Staffordshire Urgent Care Plan Key Themes Introduction

1. The NHS and Local Authorities in Staffordshire and Stoke on Trent are united in a vision to support older people to live fulfilling lives at home. We want to ensure that people are only to be admitted to hospital when this can genuinely benefit them, for their independence to be preserved during an admission, and for them to be discharged as soon as they are ready to go home.

2. We are making progress. This is a testament to improving relationships across our organisations and a tremendous amount of hard work from all of our staff, including during an exceptionally challenging winter in 2017/18. Recent trends are for a reduction in emergency hospital admissions, a reduction in length of stay and a reduction in delayed transfers of care.

3. However we have more to do. This Plan sets out our ambitions to further improve urgent care, with actions against ten key themes:

1: Leadership

1. Turning our vision into reality will require that we continue to develop and maintaining relationships between the CCGs, NHS Trusts and local authorities, both within and on the borders of Staffordshire and Stoke on Trent. Through weekly leadership calls we have gained a greater understanding of the strategic issues facing the system and worked together to develop solutions. We have also used peer review and challenge to help us understand how we compare against best practice and identify further improvements.

2. We are committed to continue to develop a culture of trust and collaboration. We will work together to understand each organisation's demands and pressures and model the behaviours required to build a culture of mutual support, cooperation and constructive challenge right across the system, including at times of crisis. We have recognised the need for system leaders to spend time together outside of formal meetings to enable us to build trust and confidence as a system, risk share where appropriate and plan for the future.

2: Promoting independence and positive risk taking

3. Being at home is what older people want. We want professionals and to work together in the best interests of people to maximise opportunities for them to live at home for longer.

4. Key to our approach will be to help professionals, residents and families make the right decisions which promote people's independence and avoid necessary interventions. This means being honest with people about the benefits and harms of treatment and allowing people to take risks that maximise their

independence and minimise intervention. It may mean keeping people at home instead of admitting them to hospital and/or being discharging them without exploring all diagnostic avenues and before they have reached an 'optimum' level of performance.

5. We will need to ensure adequate capacity and better co-ordination of community services as a reliable alternative to bedded care. However we should not admit people to hospital or leave them in beds just because the 'ideal' support is not available in the community.

3: The care pathway

6. We will continue to improve our urgent care pathway, focusing on three areas:

    a) **Reducing avoidable emergency admissions to hospital**. We are concentrating on reducing admissions of older people, especially the frail elderly and in particular residents of residential and nursing care homes. We intend to ensure that they all have advanced care plans setting out their wishes in the event of ill health, strengthen community based services so that treatment and support is available at home, and reinforce pathways for diversion from acute hospital admission into these community based services.

    b) **Improving practice and processes within our acute hospitals**. Again focusing on frail older people we want to ensure that people are mobilised and as soon as they are able, that interventions are properly co-ordinated to avoid delays and that unnecessary diagnostic and treatment interventions are avoided – wards should continually ask: Why not Home, Why not Today?. It will also mean ensuring that all hospital admissions are overseen daily by senior decision makers from admission to discharge.

    c) **Reducing delayed discharges**. The majority of people can leave hospital with support from family and friends. Where people need additional support we intend to ensure that this can be arranged quickly. This will mean further streamlining our processes to avoid people It will also mean recruitment to the additional hours commissioned and maximising the productivity of hospital discharge services to ensure sufficient capacity.

4: Best practice care pathway

7. Throughout our urgent care pathway we will continue to implement aspects of best practice, drawing from national and international evidence. Many of these service improvements are supported by the Better Care Fund and have already been embedded or piloted, including:
    *   Implementation of the 'exemplar front door' to divert people from hospital admission to community services.
    *   Strengthening multi-disciplinary/multi-agency discharge teams and embedding early discharge planning within our acute hospitals.

- Implementation of the 'High Impact Change' model to speed up hospital discharges.
- Expanding the operational times of urgent care, with more seven-day services.
- Ensuring adequate investment in 'home first/discharge to assess' services to provide the capacity for those people who need additional support to leave hospital – based on a whole system 'demand and capacity model'.
- Moving assessment for long term care out of the acute hospitals and carrying this out, if necessary, whilst people are in discharge to assess services.
- A renewed focus on choice with a review of our Choice Policy to ensure that we set appropriate expectations about what choice of care people can expect on discharge from hospital.
- Enhancing health in care homes with support for homes to prevent hospital admissions and allow timely discharges, including introduction of trusted assessors.

5: Systems and processes.

8. We have established a 'Track and Triage' function to improve operational grip of the urgent care pathway and prioritise people for additional support to facilitate hospital discharge. We have instigated daily operational calls to monitor people's journey through our hospitals and back into the community, and identify and address any individual delays. We have also used Multi Agency Discharge Events to co-ordinate the actions of the different partners. We now intend to develop and implement a coordinated IT solution to automate the management information required to manage urgent care and reduce the need to manual reporting.

6: Development of integrated teams

9. Through our Enhanced Primary and Community Care model we intend to develop integrated community teams, based around general practice clusters that offer holistic support for people to help them to live at home for longer. This will include better information for residents and professionals about the options available, including voluntary sector support, community NHS provision and social care support. It will also include better understanding of how effectively general practices are managing urgent care, with support and challenge as appropriate.

7: Independent Care

10. A resilient independent care market is essential to ensuring that we can continue to provide long term care for those people who need it. Providers nationally are struggling in the face of rising costs and public funding which is falling in real terms. We need to ensure that providers have appropriate support to carry out an enhanced role in support of urgent care, for example to prevent hospital admissions and allow timely discharges seven days a week. The system also needs to ensure that the market has sufficient funding to provide minimum safe standard of care.

8: Underpinning OD Programme

11. Culture change needs to be facilitated by system wide OD opportunities - unscripted time for leaders to talk, development days for senior teams, mentoring for key managers and public facing events and conversations to demonstrate a new approach. Building this time into the routine of other meetings, reviewing the current governance to reduce unnecessary meeting burdens will help to support staff to make the right decisions for residents and their families. Mental Health services have achieved a greater level of risk taking and some transference of skill and understanding could be part of the OD programme.

9: Governance

12. We have brought together a range of different urgent care plans to create this single Plan for the further improvements we need across the system. We will implement the Plan, listening to our residents/patients and staff and challenging each other to do our very best.

13. We have also reviewed our governance arrangements, creating an overarching Urgent Care Board to oversee implementation of the Plan, replacing the multitude of urgent care forums that existed previously, including the two A&E delivery boards.

14. Underneath the Urgent Care Board we will establish a Transformation Team with clear leadership and membership drawn from senior managers across the system empowered to drive change. The Team will ensure that the culture of appropriate intervention and positive risk taking is embedded across the system and ensure that the specific service improvements required are implemented. We will maintain good communication at operational level, through daily calls with each site to establish a clear picture of where people are in the system and to unblock any individual delays to flow.

10: Evidence based change including development of a performance dashboard

15. In a system under so much scrutiny and pressure, we need to understand performance so that we can make the right decisions based on evidence not anecdote. To understand our progress it is crucial that we have a single view of performance across the whole urgent care pathway. An urgent priority is to agree key performance metrics, develop the dashboard and ensure that it is being used to drive change. Local targets and trajectories will be needed to ensure that residents are getting the best possible service and that national performance expectations are met.