Integrating care and support for people is about delivering services across primary and secondary care, mental and physical health, and health and social care with the person requiring the service at the centre of what is provided.

Across Kent, Surrey & Sussex we have many examples of how support worker job roles and skills have been enhanced, or in some cases newly developed, to provide a more integrated and person centred response to people’s care and support needs.

In this document there are a range of examples collated into topics, but it is recognised that the development of the roles and skills described may well impact on some or all of the areas listed:

- **Enhancing roles & skills in prevention** - remaining well, independent or preventing ill health / deterioration

- **Enhancing roles & skills in reablement** – being supported to gain independence, better health after a period of ill health

- **Enhancing roles & skills to provide more complex care & support** - developing staff / volunteers in contact with the person to support them to stay where they want to / need to be

- **Enhancing roles & skills in care coordination** – those who are involved in signposting or co-ordinating care for people

We would like to thank all of the contributors who have been so willing to share their ideas and expertise.

If you would like to contribute an example to this document, please send details to: karen.stevens@skillsforcare.org.uk
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Enhancing roles & skills in prevention

1. Social Prescribing in Support of Mental Health - **Community Wellbeing Service** -- Southdown Housing Association

*Aim*
Social prescribing is a way of supporting GPs' patients with mental health challenges to access non-clinical support. The service is delivered by a Coordinator and Advisors and was awarded a national Health & Wellbeing award from the Royal Society for Public Health.

*Product / Resources*
Robust induction process, including in-service induction checklist, workbook and training programme. This includes introduction to Southdown’s values and key approaches

Service specific induction programme includes:
- Need to ‘learn’ and respect the culture in the GP practice to which the Advisor is allocated – including day to day running (e.g. protocol re tea and coffee or room allocation)
- Understanding the potential differences in the culture of this organisation and Southdown
- Shadowing an Advisor already integrated into a GP practice (& other staff in the practice if useful)
- Introduction to Southdown’s values and key approaches/processes
- Checklist/form to go through with practice re their induction of a new advisor (including things like who will be the new advisor’s ‘go to’ person)

Ongoing support re the challenges of integrated working (via supervision, team meetings, development days etc) – including clear message to staff re not taking things home but need to contact the Coordinator or Manager

Access to Southdown’s training programme for optional and mandatory training (e.g. recovery, other mental health topics, coaching)

Contact: Helen Denman - h.denman@southdownhousing.org


Aim
Reach for the Skies works with adults to help them identify areas of their life they would like to change. Health Coaches (registered under the Support with Confidence Scheme) are part of a pilot project working with GP surgeries in Lewes to coach patients in Primary Care who have long-term health conditions

Products/Resources
- Health coaches are developed in NLP Lifestyle Coaching, Systemic Counselling skills along with other relevant topics
- Setting up Support Groups, Workshops on wellbeing and stress management - suitable for Carers, Hospice Staff or those working in stressful environments

Contact - Janet Stead - info@janetstead.co.uk

3. Tailored Health Coaching Service – Mid Sussex

Aim
This service aims to support people to live well with long terms conditions: to achieve lifestyle changes, improve knowledge, skills and confidence in their own health and social care by agreeing goals that are achievable and sustainable.

Product / Resources
- Coaches have received specific training in tailoring approaches to individual levels of activation
- Patient Activation Measure (PAM) - begin to understand which interventions would be most suitable for that individual’s level
4. **Prevention Assessment Teams** – West Sussex County Council

**Aim**
Prevention assessment teams are multidisciplinary teams that support people to maintain their independence, health and wellbeing in their own homes. PATs can provide information and advice and access to practical and emotional support either over the phone or with a home visit.

**Product / Resources** – details to follow

**Contact** – details to follow

5. **Delivering supported employment services in mental health teams**

**Southdown Housing Association**

**Aim**
Southdown Housing Association delivers a supported employment service across Sussex with Employment Specialists embedded in local mental health teams (following NICE guidance). They are a Centre of Excellence (Centre for Mental Health) for supported employment.

The aim is to ensure that employment for clients is high on the agenda for all mental health professionals and to work with individuals receiving support from mental health teams to enable them to access or retain work.

**Product / Resources**
- Identifying sponsors/supporters at every level of the host (mental health trust) organisation who will promote the focus on work & facilitate our work
- Supporting staff to understand the potential differences between the cultures of the two organisations and how they can engage mental health professionals - who may have other priorities and will have other pressures. Supporting staff to develop the resilience/assertiveness/proactivity to do this
- Robust induction process which introduces staff to a) Southdown’s values and approaches and b) to the Individual Placement with Support (IPS) model – the evidence based model for supported employment that we use. A good grounding in our value base has proved important
- Agreed induction into host organisation/team
- Co-training (with employment leads for Trust) Trust staff re importance of work - and joint training
• Supporting staff to retain their identity as a Southdown member of staff and focus on their role, rather than becoming subsumed into the mental health trust (and more general mental health work), whilst still being able to work effectively within the mental health team. This is a challenge! Employment Specialists will have much more contact day to day with mental health trust colleagues than with other Southdown staff and managers
• Ongoing regular shadowing of staff member by manager
• Ongoing specialist training in topics such as Retention or Employer Engagement, as well as more generic skills like coaching
• Supporting staff to refocus on role and purpose of role frequently – through supervision, team meetings, development days, regular Fidelity Reviews (see below), conversations with managers and other communications. (Fidelity Reviews review the practice of a service against the key elements of the IPS model and usually include an external assessor)
• Commissioned by Centre for Mental Health to provide training for other organisations re IPS & are part of their Centre of Excellence/IPS leads network
• We host regular open days attended by national/international organisations that are interested in developing IPS - and visits from ministers, DWP etc

Contact: Saxon Chadwick s.chadwick@southdownhousing.org

6. Proactive Care Practitioners – East Sussex Better Together
Aim
Proactive Care will form an integral part of the newly formed Integrated Locality Teams, comprising Social Work staff, Community Nursing and Community Therapy and community Link Workers (who are aiming to develop strong communities which support themselves and local people) to identify clients that would benefit from earlier intervention to support their wellbeing and prevent an unnecessary hospital admission. The service seeks to enable clients to remain independent through utilising the range of preventative community resources available in their Locality and increasing their capacity to self-manage physical long term conditions.

Product / Resources
1. Proactive identification of clients via case finding or inbound referral;
2. Assessment and care planning undertaken by the Proactive Care Practitioners;
3. Care coordination and onward referral utilising available Locality resources appropriate to need.

Contact:  David Parker, Project Manager, East Sussex Better Together
david.parker9@nhs.net

7. Supporting behaviour change for health within a housing support service - Home Works - Southdown Housing Association

Aim
To embed conversations with clients about positive behaviour change to improve health and wellbeing within the day to day work of housing floating support staff (providing holistic housing related support to people in East Sussex whatever their accommodation situation). The Home Works service is delivered across East Sussex by a total of 77 FTE staff and 8.5 FTE frontline managers. This aspect of their work was featured in a Public Health England funded SITRA resource highlighting good ‘nudge’ practice.

**Product / Resources** (in addition to Southdown’s induction programme/process and on-going training programme – which includes coaching)

- Providing behaviour change training, funded by East Service County Council, to all Home Works staff. The behaviour change model used (initially called ‘Making Every Contact Count’ or MECC, now called ‘Behaviour Change for Health’) has an evidence base demonstrating its efficacy and covers all lifestyle health behaviours (smoking, drinking, nutrition, physical activity) as well as motivational techniques. New starters all receive this training as part of their induction.
- Providing staff with (Alcohol) Identification and Brief Advice (IBA) training on how to use simple screening tools to help clients identify and audit their alcohol use and set goals for reducing this.
- Initially (until practice became more embedded) encouraging transfer of skills to work practice via a workbook and requirement to note health conversations in contact session recording – with follow up session from trainer to review.
- Informing staff that the monitored outcomes in the service contract include health outcomes – so that they know these are outcomes they need to work towards
- Focus on health in supervision casework discussions
- Sharing of resources (there are lots!) within/across teams
- Displays on walls of offices created by staff to promote health conversations/healthy lifestyles
- Health and wellbeing day for staff run by staff that, whilst focusing on their health and well-being, gave them ideas re things they could talk about with/suggest to clients
- We are now asked to deliver presentations on the work we do in this area to other agencies/professionals

**Contact:** Sarah Bray s.bray@southdownhousing.org

8. **Primary care homes** – Thanet

**Aim**
This involves multispecialty community provision for a locality based on population numbers.

**Product / Resources**

- Focus on a new GP role: will do clinical work but also work across the PCH sites and concentrate on a particular cohort of patients and may deliver training across the sites.
- Nurses who work in the integrated primary care team: they can access the GPs records, they can see the holistic package for the individual, and is resulting in greater job satisfaction as can combine the health and social perspectives.
All organisations have signed up to a compact to be an integrated care organisation. Work on engagement and development

Contact – Sara-Jane Kray - Primary Care Workforce Facilitator, NHS Thanet Clinical Commissioning Group sara-jane.kray@nhs.net

9 Emergency Care Practitioners - South Central Ambulance Service NHS Trust

Aim
Development of new role “Emergency Care Practitioners” - easing emergency access to hospitals, improving patients’ experience and saving money

Product / Resources
- Describes variety of roles –
  - Attend with rapid response vehicles to all three call categories.
  - Staff a clinical support desk that advises on clinical decision making, for example assessing whether it is appropriate to send an ECP colleague to treat
  - Support primary care staff, providing home visits and out of hours cover
  - Based in minor injury units or prisons or treat people in their home or care environment.

Contact - case study on SFH website:

10. Developing Health Champions in Pharmacies

Aim
The aim of this project is to train frontline pharmacy staff in pharmacies across the KSS geography as Health Champions (HCs). HCs are members of the pharmacy team who are trained and accredited to provide customers with health and wellbeing advice. The key role of an HC is to provide customers with information about their health and signpost them to other community services (such as commissioned NHS Enhanced Services) that will help them to adopt healthier lifestyles and access the support they need to do so. It is hoped that the network of HCs created by this project can be the enabler of local healthcare initiatives.

Product / Resources
- Provision of a nationally-recognised provider of HC training
- Successful completion of training leads to a certificate in Understanding Health Improvements from the Royal Society of Public Health
- Registration of HCs with local council public health leads to help build local public health networks
- In progress: a KSS Health Champions website to act as a repository of HC information

Contact: Atif Shamim: ashamim@kss.hee.nhs.uk
11. Developing Health Skills amongst non-registered reablement staff

Aim
This project was aimed at Reablement Assistants across Surrey employed by Surrey County Council and Care Assistants in the Private Sector. The aim of the project was to provide more comprehensive support to individuals in receipt of both health and social care services, promote workforce integration and support self-care principles.

Product / Resources
- Range of Job Descriptions,
- Training programme to create skilled and confident hybrid workers who can meet an individuals' social care needs, perform healthcare tasks, carry out basic clinical observations and provide reablement.
- Range of clinical skills training
- Trusted Assessor Training - which included two days formal training and one-day work based learning – producing a written assessment.
- competency framework developed to support assessment

Contact joanna.klimera@surreycc.gov.uk

12. Peer Trainers co-producing and co-delivering training - Brighton and Hove Recovery College — Southdown Housing Association

Aim
Brighton and Hove Recovery College uses education in a supportive learning environment to help people with mental health challenges become experts in their own self-care and recovery*. It is run in partnership with Sussex Partnership NHS Foundation Trust and is part of the Sussex Recovery College with campuses in other towns across Sussex. Courses are co-produced and co-delivered by a peer trainer with lived experience and a clinician/other professional.

The Brighton and Hove College is run by a Recovery College Coordinator, Lead Peer Tutor and approx 20 peer tutors (with input from clinicians and other professionals).

Product / Resources
Peer trainers are self-employed and paid. The Lead Peer Trainer is an employee of Southdown.

Having been successfully ‘recruited’, peer trainers undertake and have to achieve the Education and Training Award at Level 3 – which we run in conjunction with the Friends Centre in Brighton

- Tailored induction programme
- Access to the main Southdown training programme
- Regular meetings
- Regular supervision with the Lead Peer Trainer and access to the Lead Peer Trainer for support
- Time to co-develop a training course with a professional/clinician
- Observation of their training by Recovery Coordinator or Peer Trainer
- Feedback from students

*Recovery means living well and achieving one’s aspirations, with or without mental health symptoms/issues.

**Contact:** Lynne Thomas l.thomas@southdownhousing.org

13. Responsive Services Assistants – details to follow

**Aim**

**Product / Resources**

**Contact:** Marcello Rossi Marcello.rossi@nhs.net

14. Community Equipment Assessment & Prescribing

**Aim**
Workers developed to be able to assess and prescribe the use of community OT equipment

**Product / Resources** – details to follow

**Contact:** East Sussex County Council Caroline Lees

15. Kent enablement at home team

**Aim**
Developed a programme they call “recognising early deterioration of the service user’s health”, to support workers to recognise and know when to report on to health services.

**Product / Resources**
- provided the early deterioration programme based on good observation.
- have produced card packs / checklists covering urine changes, sepsis, stool charts and how and who to report on when there is a change – “to support a proper and meaningful conversation between health and social care
• This has involved up skilling the workers to take temperatures, pulse and urinalysis
• The development of checklists to support the reporting and escalation of this to health colleagues.

Contact: Sharon Lee, Primary Care Workforce Facilitator, South Kent Coast CCG
sharonlee2@nhs.net

16. Re-ablement & support at Home

Aim
Regaining Independence Service (RIS). Care & Support at Home developing workers to support gaining independence

Product / Resources
• Developing support workers through the use of the Care Certificate - 12 week programme
• Annual mandatory refreshers
• Skills-based Work Academy Trials i.e. work trial programme for Community Care Assistants in partnership with Jobcentre Plus (this continues, however not v. successful due to JCP candidates either not having a driving license or vehicle or both.
• Buddy system - new starters are buddied up to an experienced staff member who will help them with guidance, support and encouragement as a new employee

Contact: Sue Cranford, Head of Regaining Independence - 07775 790331 – sue.cranford@essexcares.org

17. Kent Integrated Care & Support Pioneers - proactive reablement service

Aim
Each patient on the programme receives a holistic package of care aimed at improving the management of their long-term condition, including improving their confidence to self-manage after the programme. Patients are supported by a multi-disciplinary team (MDT) including GP, community matron, healthcare assistant, physiotherapist, occupational therapist, pharmacist, health trainer, care manager and mental health professional.

Product / Resources – more details to follow

Contact Pioneers@Kent.gov.uk
18. Take home and settle volunteers – East Sussex Age Concern

Aim
The Home from Hospital Service provides volunteer support for older people for up to 6 weeks after they have been discharged from hospital. The aim of the service is to help the patient to remain independent and reduce the chances of readmittance into hospital. This support is provided by the volunteer and includes shopping, companionship, cleaning and other non-personal duties which work with and support the professional work carried out by the NHS teams.

We train volunteers in area including dementia awareness, safeguarding, fire safety, mental health and others which give them the confidence and competence to provide this much needed support at a time when people feel most alone and vulnerable.

Product / Resources
- Volunteer role description and job spec to support skills and competence
- Competence based skills training
- Assessing learning needs as legislation and developing good practice leads to changes
- Identified & in some cases developed useful learning resources with an increased focus on eLearning
- Produce in house support materials including volunteer hand books and a service “How To” guide

Contact: Charles Sheldon – charles.sheldon@ageukeastsussex.org.uk

19. Integrated discharge team – North Kent

Aim
The team aims to reduce admissions, ensure patients’ needs are proactively managed to reduce their length of stay and to enable patients whose medical conditions are stable to leave hospital in a timely manner. Additional social care practitioners have been recruited to work in the integrated discharge team.

Product / Resources – more details to follow

Contact

Enhancing roles & skills to provide more complex care & support

20. Enhanced integrated rapid response service
Aim
Involves support from a multi-disciplinary team (MDT) working with the ambulance service to ensure that people are not unnecessarily admitted to hospital and are supported on discharge from hospital.

Product / Resources – more details to follow

Contact – The Pioneer Team Email: Pioneers@Kent.gov.uk

21. Integrated Dementia Crisis Service – West Sussex

Aim
The Integrated Dementia Crisis Service (IDCS) is a team that brings together the NHS, local authority and the third sector. It works in partnership with social work teams, the community mental health team, GPs, day care providers and commissioners to support people with dementia to reduce the number of inappropriate admissions to hospital, length of hospital stays and inappropriate use of anti-psychotic medication.

Product / resources
- Education programmes for carers and care / support services, especially covering support at times of crisis
- Use of assistive living resources to support people with dementia and their carers
- A range of development opportunities linked to the dementia care pathway and mapped to Common Core Principles for supporting dementia care and Dementia Knowledge and Skills Framework

Contact: Gillian Ferguson - Gillian.Ferguson@sussexpartnership.nhs.uk

22. Clinical Assistants – Brighton & Sussex University Hospitals

Aim
To support junior doctors to be compliant with their contracted hours and ensure high standards of patient care and team efficiency by completing appropriately delegated clinical or administration tasks.

BSUH Created the role of Clinical assistants, to pilot in one speciality, to support the medical teams due to issues with junior doctors being compliant with their rotas, and a recognition that some care delivery and administration duties could be delivered by an experienced Band 3 Clinical Assistant.

The Clinical Assistants role includes updating the handover sheet, being part of ward round and completing duties delegated to them, providing clinical care within their abilities, such as Venepuncture and Cannulation, female catheterisation, therapy etc.

Product / Resources
Clinical Assistants were recruited from experienced band 2 HCA’s that had NVQ 3.

- Demonstration of clinical skills such as Cannulation and Manual Blood Pressure.
- Attended skills training to complete assessment of current skills and devise a Personal Development Plan.
- One to one supervision every month with the Practice Educator for HCA’s.
- Induction to the medical team and allocation of a mentor.
- Attended regular teaching provided by junior doctors to build rapport and enable development within role.

Contact: Rebecca Craig, Practice Educator at BSUH, rebecca.craig@bsuh.nhs.uk

23. Developing HCA to take on clinical roles – Nuffield Health, Guildford

Aim
Identified that a competence based approach to staff training and development would enhance patient safety, address clinical incidents and support staff development.

Product / resources
- Identified competences to enable the HCA to up skill and extend their practice around patient transfer
- Another HCA experienced in theatre had their role extended so they are able to ‘scrub’ for specified procedures which have been risk assessed e.g. hand lift, ENT and some maxilo facial surgery.
- Competences were used to inform a specially devised training package which the HCAs completed over a four month period.

Contact: Case study on SFH website http://www.skillsforhealth.org.uk/index.php?option=com_mtree&task=att_download&link_id=125&cf_id=24

24. Avoiding use of anti-psychotic medication

Aim
Supporting people with end stage dementia via diversion techniques, quiet rooms, hand massage. Careline Services, Medway Ltd

Product / resources – more details to be provided

Contact: Linda Domingue ccftraining@btconnect.com

25. RN mentoring in Nursing Homes - Surrey and Borders Partnership NHS Foundation Trust

Aim
A pilot project has started to support RNs in Nursing homes by employing RN mentors who will support the RN within social care. 4 posts have been created and will provide support in Surrey area.

**Product / resources** – to follow

**Contact** Pam Frost, Co-Director of Education, Pam.Frost@sabp.nhs.uk

### 26. Care workers in NH and Residential – South Kent Coast

**Aim**
Have trained up care staff to have additional clinical competencies - care staff are supported by nurses in the service

**Product / resources**
- Offered a rolling programme of awareness training covering diabetes, respiratory disease, skin integrity, eolc, cardiology and other topics.
- Developed workbooks to support each topic and are evaluating the effect of this. Quite a subjective evaluation, but talking with clinical nurse specialists they are seeing a difference- are approaching others for funding for a more robust evaluation.
- Next set of training will cover medication issues, dementia, positive behaviour support and awareness of what is restraint, hydration and oral care, how to document effectively

**Contact** – Sharon Lee - Primary Care Workforce Facilitator, South Kent Coast CCG. sharonlee2@nhs.net

### 27. Developing Personal Assistants to support people in receipt of personal health budgets

**Aim**
Independent Lives user-led organisation provides personalised clinical training to personal assistants employed by people in receipt of a personal health budget. This helps to ensure clinical tasks are performed safely and to a high quality standard, as well as supporting choice and control for the individual and reducing intervention from other services.

Independent Lives engages fully qualified community nurse trainers to work with the person in receipt of a personal health budget, and their team of personal assistants/support workers, providing training tailored to individual needs in the home.

**Product / Resources**
- Registered Nurse role description to support skills and competence
- Identification of skills, competences required
- Scoping of appropriate learning and assessment opportunities
- Identified & in some cases developed useful learning resources and workbooks to support clinical type training
Direct provision of personalised clinical training for personal assistant teams in the home of personal health budget holder

Found delegation guidance for RN and PA delegation & Guidance useful

Contact: Katherine Beard - katherine.beard@independentlives.org

28. Developing Health Practitioner Roles – Claire Thurgate, Canterbury University

Aim
Supporting the development of Band 4 assistant to Associate Practitioner roles. Work has predominantly occurred in Kent both with acute, community, social care and general practice.

Product / Resources
Undertaken a two year study to understand the effectiveness of the journey from HCA to AP which has resulted in an emerging framework to describe an effective journey both for the HCA but also what organisations and workplaces need to be aware of to enable

Contact – Claire Thurgate: claire.thurgate@canterbury.ac.uk

29. Developing staff in care homes to administer insulin injections

Aim
Primary Care Workforce Facilitator in Kent has supported care staff in care homes to be able to administer insulin injections to residents as part of their diabetes care.

Product / Resources
- Training programme for care staff on diabetes
- Process and checklist for administering insulin injections
- Competency checklist and process for assessment
- Governance and risk assessment input
- Using Diabetes UK - Insulin Delegation for registered staff

Contact: Sharon Lee - Primary Care Workforce Facilitator, South Kent Coast CCG. sharonlee2@nhs.net

30. Admin of Buccal Midazolam – East Sussex County Council

Aim
To produce an area wide approach to cover the administration and associated training and competency checks for use of Buccal Midazolam

Product / Resources – more details to follow

Contact: Jenny Spaull - J.Spaull@southdownhousing.org
31. Developing Staff in Percutaneous Endoscopic Gastrostomy (PEG) Feeding – Brighton & Hove

Aim
Have developed an approach to PEG feeding development for non-registered community based staff

Product / Resources
- List of competencies covering the process of PEG feeding
- Development programme
- Competency assessment process

Contact: Carol Hards c.hards@nhs.net

32. Elizabeth Care Programme – Surrey

Aim
To create the first career pathway from Apprenticeship to Registered Nurse specialising in older people. Foundation degree for care staff which offers additional knowledge and skills to help enhanced care delivery. Also supports career enhancement and progress onto nursing degree.

Product / Resources – more details to follow

Contact - Justine Cawley - jca@consultant.com

33. Support long term conditions with the use of Assistive Technology –

Aim
Docobo - piece of AT that can record BP and basic obs including use of camera. Can be pre-programmed for condition specific information and development of staff e.g. information about UTIs, and loaded with u tube videos of how to do some procedures

Product / Resources
- Was used in Kent area and now being promoted for use within care homes and at home

Contact - http://www.docobo.co.uk/index.html

34. Coaching to increase the use of telecare

Aim
Improve the uptake and use of telecare though adding coaching and supportive enquiry to basic telecare awareness training.

Product / Resources
- The training worked with carers, occupational therapists, an adult social care reviewing team, and staff from a respite centre.
35. Telecare 12 - Champions Initiative- Brighton & Hove

Aim:
To raise awareness of and increase uptake of telecare in Brighton & Hove. Brighton & Hove City Council recruited telecare champions. The champions were provided with resources to support 12 weeks of themes telecare related activity in their teams

Product & Resources:
- Games, quizzes, crosswords
- Information sheets
- Use of existing videos and resources from SCIE and Skills for Care
- Face to face training

Contact: tim.wilson@brighton-hove.gov.uk 01273 296183

36. Supporting staff to consider technology as a solution

Aim:
West Sussex County Council are embarking on a new training and development programme for health and social care professionals with the intention to support technology as the first choice solution in health and social care where appropriate.

Product & Resources: more details to follow

Contact: Sue Tivey sue.tivey@westsussex.gov.uk

37. Using Assistive Technology in Supported Living for People with a Learning Disability - Avenues Group

Aim
The Avenues group have actively supported the use of Assistive technology and better building design within their Supported Living service for people with a Learning Disability. This has ranged from fob access and fingerprint technology access, motion and location sensors and range of safety features within the building

Product / Resources
• Values based approaches to ensure staff approach and attitude to technology is positive and not restrictive
• Technology training provided by supplying companies

Contact Melanie Bentley, Service Manager, Holly Lodge, Melanie.Bentley@avenuesgroup.org.uk

38. Developing senior care workers in skills in Positive Behaviour Support - Lindridge Care Home

Aim
Lindridge Care is a Nursing Home run by Sussex Partnership NHS Trust. To support complex physical and mental health care required they have developed senior care role using Positive Behaviour Support approaches

Product / Resources – more details to follow

Contact

39. Supporting Maternity Services

Aim – more details to follow

Product / Resources

Contact Julie Fitzgerald - julie.fitzgerald@healthwatcheastsussex.co.uk

40. Supporting community based staff to recognise changes in conditions – Brighton & Hove

Aim
Developed a guide covering what to look for by way of changes in individual’s condition by monitoring them and or recognising any deterioration in a person’s wellbeing.

Product / Resources
• Booklet – “Stop, Look, Care” which aims to increase awareness and support for workers/carers on:
  • Why different aspects of observation and care are important
  • What to look for
  • What action to take – informed by a colour coded approach informing when no action needed, when to monitor and when and how to report on

Contact: Carol Hards c.hards@nhs.net
41. Care Certificate Facilitator – Brighton & Sussex University Hospitals

**Aim**
To have an individual in the organisation who can focus only on the Care Certificate, to support HCA’s in both the clinical area and the classroom to complete their portfolio, and assessors in practice to feel confident in their assessment of the new portfolio. BSUH Created a band 4 HCA coach role, to work in clinical areas with new HCAs, and alongside a clinical educator in the classroom facilitating the Care Certificate Induction programme.

The Care Certificate Facilitator teaches some sessions on the HCA Induction days, such as Dementia care and Nutrition and Hydration, and builds up an excellent rapport with the HCAs. She then follows them up each month by e-mail and organises coaching shifts, as required, in the clinical area’s to support the HCA’s and new assessors.

**Product / Resources**
- The Care Certificate Facilitator recruitment process required applicants to have their Foundation Degree in Health and Social Care, and experience as a HCA, prior to their role as an Assistant Practitioner.
- Attended a 2 day L3 course provided by Fairways Training on Care Certificate Assessment and completed a portfolio of evidence.
- Attended the **level 3 National Award in Education and Training** at our local college part time and completed the assessments.
- One to one supervision every month with the Practice Educator for HCA’s.
- During induction period one to one coaching in clinical area with the Practice Educator for HCA’s, to demonstrate the skills required by HCA’s and the level of assessment needed.
- Attended the National MK HCA Conference during induction, to gain a better understanding of the role of the HCA across the country to give insight and understanding.

**Contact:** Rebecca Craig, Practice Educator at BSUH, rebecca.craig@bsuh.nhs.uk

42. Health and Social Care Apprentices – Health Education Kent, Surrey & Sussex

**Aim**
Health Education England - Kent, Surrey & Sussex are supporting joint health and social care Apprentices who will be employed by NSA Health (as an Apprenticeship Training Agency) and rotate between NHS provider and social care providers.

**Product / Resources**
- Programme of recruitment and development that links with pre-employment schemes
- Identification of apprenticeship framework that matches integrated role
- Development scheme to support integrated health and social care apprenticeship route

**Contact:** Robert Smith [Robert.Smith@nsahealth.org.uk](mailto:Robert.Smith@nsahealth.org.uk)

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**43. Workflow Optimisation - Brighton & Hove Integrated Care Services**

**Aim**
New non clinical role being developed in GP surgeries. Workflow Optimisation is a system by which practice administration staff are trained, and supported to read, code, and action incoming clinical correspondence safely and accurately. The outcome is that up to 80% of the patient correspondence is completed without the GP.

**Product / Resources**
- MDU indemnity confirmation – our process is MDU approved so indemnity cost does not increase
- Clarity of the resources you will need for a successful training experience
- Access to our e-learning product covering all aspects of the training offered
- Unlimited electronic access to all manuals, protocols and procedures – Systm1, Vision and EMiS
- GP Champion Support – online, via WebEx, by phone, through site visits
- Access to a National Forum – Moodle
- Classroom training either in their locality or here in Brighton for 4 days
- Two follow-up site visits within 8 weeks of the training ending
- On-going online, telephone and WebEx support to trainers to embed the learning in other practices in the CCG for one year

**Contact:** Lewis Smith - [lewis.smith5@nhs.net](mailto:lewis.smith5@nhs.net)

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**44. Community based support navigators –**

**Aim**
Step West as part of East Sussex Better Together have floating support workers who act as care / support navigators.

**Product / Resources** – more details to follow

**Contact** Emma Pierssene [emma.pierssene@stepwest.co.uk](mailto:emma.pierssene@stepwest.co.uk)

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**45. Community Navigators – Brighton & Hove Impetus**

**Aim**

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**Enhancing roles & skills in care coordination**
Community Navigation is a social prescribing service provided by a local charity ‘Brighton & Hove Impetus’ in partnership with GP practices.

Community Navigators are trained volunteers with previous experience of supporting people. A Navigator works with a person to look at their non-medical support needs, then helps them access the right local services and activities.

**Product / Resources**
- Deliver a 2 day bespoke training course for Community Navigators, followed by a 3 month induction process involving 1-2-1 support from a Volunteer Coordinator and shadowing with experienced Navigators.
- All CNs are asked to attend a monthly meeting with on-going training and guest speakers. Peer support is also encouraged in the form of case review discussions and some Navigators choose to ‘buddy up’ and meet at other times.
- Have access to relevant LA training such as health improvement and behaviour change and we have a small budget for other paid for training if Navigators feel they need this.

**Contact** - Clair Farenden, Community Navigation Service Manager, clair.farenden@bh-impetus.org

46. Health & Social Care Co-ordinators - Kent Integrated Care and Support Pioneer

**Aim**
Health and social care co-ordinators are based in Canterbury and West Kent CCGs. They help co-ordinate activity around MDTs and between GPs and community services

**Product / Resources** – more details to follow

**Contact** Mags Harrison - Mags.Harrison@kent.gov.uk

47. Housing Co-ordinators West Sussex County Council

**Aim**
Providing specialist housing advice to support people with mental health issues

Advice & signposting – linking in to district & Borough housing Depts. and relevant community support services.

**Product / Resources** – more details to follow

**Contact** Chris Harris – chris.harris@westsussex.gov.uk

48. Care Navigator & Care Coordinator – Surrey
Aim
The aim had been that two new roles would sit within the Community Health Providers

Product / Resources
- Job profiles available but not taken into practice.

Contact Hannah Dwight - Hannah.dwight@surreycc.gov.uk

49. Care Navigation – South Kent Coast
Aim
In the process of developing this role they recently had a workshop to call together people who might have a role or function involving care navigation.

Product / Resources
- As a result of this work they have developed:
  - a generic JD,
  - a core minimum training,
  - common education framework
  - linked to some competencies they received from Jackie Sims at HEE

Contact: Sharon Lee, Primary Care Workforce Facilitator, South Kent Coast CCG. sharonlee2@nhs.net

50. Health & Social Care Co-ordinator – Thanet
Aim
Number of projects in place to look at co-ordinator role, including engaging with the voluntary sector (Age UK). The roles will support age 60+ people who are frail and support around health and well-being, self-care and self-management.

Product / Resources
- Sample Job description
- Training needs analysis will be undertaken
- Designing training programme including 10 high impact actions

Contact: Sara-Jane Kray - Primary Care Workforce Facilitator, NHS Thanet Clinical Commissioning Group sara-jane.kray@nhs.net