Merton Health and Care Together

Merton & Sutton Winter Resilience 2022-23

Healthier Communities & Older People Overview & Scrutiny Panel – Nov 2022

Contents

Urgent and Emergency Care Pressures - St Georges & St Heliers

Merton Health and Care Together

- Urgent and Emergency Care is currently under significant pressure. Staff have faced one of their busiest summers ever with record numbers of A&E attendances and the most urgent ambulance call outs, all alongside another wave of COVID-19.
- In previous years, St. George's University Hospital NHS Foundation Trust (St George's) has modelled 30-40 bed deficit as standard for winter. In 2021, St George's forecasted approximately an 81 bed deficit, which includes escalation capacity. Bed modelling for 22/23 suggests an additional 50-60 beds are required to meet demand. Both Trusts have experienced sustained pressures on their services since last winter, which points to the expectation that this winter will be extremely challenging.
- There has been an increase in patients who are sicker, presenting at the acute trust, which is impacting patient flow and system pressures.
- South West London St. George's (Mental Health provider) have been on their highest operational escalation status for some time, with pressures finding beds for mental health adults and paediatrics. Both Trusts have demonstrated how the system is preparing for and responding to pressures and they are working to publicise alternatives to avoidable hospital stays to build confidence.
- Local authorities in Merton and Wandsworth are working at full capacity. The challenge for the discharge flow providers is to maintain what they have been providing through the Covid-19 pandemic.
- There are challenges across the system for the workforce; due to sickness, fatigue, stress and vaccination expectations. There are rolling recruitment and staff health and wellbeing strategies but maintaining the required levels is difficult.
- We anticipate the peak periods will be: the two weeks prior Christmas, post-Christmas and New Year are further peak periods.

The winter planning process identified the following key system issues:

- Bed gap – extremely challenging bed deficit
- Workforce – challenges across the system; due to sickness, fatigue and vaccination expectations.
- Peak periods – The two weeks prior to Christmas, post-Christmas & New Year

Managing winter in partnership

Merton Health and Care Together

	Merton	Sutton
Daily	▪ Surge Calls with St George's ▪ Operational Pressures Escalation Level (OPEL) Calls with NHS England and system representatives ▪ Daily discharge meetings – when system pressure requires it	▪ Surge Calls with St George's ▪ OPEL Escalation Calls with NHSE & system representatives ▪ Daily discharge Huddle meetings held by Sutton Health and Care at St Helier
Weekly	▪ Partners discuss the system pressures they are experiencing and agree solutions or escalation if necessary ▪ Review spend on winter schemes & track performance ▪ To co-ordinate NHSE Urgent & Emergency Care assurance responses – ensuring responses are complete, on-time and signed off ▪ To provide overview of discharge objective and discuss themes/issues from daily/weekly escalations	▪ Review spend on winter schemes & track performance ▪ To co-ordinate NHSE Urgent & Emergency Care assurance responses – ensuring responses are complete, on-time and signed off ▪ To provide overview of discharge objective and discuss themes/issues from daily/weekly escalations ▪ Bi-weekly system call meetings to support and unblock
Monthly	▪ Emergency Care Delivery Board - Sub Group – Chaired by Shaun Stoneham ▪ Emergency Care Delivery Board – Chaired by Nicola Jones ▪ South West London Urgent & Emergency Care Steering Group	▪ Accident & Emergency Delivery Board – Chaired by Dr Dino Pardhanani ▪ Emergency Care Delivery Board – Clinical Reference Sub-Group – Chaired by UEC Clinical Lead ▪ SW London Urgent & Emergency Care Steering Group, Discharge Group and Clinical Leads meeting.
Other	▪ South West London Reset Event ▪ SH&C 'Take Me Home' Events at St Helier	Merton and Wandsworth Winter Summit MADE' (Multi-Agency Discharge Events) through Winter

NHS England – National Objectives and Assurance

- NHS England (NHSE) provides an Urgent and Emergency Care Assurance Framework to support NHS South West London in their responsibilities to both support and hold the system to account.
- The national response:
  - The immediate response has been to focus on ambulance performance, and the linked issue of speeding up discharges. Extra funding has been provided to the ambulance service and those most challenged by ambulance delays.
  - The role out of virtual ward across the country, enabling patients who would otherwise be in hospital to receive support at home.
  - In addition to maintaining progress on 2022/23 operational priorities NHSE has set out the next steps to rapidly increase capacity and resilience ahead of winter.
- NHSE provides extra local funding each year to support the system and we are required to work with partners to develop Winter Schemes that will increase bed capacity both inside and outside of acute trusts, improve discharge processes and avoid unnecessary admissions.
- Demand and Capacity Assurance – NHSE has funded system demand and capacity plans (Winter Plans) to enhance bed capacity. These plans are monitored monthly and we are required to report on our performance

NHS England – responding to the national action plan

1. **Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme.
2. **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
3. **Increase resilience in NHS 111 and 999 services**, through increasing the number of call handlers
4. **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
5. **Reduce crowding in ED and target the longest waits**, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
6. **Reduce hospital occupancy**, through increasing capacity in general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
7. **Ensure timely discharge**, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the ‘100 day challenge’.
8. **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

Merton
Health and Care
Together

Merton Winter System Planning 2022/23

Prepared by:
Melody Woolcock – Senior Transformation Manager – Merton & Wandsworth
Oct 2022

Approved by:
Shaun Stoneham – Director of System Resilience and Acute Partnership
Mark Creelman – Locality Executive Director

Overview of extra funding spend - Merton

CLCH **Additional spend - £790k**	• Discharge to assess to support early discharges for medically fit patients to reduce discharge delays
London Ambulance **Additional spend - £70k**	• HALO officer to support timely handovers, prevent delays and early escalation of issues
Merton Council **Additional spend - £880k**	• Increased staffing in Mental Health Team to Hospital Discharge • Reablement capacity - extra discharge capacity and rapid response home care service to support patients • Volunteer schemes to support discharges from Emergency Department - handy person and telecare support • Local Authority extended brokerage team to provide support 7 days a week and longer working hours • Local authority and CLCH joint discharge support - equipment, handy person and telecare
St George's **Additional spend - £2.2m**	• Prescribing pharmacist to support Urgent Treatment Centre • Emergency Department majors - extra capacity of 9 trollies and 12 chairs and staff to support • Additional emergency floor streamer to manage increased activity and direct patients accordingly • Additional same day emergency care capacity • Enhanced transfer of care hubs to support smooth discharge processes with MDT capacity • New frailty zone in Emergency Department to manage increased activity and support enhanced Operational Pressures Escalation Level (OPEL)

1 Prepare for variants of COVID-19 and respiratory challenges

Merton Health and Care Together

Vaccination programme

- Providing Autumn booster to Care Home Residents, Housebound, Over 65 adults, 16-64 at risk, immunosuppressed (and household contacts), carers and health and social care staff
- Co-administration of Covid Autumn Booster and Flu is being provided where possible at practices and pharmacies and to care homes and housebound
- Practices and pharmacies began receiving vaccine deliveries through September and October
- From the week commencing the 17th October, providing to 50-64 adults
- Evergreen offer for all 1st, 2nd , boosters, including children
- Targeted piece of work for underserved communities such as homeless, asylum seekers and refugees

Vaccination sites in Merton

- Mass vaccination site at Centre Court – open until the end of the year
- Primary Care Network site at the Wilson hospital
- 3 community pharmacy sites
- Regular pop ups by the roving team at venues such as Civic Centre, New Horizons Centre and other community locations
- Ability to step up more capacity and sites in the event of change of eligibility, outbreaks or new variant

2 Increase capacity outside acute trusts

Primary Care	▪ Improving access to Primary Care providing increased access 8am to 8pm – 7 days a week ▪ Implement a wound care service to supplement/increase current provision ▪ Pulse Oximetry - Implement a service to support patients to remain at home to be monitored ▪ Additional primary care access at times of higher demand e.g. Easter, Bank Holidays with Additional telephone lines for patients to book appts over Winter ▪ NHS 111 – booking patient appointments directly into primary care
Community	**Winter Funded Schemes** ▪ CLCH providing Discharge to Access – medically fit patients are discharged home and any assessments needed are completed in their home e.g. Occupational Therapy and Continuing Health Care assessments
Social Care	**Winter Funded Schemes** – Merton & Wandsworth local authorities ▪ Reablement Capacity – extra discharge capacity and rapid response home care services to support patients ▪ Increased Nursing Home Capacity to support discharges
Intermediate Care	**Winter Funded Schemes** ▪ Hospital @Home and Virtual Wards enable patients to be treated and monitored in their home, which both improves patient experience and reduces pressures on the hospitals. To provide a safe and supported alternative to hospital; as well as earlier, safe and supported discharge from hospital for clients with increased need often related to frailty.

3 Increase resilience in NHS 111 & 999 Services

Merton Health and Care Together

NHS 111

Winter Funded Schemes

System Improvement Actions

- NHS 111 have increased the number of patients triaged by 111 First by increasing clinical triage capacity and call handlers
- NHS 111 Online has been implemented and now accepts referrals direct to St George's Emergency Department and Urgent Treatment Centre and Queen Mary's Hospital
- Work is in progress to update direct booking software with appropriate solution
- Work is in progress to establish an electronic triage system that will work with agreed clinical pathways to assess a patients condition, this will be integrated into St George's and Queen Mary's systems

London Ambulance Service

Winter Funded Schemes

- HALO Officer to support timely ambulance handovers prevent ambulance crews being delayed in Emergency Departments, to escalate issues early and support the take necessary actions

System Improvement Actions

- Reduce handover delays at St George's to achieve 65% seen within 15 mins and 95% seen within 30 mins

4 Target Category 2 response times and ambulance handover delays

London Ambulance Service

&

St George's Hospital Trust

Winter Funded Schemes

- HALO Officer who acts as a point of contact between London Ambulance conveyance desks and the Duty Incident manager, for escalation of issues around site capacity and delays. They will free capacity for both London Ambulance and the Acute Trust. It will improve patient safety by: reducing wait times in hospital, reduced wait times for ambulances, ensuring right place for care and referral to Alternative Care Pathways

System Improvement Plans

- Ambulance triage team and crew utilise Directory of Service information, so that they are aware of alternative and more appropriate services than conveying a patient to the Emergency Department. By utilising these Alternative Care Pathways, reducing pressure on the Emergency Department as well as helping to make ambulance crew available for the next call sooner.
- Urgent Community Response services, with 2 hour referral response, are available in Merton & Wandsworth boroughs and are considered Alternative Care Pathways. As part of the Ageing Well programme, we are working to ensure uniform access across SW London with reduced waiting times to these services.
- London Ambulance and St George's work closely to improve the ambulance handover process.
- The Acute Trust has additional Emergency Department capacity, through winter funded schemes, to enhance on-site GP staff in and out-of-hours, prescribing pharmacists, staffing to manage additional chairs and trolleys and additional same-day emergency care capacity. These initiatives all help patient flow, with a resulting impact on reducing handover delays and therefore capacity for ambulances to respond sooner.

5 Reduce crowding in Emergency Departments and target the longest waits

St Georges Hospital NHS Trust

Winter Funded Schemes

The Acute Trust has submitted plans to provide additional ED capacity through winter funded schemes.

Prescribing pharmacists in Urgent Care and ED to expand prescribing capacity to enable speedier discharge of patients. ED Majors extra capacity of 12 chairs and 9 trolleys with additional staff to support them.

New Frailty Zone in ED to manage increased activity

Additional Emergency floor streamers to manage increased activity and direct patients accordingly

System Improvement Plans

A new UTC is now open treating adults & children, it can accept patients who have been redirected from the ED and also accepts direct bookings from 111 as an alternative to source of urgent care.

Increased on-site GP staff both in and out-of-hours with Emergency Nurse practitioners and an expanded Navigator posts to manage more patients.

Increase the range of Same Day Emergency Care and Frailty services to increase in the proportion of patients treated and discharged on the day of attendance

Increase the number of patients directed to virtual ward and community urgent care response teams by 10% to prevent admissions.

6 Reduce hospital occupancy – increasing hospital bed capacity and improving the patient journey

Merton Health and Care Together

St George's

Winter Funded Schemes

- As part of the Merton and Wandsworth winter planning, system partners have agreed winter schemes that are expected to have a positive impact on the General & Acute bed demand forecast by St George's.
- Hospital at Home has been implemented to provide a safe and supported alternative to hospital; as well as earlier, safe and supported discharge from hospital for clients with exacerbations often related to frailty. Hospital at Home and virtual wards enable patients to be treated and monitored in their home, which both improves patient experience and reduces pressures on the hospitals.
- Intermediate care bed strategy – a review of the intermediate care bed strategy is underway, with a view to improve the local offer in Merton and Wandsworth . The changes will help to ensure that the available beds are suited to the demand for beds reflected in discharge trends. Interim changes have been made to improve the process, with the long term model still in development.

System Improvement Plans

- Increase the range of Same Day Emergency Care and Frailty services to increase in the proportion of patients treated and discharged on the day of attendance
- Increase the number of patients directed to virtual ward and community urgent care response teams by 10% to prevent admissions.
- The New Urgent Treatment Centre has now opened and is treating adults & children, accepting redirected patients from Emergency Department to reduce crowding and long waits

7 Ensure timely discharge

Intermediate Care	**System Improvement Plans** ▪ Discharge escalation calls bring system partners together to support where there are barriers to discharge from the acute trust. The call times have been revised in-year to help ensure they run as effectively and efficiently as possible. The calls help to ensure partners are coordinated on key matters, such as bed availability and therapy support ▪ The Transfer of Care Hub was established last year in response to the need to improve the patients journey through hospital into the community, by supporting wards to coordinate referrals for discharge. The service brings better service integration and development of Trust oversight. The service is funded to run 7 days a week and will continue over winter 22/23 ▪ The 100 day challenge set by NHS England has enabled the system to prepare for winter, by setting out ten best practice initiatives to follow. We are reviewing what we're doing across the system against these initiatives and have set improvement plans to help ensure the benefits are realised
Community	**Winter Funded Schemes -** Discharge to Access – medically fit patients are discharged home and any assessments needed are completed in their home e.g. Occupational Therapy and Continuing Health Care assessments
Social Care	**Winter Funded Schemes** • Reablement Capacity – extra discharge capacity and rapid response home care services to support patients • Increased Nursing Home Capacity to support discharges
St George's	**Winter Funded Schemes -** Enhanced Transfer of Care Hubs to support smooth discharge process with Multi-disciplinary Teams with access to all support services

8 Provide better support for people at home

Merton Health and Care Together

Social Care	**Winter funded schemes** ▪ Extended Brokerage Schemes – increased brokerage teams working 7 days a week for longer hours to support putting home care arrangements in place for patients to keep them at home and facilitate discharges ▪ Volunteer Schemes – to support patients to go home, providing welcome home packages, providing handy person to do DIY jobs and key safe fitting. ▪ Home First – Admission avoidance service
Intermediate Care	▪ Hospital at Home has been implemented to provide a safe and supported alternative to hospital; as well as earlier, safe and supported discharge from hospital for clients with exacerbations often related to frailty. Hospital at Home and virtual wards enable patients to be treated and monitored in their home, which both improves patient experience and reduces pressures on the hospitals
Community	• The Ageing Well programme contains initiatives which help older patients, those with long-term conditions, frail and/or health inequalities; to stay-well to prevent admission and readmission • Multi-disciplinary teams in the community in Merton and Wandsworth, that bring together key partners for an anticipatory care approach for patients that would benefit.
Urgent and Emergency Care	• High Intensity Users are people who are attending A&E regularly can be referred to the Social Prescribing service, which takes a holistic approach to people's health and wellbeing, to help address the issues that can escalate to an individual presenting at Emergency Department when this isn't the most appropriate setting for their needs.

Communications and engagement - planning in partnership

Communications and engagement colleagues across health and care partner organisations in SWL collaborate and meet regularly.

Provider communications leads/NHSE

Representation from all SWL NHS providers

Meetly weekly to share information, discuss plans, shared priorities and acute collaborative projects

Weekly link to NHSE London and national comms teams

M&W communications and engagement professional network

C&E colleagues from GESH, SWLStG, Merton & Wandsworth Councils, WCA, Merton Connected and Merton and Wandsworth Healthwatchs

Meeting to discuss shared objectives and co-ordinate activity M&W Place Committees

Local authority communications leads meeting

Representation from all SW London Council comms teams.

Meeting bi-weekly to share information and discuss shared objectives across SWL, and how we can support each other

Winter comms and engagement objectives

Merton Health and Care Together

1 Behaviour change

Communications to support demand management

Integrated communications and engagement campaigns can encourage behaviour change in a target group - using a specific ‘call to action’ or providing information to support people to make an informed choice.

2 Workforce resilience

Making staff aware of support available and raising morale

During challenging periods for services, staff are working harder to care for people and can experience the same risks of winter illnesses – there are also recruitment and retention challenges. Many staff working in our health and care providers are local residents too and are influencers and trusted for advice in their neighbourhoods.

3 Reassurance & confidence

Outlining the robust health and care system response to winter pressures

People’s perceptions of how the system is performing can also influence behaviour. When the NHS is under pressure nationally, we can reassure communities and stakeholders that the health and care system is working hard to prepare and respond. This can ensure people in need seek help, and can also help with staff morale.

4 Incident response

System communications response to incidents under EPRR framework

Providing strategic communications and engagement advice to inform the system response to incidents. Coordination across the system, ensuring C&E activities are consistent, clear and aligned with the wider system, regional and national approach.

Summary of activity for each objective

Merton Health and Care Together

1 Behaviour change

- **Cost of living** – raising awareness of support available particularly in communities experiencing health inequalities
- **Mental health** – raising awareness of crisis services and borough-based earlier interventions - targeted work to increase service uptake amongst key communities (based on data)
  - Crisis telephone line and crisis cafes
  - Social prescribing link workers
- **Vaccinations** – ensuring equity of access to information about effectiveness and who's eligible for flu & covid-19
- **Pharmacy** - highlighting the support pharmacists can offer primarily through paid media

2 Workforce resilience

- **Cost of living** – highlighting support available for staff across partner organisations
- **Wellbeing** – organisation led initiatives to support staff health & wellbeing
- **Vaccinations** – staff comms and engagement to encourage uptake
- **Raising morale** – shining a light on staff on the front line to showcase their work. Outlining the system response and hopes for the future.

3 Reassurance & confidence

- **Winter narrative** – demonstrating how the system is preparing for and responding to pressures - to stakeholders and communities across all channels
- **Key content themes**
  - Staff across the system are working hard – day-in-the life stories
  - People are going home from hospital – and why it's better for recovery – including through virtual wards
  - The system is recovering from the pandemic – ongoing support to communities and clearing the elective backlog
  - Primary care focus – new ways of working and roles

4 Incident response

- **Regular check-ins** - comms and engagement colleagues across health and care partner organisations meet regularly through the meetings
- **Processes** – develop ways of working to ensure coordinated strategic C&E advice and strategies
- **Training and exercises** – test processes to ensure system is ready to respond to major incidents
- **Responding** – coordinated C&E activities to support wider system response to incidents

Approach - sharing information and materials

Residents and patients

- Using community networks mapped and relationships developed by borough engagement leads – to disseminate information and communications products
- Outreach events and visiting existing community groups in most affected areas and communities
- Commissioning community and voluntary sector organisations to engage on our behalf
- Producing communications materials targeting specific communities e.g. translated leaflets or whatsapp voice notes in different languages
- Public facing communications through media, social media and other digital channels (see separate section for details)

Stakeholders

- Ask community leaders with strong community links to disseminate information and record messages – MPs, councillors, voluntary organisations, Healthwatch, GP leads and other key stakeholders
- Include messaging in stakeholder updates
- Share materials and messaging through borough C&E professional networks – using all our channels
- Use webinars and virtual Q&As with health and care staff and local leaders

Clinicians and staff

- Disseminate information to GPs via primary care communications channels encouraging them to share information
- NHS providers – work with provider communications leads to disseminate information to staff groups via established channels
- Share messages and communications tools with wider providers through commissioning teams e.g. care homes
- Use clinical spokespeople where appropriate

Media, social media and digital channels

- Disseminate information through public facing channels – social media and website
- Use popular borough-specific social media channels to promote messaging – including Facebook groups and Nextdoor
- Press notice for media and discussing information with journalists – where necessary use creative strategies to secure media coverage
- Support spokespeople where required to undertake broadcast interviews
- Paid-for targeted multi-channel campaign to educate and encourage behaviour change – e.g. social media, google search, bus stop advertising
- Align with national and regional announcements

Sutton Winter System Planning 2022/23

Prepared by:
Dr Jonathan Cockbain, UEC Clinical Lead for Sutton
Aishling Cahill, Assistant Head of Transformation (Sutton)
Oct 2022

Approved by:
Alex Shaw, ESTH COO
Dr Dino Pardhanani, Place Convenor (Sutton)
Michelle Rahman, Director of Transformation (Sutton)

Sutton - Overview of Winter Initiatives

Sutton
South West London Integrated Care System

Initiative	Beds, and bed equivalents. (G&A beds/Virtual wards/other countable beds)	Scheme Cost £'s
Sutton Primary Care Networks Led, 18 bedded Community Hospital on-site at St Helier from Dec 22 –Mar 23. The Hospital will provide new surge capacity during the winter for people to receive medical and therapy intervention on a short-term basis within a community hospital setting and supporting independence and personalisation as far as possible and supporting shorter length of stay in acute beds.	18 G&A Beds (TBC based on confirmed allocation of winter monies)	£950,000.00
2-bed equivalents for non-elective admissions follow the implementation of the LAS rapid response car at the end of September.	2 bed equivalents	0 (funded by SWL)
2-bed equivalents for the programme of work in response to the 100-day discharge challenge (Patient Flow and Transfer of Care Hubs) focused on streamlining cross-site inpatient systems and processes.	2 bed equivalents	0 (funded from ESTH Transformation managers)
3-bed equivalents for Virtual Ward increasing in-reach into hospital wards and thereby reducing the length of stay in acute beds.	3bed equivalents	0 (funded from existing VW funding)

Sutton – Targeted work with Communities

Sutton
South West London Integrated Care System

Cost of Living Crisis	• Working closely with LA to support local residents struggling to cope with rising costs of living. • Carry out targeted C&E work to ensure equity of access to information about the services available
Mental Health	• Supporting local residents experiencing mental health issues with emphasis on early intervention/prevention. • Link worker/social prescriber
Vaccination Programme	• Collaborate with PCN colleagues to carry out targeted outreach work with communities where uptake is low • Focus on sharing information about eligibility, safety and effectiveness of the vaccine
Urgent & Emergency Care	• Demonstrate how the system is preparing for and responding to pressures. • Publicise alternatives to avoidable hospital stays to build confidence.
Recovery/Transformation	• Demonstrating how the system is recovering from the pandemic - ongoing support to communities and clearing the elective backlog

Content Streams

- Narrative on Sutton system response
- Cost of living support in Sutton
- Covid-recovery and care transformation stories – working with system partners
- Virtual Ward/UC2r patient case studies
- Vaccination case studies (social norming) and addressing misconceptions

Front line staff focused stories:

- Community pharmacist day-in-the-life
- Social prescribing
- Link worker
- Other primary care roles – pharmacist, paramedic, care-coordinator
- Social care worker (working with Council colleagues)
- Voluntary sector organisations

Working with other NHS partners – St George's, ESTH, SH&C:

- Covid-recovery stories
- Front-line staff day-in-the-life
- Staff vaccine stories
- Virtual ward case study

Sutton Carers' Support Service

In July 2022, Sutton council recommissioned this service and launched a new service that will provide residents, including unpaid carers, with a new single point of access, for information, advice, advocacy and support. This service includes the Carers Support Service, that will provide unpaid Carers with information, advice and support to continue their caring role, if they so wish to. The new single service is called Together for Sutton.

SWL ICB Sutton Place Team has commissioned Sutton Carers Centre to identify opportunities to strengthen the system's work with unpaid carers on hospital discharge and avoiding readmissions. Action plan will be developed for implementation in 2022/23.

Sutton
South West London Integrated Care System

AGE UK Sutton

Age UK (Sutton) Home from Hospital service provides discharge support to people, regardless of how their care is funded, following a period of hospital care. The service consistently meets and exceeds its target for the number of people still in their usual place of residence 91 days following discharge. Age UK (Sutton) also delivers Community Helper and Caring Neighbour Schemes with the aim to prevent hospital admission and/or readmission by improving the health and well-being of people with long-term conditions.