

Formal Written Notice – Response Commissioner for Older People (Wales) Act 2006.

Code	Requirement	Requirement	Response / details
1.3 (1)	Specialist Continence care home support service	Assessment of: a) the reality of access for individuals (audit) b) Care Home residents' experiences of these services	<ul style="list-style-type: none"> • As indicated previously Specialist Continence Services are available to support both Residential and Nursing Homes across the Hywel Dda Health Board area. However, following further scrutiny it is recognised that there are gaps in service. • The Continence Service has recently undertaken an audit within Acute Services to understand patients and staff views on the service provided. It is the intention of the Health Board to replicate the audit, with some adaptations, within the independent sector. The audit will consist of a patient and staff questionnaire which will ascertain their views of the services and what they feel is required to improve services in the sector. • Training is provided to Primary and Secondary Care which also includes the Independent Sector regarding continence management; this comprises of 9 sessions a year. • The Health Board recognise that there needs to be improvements made within the service and resources need to be re configured to make the required changes. An SBAR Paper on Continence is currently being written to be presented to Board to outline potential improvements in the service to meet the needs of the population. • It is the intention of the Health Board to develop a plan based on the findings of the audit as well as other indicators and provide recommendations to the Health Board regarding the necessary changes that need to be made by December 2015 with implementation by April 2016. • Currently the lead for Continence Services within the Health

			Board is Chris Hopkins/ General Manager for Scheduled Care.
1.3 (2)	Specialist Continence Care Home Support service	<p>a) Clear analysis of service's ability to support best practice within Care Homes.</p> <p>b) Mechanisms in place to monitor Quality Assurance.</p>	<ul style="list-style-type: none"> The Health Board is developing a contract which will include a service specification to include standards for continence management and monitoring. This will help to ensure that mechanisms are in place to monitor the quality of care. Contract to be developed for Nursing Homes by December 2015. Directorate Lead; Dr Phil Kloer; Director for Primary Care Community Mental Health Services Further work needs to be undertaken regards quality assurance monitoring in for Residential Homes and will be picked up by Community Services. Leads will be County Directors.
1.3 (3)	Specialist Continence Care Home Support. Service	Clear commitment to improve / determination of whether improvement of service is needed.	<ul style="list-style-type: none"> See above
1.3 (4)	Specialist Continence Care Home Support service	Named individuals – responsible for delivering action.	<ul style="list-style-type: none"> To note; the Health Board have a contract with Mental Health Matters Wales for IMCA Services There is a 3 Counties Advocacy Strategy Group in place which holds the databank of services for professionals and service users. The group has been established to review and assess the current service, service levels and gaps. The HB sits on this group However the Health Board recognise that there are gaps in the provision of advocacy services across the HDUHB footprint and specifically in the Ceredigion area. Therefore the HB is working with Eiriol, Advocacy West Wales and others about how closer working arrangements could overcome the challenges that are evident.
1.6 (1)	Independent Advocacy Service.	Analysis of the need for the service across HDUHB.	
1.6 (2)	Independent Advocacy Services	Reality of access for patients of services	
1.6 (3)	Independent Advocacy Services	Process for Quality Assuring the Independent Advocacy Provided to the HB.	

1.6 (4)	Independent Advocacy Services	Clarification/ outline of different circumstances in which independent advocacy should be available to patients	<ul style="list-style-type: none"> • For non-instructed advocacy – there are currently no processes in place to capture this information routinely and the HB will need to work with Advocacy providers patients and families and care homes to address this by undertaking an assessment and scoping exercise of the current independent advocacy provision to understand how improvements need to be made
1.6 (5)	Independent Advocacy Services	Commitment to review / assess whether Independent Advocacy provision needs to be improved.	<ul style="list-style-type: none"> • The scoping exercise and recommendations to the Board will be completed by December 2015. • Directorate lead would be ; Dr Phil Kloer; Director for Primary Care Community Mental Health Services
2.2 (1)	Access to specialist services/ multi disciplinary care/ rehab after ill health.	<p>a) Analysis of the reality of access to these services.</p> <p>b) Experiences of Older people in accessing services</p>	<ul style="list-style-type: none"> • There is a mixed approach to rehabilitation services across the Health Board. • Shared responsibility regarding identification of patients; patient needs are identified prior to admission to residential/ nursing home. On-going needs analysis by commissioned Care Home. • DN Audit has been undertaken throughout Wales on access to MDT specialists. In relation to HDUHB an action plan has been developed based on the findings of the review – The action plan is being monitored through the Audit Committee on a bi-monthly basis. Delivery timescales are on-going. • A review of the re-ablement service across Ceredigion is currently underway- review will identify any shortfall in service, review assessment/ intervention and identify service gap. The review will form the basis of commitment to look at operational framework across the 3 Counties – in terms of equity of access to services for older people within their own homes and care homes. Timescale ; 3 months • Analysis of gaps in services to be developed further through

			<p>established forums and groups – e.g. Falls Group / falls assessment process on a shared basis with LA colleagues. Community datasets being developed as part of the DN Review Detail on access to services to be captured through developed datasets.</p> <ul style="list-style-type: none"> • O.T / Physiotherapy training review being undertaken – timescale is September 2015. • Review and action plan to be developed within this timescale. Directorate; Leads will be County Directors as Managers of the Service • Further work requires around understanding experiences of service users. PPE to assist with developing processes/ forums of capturing experiences in a meaningful way.
2.2 (2)	Access to specialist services/ multi disciplinary Care/ Rehab after ill health.	Information outlining how current provision is quality assured.	<ul style="list-style-type: none"> • Provider performance meetings in place across the Three Counties (Joint with LA / CSSIW) , meetings scheduled on a bi-monthly basis
2.2 (3)	Access to Specialist Services/ Multi Disciplinary Care/ Rehab after ill health	Assessment of the need for improvements to the service/ service area in light of the review	<ul style="list-style-type: none"> • Following the review of services in Ceredigion the intention of the HB is to look at consistency of access across the 3 Counties • Provide equitable services which will include the provision of re-ablement services within the residential independent sector
2.2 (4)	Access to Specialist Services / Multi Disciplinary Care/ Rehab after ill health.	Identify/ Name accountable individuals responsible for delivery of requirement.	<ul style="list-style-type: none"> • The Leads are County Directors as Managers of the Service
3.4	In – reach Multi	Information on the	

(1)	<p>disciplinary specialist MH and Well being Support in Care Homes developed. Including</p> <ul style="list-style-type: none"> • Assessment of MH/ Wellbeing as part of initial care plan • Advice/ support to care staff • Explicit referral pathways/ criteria for referral • Monitoring and review re anti-psychotic drugs 	<p>reality of access to services for staff.</p>	<ul style="list-style-type: none"> • Access to specialist services are co-ordinated by Case Co-ordinators • Referrals are managed as they would be when a patient is referred from their own home. The HB has recognised that there are gaps in service and a review is to be undertaken to ensure consistency of services for all patients in the community and for the residential and nursing home sector • Staff are provided with advice and support from the relevant Allied Health Professionals in the Residential Homes. CHST Nurse Assessors and Allied Health Professionals will provide advice and support to staff in Nursing Homes. Further work need to take place to scope the gaps in this area and the review will help to identify these gaps • The use of anti-psychotic drugs on patients in care homes is reviewed on an adhoc basis when the patients review is undertaken by the GP • Primary care pharmacists will flag patients in care homes prescribed anti psychotics that require review when they are identified through practice based work • Low dose antipsychotics a % of all typical and atypical - is a prescribing indicator in which Hywel Dda Health Board is average • http://howis.wales.nhs.uk/sites3/page.cfm?orgid=428&pid=5905
3.4 (2)	<p>In-reach Multi Disciplinary specialist MH and Well Being support in Care Homes developed: Including:</p>	<p>Impact this has on the quality of life for older people.</p>	<ul style="list-style-type: none"> • SBAR Paper has been written on Dementia and Dementia services. SBAR Paper to be taken through formal process for ratification by the HB. Timescales: within 6 months. • Work on-going around dementia – especially around diagnostic rates. HDUHB rates are currently one of the lowest in the UK. Work on-going to address this to identify areas and homes where

	<ul style="list-style-type: none"> • Assessment of MH/Wellbeing as part of initial care plan • Advice/ support to care staff • Explicit referral pathways/ criteria for referral 		<p>dementia may be undiagnosed. Work to be undertaken with Primary Care.</p> <ul style="list-style-type: none"> • Awaiting further information re All Wales funding for Dementia Services. Intention will be to develop the roles locally as an in-reach service into care homes – delivered through Primary Care services. • Anyone admitted to a care home known to Mental Health Services will have an up to-date assessment and written care plan (fully audited) All Wales Audit tool has been developed. The Health Board is fully signed up to the All Wales Monitoring Tools.
3.4 (3)	<p>In-reach Multi Disciplinary specialist MH and Well Being support in Care Homes developed: Including:</p> <ul style="list-style-type: none"> • Assessment of MH/Wellbeing as part of initial care plan • Advice/ support to care staff • Explicit referral pathways/ criteria for referral. 	<p>Further information on the commitment to roll out pilots re antipsychotic drugs across the HB region</p>	<ul style="list-style-type: none"> • There are no current plans to roll out pilots across Health Board. • All Patients who are referred to the MH specialist services or known to the MH services are monitored and reviewed. Any patients prescribed via GP services are not always known to the service. • There are plans therefore to develop pharmacists to support localities/clusters across the Health Board footprint with the intention to enhance the support for the sector which will include the management of anti-psychotic medication • Timescale ; 12 months • Lead Director ;Dr Phil Kloer Director for Primary Community and Mental Health/Interim Medical Director
3.4 (4)	<p>In-reach Multi Disciplinary specialist</p>	<p>Details on when the new strategy “</p>	<ul style="list-style-type: none"> • SBAR on Dementia services has been written. SBAR to be taken through formal HB processes for ratification. This will include the

	<p>MH and Well Being support in Care Homes developed: Including:</p> <ul style="list-style-type: none"> • Assessment of MH/ Wellbeing as part of initial care plan • Advice/ support to care staff • Explicit referral pathways/ criteria for referral. 	<p>Management of Dementia” will be developed and implemented.</p>	<p>elements of care planning explicit referral pathways and advice and support for staff</p> <ul style="list-style-type: none"> • Anticipated timescales for implementation: will be 6 months.
3.4 (5)	<p>In-reach Multi Disciplinary specialist MH/ Well being support in Care homes developed: Including:</p> <ul style="list-style-type: none"> • Assessment of MH/ Wellbeing as part of initial care plan • Advice/ support to care staff • Explicit referral pathways / criteria for 	<p>Provide information in relation to MH and Well being assessments</p>	<ul style="list-style-type: none"> • EMI Link nurses in places across Carmarthenshire – Current ratio 1link nurse per 2 care homes • Plans to roll out service across Pembrokeshire and Ceredigion. • Work on going on the development of a Care Home designated MH Practitioner, linking into Community MH Services –(March 2016) • Referrals: tool kit has information re referral thresholds into MH Specialist Services and information on how to refer and contact details of relevant CMHTs. • BAT (Behavioural Assessment Team). Team will go into homes across Ceredigion (and Pembrokeshire/ Carmarthenshire by request) – referral via Provider/ Community Psychiatric Nurse. Team is lead by a Psychologist and aim is to identify interventions and management plans for individuals referred to the service. • Service to be rolled out across Pembrokeshire / Ceredigion within

	referral		the next 12months.
3.5 (1)	Information published annually re anti-psychotics in Care Homes (in line with NICE)	HB to provide a commitment to publish information annually in line with requirement	<ul style="list-style-type: none"> • The Mental Health Pharmacy Team will commit to providing leaflets and up to date information on an annual basis to be circulated to all care homes e.g.anti-psychotic use on older adults flyer • The Health Board will commit to publish this information annually
4.2 (1)	<p>Formal Agreement Developed and implemented between Care Home/ Local PC / Specialist Service – based on Statement of Entitlement: To include:</p> <ul style="list-style-type: none"> • Referral Pathway including open access • Waiting times • Referral/ discharge info • Advice/ information re support on-going care of older person in a home • Access to 	HB to issue a commitment and detail information re developing and implementing a formal agreement with PC/ Specialist services	<ul style="list-style-type: none"> • All patients residing within a care home can register with local GP practice. • GP practice is required, under the terms of the GMS Contract, to deliver all core contractual services for patients within the independent sector which includes access to treatment, referral for specialist advice and services and care planning with the wider multi-disciplinary care team • There are perceived gaps in service, however and WG have committed to reviewing an enhanced service for care homes during 2015/16 and the HB will seek to access funding for enhanced services for those patients residing in the sector. • To date the HB have not scoped how equitable services are in relation to access specialist services according to clinical need and referral. However the HB will seek to mobilise a task and finish group address this within the timescale indicated • Dental Domiciliary Service continues to offer a service to the independent care home sector which can be accessed by telephoning the local community dental service, however it should be noted that urgent cases are prioritised over routine care • Care is accessed from 12 community dental sites across the HDUHB footprint; which any healthcare professional can refer patients to.

	specialist services: older people in NHs (Fundamentals of Care Guidelines).		<ul style="list-style-type: none"> • The Community Dental Service (CDS) is currently going through a workforce review; one aim of the review is to increase the capacity and the provision of domiciliary dental care (ddc) • The review is expected to provide the opportunity to expand the Oral Health Teams Capacity to deliver training in mouth care for carers • Following the review the CDS there will be implementation of a plan to improve services, along with the collation of activity and outcomes. • The workforce review is to be completed within 3 months. • Dr Phil Sumner, Assistant Clinical Director- Community Dental Service will lead on this work.
4.3 (1)	Care staff provided with information/ advice / training	A clear plan of action and implementation for the work that is already planned	<ul style="list-style-type: none"> • These issues are being addressed through on-going and developing work with Primary Care. • Specifically linked to the Locality/ GP cluster plans • Analysis of access to be completed by September 2016 • Workshop has been arranged to scope the service and service gap to be included within the service specification. Service Specification being developed – re CRT/ Locality working. Work being lead by the County Directors in each County and anticipated to be completed within 6 months.
4.3. (2)	Care staff provided with information / advice / training	Demonstrate the commitment to scope the quality of current provision	<ul style="list-style-type: none"> • The HB is committed to working with the Local Authorities regard to supporting education and training for care staff in the sector. The HB is committed to scoping the current provision.
4.3.(3)	Care staff provided with information/ advice / training	Identify any need to improve from HB perspective	<ul style="list-style-type: none"> • Community Resource Teams are working on a Service Specification across the 3 Counties within the HDUHB footprint which will identify the training agenda. Timescale 6-12 months. • A contract is currently being developed by the Health Board with

			the inclusion of a service specification that will help to enhance the standards with regard to training of staff which will be monitored by the Health Board
4.3.(4))	Care Staff Provided with information/ advice/ training	Identify/ name accountable individuals responsible for delivering	<ul style="list-style-type: none"> • Directorate Lead; Dr Phil Kloer; Director for Primary Care Mental Health and Community/ Interim Medical Director and County Directors.
4.4 (1)	Medication review by clinically qualified professional on arrival at care home / regular medicine reviews – inline with best practice.	Clear implementation plan on how good practice developed in pockets of HB footprint will be extended to whole area.	<ul style="list-style-type: none"> • The role of the newly developed cluster/locality pharmacist will focus on care home patients, undertaking clinical medication reviews across several areas of the Health Board initially • The intention is to develop the role to encompass the whole of the Health Board over the next 12 months
4.4.(2))	Medication review by clinically qualified professional on arrival at care home / regular medicine	Identify/ Name accountable individuals responsible for delivering requirement.	<ul style="list-style-type: none"> • Community Pharmacy are now in a position to provide a medicines reconciliation service on arrival of the patient at the care home, however are not able to undertake a full clinical review to lack of access to clinical information.
5.6 (1)	Establishment of a National Improvement Service to improve care homes where LA s , HBs CSSIW identified significant / on-going risk factors concerning quality of	Information required on how gaps in current service provision will be identified and addressed.	<ul style="list-style-type: none"> • The Health Board is committed to supporting this initiative

	life/ care provided/ breaches of Human rights. Training and assistance?		
5.6 (2)	Establishment of a National Improvement service to improve care homes where LA s, HBs CCSIW identified significant / on-going risk factors concerning quality of life/ care provided/ breaches of Human rights. Training and assistance.	Explicit commitment required to support the development of a National Improvement Service.	<ul style="list-style-type: none"> • The Health Board is fully committed to this initiative
6.2 (1)	Develop informal/ systematic ways to ensure a better understanding of the quality of life of older people, Annual reporting to be undertaken re feedback from older people used to drive continuous improvement.	Information required to demonstrate how the HB listens directly to older people outside of formal complaints	<ul style="list-style-type: none"> • Pockets of examples where the views of Older People are sought; however, processes need to be put into place with partner organisations to ensure , going forward that the HB are able to meet the requirement outlined. • Internal PPE Team / communications team to assist in identifying effective ways and forums where the views of older people is both listened and used as part of service development and to inform any service change. These will include both older people within their own homes and within Residential and Nursing Homes • Regional Integrated Services Board is developing plans to ensure appropriate mechanisms to engage the voice of citizens in the Mid and West Wales health and Social Care Programme, informed by,

			and building upon, a comprehensive review of existing arrangements across the region.
6.2 (2)	Develop informal / systematic ways to ensure a better understanding of the quality of life of older people , Annual reporting to be undertake re feedback from older people used to drive continuous improvement	Annual reporting developed to demonstrate how listening to older people has driven continuous improvement.	<ul style="list-style-type: none"> • This is a shared responsibility with our partners this is greater than sole responsibility of the Health Board. • Work will be developed in line with and through established local and regional committees and forums e.g. Mid and West Wales Collaborative Board and the Integrated Services Board.
6.8 (1)	HBs - ensure that listed information is included in existing annual quality statements	Commitment required re HB agrees to the publication of information required within the AQS	<ul style="list-style-type: none"> • Information is currently not routinely available to the HB • Clarity over what is required to be captured and benefits of capturing the information is necessary • Capturing of the data is largely dependent on Care Homes routinely providing the information to the HB through monitoring returns. • The Health Board will explore the option for its annual quality statement once information is readily available
7.3 (1)	HB to work with Care Home sector – to develop as part of nursing career pathway – inc provision of full peer	Information/ commitment required on whether HB is committed to working directly with care home sector to	<ul style="list-style-type: none"> • 8th June – Meeting arranged between Long Term Care Team, HDUHB Workforce and Planning Team, HDUHB Business Development Manager and CSSIW to discuss a way forward with regard to recruitment issues within NHs. The Business Development Manager has been leading on Social Media campaign for HDUHB re Recruitment of Nurses. Meeting will look

	and professional development support to Nurses in CHs.	improve recruitment.	<p>at ways and options regarding recruitment awareness suitable for Care Homes to develop.</p> <ul style="list-style-type: none"> • Swansea University – have agreed to place a number of • students in care homes across the region where nurse placement would be appropriate. Audit of care homes being undertaken by the University prior to final decision on placements. • Revalidation – All care homes in the area have been included in training for revalidation and have been informed of process and requirements. These sessions have been well attended by qualified staff from the care home sector.
7.3 (2)	HB to work with Care Home sector – to develop as part of nursing career pathway –inc provision of full peer and professional development support to Nurses in CHs	Clear timelines to be provided for the workforce profiling work being undertaken with Swansea University.	<ul style="list-style-type: none"> • This needs to be further explored. The Health Board is currently working with Swansea University to identify opportunities. • We will be working with the University over the next 12 months and will be considering our options with regard to professional development of nurses in the sector
7.3 (3)	HB to work with Care Home sector – to develop as part of nursing career pathway –inc provision of full peer and professional development to support Nurses in CHs	Requirement for a commitment to work collaboratively with Care Homes to achieve work around recruitment e.g. advertising on social media etc	<ul style="list-style-type: none"> • Meeting is already arranged (see above) to consider different ways of working and how to encourage recruitment in the sector; working in conjunction with the Health Board, Swansea University and the Provider. • A presentation by Aneurin Bevan Health Board and the work they have been undertaken has taken place and the Health Board will be considering the options that need to be progressed with the University and the independent residential sector
7.3.(4)	HB to work with Care	Identification/ Named	<ul style="list-style-type: none"> • Directorate Lead Dr Phil Kloer; in conjunction with Jill Paterson;

)	Home sector- to develop as part of nursing career pathway – including provision of full peer and professional development to support Nurses in CHs	accountable individuals responsible for delivery	Deputy Director for Primary Care Community and Mental Health