Bradford District and Craven
Health and Care Partnership

ACTasONE

Winter Pack Home Support Providers 2024/25

Introduction

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Health and Care Partnership

Across Bradford district and Craven our aim is to keep people happy, healthy at home.

We have a range of services that can support people at home to avoid unnecessary hospital admissions or attendance at emergency departments

This Winter pack has been developed to raise awareness of the range of services and support that is available across Bradford district & Craven.

There is also information and top tips on **looking after yourself** and staying safe.

Hospitals are not always the best places for older people

They could have worse outcomes associated with hospital admissions including increased frailty, confusion, and a decline in function of the body due to inactivity

What is an Urgent Community Response service?

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Our Urgent Community Response (UCR) service provides a **two-hour** response to people who are at risk of admission (or re-admission) to hospital due to a 'crisis' and are likely to attend hospital within the next two to 24 hours without intervention to prevent further deterioration and to keep them safe at home.

If you are supporting someone in the community and you think they are deteriorating and would be eligible for this service as they meet the criteria below you could ask the persons GP, 111 or YAS to consider referring them into the **Urgent Community Response service.**

The person is:

- ✓ Over 18 years
- ✓ Registered with a GP in Bradford district & Craven
- ✓ Experiencing a crisis which can be defined as a sudden deterioration in their health and wellbeing
- ✓ Require an MDT approach
- ✓ Able to have a health and social care needs met safely within 2 hrs at home

Interventions will be time limited between 24-72 hours and will cover a range of elements:
(Step up to **Virtual Ward** if ongoing interventions required post 72hrs.)
Including:

- Comprehensive Geriatric Assessment
- Diagnostics point of care testing e.g., bloods, urine
- Medical/nursing/therapy interventions
- Prescription and/or administration of medication for pain or symptoms relief
- Catheter care to relieve immediate discomfort
- Medication review
- Social care support (BEST)
- IV therapy

What is a Virtual Ward?

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After a period of **up to 72 hours** a person may be discharged from Urgent Community Response (UCR) with no further interventions needed or referred into wider community teams for some additional support.

If there is a need for ongoing treatment that can still be provided in their usual place of residence, they could be stepped up into our **Virtual Ward service.**

Our Virtual Wards support patients, who would otherwise be in hospital, to receive the acute care and treatment they need in their own home (including Care Homes). This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital.

You may be supporting someone in the community that is also being supported by the Virtual Ward service in our area, so this information is being shared to raise awareness of these services.

Virtual Wards
Happy Healthy at Home

Benefits of using Virtual Ward:

- Increased **patient choice** and **personalised care**, allowing patients to be treated in a more comfortable home environment.
- Caring for people in their **own homes** can contribute to fewer hospital-acquired infections, falls and complications.
- **Reduced emergency department (ED) presentations and hospital admissions** through the provision of timely multidisciplinary care.

Managing Falls

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Prevention is better than the cure and continuing to implement falls prevention interventions such as strength and balance exercises is important. To help prevent falls:

Complete your local falls assessment and care plan

Keep call bells and walking aids within reach of them

Ensure footwear fits well and is fastened and clothing is not dragging on the floor

Optimise environment – reduce clutter, and ensure they have good lighting

Ensure the person is wearing their glasses and hearing aids.

If the person has suffered a minor injury from the fall and requires treatment that can be carried out in their own home, they may be eligible for the **Urgent Community Response (UCR) service.** Contact the persons GP, 111 or YAS as ask for a referral to be considered.

- People do not need to go to hospital if they appear uninjured, are well and are no different from their usual self.
- Going to hospital can be distressing for some people.
- Refer to their advance care plan to make sure their wishes are considered and take advice from their GP.
- **Only ring 999 when someone is seriously ill or injured and their life is at risk.**

Falls – useful resources

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Bitesize videos

Watch our bitesize videos delivered by Stephen Pugh, Falls Prevention Lead at Bradford District Care Trust (click on the links below):

Vision and Footwear

Strength, Balance & Environment

How cold weather affects older people – a video by Age UK:

Click Here

Become a Falls Fighter – check out this free 20-minute training resource that can be delivered to your staff to raise awareness of falls prevention:

Free Fall Prevention Course - RoSPA

Safe and Sound

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The person you support may have the Safe and Sound service installed in their home or be eligible for the service:
https://www.bradford.gov.uk/adult-social-care/living-independently/safe-and-sound/

Safe and Sound uses a variety of technology and support systems to help people of all ages to live safe and independently at home, with a 24-hour, 365 day support service.

The service can contact friends, family in an emergency or send a response team if anything should happen at home to help and assist taking appropriate action and advise what needs to be done.

The basic equipment is a control box and pendant, the equipment is connected via a telephone line with a pendant for the person to wear around their neck or on the wrist.

Other devices include: (non-exhaustive list)

- Fall detectors
- Bed & Chair sensors
- Medication pill dispensers
- Exit sensors
- Smoke and heat detectors

How to access the service

The person you support, their friends or family can request an assessment by:

- Calling the **Independence Advice Hub on 01274 435400** or using the **online form**
- telephone **Safe & Sound on 01274 435249** (or out of office hours 01274 434994)
- Email us at **safe&sound@bradford.gov.uk**

Help people to plan ahead and be prepared for Winter

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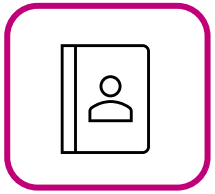
Are they up to date with immunisations such as Flu / Covid?

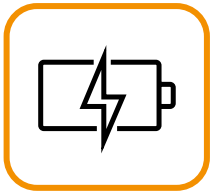


Do they have a ReSPECT plan in place? If they do, is it up to date and is there a copy available in their home for other health and care professionals to easily access? **Consider Message in a Bottle**

Do they have enough supply of any regular medications, do any repeat prescriptions need ordering ahead of Bank Holiday periods?

Is their house warm enough, has their boiler recently being serviced?
Groundworks Green Doctors offers free independent energy advice

As temperatures plummet and the days become shorter, more people are at risk of experiencing loneliness and isolation.
Consider referrals to befriending services & community groups:
Age UK
Carers Resource
NHS Volunteers Responders



Are they prepared in the event of a power cut?
Advise them to have a torch, candles and a blanket easily accessible and any mobile phones are fully charged

Nutrition and Hydration

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Ensuring people eat well and drink plenty can contribute to their health; reducing risks of Urine infections and falls and boosting their immune system and energy levels.

Consider these top tips when providing care for people at home:

Are their cupboards and freezers well stocked?
Simple, tasty and long-lasting foods, such as UHT milk, evaporated milk, milk powder, soup, milky puddings, tinned/frozen meat, fish, beans, pulses, fruit and veg, soups, puddings, snacks and ready meals.

Can they access meals that are easy to prepare?
ideal for when they need something quick and simple, e.g., ready meals, snacks, finger foods and meal delivery services.

Are they able to go shopping?
If they're too unwell to get to the shops, can they ask a neighbour or family member or ask a local community centre or hub, or online shopping delivered to their home.

Are they drinking enough?
Ensure they always have a drink nearby, offer to make them a hot drink and if they're struggling with appetite suggest milky drinks or soups.

Spotting Deterioration

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Deterioration is when a person moves from their normal clinical state to a worse clinical state.

This increases their risk of illness, sepsis, organ failure, hospital admission, further disability and even sometimes death.

To improve a person's outcomes, it's important to focus on:

Recognition – Spot the early signs that a person is deteriorating

Response – Think what actions do I need to take?

Communicate – Escalate your concerns and ask for help from other healthcare staff using **SBARD**

S	**Situation:** What happened? How are they?
B	**Background:** What is their normal, how have they changed? Any long-term medical conditions e.g. COPD, heart failure, diabetes.
A	**Assessment:** What have you observed or done? Vital signs e.g. temperature
R	**Recommendation:** "I need you to…'
D	**Decision:** What have you agreed (including any Treatment Escalation Plan and further observation).

Why do we need to spot deterioration early?

- Responding early will ensure that the person receives '**the right care, at the right time by the right person'**
- Prompt treatment and care will enhance the person's **comfort and promote recovery**
- We can **avoid some hospital admissions** which may not be in the resident's best interest or wishes

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Moving between hospital and home

It is recognised that there will be times when it will be appropriate for people to attend an emergency department or be admitted into hospital.

Good communication between health and care is essential when people are moving between hospital and their usual place of residence.

Without it, people can experience:

Unmet care and support needs

Avoidable hospital readmissions

Unnecessary long stays in hospital which can lead to further deterioration and risk of infection.

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What you can do to support the transfer of people in and out of hospital

Before admission:

- Ensure any relevant care plans and ReSPECT documentation, equipment, medication, glasses, dentures, hearing aids etc. are easily accessible to the health and care staff involved in the transfer to hospital and that they are identifiable to avoid them getting lost.

Discharge back home:

- Has the person returned home with all their personal belongings, updated care plans/ReSPECT and medication (including any new prescriptions)
- If they require any equipment has this been provided e.g. walking aids, profile beds
- Do they require any other support to help them settle back home, such as food hampers, benefits advice, befriending? **Carers Resource Home from Hospital** could help – click here for further information

Using technology to work with health and care professionals

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The COVID-19 pandemic changed the way we access services. We now have more digital options available, and many healthcare services can now be accessed using digital tools.

Through utilising digital tools, you can ensure you can continue to access advice, support, and treatment for your people from a range of health and care professionals. Digital tools can help ensure information on people is sent and received securely and help facilitate remote monitoring which can support clinical decision about your people.

THINK

- Do I have at least 10mb broadband speed in place for remote consultations? If you need support with increasing the Wi-Fi speed, please email England.CareHomesDigital@nhs.net
- Do I have the technology in place to take observations and share them with a healthcare professional?
- Do I have a way of sharing person information with health and social care securely? NHSmail can provide you with a secure way of securely sharing information with the system.
- Do I know how to make a remote consultation using the technology I have? E.g. Teams.

ASK

- What do I need to do to enable remote consultations?
- How do I access NHSmail?
- Can my Local Authority or ICB support me?
- How will the use of technology be resourced?

DO

- Access training resources and webinars by Digital Social Care
- Sign up for NHS.net email.
- Ask your Local Authority/ICB/AHSN for support adopting new technology.

To request an NHS.net email complete **this form** and email it to: **England DSPT North**

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Keeping yourself safe over Winter

Top tips:

Stay safe 	Pair up with another care worker and keep in regular contact with each other.
Update your contact details 	So that you can be contacted easily. Make sure you write down other emergency contact numbers in case you need them.
Service and check your vehicle 	To ensure that it is safe and roadworthy for winter driving. Ensure you have suitable roadside assistance in place. Keep the emergency number handy.
Pack emergency supplies 	In your car in case the weather turns bad. Include some water, food, a blanket, de-icer, wellies, a portable phone charger and a snow shovel to help you out of tricky situations (especially if working in rural areas).

SAFETY FIRST | SAFETY FIRST | SAFETY FIRST

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Keeping yourself safe over Winter

Top tips:

Give yourself extra time 	Between calls to de-ice your car and drive slowly and safely to your next destination. Avoid getting stuck, park on a main road where possible and walk the rest of the way.
Wear extra layers 	Keep warm between calls. Thermals, hats, gloves and scarves will help to keep you toasty and a flask of hot tea or coffee is a bonus too.
Choose sturdy shoes 	With good grip to prevent slipping in icy conditions
Carry hand sanitiser gel 	Wash your hands at every call to prevent the spread of winter colds and flu.
Don't forget to 	Book your flu jab to protect yourself and your service users from the winter flu this year!

SAFETY FIRST | SAFETY FIRST | SAFETY FIRST

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Have you seen the Home Support Handbook?

We have recently updated and refreshed the Home Support handbook which is a resource that provides information on the local practices, top tips, useful links and contacts across Bradford District.

You can access the handbook on the Bradford Council Provider Zone website or click here: **Home Support Handbook**

Do you attend the Bradford Care Association workshops?

BCA Quality Workshops
The Bradford Care Association runs a series of Quality workshops focussed on various topics. If you missed the Falls session in June or the Palliative End of Life session in September, you can access the resource packs here: **Falls** **PEoLC** Look out for further Quality workshops taking place in 2025 – **BCA Webpage**

Staying connected via Bradford Care Association

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Are you or your management team part of the BCA's Managers WhatsApp Group?

If not please email BCA with names, numbers, and positions in the company and you will be added to the group. The WhatsApp group is a great place where providers are updated on current guidance and updates. It also allows providers to ask questions, get quick responses, and can help one another out.

Do you attend the BCA fortnightly Provider Update Meetings?

The BCA Provider Meetings take place fortnightly on Tuesday's from 10:30 – 11:30 via MS Teams. The meeting will include updates, guidance, discussions of good practice and will allow the opportunity for Providers to discuss any issues they may have. Email BCA requesting Meeting calendar invitation. Please see below for MS Teams Joining details:

Click here to join the meeting
Meeting ID: 317 448 984 294
Passcode: nvFca6

Contact BCA at admin@bradfordcareassociation.org

BRADFORD REGISTERED MANAGERS NETWORK
BCA skillsforcare

Health and Wellbeing Virtual Hub

Bradford District and Craven Health and Care Partnership

Supporting vulnerable adults can affect us all in many ways: physically, emotionally, socially and psychologically. It is a normal reaction to a very abnormal set of circumstances.

It is okay not to be okay and it is by no means a reflection that you cannot do your job or that you are weak. Managing your emotional well-being right now is as important as managing your physical health.

The Health and Wellbeing Virtual Hub has been developed in collaboration with our partners, for everyone working in the health and social care sector across Bradford District and Craven.

Our workforce - Bradford District & Craven Health & Care Partnership (bdcpartnership.co.uk).

This resource has been put together to signpost our workforce to the best practice health and wellbeing resources and support, which is accessible to all our health and care colleagues

West Yorkshire & Harrogate Workforce Health and Wellbeing find support in all areas of life, care, and work for Yourself, Team, and Others.

Cost of Living Support

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Share information and signpost people to the Cost of Living website which provides useful information around food, energy bills, warm spaces and much more.

Food resources

Energy and Bills

Government Support

Click here to access the website

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Emergency Contact Information

Northern Power Grid – 105
It is now simpler than ever to report a power cut.

Yorkshire Water – 0345 124 24 24

In-Communities – 0330 175 9540
8am-6pm - Monday to Friday
(emergency repairs service available 24/7)