CoProduce Care

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INFORM, REPRESENT & CELEBRATE
care and support west
Promoting quality in Health, Social Care & Support Services

David.Smallacombe@careandsupportwest.com

Intro from **Sophie Chester-Glyn**
Update from **David Smallacombe**
Gerald Hunt, Head of Commissioning - North Somerset Council
Kate Barnes, Programme Manager Adult Social Care, South Gloucestershire Council
Mei-Ling Huang, Specialist Health and Care Sector Lawyer, Royds Withy King
Jon Shaw, Head of Partnerships and Commissioning , South Gloucestershire Council
Next meeting: https://www.eventbrite.co.uk/e/128466539879

Updates from Sophie

- Testing Visitors

- PCNS

From 1 October, Primary Care Networks (PCNs) – working with community healthcare providers – will become responsible for delivering the Enhanced Health in Care Homes (EHCH) framework, which builds on the COVID-19 care home support service announced in May.

- Samaritans support line https://www.samaritans.org/how-we-can-help/health-and-care/here-listen-support-line-nhs-people/

https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021

- This session will be recorded

PCNs

- A named clinical lead from the PCN, for every care home, and weekly multidisciplinary team support
- Support for care home residents with suspected or confirmed COVID-19 through remote monitoring (and face-to-face assessment where clinically appropriate)
- Pulse oximeters available to care homes that do not have the recommended number of devices (1 per 25 beds)
- Training and development for care home staff
- Support with data, IT and technology, including access to care records and secure email

https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021

3.6. Table 1 sets out the care elements and sub-elements which comprise the refreshed EHCH model.

Table 1	
Care element	**Sub-element**
1. Enhanced primary care support	Each care home aligned to a named PCN, which leads a weekly multidisciplinary 'home round'
	Medicine reviews
	Hydration and nutrition support
	Oral health care
	Access to out-of-hours/urgent care when needed
2. Multi-disciplinary team (MDT) support including coordinated health and social care	Expert advice and care for those with the most complex needs
	Continence promotion and management
	Flu prevention and management
	Wound care – leg and foot ulcers
	Helping professionals, carers, and individuals with needs navigate the health and care system
3. Falls prevention, Reablement, and rehabilitation including strength and balance	Rehabilitation/reablement services
	Falls, strength, and balance
	Developing community assets to support resilience and independence
4. High quality palliative and end-of-life care, Mental health, and dementia care	Palliative and end-of-life care
	Mental health care
	Dementia care
5. Joined-up commissioning and collaboration between health and social care	Co-production with providers and networked care homes
	Shared contractual mechanisms to promote integration (including Continuing Healthcare)
	Access to appropriate housing options
6. Workforce development	Training and development for social care provider staff
	Joint workforce planning across all sectors
7. Data, IT and technology	Linked health and social care data sets
	Access to the care record and secure email
	Better use of technology in care homes

ASC Winter Plan PCN action for providers:

Enhanced Health in Care Homes (EHCH)

Actions for providers

Care home providers should:

- familiarise themselves with the EHCH service requirements and what they can expect from NHS agencies
- work collaboratively with clinical leads to delivery optimum care and support to their residents
- work with the local CCG to determine local need for oximeters

https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf

PCN – Social Prescribing Link Workers

Social prescribing

Social prescribing link workers (SPLWs) have been playing an important role during the pandemic, as part of PCN teams. As well as managing their existing social prescribing caseload, they are supporting people who are shielding, or who are in receipt of social care services, to maintain their independence by:

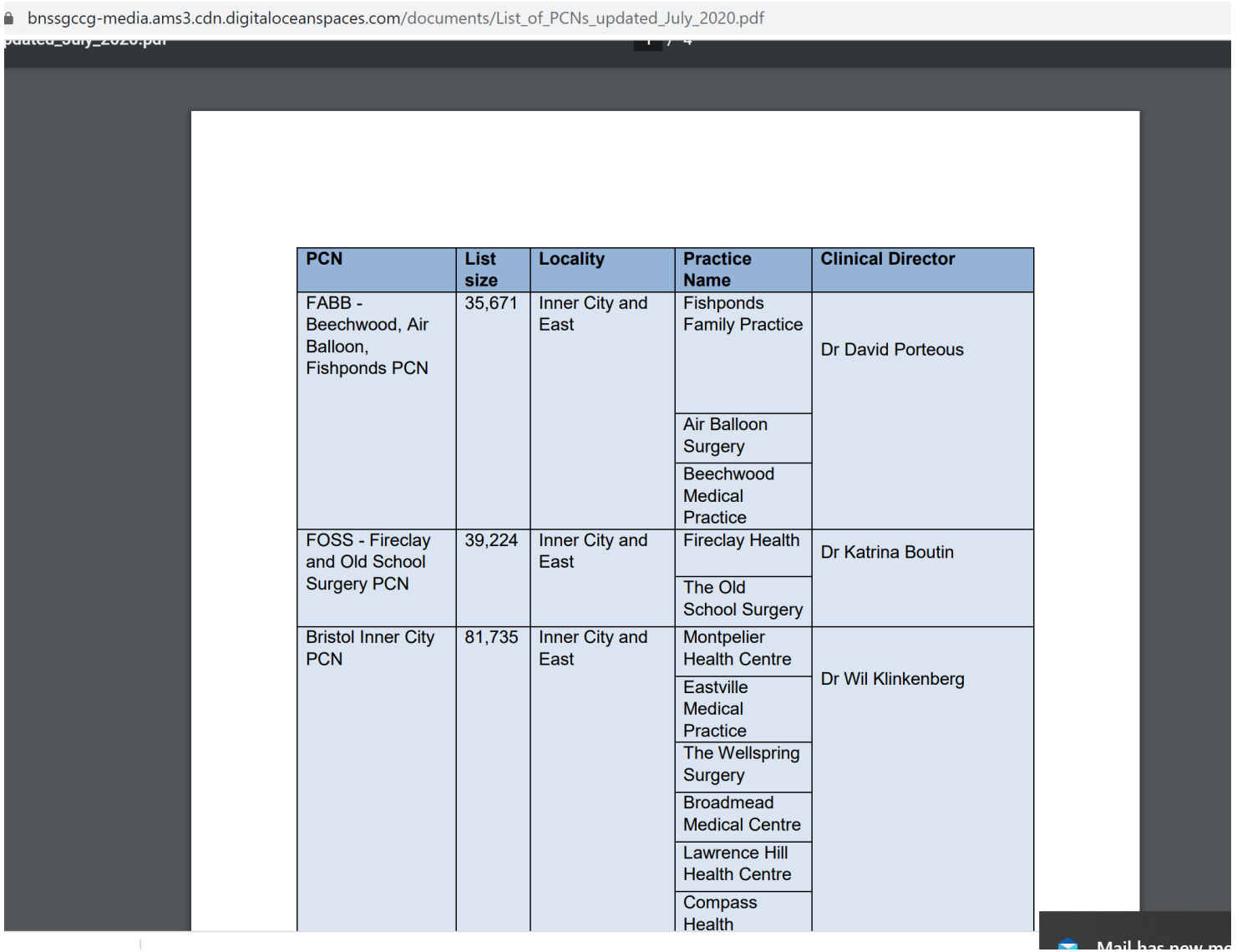
- conducting welfare telephone and/or video calls
- coordinating medication delivery or pick up with pharmacists
- facilitating community support (such as food and shopping)
- connecting people to support social and emotional needs, including through use of digital platforms
- supporting voluntary organisations and community groups to develop their virtual support

The range of skills SPLWs have developed will continue to be important in helping people during the winter.

PCN – Social Prescribing Link Workers

Actions for providers

- work closely with SPLWs to co-ordinate support for people identified by health and care professionals as most needing it, especially those impacted by health inequalities



PCN	List size	Locality	Practice Name	Clinical Director
FABB - Beechwood, Air Balloon, Fishponds PCN	35,671	Inner City and East	Fishponds Family Practice	Dr David Porteous
			Air Balloon Surgery	
			Beechwood Medical Practice	
FOSS - Fireclay and Old School Surgery PCN	39,224	Inner City and East	Fireclay Health	Dr Katrina Boutin
			The Old School Surgery	
Bristol Inner City PCN	81,735	Inner City and East	Montpelier Health Centre	Dr Wil Klinkenberg
			Eastville Medical Practice	
			The Wellspring Surgery	
			Broadmead Medical Centre	
			Lawrence Hill Health Centre	
			Compass Health	

https://bnssgccg-media.ams3.cdn.digitaloceanspaces.com/documents/List_of_PCNs_updated_July_2020.pdf

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#ChatforCare

Donna Campbell

Assistant Ombudsman for the LGO

Local Government & Social Care OMBUDSMAN

Wed 18th Nov 2020

@ 13:00-14:00

@LGOmbudsman

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www.lgo.org.uk