Application to be Early Adopter Sites/Communities of Practice
Seven Day Services Transformational Improvement Programme

Organisational commitment: Please provide the name of the CEO who will sponsor the project/application and to ask them to briefly state their support and why they are interested in participating as an early implementer site

<table>
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<tr>
<th>CEO Sponsor (name / position)</th>
<th>Mark Hackett, CEO, University Hospital North Staffordshire NHS Trust</th>
</tr>
</thead>
</table>

Sponsor’s contact details
Trust Headquarters, Executive Suite, City General, Newcastle Road, Staffs, ST4 6QG. Tel: 01782 676612
Mark.Hackett@uhns.nhs.uk

Sponsor’s statement of commitment
‘As a health and social care economy 7 day working is high on our agenda. We recognise that we need to build on current excellent practices and supportive partnerships to take this agenda forward.

There is strong commitment from all partners in the health and social care economy from Chief Executive to frontline practitioners that work with patients and their carers on a daily basis and recognise the need for services to be delivered across the 7 day period.

It is well recognised that 7 day input from health and social care working in partnership can reduce length of stay, support improved clinical outcomes and facilitate improved patient and carer experience.

I along with my senior health and social care colleagues are committed to achieving implementation of 7 day working to realise improved quality outcomes for the local population’.

Partner Organisations commitment:

<table>
<thead>
<tr>
<th>Partner (name /position/organisation, contact details)</th>
<th>Stuart Poynor, CEO, Staffordshire and Stoke-on-Trent Partnership NHS Trust, Morston House, The Midway, Newcastle Under Lyme, ST5 1QG Staffordshire ST5 1QG. Tel: 0845 6026772 Ext 1556 <a href="mailto:Stuart.Poynor@ssotp.nhs.uk">Stuart.Poynor@ssotp.nhs.uk</a></th>
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<tbody>
<tr>
<td>Partner (name /position/organisation, contact details)</td>
<td>Dr. Andrew Bartlam, Clinical Accountable Officer, Stoke On Trent CCG, London Road, Stoke-on-Trent, Staffs, ST4 7PZ Tel: 01782 536600 <a href="mailto:Andrew.Bartlam@stoke.nhs.uk">Andrew.Bartlam@stoke.nhs.uk</a></td>
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<tr>
<td>Partner (name /position/organisation contact details)</td>
<td>Dr. David Hughes, Clinical Accountable Officer, North Staffordshire CCG, Morston House, The Midway, Newcastle, Staffs, ST5 1QG Tel: 0845 6026772 ext 1653 <a href="mailto:David.Hughes@northstaffs.nhs.uk">David.Hughes@northstaffs.nhs.uk</a></td>
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<tr>
<td>Partner (name /position/organisation, contact details)</td>
<td>Fiona Myers, CEO, North Staffordshire Combined Healthcare NHS Trust, Bellringer Road, Trentham Lakes South Trentham, Stoke-on-Trent, ST4 8HH Tel: 01782 273510 <a href="mailto:Fiona.Myers@northstaffs.nhs.uk">Fiona.Myers@northstaffs.nhs.uk</a></td>
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Partner (name /position/organisation, contact details)

Martin Samuels, Commissioner for Care, Staffordshire County Council, Peel building, Tipping Street, Stafford, ST16 2DH
Tel. 01785 854022  martin.samuels@staffordshire.gov.uk

Partner (name /position/organisation, contact details)

Tony Oakman, Director - People: Adult and Neighbourhood Services, Stoke-on-Trent City Council. PO Box 634, Civic Centre, Glebe Street, Stoke-on-Trent, ST4 1RJ. Tel. 01782 234567  Tony.Oakman@stoke.gov.uk

Partner (name /position/organisation, contact details)

Lee Washington, General Manager, Staffordshire Area, NHS Trust Tollgate Industrial Estate, Tollgate Drive, Beaconside, Stafford ST16 3HS, Tel 01785 237000 Lee.Washington@WMAS.NHS.uk

Partner statement of commitment

‘As senior health and social care leaders of the North Staffordshire economy we are committed to delivering the benefits of 7 day working to our patients and personally committed to ensuring success of this initiative.

North Staffordshire is recognised as an area that works in partnerships and is committed to integrated service delivery across the whole health and social care economy. This is demonstrated through a number of initiatives through the care system from acute care to community services supporting patients with a variety of needs.

The economy already has a shared commitment to improving patient outcomes and an embedded framework of governance geared to deliver the well-established cross economy transformational programme.’

The North Staffordshire Health Economy

The Northern Staffordshire Health Economy comprises the geographical area of North Staffordshire CCG and Stoke-on-Trent CCG and has a registered population of just less than half a million. It is a largely self-contained system with around 85% of the population attending urgent/elective care within the footprint of the area which includes a single acute provider, University Hospital of North Staffordshire (UHNS) a single community provider, Staffordshire and Stoke on Trent Partnership Trust (SSOTP), and a single mental health trust, North Staffordshire Combined Healthcare NHS Trust and two district councils. In April 2012 the Staffordshire County Council Adult Social Care was integrated into the Partnership Trust to form the largest Health and Social Care organisation in the UK.

UHNS is a new hospital that opened in 2011 as part of an economy wide transformation programme with less acute beds and a planned shift of activity from acute to community services in new community premises. The transformation programme was delivered against a backdrop of Northern Staffordshire seeing an increase in its population and demographic changes; most notably an increase in births and the young (children under five) and the elderly, both over the age of 65 and over the age of 85. It is well documented that these are the two life stages that have the greatest impact on increasing demand for health and social care services.

The TSA recommendations on the future of Mid Staffs, which are currently out to consultation, have the potential to impact on Northern Staffordshire health care system enhancing and developing the seven day working arrangements locally would help to support this transitional change.
Articulate a clear vision of its own innovative approaches to seven day service provision

This Expression of Interest sets out our ambition to become ‘Seven day working pioneers.’ It articulates the changes taken to date towards developing 7 day services and the on-going transformation necessary to further advance this agenda across our footprint.

All partners within this bid are in agreement with the single vision across the economy, that further improving care and access for our patients would be enabled through improvements in offering an integrated, 7-day service, across the whole system to support the delivery of the right care in the right place at the right time.

Whilst all partners are committed to further develop 7 day services ‘and support the norm across the health and social care system’, the changes made vary across the area due to the local challenges, changing demographic pressures, spending reviews and patient flows.

Our strategies make clear that the way we work in partnership needs to support the change rather than hinder it, and therefore as partners we need to work out what needs to be done together, thus delivering the best possible care and support to our local communities in ways that minimise duplication, make best use of public resources and ensure that we create and sustain a thriving market place.

Our senior leaders recognise the growing body of evidence to suggest that where there is a lack of access to clinical services over a seven day period and patients do not always experience parity of access to the optimum treatment or diagnostic tests that they should expect. This can then result in delays to their treatment that can contribute to less favourable clinical outcomes. All parts of the system recognise the benefits that 7 day working would bring including;

- Better and clearer access to our acute and community and social care services for patients.
- Maintaining/increasing quality and patient safety over the 7 day working week
- Greater opportunity to increase the number of admissions avoided
- Improve and facilitate earlier discharge for patients across all organisations
- Reducing/saving or releasing costs across the system
- Leveling the workload across the 7 day working week for both elective and emergencies
- Utilising underused expensive estate over the 7 day period
- Reducing length of stay (LOS) across the system
- A systematic improvement in the delivery of whole system care both in acute settings and environments closer to or in the home

We recognise that clinical services appear to be at different stages of development and delivery of 7 day working currently has different levels of integration at an acute trust and wider system level. In pulling together the proposal the local health economy (LHE) has identified that a joined up approach is necessary to ensure the full benefits of 7 day working are realised and efforts are targeted appropriately to achieve these. This includes the work required to ensure that the wider market place include Care Home and Domiciliary Care Provision is commissioned in a way which responds to this new model.

Health and social care partners are signed up to the principle of ‘equality of treatment or clinical outcome regardless of the day of the week. It may be that elective services require different service delivery models than acute services, but that the level of service provided should ensure that the patients continue to ‘flow’ through the system and match capacity to demand.

In order to meet demand it is imperative for the NHS to invest in the skill base of its staff to grow local workforces and to increase sustainability and to remain competitive. Thus, competence based transferable skills are required to improve recruitment and retention of staff, whilst delivering high quality, person centered services. Given the shift from hospital based care to care in the community, the economy requires a more flexible workforce in the health and social care system that is responsive to the changing demand over the seven day period. It is imperative that staff have the appropriate skills and knowledge to deliver high quality, safe care in new care and support settings.

A recent review of 7 day services examined clinical services and compared organisations against the best practice examples and promoted these with the publication of Equality for All (NHSI 2012).
The review highlighted some excellent practice, whilst identifying a number of opportunities to consider which have shown demonstrable benefits in other organisations, particularly with regards to improving patient flow, reducing lengths of stay and facilitating safe and timely discharge. These case studies provide practical examples of where clinical teams across a wide range of both hospital and community services have started to implement changes to the delivery of services, improving access for their patients both out of traditional 8am to 6pm, Monday to Friday services and also across the weekend period. Results show fewer delays in healthcare delivery and a clear demonstration of the benefits for patients, carers, staff and the organisation as a whole.

**Case Studies (Appendix A)** - These case studies provide examples and an assessment of the level of service that teams are currently delivering across the system on the urgent and emergency care agenda. The key to all the work is the progression along the continuum moving towards the level 4 in targeted areas.

**Links with the NHS, Social Care and Public Health Outcomes Framework** The limited availability of services at certain times is known to have a detrimental effect on the Framework described above. If we are to impact on the outcome frameworks, extended working and ensuring the indicators described are improved upon is supported by a desire to ensure patients receive high quality care, consistently, irrespective of the day of the week or time of day and that this is measured both within the acute trust and across the system as a whole.

In financial terms it is recognised that extending working over 7 days may have financial challenges, key to the programme will be demonstrating that financial benefits can materialize by extending clinical services.

7 Day services can also provide benefits for staff, improved work life balance, greater wellbeing and job satisfaction (e.g. by being able to provide continuing specialist care for patients), reduction in staff sickness as on-call and/or temporary staff requirements are reduced or eliminated. The realisation of these benefits will be captured within programme metrics and key performance indicators with which the success of the programme will be measured.

**Plan for whole system change and integration**

The senior leaders recognise, as demonstrated through this partnership application to be an early adopter, that when planning for 7 day services, there needs to be a shared understanding of the requirements to support it and services are not planned in isolation. An integrated approach is essential in ensuring acute, community health and social care services are aligned and able to respond appropriately to extended 7 day services and, for example, acute emergency care, should not be used when patients would benefit from care in other settings. Ensuring both acute and community based services deliver high quality, responsive care in and out of hours is key.

The initial focus of the programme of integrated work will be on improving urgent and emergency care and diagnostic services and then to shift focus on improving access to elective and routine services at weekends as appropriate. We recognise that there is not a ‘one size fits all’ answer to these challenges, however, our case studies in **Appendix A** demonstrate our success to date and give some very practical examples of how teams have overcome this challenge and what can be achieved to deliver extended services in a sustainable way. The service delivery models described are as a result of patient or carer demand and provide benefits for patients, staff and carers. There are three merging principles that could be used to categorise the models being adopted using the following headings:

LEVEL 1: Some extended hours service, limited weekend access

LEVEL 2: Service 7 days per week, not necessarily the same level

LEVEL 3: Integrated 7 day service involving service specialities

LEVEL 4: Integrated 7 day service across a whole system
• **Admission prevention**—Services that are designed to care for patients in their usual place of residence during times of poor health or mental illness.

• **Early diagnosis and intervention**—No delays in assessment, diagnostics and treatment leading to an earlier diagnosis and intervention.

• **Early supported discharge**—Patients returning home once they are able to be supported in their usual place of residence

Our key aim through the delivery of 7 day working is to ensure that we improve the health and wellbeing of people living in our communities by ensuring that we provide an efficient and streamlined provision which means that our communities truly experience joined up care.

Underpinning these merging principles and aims, we recognise as partners this will require organisational change in the way we commission and deliver our services and behavioral changes in the number of people making healthy lifestyle choices.

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**Demonstrate commitment to integrate care, and support across the breadth of relevant stakeholders within the local area**

In Staffordshire and Stoke on Trent we are working towards creating the right environment to deliver the local integrated vision, ensuring that there is strong leadership which supports a culture which allows for innovation, creativity and calculated risk taking.

Both the Staffordshire and Stoke on Trent’s Health and Wellbeing Boards have clearly articulated their vision for the next five years, which is underpinned by the desire to further advance the transformation to whole system integration; one which acknowledges the interdependencies between citizens, communities and organizations.

These strategies make clear that the way we work needs to support the change rather than hinder it, and therefore as partners we need to work out what needs to be done together, thus delivering the best possible care and support to our local communities in ways that minimize duplication, make best use of public resources and ensure that we create and sustain a thriving market place.

The key route for us to deliver our shared aims will then be reflected within our Strategic Aims, and as partners we hold each other to account for the successful delivery of these plans and our contribution towards the shared vision. Robust local programme management will enable us to keep on track of our deliverables.

The highest level steering group across the North Staffordshire economy is the Cross Economy Leaders Group (CELG) which is chaired by the two CCG Executive Chairs and includes the Chief Executive Officers of the Partnership Trust, the Acute Hospital and the Mental Health Trust, plus the Area General Manager of the Ambulance Trust, the Commissioner for Care for Staffordshire County Council and the Director of People, Adult and Neighbourhood Services for Stoke-on-Trent City Council. Although Stoke-on-Trent City Council Social Care is not formally integrated with the Partnership Trust, strong strategic and operational relationships have been formed and virtual integrated working exists across many areas such as with the Integrated Teams and the establishment of a cross sector Single Point of Care model.

The recent Francis Enquiry at Stafford Hospital articulated that the voice of the local population should be central to everything that we do. It’s about listening and responding to the needs of the community and ensuring that we provide the best possible care and support. We shall therefore be engaging with a range of Community Groups and our local Health watch group who will provide public and patient involvement into the project and will be key in leading the design of services over a 7 day period, which are most appropriate for the needs of the local population.

This will also include engagement with VAST (Voluntary Action Stoke on Trent) who also works on behalf of Staffordshire County Council, to support the development of voluntary organisations and community groups in Stoke and Staffordshire. VAST provides strategic engagement and representation for local groups, and would also assist in partners understand the impact of 7 day working on the voluntary sector.

Local commitments from all LHE partners (demonstrated with the supporting statements) with capacity from the agencies involved in terms of leading, supporting and delivering this project as
part of wider integration plans – around data sharing and performance will be key to its success.

Demonstrate the capability and expertise to deliver successfully a transformation projects at scale and pace

In Staffordshire and Stoke on Trent we believe that we have the experience and capability to take forward our vision. The commitment of our partners is undisputed and there is an energy and pace to take forward the required changes, share learning and overcome barriers together. Examples of our innovative approaches to support the transformation of the delivery of care and support to date include the following:

- North Staffordshire and Stoke on Trent Local Health Economy has a track record of delivering successful transformation, evidenced by the Fit for the Future programme. This was an ambitious programme to improve the health of the people of North Staffordshire and Stoke on Trent. Central to this was the provision of more local, accessible and modern facilities, including a ‘state of the art’ new build acute hospital.

- Building upon the progress made through Fit for the Future, a cross economy transformation programme is now underway in this local health economy. Central to the work is a redesign of the system to prioritise support for people with long term conditions and those at risk of overuse of urgent care services in their communities. Facets of the new system include a system coordination hub, investment in a consolidated intermediate care service, and a cross-system frail/complex clinical directorate. Work on underpinning integrated locality teams is well developed, and in Stoke on Trent the innovative Community Team Plus initiative is exploring the potential of fully integrated person-centred approaches to improving people’s health and wellbeing.

- For Staffordshire County Council on the 1st April 2012, they entered into a Partnership Arrangement with Staffordshire & Stoke on Trent Partnership NHS Trust which was part of a Section 75 pooled budget arrangement which saw nearly 1000 staff and a budget of around £150 million transfer from the County Council to the new Partnership Trust. The Staffordshire & Stoke on Trent Partnership NHS Trust are responsible for all adult social care and community healthcare within Staffordshire and all community healthcare in Stoke on Trent, delivering everything from physiotherapy to day opportunities.

- Rapid assessment interface and discharge (RAID) currently operates 7 days a week within the emergency portals and the inpatient wards at the UHNS identifying those patients with mental health needs alongside their physical illnesses. Being adjacent to the Acute Mental Health Hospital can support integrated working, and it is recognised that integrated 7 day services will support the patient outcomes and increase patient flow.

If our bid is successful, a 7 day Programme Office will be established and will pull together the key governance arrangements across our partners. Each partner has clear and robust governance arrangements in place in order to deliver our integrated arrangements. At the highest level, our Health & Wellbeing Boards oversee strategic development, and then more locally we have Cross Economy Leaders Groups made up of senior leaders from across health and social care, commissioners and providers. Underpinned by this, we have strong programme management offices in place to support the delivery of our internal transformational change, ensuring that we have solid plans with realistic timescales and clearly articulated risk management:

The plan is to set up a 7 Day Services Project Group to oversee delivery across the LHE. Membership of this group would include members from all supporting partners, both commissioners and provider clinical representatives, finance, performance and information representatives, the voluntary sector and service users and carers. Our vision is for this project to develop and grow and we will formally review, utilising a programmed approach, our achievements and any challenges. We will work through any issues using a co-ordinated and collaborative approach. We will access our regular support mechanisms via local and national resources.
It is our intention that as partners we hold each other to account for the successful delivery of plans and the contribution towards the shared vision. Robust local programme management will enable us to keep on track of our deliverables.

Across both the Acute Trust and the LHE there is a track record of delivering successful projects designed to improve health services across North Staffordshire. The two main providers have well established Transformation Programme Management Offices and there is also a Cross Economy Transformation Office (formally part of the FtF Project) with reporting frameworks and joint working already in place. The 3 PMOs already bridge all key functions across HR, Finance, Performance and Information. Leadership at a local level is provided by the CELG Group which has been at the forefront of providing strong LHE leadership and decision making.

The project will have risk management and mitigation strategies utilising a recognised approach of programme management. The project management offices are experienced in Steps to Success and PRINCE2 methodology. Governance frameworks will make use of existing LHE transformation structures to ensure the project is integrated with the whole system strategic changes and will span the partner organisations.

Commit to being at the forefront of disseminating and promoting lessons learned on delivering seven day services for wider adoption across the country

Through this Expression of Interest we are seeking your engagement and support to allow us the opportunity to further reform our public services and deliver a coherent offer of 7 day services across our large footprint. This opportunity would provide us with a platform to share our learning and demonstrate the scale and pace required to take forward a whole system change. As partners we are committed to actively participating in any systematic reviews and evaluation of our progress and the impact this has over time.

Commissioners have already been involved both in the DH QIPP LTC Commissioning Group at a national level and regionally with the West Midlands LTC Commissioning Implementation Programme and have the necessary skills and resource to support this important work. All providers have been proactively involved in the LTC National Work stream.

Most recently, working closely with the Emergency Intensive Support Team (EIST) both within the Acute Trust and across primary care, the LHE shows a commitment to working with national partners and sharing information. The development of the Patient Flow Bundle (designed to improve patient flow and timely discharge), for example, has been held up as a beacon of good practice and has been shared nationally via the EIST and the Acute Trust as supported other organisations in its delivery. Indeed, there is a proven track record across the LHE, over many years of collaboration with national partners and dissemination of good practice.
Demonstrate that the vision, ambition and approach to seven day services will be based on robust understanding of the evidence

All current and planned developments are based on robust evidence. For example, the developments in AMU see Appendix 1; follow the NHS London Standards and RCP Acute Care Toolkits recognising that, whilst ambitious, these are what we should be striving for. As recommended, 7 day a week 12 hours per day Consultant cover on AMU is now available and structured ward rounds enable patients to receive a clinical review twice daily, 7 days per week. Patients will now be seen by a Consultant within 6-8 hours during the day and 12-14 hours if admitted overnight, as per the best practice recommendations. The use of daily morning Board Rounds to deliver targeted care seven days a week has been introduced across the Trust and make up part of the Trust’s innovative Patient Flow Bundle, designed following recommendations from the national Emergency Intensive Support Team (EIST) and utilising all available evidence shown to improve the discharge process. The Bundle, which also promotes the use of Estimated Date of Discharge, Daily Ward Rounds, Criteria Led Discharge and regular patient Length of Stay Reviews, utilises recognised approaches to improve the patient experience and organisational flow. It provides a template for a standardised approach to ward processes over the whole week.

All partners therefore have unanimously agreed to the commitment to provide local information to contribute to building the evidence base and measure progress of 7 day service provision and a commitment to participate actively in a systematic evaluation of progress and impact over the time of the project.
## Appendix A – Health & Social Care response to seven day working for Urgent & Emergency Care

### DIAGNOSTICS

| University Hospital of North Staffordshire
| **Seven Day Consultant Radiologist Service** |

**Overview**

The Imaging Directorate is a significant way towards the government suggested seven-day working. However the majority of out of hours and weekend service is currently provided in response to emergency / urgent patient requests and not provide the ‘routine’ imaging that may be requested on admission in order to provide a full assessment.

**Current Service Provision**

There is a radiology SPR on-site service 24 hours a day / 7 days a week, the SPR deals with emergency and urgent request out of hours and at weekends with access to an on-call consultant. There is currently a variable range of seven-day working in the following modalities: MRI, CT, non-obstetric ultrasound, general radiology and interventional. There is admin and clerical support seven days per week within imaging. As part of the consultant on-call rota the consultant on call at the weekend attends the sites to report agent images such as CT and MR this is provided on Saturday and Sunday MRI current service has three MRI scanners two of which are open 12 hours per day seven days a week the third scanner is open 7 days 9 hours per day. MRI delivers a routine MRI service at weekends and evenings Radiology reporting does not match the opening hours of the scanners and does not routinely undertaken at weekends or evenings.

**CT:** There is a routine CT service available from 8am to 7:30pm five days per week, and 8.30am - 5pm on Saturday with emergency scanning undertaken on Saturday and Sunday 24 hours a day seven days a week. There is an early bird scanning service available which enables inpatients to be scanned between 7am and 9am, utilising the on shift SPR and CT radiographic staff.

**Ultrasound:** There is a routine ultrasound service available 8am till 5pm five days per week with emergency and early pregnancy scanning undertaken on Saturday and Sunday morning, only urgent in patient requests are undertaken on a weekend or out of hours.

**Benefits to our Patients**

The benefits of seven-day working would include:

- Patient experience is enhanced content continuity of care and timely discharge
- Length of stay would reduce due to timely availability of radiology reports / Reduce waiting lists for outpatients
- Advice from Radiologists would be more readily available to clinicians and GPs
- By offering all modalities routine at the weekend there will be the opportunity to offer their the chance to routine patients and smooth with the flow of inpatients throughout the week.

**Challenges and Solutions to move towards the seven day vision**

- To review current job plans to incorporate extended days evenings and weekends working.
- The ability to recruit if seven-day working is within contracts for newly appointed consultants.
- Contract changes for existing consultants to extend to seven-day working including weekends and evenings.
- There would be the requirement for PACS support seven days per week.
- Variation to the support services contract with Sodexo would be required to support seven-day working i.e. porterling.
An integrated service with seven-day working matched by Medicine and Surgery is necessary to achieve increased benefits for inpatients

**ACUTE MEDICINE**

**University Hospital of North Staffordshire**  
**Seven Day Consultant Led Acute Medicine Service**

**Overview**  
UHNS has developed Consultant 7 day ward rounds in Acute Medicine.

**Current Service Provision**  
There is Consultant presence from 9am up until 10pm at night, 7 days per week on the Acute Medical Unit (which includes a 25 bed Short Stay Unit). Patients admitted to the AMU will receive a Consultant review within a maximum of 12-14 hours, often much sooner, irrespective of the day of admission. The development of internal professional standards and standard operating procedures ensures in-reach from specialties is provided daily during the week. Patient experience is enhanced and continuity of care is improved resulting in more timely discharge or transfer.

**Challenges and Solutions**  
An integrated service with seven-day working matched by other Medicine and Surgery specialties is necessary to achieve increased benefits for inpatients. Where possible, direct clinical sessions across a 7 day period have been worked into sub-specialty job plans, but are not comprehensive. On AMU this would better facilitate:
- In-reach from appropriate specialties over the weekend period
- Consultant to Consultant referral within 24 hours every day of the week

**SOCIAL CARE (2)**

**Stoke-on-Trent City Council**  
**7 day social care services (UHNS)**

**Overview**  
Over the last 4 years significant progress has been made in relation to the provision of 7 day social care provision. Referrals requiring complex assessment are navigated through the Integrated Care Access Bureau (ICAB) which has an integrated triage function. The bureau includes complex assessment nurses, co-ordinators and social care assessors from both SSOTP and Stoke-On-Trent City Council Social Care.
More recently these functions have been brought under the umbrella of the co-ordination hub which provides a dynamic view of demand and capacity across the local Health Economy (LHE) ensuring that flow is maintained. At the present time social care would place itself at a level 3 in terms of the levels of integration, although would aspire with suggestions below in place to a level 4.

Current Service Provision
Currently the social work teams operate across 7 days at UHNS although there is a skeleton provision at the weekend which has a primary focus around admission avoidance. There is management support on site across 7 days from social care team managers. A memorandum of understanding is in place to enable Staffordshire and Stoke to share ownership of the management function with minimal impact on week day functionality. This ensures proactive engagement in conference calls and direction to areas of priority for weekend staff.

The reduction in social care staffing at weekends has a negative impact on patient flow across the 7 days. Discharge activity shows a significant dip in complex discharges over the weekend (Sundays being particularly reduced). This has a subsequent impact on Monday’s performance and the picture only starts to recover by Tuesday. Consequently there is an uneven flow across the health economy with clear peaks and troughs of activity which result in bottle necks of demand across the LHE. Care brokerage currently operates 5 days a week with a dedicated hospital broker. Broker cover has historically increased to cover lengthy bank holiday periods with 1 broker on duty during the Easter and Christmas period.

Potential areas for development:
- 7 day care brokerage
- Additional care assessors to provide continuity of assessment and discharge activity across 7 days.
- Trusted Assessor role for 24 hour care placements. This would enhance relationships between UHNS and local providers and ensure high quality transfers of care.
- Assessment at home through access to rapid re-ablement.
- Development of ILCTs and a case management approach are being developed across North Staffordshire. This will allow for proactive case management and a reduction in the episodic “assess and refer” culture that exists at present.

Benefits to our Patients
The benefits of seven-day working would include:
- Continuity in assessment and care management across 7 days.
- Access to service provision throughout the week.
- Reduced risk of hospital acquired infection as a result of timely discharge.
- Reduced length of stay.
- Improved quality of patient experience.

Challenges and Solutions to move towards 7 day provision
- There is no identified funding to enable the additional staffing that would be required to operate a fully functional seven day service. The areas of development above would be dependent upon resources being made available and the extent to which this would operate as normal working day would be reflective of the financial envelope available.
- Whilst assessment and brokerage provision could be enhanced there is no guarantee that provider services would respond across the weekend. Recent engagement with domiciliary care providers indicates that some are geared up to cover 7 days a week in relation to provider assessment and commencement or recommencement of new or existing packages of care respectively. The independent residential and nursing provider market is less prepared but commissioners are hoping to work with contracted providers to look at the possibility of 7 day working. Provider assessment including risk assessment is the main issue and we would like to explore the possibility of a trusted assessor role as a means of addressing this issue.
- 7 day social care support would need to develop in tandem with other services which have a co-dependency, for example therapies.
- If no additional funding is available, then there would be a risk around reduced performance during the week as existing staff would be rostered “off-duty” days.
Overview
Staffordshire County Council currently commissions a range of provision which includes support for hospital discharge. In order to successfully deliver 7 day working the role of the wider Care Marketplace cannot be ignored. Working as partners, Commissioners will need to engage with the market to understand the barriers and challenges they face in making integration a reality and ensuring that they are geared up to deliver 7 day services. This includes ensuring that there is a sufficient level of provision to offer real choice and control.

Current Service Provision

Care Homes:
Currently across Staffordshire we commission a total of 347 Care Homes to meet a range of social care and nursing care needs, some of which are dual registered homes. There are a number of patients that are discharged from the acute that will be assessed as requiring a nursing or residential placement, and will be supported to access the appropriate provision.

Care Homes are required to conduct an assessment of the patients needs and identify if they are equipped within their home to meet the needs of this patient. Current Care Home Managers tend to undertake the role of assessment and in the main work a Monday – Friday week.

Patients are therefore usually admitted on a Monday – Friday basis when there is availability of a Social Worker to support the discharge process.

Hospital Discharge Services:
Staffordshire County Council currently commissions two Hospital Discharge Services to support with discharges from UHNS. These services provides practical and emotional support to patients following hospital discharge and are strategically valuable to ensure prevention of further crisis on discharge back into the community. One of these service is provided to UHNS on a 7 day basis (expect Christmas and New Year).

Domiciliary Care:
Staffordshire currently commissions domiciliary care via a block, framework and invoice led arrangements. Providers are required to activate a care package within 48 hours of a hospital discharge. The rurality in the North can impact on the availability of providers to pick up packages of care.

Potential areas for development: The County Council will be required to ensure that the impact of 7 day working is reflected within the key programmes of redesign work surrounding Care Homes; Domiciliary Care and Hospital Discharge. Consideration will need to be given around the impact of the 7 day model on Care Home’s ability to arrange for available assessment and admissions/re-admissions and opportunities surrounding the role of a Trusted Assessor. The Hospital Review Programme currently being led by North Staffs CCG will also assist in determining the commissioning intentions surrounding the hospital discharge provision in the North.

Benefits to our Patients

The benefits of seven-day working would include:
- Improved Patient Experience
- Reduced Length of Stay
- Reduced risk of hospital acquired infection as a result of timely discharge.

Challenges and Solutions to move towards 7 day provision
- There is no additional funding to support the impact on the Care Marketplace of the 7 day
There may be challenges from providers requiring additional financial incentives to drive forward a 7 day working approach.

7 Day working won’t be fully successful without the support of our providers.

Whilst Care Home providers may look to support the 7 day model, they may be restricted by the Quality Commission as to the type of support they are able to offer, i.e., a Senior member of the home other than the Care Home Manager may not be allowed to conduct the assessment.

The benefits of the 7 day model need to be shared with our providers and built into future contracting arrangements.

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**Integrated Locality Care Team (ILCT)**

**Overview**

The aim of the ILCT is to create a patient centred (rather than task-orientated) primary health and social care team approach with multi-agency linkages. This way of working will enable multi-disciplinary, seamless care closer to a patient’s home, reducing avoidable admission to hospital/long term care, reducing unnecessary duplication and facilitating discharge.

**Current Service Provision**

The creation of the teams is based on considerable national and international evidence that service users are more likely to be able to manage their conditions without hospitalisation but with professional and voluntary sector support if they have their care coordinated by a single Care Co-ordinator and any exacerbation is identified early and support immediately available.
SSOTP are entering into the second phase of integration which will ensure service provision within
the Integrated locality teams is responsive to client needs both from a social care and a health
perspective. Current service is located geographically with a leadership structure to support delivery
of services ensuring effective safe care. Some services are co-located and evidence of a reduction
in duplication. Currently not all elements of the service provision are available in a coordinated 7
day week provision. There are two developing ILCTs in the North LHE

The Multi-disciplinary nature of the ILCT means that there are social care staff, clinical nursing and
GP provision providing a coordinated response to patient’s needs. This can lead to delays in
- Facilitating discharges from all institutions
- Preventing non elective admissions

Potential areas for development:
The ILCT model offers a range of responses that health and social care services will provide to
people who require advice, care, treatment and diagnosis. The focus of the ILCT is to provide care
closer to home including proactive case management, facilitating self-care and preventing
avoidable admissions to an acute hospital where a patient can be looked after safely at home.
Many of these services will also link with voluntary sector organisations

Benefits to our Patients

1. Patients are safe in the care of the ILCT service.
2. Primary care, community nursing and social care operate effectively in an integrated way at
   the local level.
3. Care is responsive to the needs of the local practice population.
4. Patients receive support that is co-ordinated all along the community healthcare pathway, with
   navigation support between elements of the service.
5. Patients are supported to return to optimal level of independent living at the earliest
   opportunity through targeted interventions.
6. Patients are supported to avoid or minimise inappropriate use of urgent care services and
   stays in urgent care settings.
7. Patients with Long Term Conditions who would benefit from case managed longer term
   support are identified and referred early to the ILCT service.
8. Service users, and their families, approaching the end of life are cared for in line with their
   wishes in their preferred place of care.
9. Care is delivered professionally and efficiently.
10. Improved self-reported patient experience.
11. A clear personalised service offer is given to patients

Challenges and Solutions to move towards 7 day provision

- There is no additional funding to support a 7 day working model
- There may be challenges from providers requiring additional financial incentives to drive
  forward a 7 day working approach
- 7 Day working won’t be fully successful without the support of providers.
- GP provision is central to providing a fully integrated 7 day model there may be an
  unwillingness or restriction in terms of how far we can evolve the concept
- Work force planning assumptions determine a significant Trust wide investment