NHS
Sussex Community
NHS Foundation Trust

Life stage service

Frameworks 2022-2026

Excellent care at the heart of the community

Contents

Welcome

Our Life Stage Service Frameworks will bridge the gap between strategy and delivery. They will guide us as we work at neighbourhood, county and Sussex level to deliver our vision of excellent care at the heart of the community.

The frameworks focus on:

Starting Well – We believe every child and young person should have the best possible start in life and that this principle should be at the heart of all health services and wider public services. Getting these services right for every child is more than just our job, it is our duty.

Living Well – We believe that every member of the communities we serve should be able to live well. We want them to be healthy, to be independent and to have access to the services they need.

Ageing Well – We want every person to have the chance to stay in their own home as they grow older. We will support our patients to make informed decisions about their own care and will prioritise their independence in the final stages of their lives.

We work in a complex and constantly changing environment and it is vital that the services we provide continue to adapt. Our frameworks will help us to look forwards and to improve the services we provide even when the demands and challenges we face continue to grow.

Our services and people already work alongside our health and care partners to deliver excellent patient care. But we cannot stand still.

We will continue to be a driving force in bringing staff and teams together from different organisations, with our patients at the centre of everything we do.

Kate Pilcher
Chief Operating Officer

Donna Lamb
Chief Nurse

Sara Lightowlers
Chief Medical Officer

December 2022

What are the Life Stage Service Frameworks?

We are ambitious about what we can and will do better for our patients, our communities, and our staff and volunteers in the years ahead.

To bring this to life, we have developed, in partnership with clinical teams and patients, three Life Stage Service Frameworks: Starting Well, Living Well and Ageing Well. They describe how we will develop the services that support our patients and their families at each stage of their life.

The Life Stage Service Frameworks are interdependent with our Trust Strategy. They will help to deliver our strategic goals, and our goals and their associated actions will support the service changes described in the frameworks.

Together, our Strategy and Life Stage Service Frameworks will shape our decisions about services, guide us as we work with our partners and enable us to tackle the challenges ahead. As we move forwards, we will use the NHS and our Trust's annual operational planning processes to develop clear plans for how we bring about the changes we need to see. We will also continue to work closely with our partners and our communities as we build support, secure investment and reshape our services so we can make our vision a reality.

Our Vision

EXCELLENT CARE AT THE HEART
OF THE COMMUNITY

Our Values

COMPASSIONATE CARE	ACHIEVING AMBITIONS
WORKING TOGETHER	DELIVERING EXCELLENCE

Strategic Goals

- A GREAT PLACE TO WORK
- REDUCING SERVICE INEQUITIES
- CONTINUALLY IMPROVE
- DIGITAL LEADER
- SUSTAINABILITY

Life Stage Frameworks

STARTING WELL | LIVING WELL | AGEING WELL

Starting Well

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years, through services such as health visiting and school nursing, immunisation services and specialist Child Development Centres.

Where are we now?

Our context

As one of the largest providers of health services for children and young people in Sussex, we understand the difference we can make to outcomes both now and in the future. We are only one part of the workforce that provides support services for children and young people. We will work with our partners in health, social care, education and the voluntary sector to meet important national and local priorities. For example, promoting healthy lifestyles to address increases in childhood obesity or meeting the needs of children being diagnosed or living with autism.

We also know how important it will be to develop our health visiting and school nursing services to respond to the new national delivery model 'Universal in Reach – Personalised in Response', as well as continuing to develop the vital role our services play in safeguarding children and young people.

Sussex has a large and growing population of children and young people, with over 380,000 children under 18 years old. In Sussex, we see higher than average school attainment, lower rates of dental decay and obesity and fewer children in low-income families.

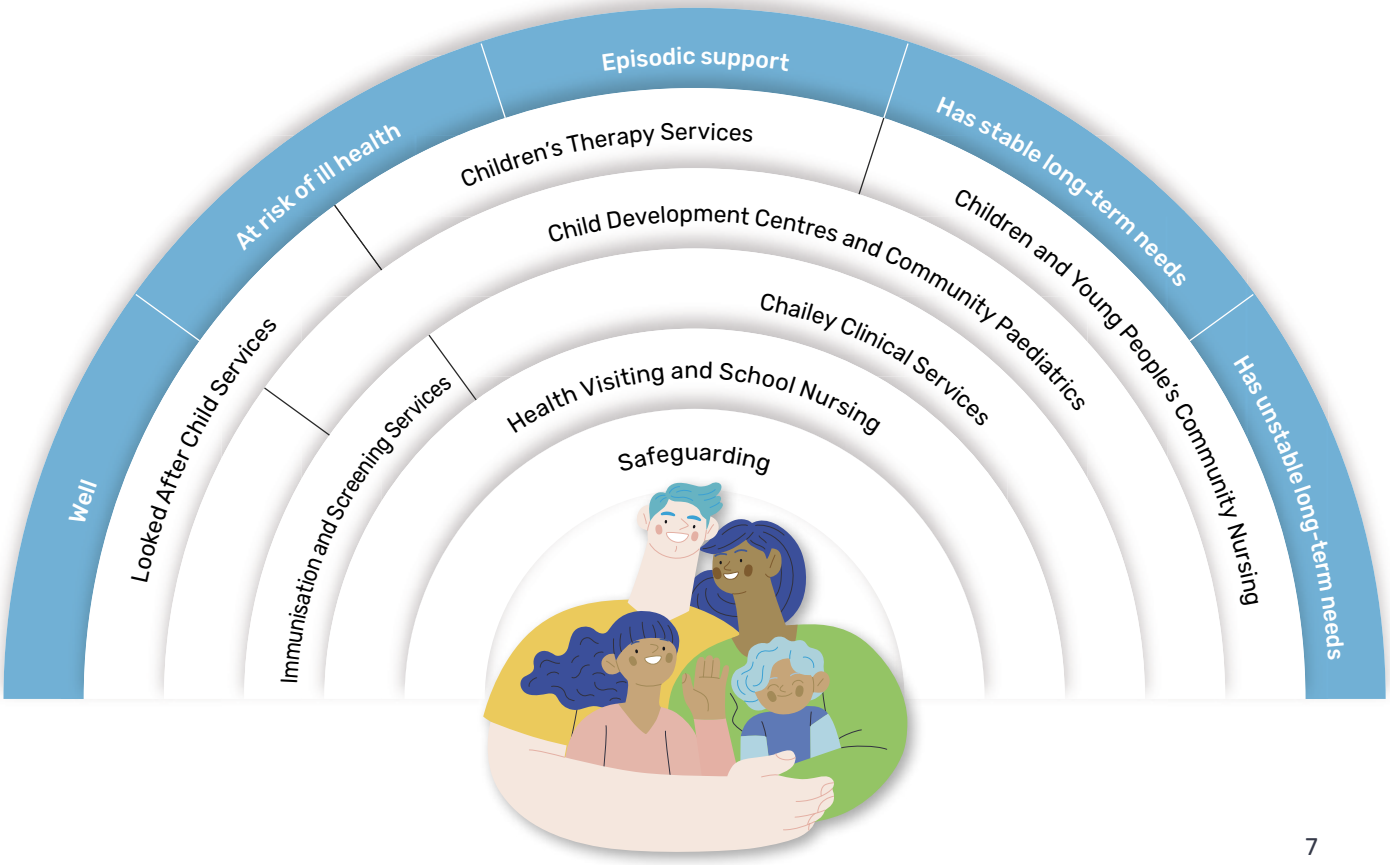
However, there are significant pockets of deprivation and children living in poverty in urban centres along the coastal strip and children and young people in parts of the area report greater risk-taking behaviours. For example, smoking rates amongst teenagers are twice the national average, while under-18s hospital admissions for alcohol specific conditions are above the national rate. The rate of hospital admissions for children and young people due to mental health conditions and self-harm is higher than the national average and the number of admissions is increasing.

Our services

Our Trust provides a broad range of services for children and young people that address a variety of needs. We are privileged to meet and support every child and young person in our area through our health visiting, school nursing and immunisation programmes. We also provide specialist medical, nursing and therapy at home and in clinics for children with long-term or developmental conditions and support some of the most vulnerable through our Looked After Children services.

We are proud that we are Unicef 'Baby Friendly' accredited for the excellent support we provide in infant feeding and parent-infant relationships. Our Family Nurse Partnership has received exceptional feedback over the last ten years. Families and young people tell us that Parentline and ChatHealth, our text support services, are a great source of advice.

By listening to parents, children, young people and our staff, we are aware that like many services, we face some challenges. For example, the increasing numbers of children and young people needing support for neurodevelopmental conditions is leading to longer waiting lists. It can also often be difficult to transition young people into adult health and care services, and at times, we need to communicate more clearly what families, children and young people can expect from our services and help them to manage aspects of their needs.



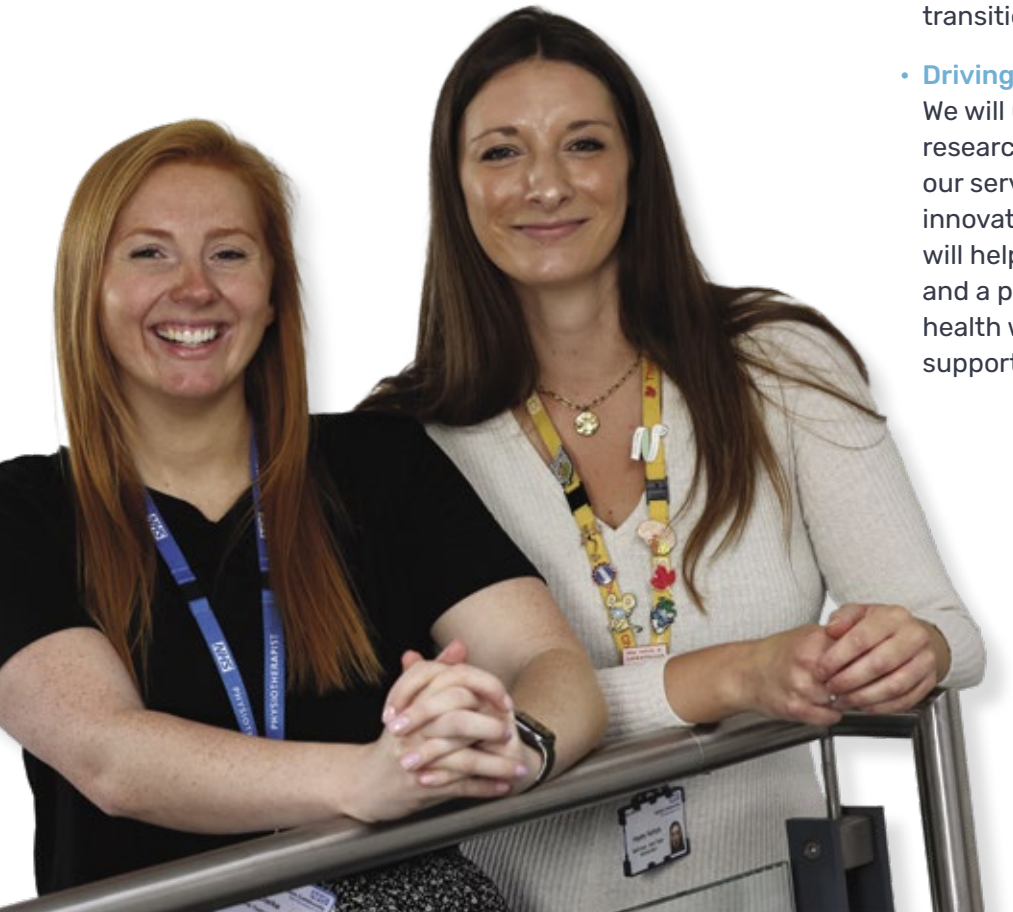
Where are we heading

THE AMBITION

We will provide services that are easy to understand and access, and always promote self-management. Our services and those of our partners will work together to support both the child and their families and carers so we do our part to give every child and young person the best possible start in life.

To achieve this ambition, we are committed to:

- **Empowering children, young people and their families to start and stay healthy**
  We know working with schools and local authorities to increase access to public health information can improve physical and mental health and immunisation rates. Communicating clearly using age-appropriate information and resources and always working around co-designed care plans will help us play our part in empowering children, young people and their families.
- **Focusing on transition**
  Our services will ensure coordinated support throughout a child's developmental milestones, and for young people with more complex needs until fully transitioned to adult services. Through clear pathways and joined up information sharing between paediatric and adult services, we will make transition as supportive as possible.
- **Driving evidence-based practice**
  We will use evidence such as our own research and population data to ensure our services continually improve and innovate. We will create standards which will help us reduce unwarranted variation and a public health approach to improve health will be visible in all services supporting children and young people.



What matters to children and families

As we realise this ambition over the next three years, the experience and care received by children and young people will improve. Here we describe how.

As a new parent, it would make a difference if I had access to quick and practical support and advice to help me look after my baby.

With access to services such as ParentLine and timely access to health visitors, you can get the advice you need.

My child has a range of different needs so we receive care from different professionals. It is important that they work together.

We are continuing to improve our systems to share information across our services. For those with more complex needs, we will offer a named lead professional who can offer continuity to your family.

Waiting for services can be stressful. It is important to understand what we are waiting for and why, and what support is available in the meantime.

Information about waiting times and your appointments will be communicated through the NHS App. We will provide links to other self-management resources to assist you while you wait.

It is important that my child and I can express our preferences and that they are heard and accounted for in the care we receive.

Care planning is at the heart of how we work with children and their families. We will make shared decisions and agree goals respecting your preferences and we will review progress against them.

The transition through childhood, like starting school, can be challenging for families and just like transition to adulthood needs to be supported effectively.

With a focus on transition across developmental stages such as starting school and into adulthood, our services will work together to ensure your child's needs are discussed and planned for with you.

My child has more complex needs but we want to be able to live as independently as possible as a family and minimise disruption to our lives.

Providing accessible and digital self-care information about conditions and ways to self-care will be part of how we support your family. We will work with you to plan and co-ordinate visits and appointments.

Key:

What matters to children and families

How this Framework will help

Delivering our ambition

These service developments will help us deliver our ambition for Starting Well. Importantly, they also align to our Strategic Goals. Each development shows which Strategic Goals it supports.

Care planning and age-appropriate information

Why is this important?

The increasing focus on empowering patients to self-manage aspects of their care goes hand in hand with effective care planning. To do this, we need to have information that is age-appropriate and engaging for all ages and levels of understanding. We will therefore develop a suite of age-appropriate resources in accessible formats which children can easily understand. This will empower them to look after their own health and wellbeing from an early age and will support the co-production of goals and/or care plans with children and their families.

The actions we will take:

- Working with children and young people, with support from families and carers where necessary, produce condition and self-management information.
- Continue to utilise co-production techniques when care planning as a means of involving children and families in decisions about their care.
- Co-develop resources with partners where possible to avoid duplication of work, align messaging and build on existing resources.

Aligned to Strategic Goals

Healthy Child Programme: A single point of access for health visiting

Why is this important?

Health visitors provide antenatal and postnatal support, building relationships with families to make sure that children reach their full potential. We have been developing single telephone points of contact for each of our Healthy Child Programme services in West Sussex and Brighton and Hove which has reduced incoming calls to teams by offering immediate advice, clinic booking and onward referral. We will go further, by bringing them closer together and creating one single point of contact across our Trust.

The actions we will take:

- Review the infrastructure needed to operate this single point of contact across Brighton and Hove and West Sussex.
- Establish a clear operating procedure which can accommodate multi-location and remote working.
- Communicate these changes to local families and partners and through children's centres.

Aligned to Strategic Goals

Improving transition through better pathways to adult services

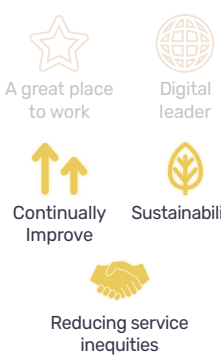
Why is this important?

Poor transition from childhood services to adult services increases the risk of health deterioration. This is especially true for those with long-term conditions and disabilities who are in regular interaction with services. We will work with adult services within our Trust and across other health and social care providers to ensure the transition is co-ordinated and is a positive step for the transitioning young person.

The actions we will take:

- Embedding a person-centred approach within transition.
- Develop clear agreed health pathways for transition of young people to adult services, incorporating flexibility to account for varying patient needs, requirements for information sharing and clarity on referral processes.
- With our partners, develop integrated pathways across the health, social care and education system, in line with NICE guideline 213.

Aligned to Strategic Goals



Children's Speech and Language Therapy: Re-designing and standardising our pathways

Why is this important?
Our Children's Speech and Language Therapy services provide treatment, support and care for children who have difficulties with speech, language communication or with feeding and swallowing. They work with children, parents, teachers and carers within a variety of community settings. However, due to increased demand and complexity of need within children and historically different investment in services in different areas, the service is challenged to consistently deliver in an effective way. We will redesign and standardise pathways to reduce unwarranted variation and develop new roles to skill mix our workforce.

The actions we will take:
- Engage with partners to understand the increase in demand and to work collectively for improvement within the current service, by re-designing our pathways to ensure clinical provision can better meet patient needs.
- Enhanced focus on recruitment of Speech and Language Therapists and therapy assistants within the teams to increase service capacity and reduce waiting times.

Aligned to Strategic Goals
A great place to work
Digital leader
Continually Improve
Sustainability
Reducing service inequities

Child Development Centres: Developing the autism and neurodevelopment assessment pathway

Why is this important?
There has never been greater public awareness of hidden disabilities like autism. Although we've come so far over the last decade, there is still much more to do to ensure health services meet expected standards, reduce health inequities and tackle ever-increasing demand.

We will work with system partners and continue our research to develop a sustainable neurodevelopmental pathway across Sussex that will see children diagnosed and supported in a timely way.

The actions we will take:
- Work to agree implementation of a new way of providing this pathway with our partners.
- Assess our internal processes to ensure our Child Development Centres are working to tackle health inequities, particularly in relation to access to assessments.

Aligned to Strategic Goals
A great place to work
Digital leader
Continually Improve
Sustainability
Reducing service inequities

Healthy Child Programme: Strengthen emotional health and wellbeing support in our school nursing model

Why is this important?
School Nurses provide access to appropriate information and advice alongside early intervention, prevention and health promotion services to all children and young people. With the increasing number of children experiencing difficulties with their emotional health and wellbeing, we will review our school nursing model to ensure that we are working with our partners to be responsive to these needs.

The actions we will take:
- Ensure staff have the appropriate training to feel confident providing the right level of emotional and wellbeing support to children and young people and to make sure that this integrates into the wider team's pathway.
- Review our safeguarding protocols to ensure that we have clear and effective pathways in place that can meet capacity demands.
- Continue to develop our digital resources including Health for Kids! and Health for Teens, to signpost children and young people to accessible local support.

Aligned to Strategic Goals
A great place to work
Digital leader
Continually Improve
Sustainability
Reducing service inequities

Living Well

Ensuring that people have the opportunity to live a healthy life through services such as Time To Talk psychological therapy, musculoskeletal services, long term condition services and Urgent Treatment Centres.

Where are we now?

Our context

We provide a diverse range of services which support people to live healthy and independent lives, whether they live with a long-term health condition, require support for a short period of ill health or need same day access for an injury or illness. Working together with our partners across health and the voluntary sector, we will develop our services across Sussex to help more people to live well and deliver against key local and national priorities.

Specifically, we are developing out of hospital urgent care to help more people access support without needing to attend hospital. Alongside this, we are redesigning how we see and use outpatient appointments for diagnosis and on-going care in key areas such as respiratory and diabetes services.

There are around a million working age adults in Sussex with a particular concentration in Brighton and Hove.

The population tends to be healthier than in other parts of England but there are still significant health needs. Almost a fifth of the adult population report having a limiting long-term illness or condition, more than 60% are overweight, approximately 20% are physically inactive and 12% smoke regularly.

Many adults in the areas covered by our services live in deprived urban communities along the coastal strip. For example, deprived urban communities exist in parts of Brighton and Hove and Littlehampton and there are hidden pockets of deprivation in rural areas of Sussex. In fact, outside of London, Brighton has the second highest rates of homelessness of any local authority in the country. Deprivation is strongly linked with higher rates of mental and physical health problems, with people in more deprived areas at greater risk of developing physical health conditions earlier in life.

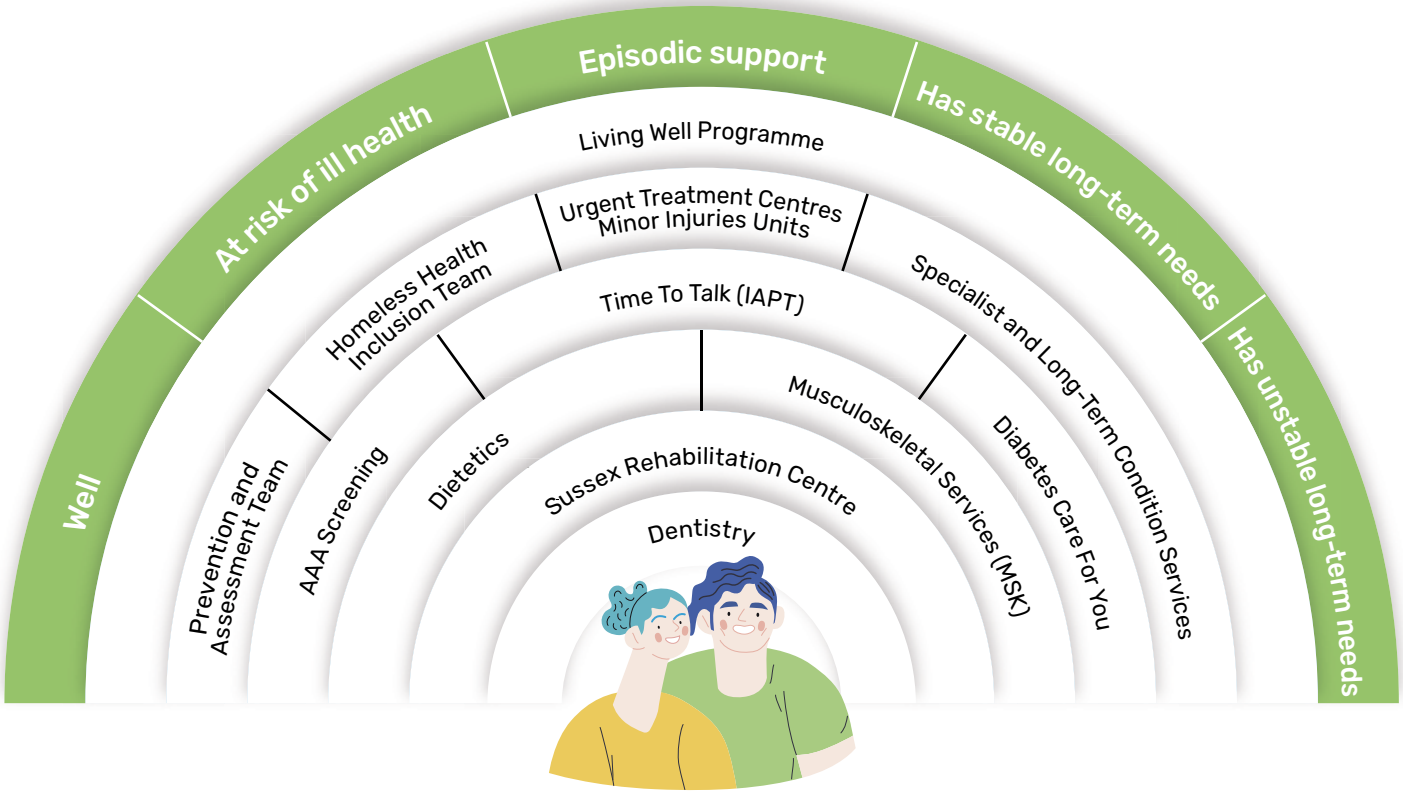
Our services

We provide a wide array of services supporting working-age adults. Much of this care focuses on supporting people with long-term conditions, such as diabetes and a range of respiratory and musculoskeletal conditions. However, we also offer same-day urgent care services through our Urgent Treatment Centres, Minor Injuries Units and talking therapies. We support some of our most vulnerable communities, providing specialist services such as dedicated work with homeless communities, special care dentistry and end of life services.

We are proud of the great care we offer working-age adults across Sussex. For example, 99% of patients waited less than four hours in our Minor Injuries Units and Urgent Treatment Centres last year. Time To Talk offers some of the best outcomes in England with around 80% of people supported reporting reliable improvement in wellbeing. We have also transformed outcomes for people living with diabetes in Brighton and Hove and parts of East Sussex through our multi-disciplinary service Diabetes Care For You, where we have reduced patients' attendance at hospital and better managed their blood glucose and risks to their long-term health. Working with partners, we have also enabled real world studies of improvements in prescribing for people living with diabetes.

We will build on these successes as we address some of the challenges that local people have told us about. Such as reducing waiting lists for treatment in key specialties or improving communication about waiting times and what you can do when there is a wait to access care. People tell us we should be more flexible with how, where and when we offer services and that they want us to increase our use of digital means to book appointments, share results and to see a healthcare professional.

The following section outlines how we plan to improve our services for adults to support them to live well.



Where are we heading

THE AMBITION

We will provide patient-centred services that are easy to access. Services will be proactive in how they approach care, not just helping today, but by giving people the tools to live well every day.

To achieve this ambition, we are committed to:

- **Prevention, collaboration and empowerment**
  Whether people have a long-term condition or not, they spend most of their time outside of health services. Through education, empowerment and shared decisions, people using our services will become experts in their own health. They will know what they can do whilst they wait for appointments and treatments, as well as prevent future episodes of ill health.
- **Access that works for all**
  Our services will find the balance between resilience and flexibility that ensures we are there to meet people's needs in ways that work for them. Whether that is through intelligent waiting list management which helps us target our support at those in greatest need, self-referral, online booking or patient initiated follow up, we will use ever greater digital flexibility to send and receive information with patients. Accessing our services will be one less thing to worry about.
- **Services that are consistently delivered, always personalised**
  We will work with our partners to correct the unwarranted variations in how services work across Sussex. This won't stop us tailoring our support to individuals, it will enhance it, as services will be able to focus on working with each other and patients to do the right thing, rather than spend time navigating the differences between them.

What matters to the people we support

As we realise this ambition over the next three years, the experience and care received by the people we support will improve. Here we describe how.

I am well most of the time and don't use the NHS that often but when I need it, it's difficult to know where to get the right kind of support.

We are working hard to ensure as many of our services as possible are shown and are accessible on the NHS website and where possible, they will be bookable through NHS 111.

I know myself and my condition and I should be involved in decisions about my care. I just need good information about my choices and someone to talk these through with.

Care planning is at the heart of how we work with you. We will offer accessible and digital self-care information about conditions and ways to self-care. We will make shared decisions and agree goals respecting your preferences.

Waiting for appointments when you are unwell or in pain makes things feel worse. I would like to know how long I will have to wait and why, and what I can do in the meantime to try to help myself.

Information about waiting times and your appointments will be communicated through the NHS App. We will provide links to other self-management resources to help you while you wait.

I don't understand why I get different services to other people who live just a few miles away.

Working with our partners, we are continually reviewing the services we provide and are looking to address the unwarranted differences between areas such as in diabetes, musculoskeletal services and stroke care.

Appointments Monday to Friday, 9am to 5pm, can be difficult to attend especially with little notice when you have work to consider.

We are delivering more virtual and online appointments than ever before. Where safe to do this, we will offer digital consultations and also review clinic arrangements.

I have a number of conditions and it's important that all the staff involved in my care are up to date so I don't have to explain everything to them myself.

We are continuing to improve our systems to share information across our services so that you don't have to explain everything, every time. Through the NHS App, more aspects of your care and records will be available to you as well.

Key:

What matters to our patients

How this Framework will help

Delivering our ambition

These service developments will help us deliver our ambition for Living Well. Importantly, they also align to our Strategic Goals. Each development shows which Strategic Goals it supports.

Living Well Programme development

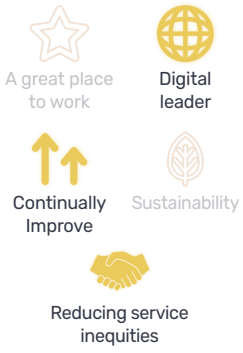
Why is this important?

The Living Well Programme is a free self-management course developed for people living with long-term health conditions. It provides them with new skills to help manage their condition and their wellbeing whilst also offering a great opportunity to meet other people who share similar experiences, empowering them to stay well and self-manage. This can be delivered either in-person or online but we don't often have the capacity to offer both. Additionally, the service only operates in West Sussex and Brighton and Hove and there is a gap for the East Sussex population.

The actions we will take:

- Develop capacity to deliver both in-person and online training as we know the different modes of delivery support differing parts of the population.
- Develop interactive resources which support both in-person and online training giving patients continuous access to resources to support them to self-manage.
- Use our patient volunteers to build the principles and techniques from our Living Well Programme into other Trust services.

Aligned to Strategic Goals



Stroke and Community Neuro Rehabilitation Teams: reducing variation in service delivery

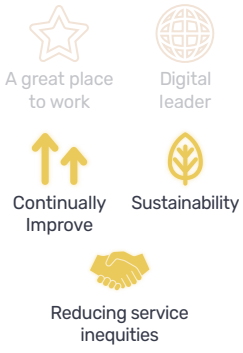
Why is this important?

We have several Community Neuro Rehabilitation Teams across Sussex but each is commissioned, designed and operates differently. Through our work with the Integrated Stroke Delivery Network, we have been involved with the planning for integrated community stroke services and improving Early Support Discharge (ESD). We also recognise that there is a significant need to redesign community services for other neurological conditions such as motor neurone disease and Parkinson's disease. These services will need to be reviewed and redesigned to be integrated, consistent and accessible to all of our population.

The actions we will take:

- Continue to support the Integrated Stoke Delivery Network to develop new guidelines and specifications.
- Design and plan our workforce to ensure that we have the capacity needed to deliver new models of community care for all neurological conditions.
- Develop clear operating procedures between hospital and community care so that we manage patients' care, recovery and rehabilitation as continuous pathways.

Aligned to Strategic Goals



Muskuloskeletal (MSK): Delivering personalised care

Why is this important?

Our MSK service is one of our largest services. Working with patients to assess and manage musculoskeletal conditions across Sussex, we plan to enable people to take more control over their own health, offering personalised care with shared decision making and supported self-management. We will identify what is most important to each person and tailor our care to enable them to achieve their desired outcomes, rather than delivering a one-size-fits-all model. We will aim to reduce unnecessary interventions and help people live well.

The actions we will take:

- Put in place effective triage systems, following standardised best practice pathways of care and train all staff on shared decision making, producing personalised care plans, choice, and supported self-management.
- Implement new digital systems; for both our patients and our staff, in order to provide an efficient and responsive service.
- Work with our partners to develop these and other approaches to improve MSK services across Sussex.

Aligned to Strategic Goals

Diabetes services: Reducing variation

Why is this important?
The provision of diabetes services varies across Sussex which leads to varying patient experience and outcomes. Our Diabetes Care For You service in Brighton and Hove and parts of East Sussex already brings together Consultants, Diabetes Specialist Nurses, Podiatrists, Dietitians and Psychologists, all of whom work collaboratively and holistically to provide specialist and excellent muti-disciplinary care and deliver great outcomes.

We will work with stakeholders and system partners to ensure a standardised model of community care to reduce variance and implement local improvements such as a multi-disciplinary Foot Team and community inpatient diabetes specialist nursing roles.

The actions we will take:
- Engage with system partners and ensure we present a compelling case for extending our Diabetes Care For You service.
- Undertake diabetes inpatient audit to identify requirements to ensure safe inpatient care and support independence upon discharge.

Aligned to Strategic Goals

Respiratory services: Developing consistent, integrated services across acute and community providers

Why is this important?
In Brighton and Hove, we provide a multi-disciplinary service which provides specialist assessment and support for people with respiratory disease, enabling patients to live at home, even when they are unwell, and preventing unnecessary hospital admissions. To ensure all our population has access to this kind of respiratory care, we must extend this multi-disciplinary approach when working with our hospital colleagues.

The actions we will take:
- Continue to work closely with our hospital colleagues as a multi-disciplinary team within Brighton and Hove, thereby continuously improving the existing service.
- Speak to patients about their experience with our services to design the best possible service for expansion outside of Brighton and Hove.
- Explore the use of remote and digital monitoring and self-management technology to further empower and evolve how we work with patients.
- To work with our partners to build the case for extending our multi-disciplinary approach to respiratory care in order to secure the investment and staff we need.

Aligned to Strategic Goals

Time to Talk: Improving access and maintaining high quality of care

Why is this important?
Time to Talk services offer a range of talking therapies to help support a patient's mental health, offering self-help guidance, cognitive behavioural therapy, counselling and other psychotherapeutic options.

With the challenges of life growing ever greater, our services are shown to make a difference by helping many patients make significant improvements to their mental health. However, we must do more to ensure the most under-represented people are able to access this support in a timely way.

The actions we will take:
- Increase access to our Time to Talk services for all groups by creating appointments which are accessible in line with patient needs and use digital innovations to improve accessibility.
- Use population health data and user research to improve equality of access for under-represented groups.
- Collaborate with partners to understand the services available across Sussex, the gaps in provision and examples of best practice which we can learn from.

Aligned to Strategic Goals

Virtual Wards: Heart failure and respiratory

Why is this important?
The Virtual Wards programme will utilise new patient monitoring and communication technology and new ways of working across health and care organisations to provide a safe alternative to hospital admission and to support people to be discharged from hospital earlier than may have been possible previously. Evidence strongly supports the value of delivering care in this way to improve patient and carer experience and clinical outcomes.

The actions we will take:
- Working with partners across Sussex and seeking the input of patients, carers and patients, we will build new services, continually learning and improving as we move forwards.
- Invest in clinical and administrative staff to provide dedicated capacity for Virtual Wards services.
- Invest in diagnostic, patient monitoring and communication technology to ensure the services we provide are safe and ensure clinicians have the right tools and information to hand.

Aligned to Strategic Goals

Ageing Well

Supporting people to age healthily throughout their lives, with a focus on services aimed at managing functional decline and frailty, such as community nursing, urgent community response, intermediate care units and end of life care services.

Where are we now?

Our context

Over 70% of the people we see in our services are aged over 60. Whilst more people are living longer, this is not always in good health as their needs can become more numerous and more complex later in life.

We will lead the way as we work with our partners in health, social care and the voluntary sector to ensure that we can deliver new and improved services for older people, meeting national and local priorities. For example, being able to anticipate and proactively manage people's needs as they become older will be vital to ensure that they live as independently as possible for as long as possible. This will reduce people's care needs in the longer term and will in turn, help sustain local services.

We also know that there is more we can do to work across acute and community care to support people at home and avoid people going to hospital unnecessarily and reduce delays in helping them come home, both of which impact their health in the long-term.

There are almost 400,000 people aged over 65 living in Sussex and they represent around 23% of the total population – greater than in other parts of England. Although our older population tends to be more affluent and healthier than the national average, the large and growing numbers of older people locally, places increasing demand on our services. With more than 30% of older people living alone and increasing rates of dementia coupled with people living with multiple long-term health conditions, services need to be able to develop to continue to support them to age well.

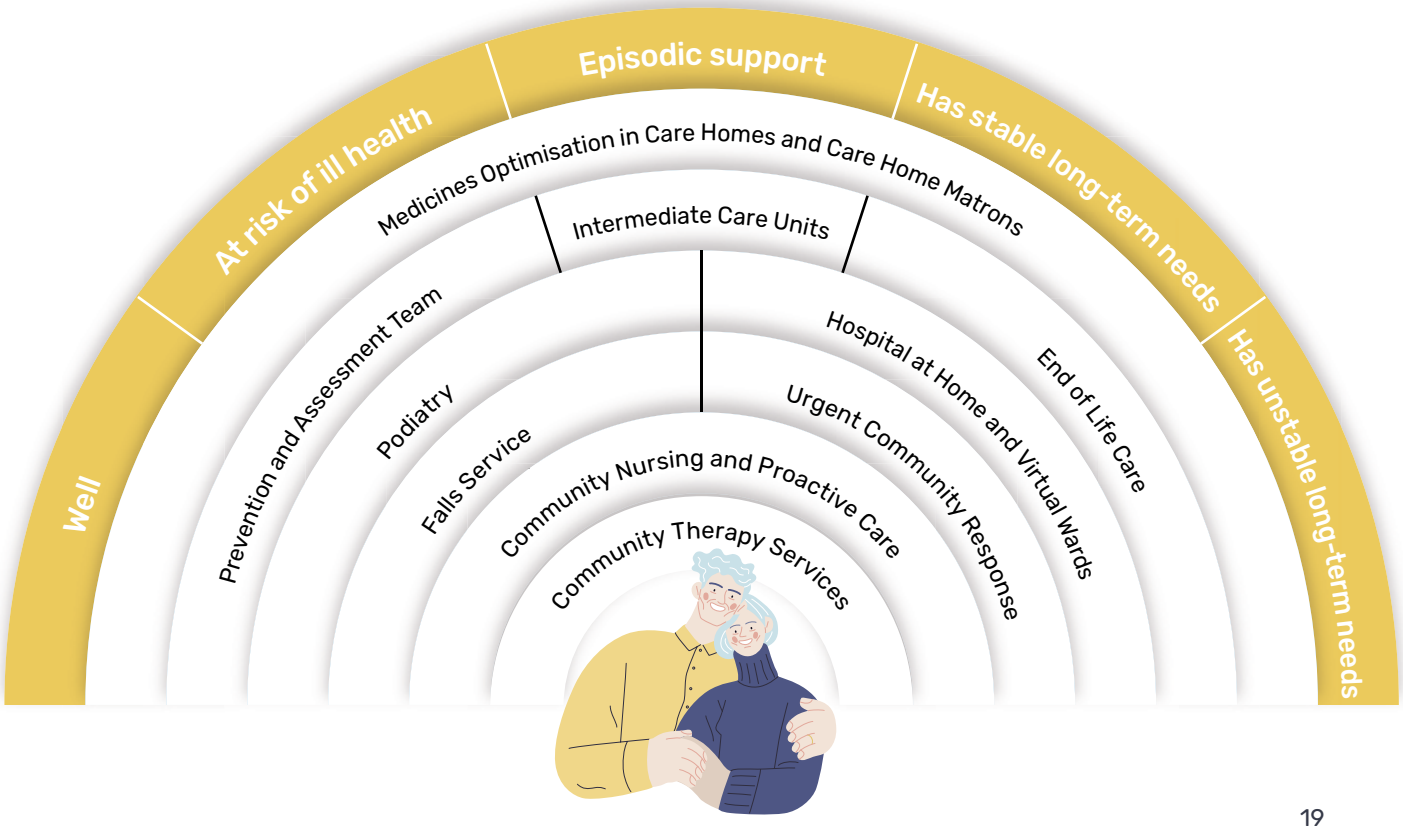
Our services

We support many older people to stay healthy for longer, managing long term conditions and maintaining their independence. This ranges from our community nursing and falls prevention services through to our end of life services, ensuring people have the support that they need as they approach the final stages of their life.

We are proud to deliver high quality care to older people. Our award winning hospital at home team provides acute level care at home using innovative health monitoring and approaches together with a real partnership with the local acute hospital. Where we have been able to develop integrated multi disciplinary teams in local communities, we have been able to reduce how often people go to hospital and how long people spend there. Our care home matrons are reducing the number of times care home residents go to hospital in an emergency. This is delivered through assessments, care plans and support that we provide to care home staff. ECHO, our end of life care hub, has consistently shown that when we are able to co-ordinate a person's care and share information across services, they are more likely to die in their preferred place.

However, our ambition goes further. As we develop our services, we will also tackle some of the challenges our staff and patients have told us about such as ensuring the accessibility of services for older people in an increasingly digital world, improving the responsiveness of our services so we can work with partners to avoid someone going to hospital when it is safe to do so. We must also reduce the need to duplicate assessments as people move through different services and become even more rooted in local neighbourhood and communities.

The following section outlines how we plan to improve our services for older people to support them to age well.



Where are we heading

THE AMBITION

We will provide services that lead from the front, joining up physical, mental health and social needs through multi-disciplinary teams working as part of the community offering dignified and personalised care.

To achieve this ambition, we are committed to:

- **Empowering older people to stay healthy in the community**
  The care plans we will create with patients and their carers recognise the goals and outcomes they contain belong to them. With self-management and independence at their heart, care plans will always be holistic and ensure services connect around patients regardless of who provides them. Plans will always be communicated in ways patients understand and in a format that allows information to be shared. This will help local services respond to a patient's changing needs.

- **Working in neighbourhood-based integrated multi-disciplinary teams**
  Working around natural populations and with our partners in Primary Care, other health and care services and the voluntary sector, we will drive integrated working for older people. Multi-disciplinary working will be the normal way of supporting patients, with active case management, comprehensive geriatric assessment and proactive targeting of those at risk of ill health. We will share clinical expertise across services and keep people independent and in their community.

- **Setting the standard for older people's care**
  Our services will deliver on the promise to avoid duplication of assessment, patients retelling their story through the better use of data and information, and trusted assessments between services. Our staff will be supported by internal advice and guidance from senior clinicians, a 24/7 single point of access, expanded use of remote monitoring and will drive community-based research to set new standards in older people's care.

What matters to older people and families

As we realise this ambition over the next three years, the experience and care received by the people we support will improve. Here we describe how.

As an older person with a range of needs, lots of different professionals visit me, I do not want to have to repeat information multiple times.

We will work with local GP services to develop neighbourhood teams to support those with greater needs in the community. Patients will have a named lead health professional who you can talk to about your needs and leads your care.

I want to be able to choose where I die, I don't want to be in pain and I don't want to be alone.

Following your care plan, our teams will work together to ensure we are able to meet your specific needs in the last days of your life. We will treat you with dignity and respect as if you were our loved one.

Communicating with my family about my care is important to me as they support me at all of my appointments and when making important decisions about my care.

We will always take your communication preferences into account. Your records and appointments will be available through the NHS App, through text messaging and paper letter reminders which can be sent to your family too.

Going to hospital can be really disorientating so I want to have as much of my care and support at home as I can.

As a community service provider, our job is to provide as much care at home as possible. Our services such as community nursing and Urgent Community Response will work with you and your GP to support you at home wherever safe to do so.

I want care that is about me. I want to be included in decisions around my care and this includes respecting my physical, spiritual and religious beliefs.

Care planning is at the heart of how we work with you. We will offer accessible information about conditions and treatments so we can make decisions about your care with you and document these so that we always respect your wishes.

Key:

What matters to our patients

How this Framework will help

Delivering our ambition

These service developments will help us deliver our ambition for Ageing Well. Importantly, they also align to our Strategic Goals. Each development shows which Strategic Goals it supports.

Falls and fracture prevention

Why is this important?

Our ambition is to provide rehabilitation to adults at risk of falls to enable them to keep healthy and active, remain independent and reduce their risk of preventable falls. Rehabilitation strategies supporting adults to increase their physical activity, including regular strength and balance exercises, and simple changes to their home environment using assistive devices and equipment has been shown to improve general health and wellbeing and reduce the likelihood of a fall.

The actions we will take:

- Equip all clinicians with a range of co-designed educational resources, accessible both digitally and non-digitally, to enable proactive conversations with older patients to increase their physical activity.
- Work with our partners to provide an up-to-date and searchable directory of services to support signposting to community groups or services which can help them stay healthy.

Aligned to Strategic Goals

- A great place to work
- Digital leader
- Continually Improve
- Sustainability
- Reducing service inequities

Neighbourhood teams to deliver anticipatory care

Why is this important?

We operate community nursing teams across West Sussex, Brighton and Hove and parts of East Sussex.

Over a number of years, we have developed and tested how we can more proactively support and empower older people through a multidisciplinary approach. We will build on this as we work closer with our partners in GP practices and deliver against the upcoming plans for new ways of providing anticipatory care.

The actions we will take:

- Work collaboratively with local GP practices to refine and plan our approach to multi-disciplinary working including key roles, operating procedures and a consistent model for case finding.
- Support our staff with training and development in active case management, including assigning accountabilities for aspects of a persons care.

Aligned to Strategic Goals

- A great place to work
- Digital leader
- Continually Improve
- Sustainability
- Reducing service inequities

Creating a 24-hour Urgent Community Response service

Why is this important?

We currently provide services which respond to people's needs at home and support people to come home from hospital. We call this Urgent Community Response (UCR). It operates from 8am to 8pm everyday. The boundary between day and night services creates challenges in managing referrals later in the day and in managing the specific needs of some patients who require some of their care outside of the hours of 8am to 8pm. We therefore need to create 24 hour UCR services which provide consistent, accessible and joined-up care to patients at all times of day.

The actions we will take:

- Work with our teams to plan and deliver the integration of existing UCR services and overnight nursing teams (where we currently provide both).
- Consolidate referral and triage processes so that there is consistency for referrers such a GPs and Ambulance crews.
- Redevelop our demand and capacity plans so that we can ensure we have the right cover and capacity around the clock.

Aligned to Strategic Goals

- A great place to work
- Digital leader
- Continually Improve
- Sustainability
- Reducing service inequities

OneCall and ECHO: Expanding single point of access and aligning with services across our footprint

Why is this important?
In West Sussex, we currently deliver two highly rated and effective 24 hour telephone services for our patients via OneCall, a single point of access for referrals and ECHO, a specialist care co-ordination hub for all End of Life Care patients on the ECHO register. Our plan is to improve and expand these services across our footprint, offering a highly effective infrastructure through which to manage and co-ordinate referrals to services.

The actions we will take:
- Implement a single telephone number as a point of contact to improve access for patients and referrers.
- Implement a streamlined triage process for those accessing services through OneCall and ECHO.
- Work with our partners to expand our single point of access across the communities we serve to ensure patients and referrers receive a consistent response from us.

Aligned to Strategic Goals
A great place to work
Digital leader
Continually Improve
Sustainability
Reducing service inequities

Access to Geriatric Medicine for SCFT services

Why is this important?
When working with frail older patients, nurse and therapy led clinical teams across many of our services often require medical advice to support the care they provide. However, we do not have consistent access to Consultant Geriatricians. As a result, clinical teams do not always have access to the medical advice they need, leading to delays for patients and increased reliance on acute partners. We will address this by recruiting Consultant Geriatricians to support services providing care to older patients through involvement in ward rounds and multi-disciplinary team meetings.

The actions we will take:
- Build dedicated time into the job plans for advising nursing and therapy staff working with older people across all services.
- Advertise for additional Consultant Geriatricians to the Trust.
- Set up regular multi-disciplinary team meetings and ward rounds using on-line meetings to facilitate frontline teams to seek advice and guidance from Consultant Geriatricians.

Aligned to Strategic Goals
A great place to work
Digital leader
Continually Improve
Sustainability
Reducing service inequities

Virtual Wards: Frailty

Why is this important?
The Virtual Wards programme will utilise new patient monitoring and communication technology and new ways of working across health and care organisations to provide a safe alternative to hospital admission and to support people to be discharged from hospital earlier than may have been possible previously. Evidence strongly supports the value of delivering care in this way to improve patient and carer experience and clinical outcomes.

The actions we will take:
- Working with partners across Sussex and seeking the input of patients, carers and patients, we will build new services, continually learning and improving as we go.
- Invest in clinical and administrative staff to provide dedicated capacity for Virtual Wards services.
- Invest in diagnostic, patient monitoring and communication technology to ensure the services we provide are safe and ensure clinicians have the right tools and information to hand.

Aligned to Strategic Goals
A great place to work
Digital leader
Continually Improve
Sustainability
Reducing service inequities

Get the best from your NHS

If you need advice about our services, facilities or staff, or would like to make a comment, please contact Patient Advice and Liaison Service (PALS) at:

01273 242292
sc-tr.pals@nhs.net

Patient Advice and Liaison Service (PALS) Sussex Community NHS Foundation Trust, Brighton General Hospital, Elm Grove, Brighton, BN2 3EW

If you need support in understanding this document, or if you need the information provided in an alternative format, please ask a member of staff or contact us.

www.sussexcommunity.nhs.uk