE-THREATENING EMERGENCY

Early Intervention Vehicle : **Hospital at Home**
7 Days a week 08:00-20:00 : 7 Days a week 08:00-20:00
0300 123 7571 : 0300 123 7571
(option 3 then option 2) : (option 2)

Any questions? Contact details out of date?
Contact the HCPA Care Provider Hub:
01707 708108 / assistance@hcpa.co.uk



Hertfordshire Care Home Support Services Directory

All the contacts you need **IN ONE PLACE!**



Use this QR code or link to access contact details for services available to Care Homes including admission avoidance, mental health, end of life and much more.
www.hcpa.info/supportservicedirectory



YOU SHOULD CALL 999 IN A LIFE-THREATENING EMERGENCY

Admission Avoidance Response Care : **Urgent Community Response**
7 Days a week 06:30-23:00 : 7 Days a week 08:00-20:00
0345 601 0552 : 03000 200 656

Any questions? Contact details out of date?
Contact the HCPA Care Provider Hub:
01707 708108 / assistance@hcpa.co.uk



Hertfordshire and West Essex Integrated Care System





Reminder Admission Avoidance All Providers- Not just Falls us

SBARD

Falls 2 hour Community Response



Providing assessment and testing for patients without the need to go to hospital

8am - 8pm
7 days a week

Person has fallen. Call the local Community Response team on:

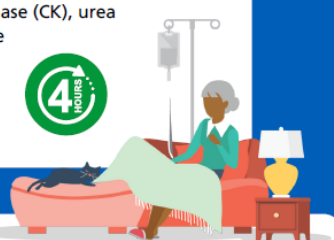
0300 123 7571 (East and North Herts)
03000 200 656 (South and West Herts)
0300 123 5433 (West Essex)

Response team will visit patient within 2 hours and will:

2 hours

- Make patient comfortable and complete full assessment to determine cause of fall
- Take blood samples, including creatine kinase (CK), urea and electrolytes (U&Es), where appropriate
- Blood test results back within 4 hours
- If raised CK levels or dehydrated, patient will be started on IV fluids.

4 hours



Patient benefits

- ✓ Can stay comfortable at home
- ✓ No need for ambulance
- ✓ No waits in emergency department
- ✓ Blood results back with 4 hours - faster than if taken to hospital
- ✓ Same treatment as would take place in hospital, including fluids and follow up blood tests
- ✓ Physiotherapy, occupational therapy, home equipment and ongoing monitoring where needed

Stop and think!
Do you really need an ambulance?

Call

7 days a week
8am - 8pm

Available in East and North Hertfordshire



Early Intervention Vehicle

and help reduce unnecessary hospital admissions

What we can do

- Clinical assessment with medications
- Care for falls without injury or with minor wounds
- Support with poor mobility (stuck in chair or bed) and mobility aids
- Support for Carers/Family who are struggling to cope
- Emergency care packages
- Onward referral to other Prevention of Admission teams

What we can't see

- Acutely unwell or injury needing hospital assessment, chest pain and difficulty in breathing
- Stroke symptoms
- Fall involving hitting head and on blood thinners
- Acute mental health crisis
- Loss of consciousness

CALL 0300 123 7571

Option 3, then Option 2



Hertfordshire and West Essex Integrated Care System



For any patients at imminent risk of hospital admission call the
Urgent Community Response (UCR) Care Coordination Centre
(Rapid Response)



03000 200 656 (Option 2, Option 8)

8am-8pm 7 days a week

A senior triage clinician will take your call and arrange for the most appropriate professional to respond to the patient. Service offers include:

- 2 hour and same day prevention of admission service incl. step up beds
- Early Intervention Vehicle
- Frailty Hospital at Home
- Acute Respiratory Infection Virtual Hospital

Heart failure/COPD Virtual Hospital (These services can also be accessed directly Respiratory: Mon – Sun 9am-5pm Respiratory Advice Line: 07944 960 825 Heart Failure: Mon-Fri 9am – 5pm 03000 200 656 (Option 2 then Option 5)

Inclusion criteria

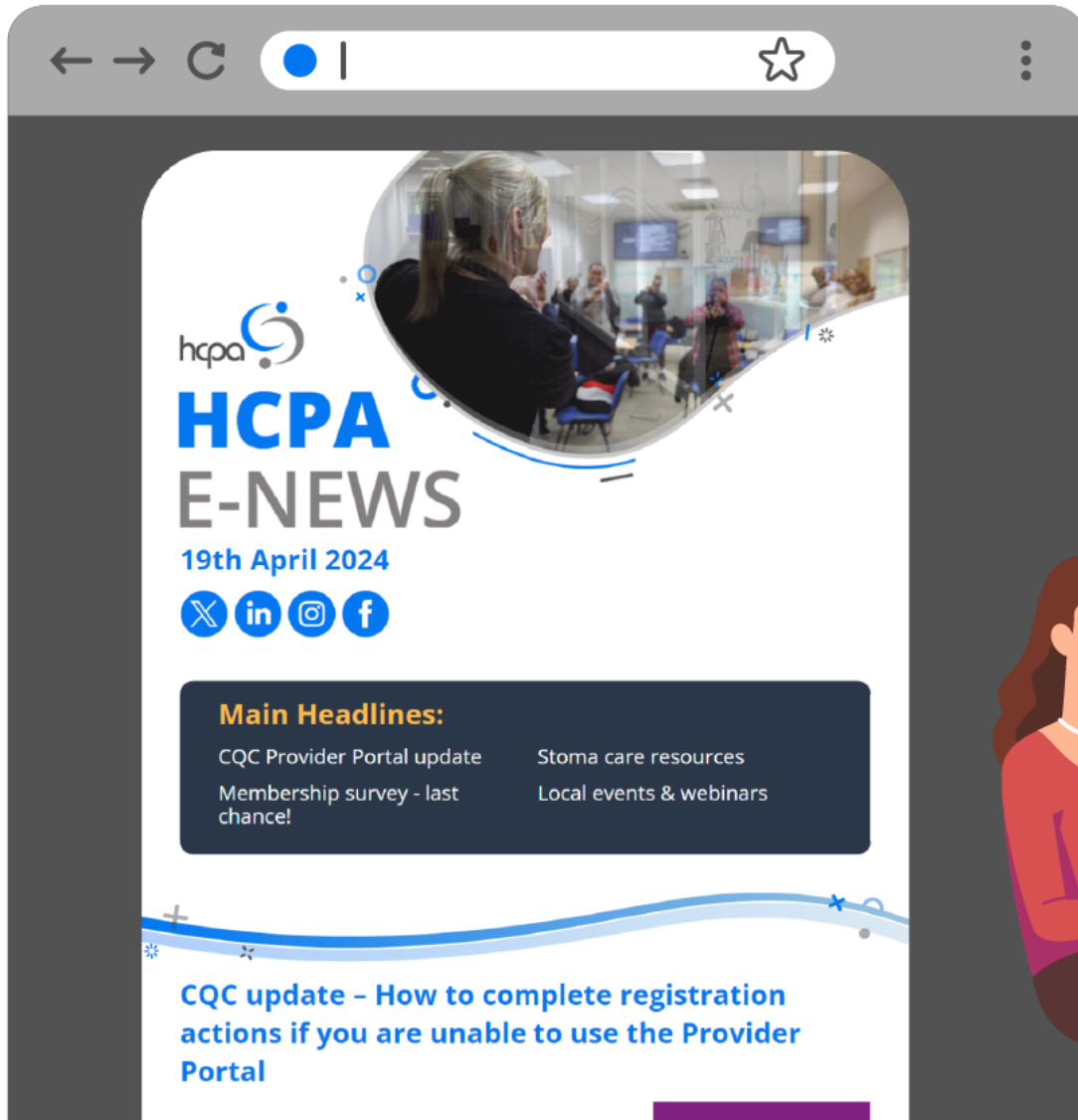
- Registered with a GP in South and West Hertfordshire
- Aged 18+
- At risk of imminent hospital admission

Exclusion criteria

- Life threatening condition requiring hospital level care
- Acute mental health crisis

Questions?

HCPA e-news



Stay up to date with HCPA e-news

■ Local alerts

■ All the news – a readers' digest

■ Changes to guidance (National / local)

ANYONE can subscribe
at www.hcpa.info/news





CARE HOME IMPARTIAL ASSESSOR



Hertfordshire Care Home Impartial Assessors

Impartial Assessors:

Belinda Gouws
07833 097195

Laura Hummerston
07762 985555

hcpaassessorlister.enh-tr@nhs.net
Monday-Friday 8am-4pm

Impartial Assessors:

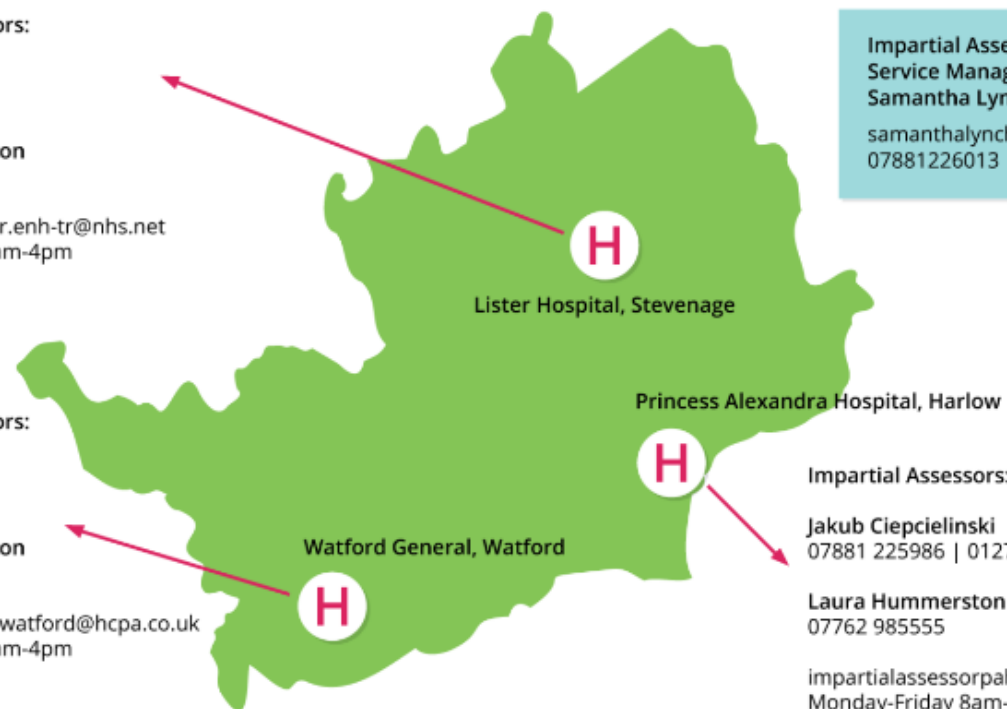
Sheila Gatonye
07549 022016

Laura Hummerston
07762 985555

impartialassessorwatford@hcpa.co.uk
Monday-Friday 8am-4pm

**Impartial Assessor
Service Manager:
Samantha Lynch**

samanthalync@hcpa.co.uk
07881226013



Impartial Assessors:

Jakub Ciepielinski
07881 225986 | 01279 444455 - Ext 3360

Laura Hummerston
07762 985555

impartialassessorpah@hcpa.co.uk
Monday-Friday 8am-4pm

The HCPA Impartial Assessor works within the Lister, Watford and Princess Alexandra hospitals, and provides Hertfordshire homes with a service which is designed to ease the discharge process to residential and nursing homes.

The HCPA Resource Library

Everything you need, all in one place.

Visit: hcpa.info/members-zone

Available to everyone: 24/7 access

No login or password required

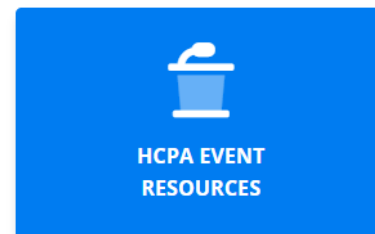
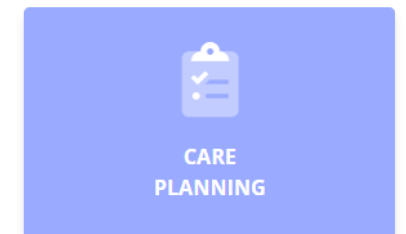
Includes local and national resources, tools,
guides....a library of resources

Perfect tool to support your business



The Resource Library

The Resource Library (formerly known as the Members Zone) is here to help all HCPA Members access local and national resources, tools, guides, and contacts in a wide variety of areas.



The HCPA Care Provider Hub

*Providing Peace of
Mind...*

ASK US ANYTHING!

We are **your** support service, here to answer **your** questions on all topics Adult Social Care related.



- Govt guidance, laws, standards and expectation.
- All infection control
- Liaison with Herts County Council.
- Funding, contracting and commissioning.
- Staff wellbeing and recognition.
- HR, Staffing and Recruitment.
- Training and education.
- Business continuity.
- Data protection.
- Monitoring.
- Equipment.
- Insurance.
- Finding the right people.

Your hub, your support service...

01707 708108 | assistance@hcpa.couk

Mon - Friday, 9am - 5pm

www.hcpa.info/provider-hub

HCPA: 'Sharing best practice in care through partnership'



Smooth seas do not make skilful sailors

Challenges & Solutions



<https://forms.office.com/e/JbTzQjgRsg>

"Set the agenda"

- *What are your challenges?*
- *How can we help?*

