

# Domiciliary Care Conference

7 September 2017

COMMENTS FROM THE WORKSHOP

2 Questions:

1. How do we Salvage Home Care

2. How do we Integrate with Health

Organised by West Midlands Care Association in Partnership with Health Local  
Authorities, and Providers  
Globe House Park Lane Halesowen B63 2RA 01384 637116

## **SALVAGING HOME CARE**

- MORE COLLABORATION BETWEEN DIFFERENT SECTORS
- SHARING POSITIVES
- PARTNERSHIP WITH NHS AND BRANDING (USING CQC RATING TO SHOW AFFILIATION)
- CARE WORKER REGISTRATION
- INFORMAL CARERS INVOLVEMENT (INITIATIVES TO GIVE THEM PATHWAY TO QUALIFICATIONS)  
THEIR TRANSFERABLE SKILLS RECOGNISED
- MORE RESEARCH ON CARER EXPERIENCES
- FINANCIAL SUPPORT (INCREASE FUNDING) TRANSPARENCY WITHIN THE SECTOR

# PARTNERSHIP AND TRANSPARENCY

## SALVAGING HOME CARE

- PRE-CARE PLANNING
- MULTI DISPLININARY APPROACH
- BETTER UNDERSTANDING OF SAFEGUARDING
- TRAINING IMPROVEMENT ie., EXPERIENCIAL
- POSITIVE RISK TRAINING ie., COMMON UNDERSTANDING
- SHARE TRAINING ie., HEALTH
- PUBLICISING TRAINING/RESOURCES
- PROMOTING BEST PRACTICE
- UTILISING VOLUNTARY SECTOR
- 15 MINUTES BLOCK

- JOINT WORKSHOPS WITH ACUTE TRUST AND PROVIDERS

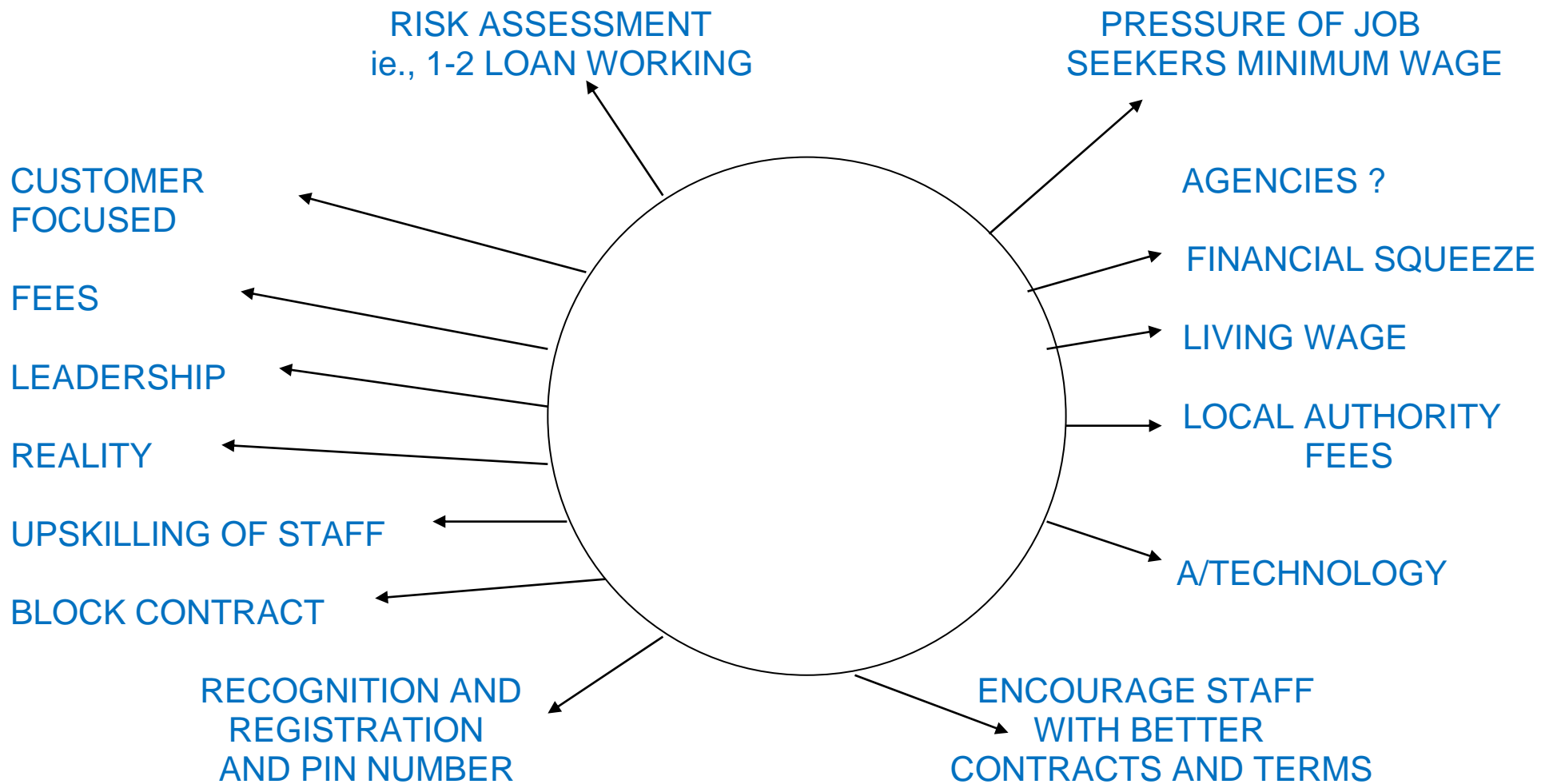
## **SALVAGING HOME CARE**

- GOOD PLAN DISCHARGES
- PRIVATE PROVIDERS SHOULD BE ON SOCIAL CARE LISTS
- OPEN AND HONEST AND TRANSPARENT
- LET PEOPLE HAVE CHOICE
- PLAN AHEAD TO DEVELOP BETTER PLAN FOR THE FUTURE
- STAFF NEED TO BE RECOGNISED EVERYWHERE
- LOOK TO WORFORCE / HAVE A BALANCE
- ENCOURAGE MALE CARERS
- GIVE STAFF TRAINING/CARERS TO BETTER THEIR SKILLS
- GIVE MORE TIME FOR CARERS TO CARRY OUT TASKS

- LISTEN TO CAREWORKER
- COMMISSIONERS SHOULD HAVE SOME EXPERIENCE IN CARE  
**IDEAS TO SALVAGING HOME CARE:**
- CARE WORKERS DATABASE – HAVE REGISTRATION FOR CARE WORKERS ON AN ANNUAL BASIS/BI ANNUALLY ETC
- LEADERSHIP IN CARE AGENCIES NEEDS TO CHANGE IN ORDER TO SUPPORT THEIR CARE STAFF MORE
- MAKE THE STRUCTURE OF THE CARE PLAN OUTCOME BASED INSTEAD OF FIXED ACTIVITY BASED eg., ASK CITIZEN WHAT TIME LINE THEY WOULD LIKE THEIR CALL INSTEAD OF A REGID CALL OPTION

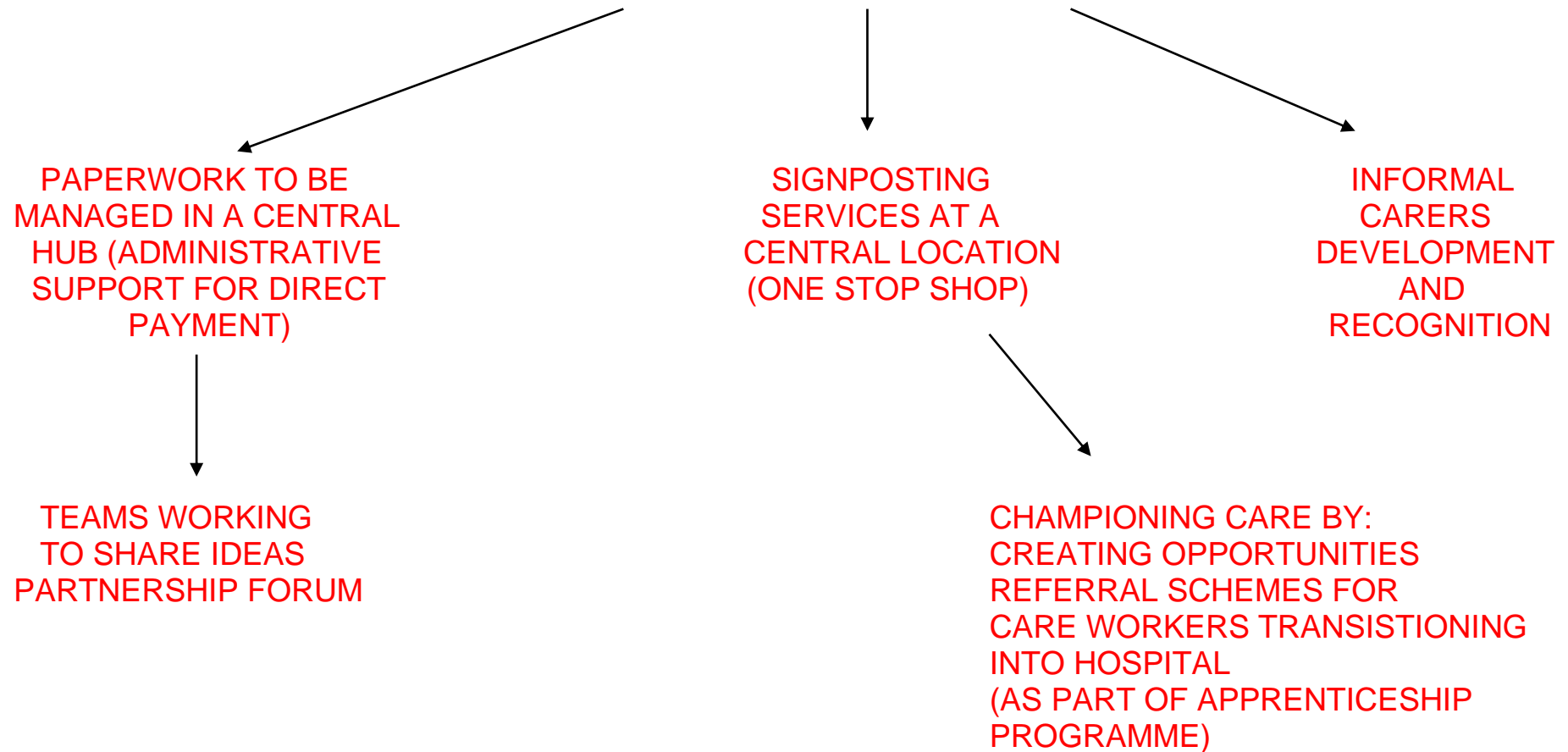
## SALVAGING HOMECARE

- ENGAGED SENIOR LEADERS AND DEMOCRATIC LEADERS
- CULTURING UNDERSTANDING HOMECARE
- PROVIDERS HAVE SOLUTIONS
- CO-PRODUCTION → TRUST
- DIFERENCE BETWEEN QUALITY AND SAFEGUARDING
- TRANSACTIONAL → TRANSFORMATIONAL



AND CONDITIONS

## INTEGRATION WITH HEALTH





## **OPPORTUNITIES**

### **INTEGRATION WITH HEALTH**

- LISTENING
- HOLISTIC/COLLABORATION
- TOGETHER/HUBS (ie., MULTI DISCIPLINARY TEAMS)
- STANDARDS/JOINT ASSESSMENT TOOL
- COMMON UNDERSTANDING
- ROBUST DISCHARGE ASSESSMENT AND PLANNING
- PLAN IMPLEMENTED BEFORE DISCHARGE ie., EQUIPMENT, FOOD
- KEY CO-ORDINATOR
- CULTURAL CHANGE IN RESPECT OF ROLES ie., HEALTH, THERAPISTS, SOCIAL CARE PROVIDERS

➤ FEEDBACK WITH PROCESSES FOR EVALUATION/IMPROVEMENTS

**INTEGRATION WITH HEALTH**

COMMUNICATE

BETTER COMMUNICATION

EVERYONE INVOLVED

PREP FOR POSSIBLE HOSPITAL ADMISSION (RED BAG)

KNOWING ROLES OF RELEVANT PEOPLE/RESPONSIBILITIES

KNOWING WHO TO CONTACT IN SITUATION

BARRIERS BETWEEN HEALTH/CARE MANAGERS/SOCIAL SERVICES NEED TO BE  
BROKEN

PRIVATE PROVIDERS SHOULD BE INDUCTED TO MDT

UNSAFE DISCHARGES FROM HOSPITALS, INCORRECT EQUIPMENT, NO EQUIPMENT PUT  
IN PLACE

GP NOT PICKING UP ANYTHING

WHEN NEW SERVICES ARE BROUGHT OUT THEY NEED TO GET SERVICE USERS INVOLVED

TIME MANAGEMENT/MORE TIME ALLOWED

CQC PLANS TO BE SHARED OUT

### **INTEGRATION WITH HEALTH**

HEALTH'S UNDERSTANDING AROUND "CARE IN THE COMMUNITY" NEEDS TO BE LOOKED AT/DEVELOPED FURTHER SO CLINICIANS UNDERSTAND WHAT SUPPORT CAN BE PROVIDED TO THE CITIZEN IN THE COMMUNITY

HOLISTIC CARE PLANS SHOULD BE THE DIRECTION OF TRAVEL

HAVING AGREEMENT AMONG PARTNERS AS TO WHO THE LEAD WILL BE TO DEVELOP THESE HOLISTIC CARE PLANS

NEED TO LOOK AT FLEXING THE STP BOARDS TO ENSURE THEY HAVE REPRESENTATION FROM THE CARE PROVIDERS

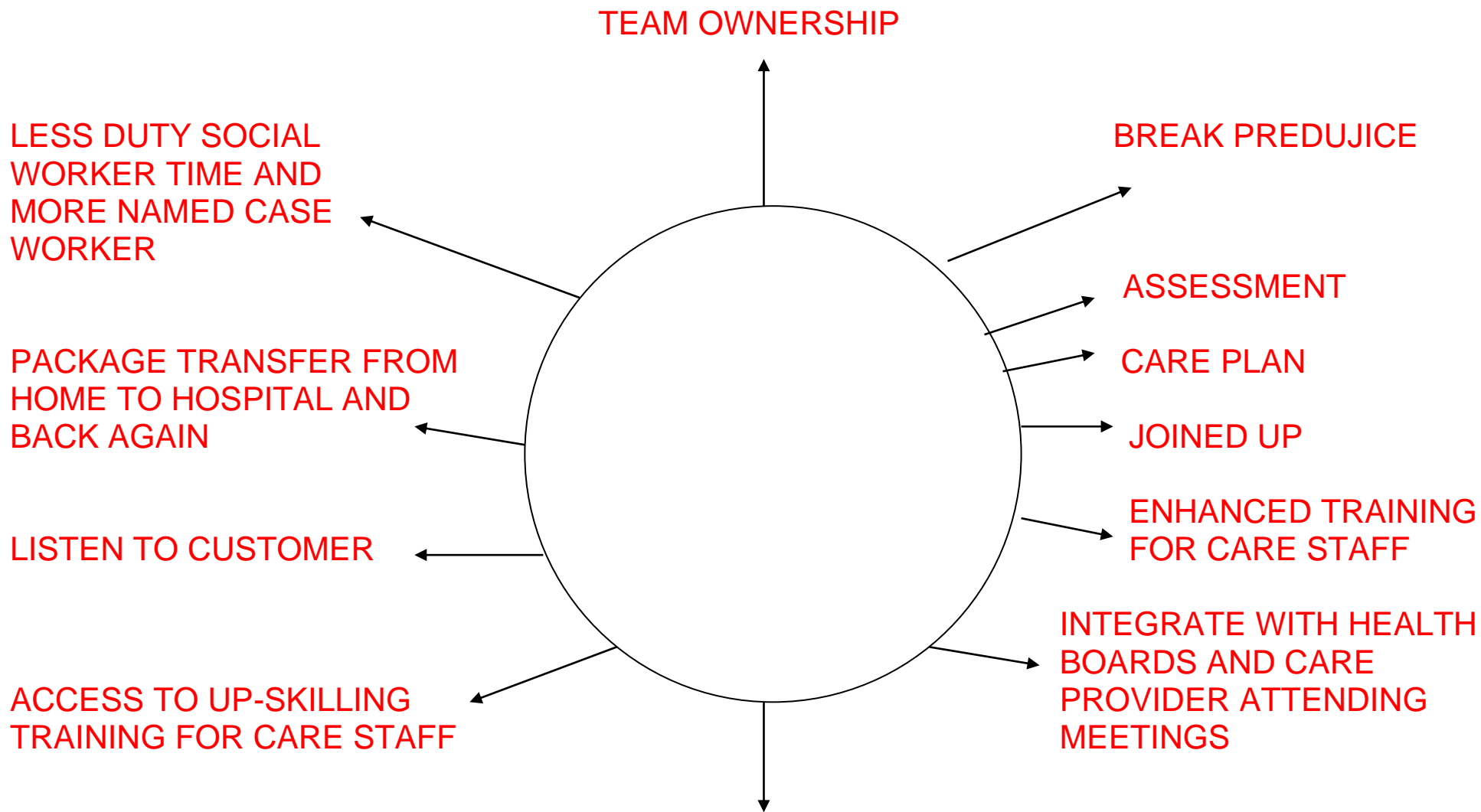
NEED TO REVIEW THE VARIOUS SET OF ASSESSMENTS THAT ARE PRODUCED BY HEALTH, OT, SW ETC.,

LOOK TO DEVELOP A SINGLE ASSESSMENT CRITERIA FOR BOTH HEALTH AND SOCIAL CARE

NEED INPUT FROM PROVIDER MARKET INTO HOW THESE SINGLE ASSESSMENT PLANS CAN BE DEVELOPED AND INTEGRATED BETWEEN THE 2 PARTNERS

## INTEGRATION WITH HEALTH

- BARRIERS OF PROFESSIONALISM (OT'S)
- OUTCOME BASED COMMISSIONING  
(CONVERSATION)  
13 CLUSTERS AROUND GP  
(LEAD PROVIDER)
- BUDGET – COST BENEFIT ANALYSIS  
- DOUBLE RUNNING COST
- JOINT POSTS, STABILITY
- 'OUR' MODEL



INTEGRATE WITH SOCIAL WORKERS  
AND DISCHARGE NURSE