Reducing Delayed Transfers of Care

Joint improvement and support offer:
How we are going to support improvement together

Version 1.0

Our vision

We, a partnership made up of ADASS, the Better Care Support Team, CQC, DH, the Local Government Association, NHS England and NHS Improvement, are co-ordinating current and future national offers to improve each person's journey through hospital, and support reductions in delayed transfers of care. This will also support the NHS to meet its target to limit delays to around 4,000 beds per day.

Focusing on people

- We will treat people with the dignity and respect they deserve, particularly at times of illness and distress. We will make sure that the way we work is driven first and foremost by their needs and wishes.
- As leaders of the NHS and Social Care in England we are jointly committed to commissioning and providing the best possible care for people affected by delays in their care, the most commonly affected group being older people.
- We know that people want to remain in their own homes for as long as possible. We also know people do not want to stay in hospital for longer than necessary and they risk getting infections and losing their mobility and independence. Our health and social care services will work closely together to coordinate their response to enable people to remain at home or return home quickly.

Working together

- The NHS and social care services cannot do this on their own. We will work with the voluntary and community sector, independent care providers and with families and carers to support people together. We will listen to and act on the views of those who care and are cared for to continually improve the way we work.

Addressing the challenging environment around DToC

- Delays in discharging people have increased steadily in recent years. On average, an additional 1,335 people were delayed each day in November 2016 compared to November 2015, meaning that even more people remained in hospital than needed to be there, and 1,335 fewer beds were available each day. Local areas have been working hard to prevent delays, and this improvement offer will support them to continue this.

Our offer

We are providing a range of national support offers for local systems which complement other regional and local offers. These together will support local systems to address the immediate challenges in managing delays, along with implementing the 8 model changes in the *High Impact Change Model*, which contribute to reducing unnecessary delays.

The types of offer we are providing

- Our support offer focuses on five key areas for reducing delayed discharges. These are: **1.** Effective data and measurement, **2.** effective capacity management, **3.** effective processes and Pathways, **4.** effective system relationships and leadership, and **5.** engagement with staff and people.

- Each of our partners are involved in these support and improvement offers. Types of support include: written guidance, tailored support for local systems, training, workshops, tools and data. We have provided relevant contact details for further information on each offer.

- The majority of offers are available now. Some offers are still in development and we have included the expected month for availability where possible.

Sector-led approach

- Health and social care organisations in each local system will take the lead in reducing delays. We do not intend to take away any autonomy from the leadership in each local area, and will support improvement by empowering local systems to implement changes and manage the discharges in their own area.

Wider issues

- There are also long-term issues to resolve that are not part of this offer (for instance, workforce, the need and demand for services, and increasing pressures from demographics). We are working with other health and social care partners to address these.

The definition of a *delayed transfer of care*

- A delayed transfer of care from acute or non-acute care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:
  1. A clinical decision has been made that patient is ready for transfer AND
  2. A multi-disciplinary team decision has been made that patient is ready for transfer AND
  3. The patient is safe to discharge or transfer.

- A multi-disciplinary team in this context should be made up of people from different professions, including social workers where appropriate, with the skills and expertise to address the patient's on-going health and social care needs. The way that the team is organised and functions is fundamental to timely discharge and to the patient's wellbeing.

Our process for identifying and communicating offers to local systems

Immediate actions

- At a national level, we (ADASS, DH, LGA, NHSE, NHSI and CQC) agree the national vision and this offers document, to share with each of our NHSI, NHSE, LGA and ADASS regional colleagues by the 28 July.

- Having received this offers document, we will encourage each of our regional colleagues to add in their own regional offers in late July/early August. Regions are encouraged to provide feedback to us at a national level, particularly around any gaps in the available offers.

Ongoing – from the 28 July onwards

- ADASS and LGA colleagues in each of the 9 ADASS regions, and NHS colleagues in each of the 4 NHS regions, will discuss and agree how offers are disseminated with their local health and care systems.
- Better Care Managers, as part of the Better Care Support Team, will communicate with ADASS, LGA and NHS regional colleagues, and local health and social care systems, to support both in managing DToC.
- Regions can continue to provide feedback on gaps in the offers to us on an ongoing basis, including on behalf of local health and social care systems.

Further actions – from the 16 to the 31 August

- Using an assessment of the key drivers behind DToC, and using feedback from regions and local systems, we will carry out an analysis of gaps in our available national offers, and regions' offers. This analysis will take place over the 16 to 31 August. We will use the findings from this analysis to identify and set-up new support offers by the 1 September.

1. Effective data and measurement

Evidenced-based change we need to achieve

- Local health and social care systems have confidence in the quality and reliability of DToC data, achieved through removing variations in coding practice
- Management of system flow in providers is monitored using the right metrics (e.g. looking at stranded patients) in the right way (e.g. Statistical Process Control charts)

	National improvement offers and resources (either currently in place or planned)	**Contact**
1	**NHS Improvement's emergency flow improvement tool** (EFIT). EFIT reports on A&E 4 hour performance, and on patient flow from arrival through to assessment, treatment and discharge. It also covers Breeches and Stranded Patients. The tool will enable providers to better understand patient flow through their organisations **[Support tool] [In place]**	EFIT team: nhsi.efit@nhs.net
2	**NHS England roll-out of the discharge dashboard.** This is being shared alongside Urgent and Emergency Care system-wide outcome measures, initially at regional level by regional A&E Delivery Boards. The discharge dashboard reports on DToC, length of stay and stranded patients; **[Support tool] [In place]**	NHS England hospital to home team: england.ohuc@nhs.net
3	**Data quality roadshows in each ADASS region.** ECIP, the LGA and ADASS are in the process of delivering DTOC data quality roadshows across each of the 9 local government regions. **[Workshops] [In place –** visits complete or scheduled depending on region. Contact for further information**]**	Contact Liz Greer: liz.greer@local.gov.uk
4	**Refresh of resources for understanding and measuring DTOC.** We will refresh the DTOC FAQs and DTOC counting simple Guide to support organisations with a tangible resource [to be updated based on changes in the monthly reported DToC snapshots **[Guidance] [Planned]**	[to be confirmed; we will update contact details for the next version of this offer]
5	**How-to guide on measuring impact.** Better Care Fund and SCIE how-to guide on understanding and measuring Impact of, for instance , integration initiatives. **[Guidance] [In place]**	Better Care Support Team: bettercaresupport@nhs.net

2. Effective capacity management

Evidenced-based change we need to achieve
• Local health and social care systems have a complete and shared understanding of their capacity, reasons for delays, and understand how to use their resources in the most effective way to minimise delays within capacity. • Local health and social care systems have a joint workforce strategy, which addresses immediate and long term needs for both health and social care services.

	National improvement offers and resources (either currently in place or planned)	**Contact**
6	**NHS England quick guides.** NHS England and partners have published a series of quick guides to support local health and care systems. The guides provide practical tips, case studies and links to useful documents, which can be used to implement solutions to commonly experienced issues. This quick guide is part of a series, recognising that there is a need for information sharing and integrated capacity mapping across health and social care to ensure resources are used to best effect. This quick guide provides guidance for how local health and social care systems can have a better understanding of the services offered by care homes, covering both residential and nursing care. The same principles can be considered for other areas of care e.g. domiciliary care. Other helpful quick guides for this topic include: Clinical input to care homes and improving hospital discharge to the care sector. You can find the quick guides here. **[Guidance] [In place]**	NHS England hospital to home team: england.ohuc@nhs.net
7	**Tool to model bed occupancy .** As part of the recent review of operational pressures during winter 16/17, one of the key markers of system pressure identified was bed occupancy. To promote local work NHS England has developed a bed modelling tool helps to identify where actions can be taken that will have the greatest impact in reducing bed occupancy to sustainable levels, improving in-hospital flow, and supporting improved A&E performance. **[Support tool] [In place]**	NHS England hospital to home team: england.ohuc@nhs.net

National improvement offers and resources (either currently in place or planned)		**Contact**
8	**Adult social care market shaping guidance.** The Adult Social Care Market Shaping hub is an online resource published by DH to help people and organisations understand adult social care markets. It is aimed at purchasers of social care services, and providers of social care, homecare and wider services. The resource covers three key actions local systems can take to ensure responsive and sustainable social care markets. These are: market shaping, market oversight and contingency planning. **[Guidance] [In place]**	claire.bache@dh.gsi.gov.uk
9	**Guidance on good practice for commissioning social care.** Commissioning for Better Outcomes: A Route Map is a resource for commissioners of social care services, which sets out 12 standards for good practice commissioning. For each standard, the document sets out 'what good looks like' and the evidence we might use for each standard. **[Guidance] [In place]**	Care and Health Improvement Programme Team (LGA): chip@local.gov.uk
10	**Guidance to support integrated working.** This is the skills for Care document, Principles of workforce integration. Care is best achieved through integrated working, with practitioners working together to support individuals, their families and carers. The Principles of Workforce Integration have been developed to support practitioners, managers and organisations to think through what is meant by integration, and in particular, how workforce development can contribute to its introduction and implementation and sustainability. The principles are the result of an exploration of the existing evidence, an ongoing dialogue between partners, and listening to people and organisations doing workforce integration now. The principles cover working together in any context, and have been designed to guide and support those with a workforce development element to their role. **[Guidance] [In place –** further support by request**]**	Skills for care contact details are: information.team@skillsforcare.org.uk or call 0113 241 1275
11	**Skills for care data on adult social care workers.** Skills for Care - National minimum dataset for social care. The National Minimum Dataset for Social Care (NMDS-SC) is an online database which holds data on the adult social care workforce. It holds information on around 25,000 establishments and 700,000 workers across England. Local systems can make use these data for workforce intelligence and for workforce capacity planning. **[Data] [In place]**	nmds-support@skillsforcare.org.uk

National improvement offers and resources (either currently in place or planned)		**Contact**
12	**Guidance on understanding the costs of providing social care.** Working with Care Providers to understand costs is a joint publication from the LGA, ADASS, DH, CIPFA and CFA. This practical guide is aimed at adult social care commissioners, and contains guidance to develop an understanding of the costs involved in providing social care. **[Guidance] [In place]**	Care and Health Improvement Programme (LGA): chip@local.gov.uk
13	**CQC data on quality of services.** CQC publishes data on all services registered under the Health and Social Care Act, including social and community services. These services, and any CQC ratings data for them, can be filtered down by local authority or by CCG to report of the delivery of care in a local health and social care system. The CQC adult inpatient survey also provides responses from patients on their discharge experience in acute settings, both nationally and in 'benchmarking' data by each provider. **[Data] [In place]**	mailto:datarequests@cqc.org.uk
14	**Materials on sector-led improvement.** Sector-led improvement is an approach to improvement put in place by local government itself. It is based on the underlying principles that local authorities are: responsible for their own performance, accountable locally and not nationally, there is a sense of collective responsibility for the performance of the sector as a whole, and the role of the LGA is to provide tools and support. Through a coordinated approach to sector-led improvement across local government, LGA and ADASS are supporting local authorities to continue their own improvement journey. Further information on the current approach, core principles, key components and application of sector-led improvement are described in the LGA's publication. **[Guidance] [Workshops] [In place]**	Care and Health Improvement Programme (LGA): chip@local.gov.uk
15	**Social Care Institute for Excellence guidance documents on workforce development for care workers, person centred care and taking a "strengths based approach"**. Its publication building the future social care workforce is a set of resources looking at how the social care sector will manage future challenges and opportunities, highlighting how we might help to attract more people to a career working in care. **[Guidance] [Training] [In place]**	Contact Helen Norbury: Helen.Norbury@scie.org.uk, 0207 766 7373

3. Effective process and pathways

Evidenced-based change we need to achieve

- Through the Better Care Fund, all local areas are required to implement 8 High Impact Changes: early discharge Planning, monitoring patient Flow, coordinating with multi disciplinary teams, discharge to assess, running 7-day Services, trusted assessment, focus on choice, and enhanced health in care homes.
- Improved patient flow in hospital achieved through implementing the SAFER bundle and Red2Green Days.
- Greater engagement between A&E delivery boards and social care and voluntary sectors
- Proactive case management of stranded patients with over 6 days length of stay.
- Intensive 24/7 care at home should is in place where necessary to support discharge to assess
- CCGs to have plans in place to meet Quality Premium targets for CHC to ensure that eligibility decision are timely (within 28 days), and 85% of all full NHS CHC assessments take place outside an acute hospital setting.

	National improvement offers and resources (either currently in place or planned)	**Contact**
16	**High Impact Changes model and materials.** The 8 High Impact Changes (HICs) document is a joint LGA, DH and ADASS document setting out 8 high impact changes for managing transfers of care between hospital and home (Early discharge planning, Systems to monitor patient flow, Multi-disciplinary/multi-agency discharge teams, Home first/discharge to assess, Seven-day service, Trusted assessors, Focus on choice and Enhancing health in care homes). For each high impact change, different levels of system maturity are set out. **[Guidance] [In place]**	LGA Care and Health Improvement Programme: chip@local.gov.uk
17	There will be jointly led workshops on how to implement the 8 High Impact Changes for all systems – with follow-up offers available on choice policies and discharge to assess (open days). **[Workshops] [Ongoing –** July to September 2017**]**	Jointly led by LGA and Better Care Support Team. Contact: chip@local.gov.uk or bettercaresupport@nhs.net
18	ECIP are available to provide intensive support to challenged systems, collaborating with the LGA's work on sector-Led Improvement in local areas, and the Better Care Support Team. **[Local support] [In place]**	Contact Sarah Mitchell (ECIP): sarah.mitchell41@nhs.net, 07795 346378

	National improvement offers and resources (either currently in place or planned)	**Contact**
19	**"Red Bag" scheme information.** The scheme keeps important information about a care home resident's health in one place, which is easily accessible to ambulance and hospital staff. This 'Red Bag' contains standardised information about the resident's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This allows for more effective and timely identification of treatment. **[Guidance] [In place]**	NHS England hospital to home team: england.ohuc@nhs.net
20	**Quick Guides on discharge to assess, health and housing, supporting patients' choices, better use of care at home, improving hospital discharge into the care sector, and Integrated Discharge Teams.** NHS England and partners have published a series of quick guides to support local health and care systems. The guides provide practical tips, case studies and links to useful documents, which can be used to implement solutions to commonly experienced issues. **[Guidance] [In place]**	NHS England hospital to home team: england.ohuc@nhs.net
21	**Forthcoming Better Care How To Guides** published by NHS England and SCIE, covering Delayed Transfers of Care; Understanding and Measuring Impact; risk sharing; (exp. August 2017) **[Guidance] [Planned** – expected August 2017**]**	Better Care Support Team: bettercaresupport@nhs.net
22	**Forthcoming Social Care Institute for Excellence resource on "Best practice in intermediate care"** (exp. July 2017) **[Guidance] [Planned** – expected between July and September 2017**]**	Contact Helen Norbury: Helen.Norbury@scie.org.uk , 0207 766 7373
23	**The LGA Care and Health Improvement Programme (CHIP).** CHIP is the part of the LGA's sector-led improvement programme which covers adult social care and health integration. Working across the care and health sector and aiming to deliver improved services to local people, CHIP supports councils to: provide support to meet local needs and mitigate risk of service failure in adult social care, engage with regional and national networks to maintain the partnership between the LGA and the Association of Directors of Adult Social Services (ADASS), share insight and best practice between partners, engage with informatics and IT developments and collate local and regional insight through councils. **[Local support] [In place]**	LGA Care and Health Improvement Programme: chip@local.gov.uk

	National improvement offers and resources (either currently in place or planned)	**Contact**
24	**Trusted assessor rapid improvement guide and checklist.** The Trusted Assessor Rapid Improvement Guide and checklist from NHS Improvement assists the development of a safe trusted assessor model that can improve the experience for patients and reduce delayed transfers of care. To create a safe trusted assessor model, care homes and hospitals should co-design and agree a protocol or memorandum of understanding for assessments, documenting who can carry them out, what competencies are required, how they will be delivered, what the review mechanisms will be and what will happen if the receiving service judges that the assessment is flawed. Alongside the model, there are plans for roadshows to happen. **[Guidance] [In place – Note:** We will include any updated versions of this guidance, in line with the publication of the forthcoming guidance 'Developing Trusted Assessment Schemes - Essential Elements'**]**	ECIP team: ecip.pmo@nhs.net
25	**NICE guidance, and NICE Collaborating Centre for Social Care work on transition between hospital and community or care home settings for adults with social care needs.** The guidance aims to improve people's experience of admission to, and discharge from, hospital by better coordination of health and social care services. The Care Quality Commission uses NICE guidelines as evidence to inform the inspection process. The guideline includes recommendations on: person-centred care, communication and information sharing; before admission to hospital including developing a care plan and explaining what type of care the person might receive; admission to hospital including the establishment of a hospital-based multi-disciplinary team; during hospital stay including recording medicines and assessments and regularly reviewing and updating the person's progress towards discharge; discharge from hospital including the role of the discharge coordinator; supporting infrastructure; and training and development for people involved in the hospital discharge process. The guideline is for health and social care practitioners; health and social care providers; commissioners; service users and their carers. There are also resources available from the NICE Collaborating Centre for Social Care (NCCSC) which develops guidance about social care for children and adults on behalf of NICE. **[Guidance] [In place]**	NICE: nice@nice.org.uk
26	**LGA literature review on reducing DToC and hospital admissions.** The LGA has undertaken a review of the most recent literature and resources to support local health and care systems in reducing delayed transfers of care and hospital admissions. This will be published on the LGA website in August and will be updated regularly as new content on this topic is being published at pace. Contact Liz Greer for more information, or to add additional resources. **[Guidance] [In place]**	Contact Liz Greer: liz.greer@local.gov.uk

National improvement offers and resources (either currently in place or planned)		**Contact**
27	**NHS England hospital to home webinars to support the implementation of trusted assessor schemes.** 'Trusted assessor' has been identified as a key part of managing transfers of care between hospital and the home as part of the 8 High Impact Change model. Trusted assessment is a key element of best practice in reducing delays to transfers of care between hospital and home. It is also a key deliverable for local health and care systems as described in Next steps on the NHS five year forward view. To book a place, you can select a date from the list below and click on the link to register. • 25th July, 12:00-13:00 – Click here to register • 1st August, 14:00-15:00 – Click here to register • 10th August, 14:00-15:00 – Click here to register • 17th August, 16:00-17:00 – Click here to register • 24th August, 10:00-11:00 – Click here to register • 29th August, 15:30-16:30 – Click here to register • 6th September, 11:00-12:00 – Click here to register **[Workshops]** **[In place]**	england.ohuc@nhs.net

4. Effective system relationships

Evidenced-based change we need to achieve

- Strong sector partnerships between commissioners and providers of both health and social care.
- Visible local system leadership to develop and implement plans to reduce DTOCs, set local DTOC metrics, and implement 8 HICs, supported through BCF planning 2017/18.
- Leadership underpinned by a clearly articulated vision and ambition, and collective ownership of discharge delays by systems working as a whole.
- DTOC data owned and agreed jointly across organisations, using clear leadership and communication,

National improvement offers and resources (either currently in place or planned)		**Contact**
28	**Hospital to home visits programme.** NHSI and NHSE, with ADASS and the LGA, have been working together on Phase 2 of the Hospital to Home (DTOC) Visits up until July 2017, with these visits coming to a close. Phase 3 is now in planning. Areas particularly challenged in reducing DTOCs are visited by an expert team in order to provide peer-to-peer learning and support. The visits are completed in one day, including feedback, with written reports produced to aid further action. Areas are also invited to receive follow-up support to discuss progress against improvement. The areas visited were agreed by regional A&E delivery boards, though a number of areas have self-referred to access this opportunity. **[Local support] [Ongoing –** May to September 2017**]**	NHS England hospital to home team: england.ohuc@nhs.net
29	**Culture workshop planned, based on completed hospital to home visits.** Those people who have run "phase I" hospital to home visits will be delivering a culture workshop based on lessons-learned, challenges and good practice identified from these visits. **[Workshops] [Planned –** contact for further details**]**	Contact Sarah Mitchell (ECIP) for details: sarah.mitchell41@nhs.net, 07795 346378
30	**Better Care Support programme** (NHSE, LGA, DCLG, DH with ADASS) working to identify, signpost and provide support for leadership through Better Care advisers. The Better Care advisers are experienced change leaders with a track record of delivering integrated care, either in the NHS or Chief Executives in local authorities. **[Local support] [Ongoing –** June 2017 to March 2018**]**	Better Care Support Team: bettercaresupport@nhs.net

	National improvement offers and resources (either currently in place or planned)	**Contact**
31	**Care and Health Improvement Advisors.** LGA's Care and Health Improvement Advisors offer support to local leaders and facilitate joint working as part of the Care and Health Improvement Programme (see previous CHIP offer for details on the programme); **[Local support] [In place]**	LGA Care and Health Improvement Programme: chip@local.gov.uk
32	**LGA consultancy offer.** The Local Government Association has a national network of associate consultants who respond to requests for assistance. All consultants used to work in other strategic and operational levels within the public sector. The consultancy support can be used to facilitate relationships and leadership support. This support can be brokered by your local Care and Health Improvement Advisor. **[Local support] [In place]**	LGA Care and Health Improvement Programme: chip@local.gov.uk
33	**ADASS support.** ADASS and regional leads and staff will engage with regional members and local sector-led improvement work **[Local support] [In place]**	ADASS mailbox: ADASS.CentralMailbox@adass.org.uk
34	**LGA support.** LGA are providing improvement and development support for leaders of health and wellbeing boards. Contact for further information. **[Local support] [In place –** contact for further information**]**	LGA Care and Health Improvement Programme: chip@local.gov.uk
35	**Suite of Social Care Institute for Excellence offers** covering: guidance and practice examples of transfers between hospital and home, developing evaluating and reviewing integrated care plans, tailored and open courses on integration, using an integration scorecard, and maximising the potential of reablement **[Guidance] [Support tools] [Training] [In place]**	Contact Helen Norbury: Helen.Norbury@scie.org.uk, 0207 766 7373
36	**Suite of Social Care Institute for Excellence e-learning offers** covering: communication skills, inter-professional and inter-agency collaboration, and organisational excellence in social care **[Training] [In place]**	Contact Helen Norbury: Helen.Norbury@scie.org.uk, 0207 766 7373

National improvement offers and resources (either currently in place or planned)		**Contact**
37	**NHS Improvement's Transformational Change through System Leadership programme. The** programme is for senior cross system leadership teams who want to build their capability to deliver major change. The fully funded programme provides a series of workshops giving access to expert, professional support and peer groups from healthcare systems across the country. Through the programme, teams are helped to put theory into practice as they work on their own system wide, transformational change. Based upon the proven concepts, tools and techniques necessary when working within complex healthcare environments, TCSL covers a broad range of topics. It is aimed at experienced change managers who want to move beyond basic service improvement principles to successfully tackle large scale, multi-stakeholder challenges. **[Workshops] [In place** – to enrol for September 2017 start**]**	nhsi.act@nhs.net
38	**Leadership Centre support.** The Leadership Centre, an organisation which aims to build leadership capacity across the public sector, is available to work with local leaders to facilitate improved system leadership. **[Workshops] [In place –** contact to request**]**	Leadership centre enquiries: info@leadershipcentre.org.uk
39	**Leadership for Empowered and Healthy Communities Programme for 2017/18.** The programme is run by the Thames Valley and Wessex NHS Leadership Academy, Coalition for Collaborative Care, Skills for Care, Think Local Act Personal, ADASS and LGA. This is a leadership programme aimed at senior leaders and clinicians across health, social care and other sectors. The NHS Thames Valley and Wessex Leadership Academy is a Local Academy of the NHS Leadership Academy, that has a number of development courses. In conjunction with other national partners, it is offering a funded development programme aimed at clinicians and senior leaders. **[Workshops] [Planned]**	General enquiries: http://www.tvwleadershipacademy.nhs.uk/contact-us

National improvement offers and resources (either currently in place or planned)		**Contact**
40	The Leadership Qualities Framework (by DH and the National Skills Academy of Social Care) describes the values, attitudes and behaviours needed for high quality leadership at all levels across the social care workforce. Its aim is to support the transformation of adult social care through better leadership. It's useful because many people working in social care know that good leadership is very important to high quality care provision, but often find it difficult to articulate what it means, either for themselves or their organisations. It can be used: by individuals to review and reflect on their performance as a leader; to support recruitment and selection to leadership and management roles; to inform the design of staff development and leadership learning programmes; and to review individual, team and organisational development and performance. **[Support tool]** **[In place]**	information.team@skillsforcare.org.uk or call 0113 241 1275
41	Skills for Care Leadership and management development offer. For managers and leaders at all levels. **[Training]** **[Planned]**	information.team@skillsforcare.org.uk or call 0113 241 1275

5. Effective patient and staff engagement

Evidenced-based change we need to achieve

- Health and social care workers, including family carers, are able to raise awareness of the importance of a home-first culture to improve people's outcomes and experiences of care.
- Workers are supported and skilled in admission avoidance and early discharge conversations with people on or before admission to hospital.

National improvement offers and resources (either currently in place or planned)		**Contact**
42	Toolkit guidance for carers. NHS England and its partners have developed a toolkit to help health and social care organisations work together in identifying, assessing and supporting the wellbeing of carers and their families. This toolkit covers new duties on NHS organisations brought about by the Care Act 2014 and the Children and Families Act 2014, and includes numerous examples of positive practice that are already making a difference to carers and their families. The toolkit also includes a template Memorandum Of Understanding (MOU) that local partners can use to help them work together in supporting carers of all ages and their families. **[Guidance] [In place]**	ENGLAND.PEAdmin@nhs.net
43	SCIE Co-production training and resources for health and social care managers, commissioners, practitioners, service users and carers. Co-production is about developing more equal partnerships between the people who use services, carers and professionals. This resource provides co-production training and resources for health and social care managers, commissioners, frontline practitioners, people who use services and carers. The training aims to improve participation and co-production with people who use services and carers to develop and deliver better social care and health provision. **[Guidance] [Training] [In place]**	Contact Helen Norbury: Helen.Norbury@scie.org.uk, 0207 766 7373

National improvement offers and resources (either currently in place or planned)		**Contact**
44	**SCIE Changing together: brokering constructive conversations.** This report summarises the findings of research on how we can better broker constructive conversations with citizens to tackle challenging issues when we implement new models of care. The research was undertaken by the Social Care Institute for Excellence, working in partnership with PPL and the Institute for Government and funded by the Health Foundation's Policy Challenge Fund. **[Guidance] [In place]**	Contact Helen Norbury: Helen.Norbury@scie.org.uk, 0207 766 7373
45	**Quick Guide: Supporting Patients' Choices to Avoid long hospital stays.** NHS England and partners have published a series of quick guides to support local health and care systems. This quick guide aims to support local health and social care systems to reduce the time people spend in hospital, by allowing people to make decisions about their long-term care outside of hospital. This guide has been produced by stakeholders including hospital discharge teams, local authority adult services commissioners, continuing healthcare commissioners, independent care sector providers, including voluntary and housing sectors, patients, carers and providers. It includes a checklist for local areas to use to identify areas for improvement, information on existing solutions to common problems, including links to useful resources, a template policy and template patient letters to be adopted locally. **[Guidance] [In place]**	NHS England hospital to home team: mailto:england.ohuc@nhs.net