

BRADFORD DISTRICT AND CRAVEN'S ORAL HEALTH 'CHAMPIONS' PILOT' IN CARE HOMES – STARTING IN JANUARY 2021

The Bradford Enhanced Health and Well-being at Home (EH&WH) Workforce group has obtained funding from the Bradford Health and Social Care Economic Partnership to 'pilot' the development of Oral Health Champions within 20 of our Care Homes in Partnership with Bradford District Care Foundation Trust.

- The Champions will need the support of their service Manager, will need to be given the time to attend the training programme (which will be delivered remotely' using the 'telehub' training facility) and to contribute to the evaluation of the 'pilot'.
- The Champions will be provided with a suite of free resources to cascade the training to other care staff and help to embed Oral Health best practice within their care home.

We are therefore looking to **engage 20 Care Homes**, caring for a range of different client groups, from across the District to engage with and take part in this 'pilot'.

One Champion per care home should be identified, but for larger care homes more than one champion may be considered.

The training element of the 'pilot' is due to start at the beginning of January 2021 (dates yet to be confirmed), and the 'pilot' will run until the end of March 2021.

If you are interested in being involved, please complete the **Expression of Interest form** (overleaf), and return to:

Nichola Bell (Senior Oral Health Improvement practitioner at BDCT) by **November 13th 2020** on nichola.bell@bdct.nhs.uk

With many thanks

Rachael Ross, Locality Manager, Skills for Care
Chair of the Bradford Enhanced Health and Well-being at Home Workforce Group

**Bradford District and Craven's Oral Health Champion programme 2020/21 –
Expression of Interest form**

Please fully complete each section, and then return by November 13th to:
Nichola.bell@bdct.nhs.uk

Care Home name and address:

Size of care home:

Client group (e.g. LD, PD, older people, dementia):

Manager's name:

Manager's contact details (include phone number and email address):

**Manager's signature to confirm that: you will provide support; will release
identified champion(s) below to attend training; and will contribute to the
evaluation process:**

Signature:

Date:

Champion 1 name:

Champion 1 contact details:

Champion 2 name (*if appropriate due to size of care home*):

Champion 2 contact details:

**Please provide below the reasons why you want to be considered to take part
in the Oral Health Champion pilot:**