All Wales Care Home Framework

Self-assessment checklist for Health Boards.

This checklist is supplementary to the **All Wales Care Home Framework**

October 2020

Produced by a Task Group established under the National Strategic Programme for Primary Care

3.1 Strategic Health Board Actions

The following self-assessment checklist consists of a series of statements that have been designed to reflect the principles of the model set out in the section above. Health Boards are asked to reflect on whether their current service models comply with the statements set out below, self assess their current position, and consider what local actions need to be taken on an '**adopt, adapt or justify**' basis (Action 3: Primary and Community Care Operating Framework Quarter 3/4):

	Statement	Relationship to key themes	Adopt Adapt Justify	Action Required? Y/N (if yes note summary of next steps)
1.	The identified lead Executive Director (DPCC or equivalent) engages with all other executive directors, along with other appropriate senior staff, in the planning of health care services to care homes. The approach is one of integrated working across all relevant Health Board directorates and must demonstrate Board level support. The engagement should include those involved in 24/7 services including 111, primary care (GMS and urgent primary care (Out of Hours) services and the Welsh Ambulance Service Trust.	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		
2.	Services are planned with consideration of the impacts on individual care home residents as a key part of the planning process. Equity of access to care and services regardless of crisis or location should be the norm.	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		

3.	The principle of 'once for Wales' and of collating the learning from COVID-19 (as well as wider learning from, for example, seasonal pressures) in one place has been implemented by the Heath Board.	Provides equitable access?	
		Drives consistency?	
		Ensures connectivity?	
		Delivers resident focused outcomes?	

4.	In order to 'future proof', primary and community health care services have been reviewed to reflect the learning from the COVID-19 with specific consideration of the experiences of care homes as part of that.	Provides equitable access?	
		Drives consistency?	
		Ensures connectivity?	
		Delivers resident focused outcomes?	

5.	Service planning recognises that whilst care homes will operate in different ways that reflect: their purpose; services provided; workforce and location, a person centred care approach will form the basis of the planning process.	Provides equitable access?	
		Drives consistency?	
		Ensures connectivity?	
		Delivers resident focused outcomes?	

6.	The Health Board has an effective communication process in place with the care homes within their geographical area. This includes named relationship managers, identified by the lead executive director, and appropriate to the care home registration in place in each Health Board. These will act as the points of contact for care homes when they need to escalate issues or seek urgent intervention. For those funded out of area Health Boards have a communication mechanism in place that is appropriate and effective[1].	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		

7.	The service model operates in line with the Framework set out in this paper to ensure a consistent set of principles are in place across Wales and outcomes for individuals are consistent regardless of local variation.	Provides equitable access?		
		Drives consistency?		
		Ensures connectivity?		
		Delivers resident focused outcomes?		

8.	The Health Board has a clear description of the primary and community health care services that it provides[2] and signposts to how these are accessed consistently using existing directories of information,	Provides equitable access?		
		Drives consistency?		

	both in and out of hours including any referral criteria if applicable.	**Ensures connectivity?**	
		Delivers resident focused outcomes?	
9.	The Health Board should have a clear understanding of the range of information collected from care homes and the actions required as a result of these. There should be an appropriate feedback loop in place to ensure care homes are updated on relevant actions	**Provides equitable access?**	
		Drives consistency?	
		Ensures connectivity?	
		Delivers resident focused outcomes?	