

# Discharges to Care Homes webinar

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SEL 6 Boroughs

establishing good communication with care homes

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# Developing communication network

- Range of mechanisms – e.g. installing NHS email, setting up newsletters
- Central single phone number to contact
- Clear escalations processes
- Also what we *didn't* send on – trying to rationalise messages

# Direct public health involvement with care homes

- Public health involvement - levels of 'hands on work' training/ support
- Individual weekly or fortnightly provider sessions with providers – response and advice when requested/identified a need)
- Top tips given by public health colleagues to providers on visiting and government guidance
- Seeing public health at meetings built trust and made it personal
- Interaction with peers – positive sharing of experience among equals
- Safe, non-judgmental place

## “You said, we did” – testing and PPE

- Monitoring of capacity tracker/ PAMMS to identify when support needed
- Support with testing – Greenwich’s testing via LGT acute trust
- Utilisation of SEL contingency system
- Borough’s support to escalate issues (i.e. for PPE)

## Levels of communication and methods

- Providers fed-back appreciation of phone calls to them, provider sessions to discuss issues and feedback previous resolutions, newsletter updates covering local and national government information and updates
- Valued *not* having to go from one professional to another
- Liked reach to other partners
- Unlocked tricky situations

# Role of strategic groups

- The roles and activities of the strategic groups coordinating support and resolving problems in the system
- Providers could see that the issues raised were being resolved, heard and their perspective was acknowledged
- Better connectivity to wider systems
- Could see their role and functioning in health and social care