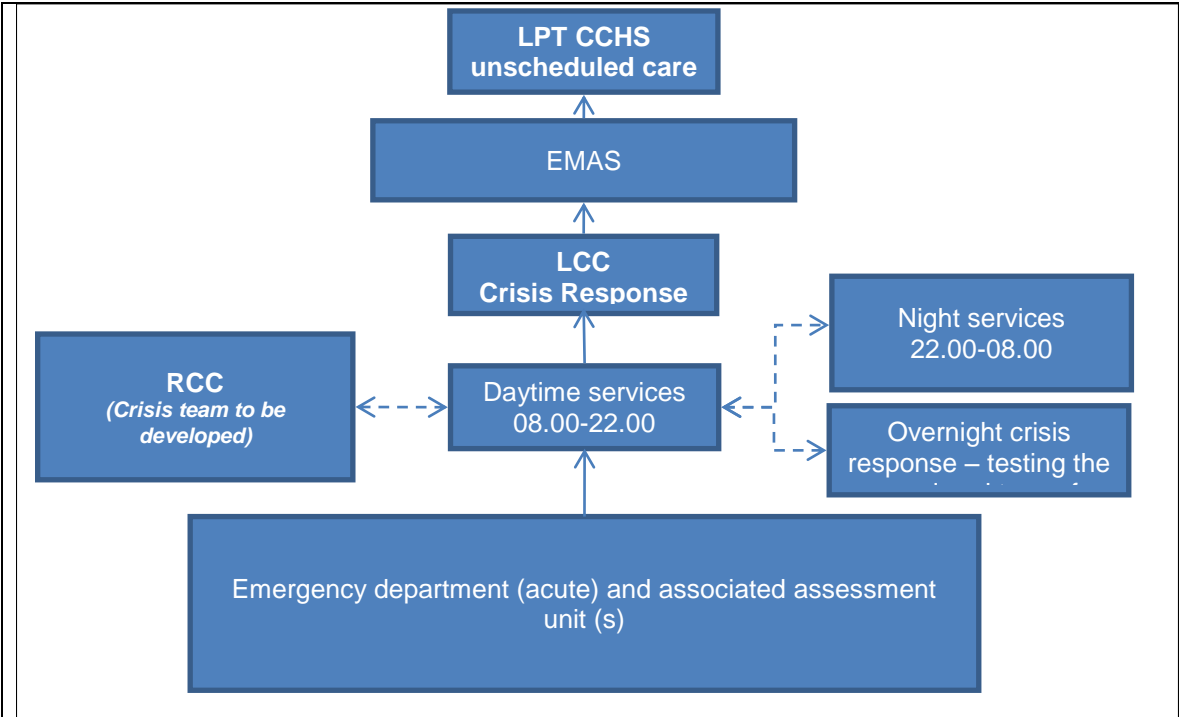


ANNEX 1 – Detailed Scheme Description

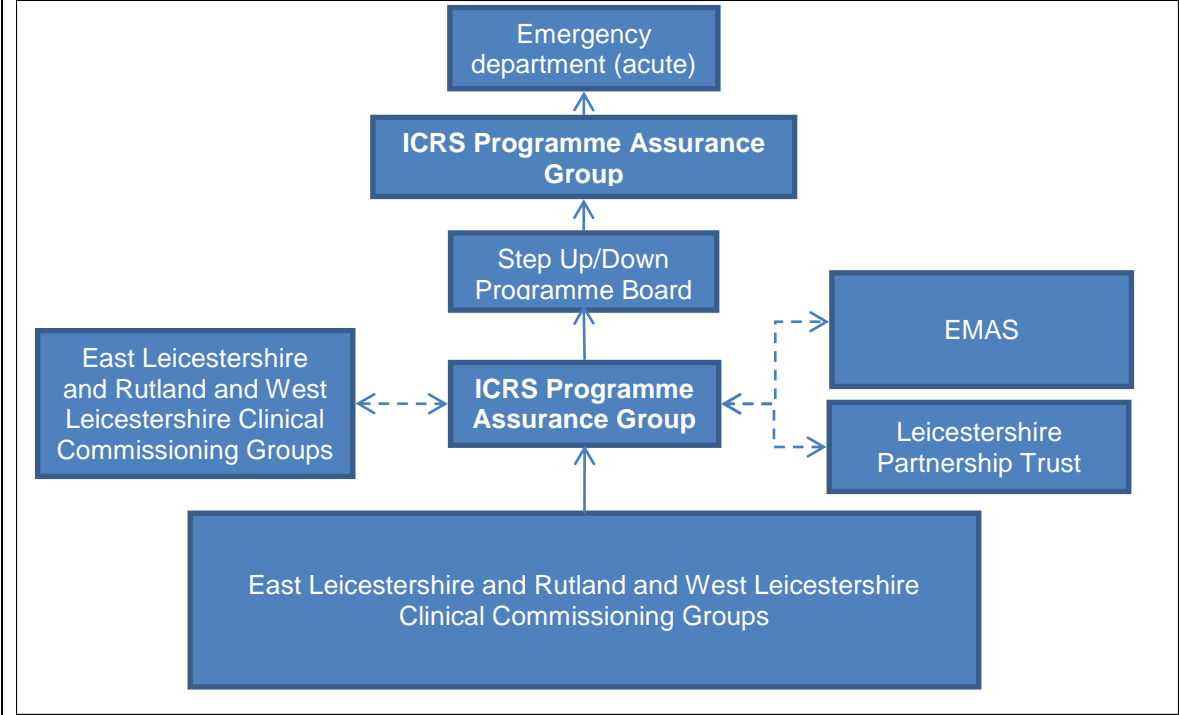
For more detail on how to complete this template, please refer to the Technical Guidance

Scheme ref no.
IUR1
Scheme name
Integrated Crisis Response Service (ICRS)
What is the strategic objective of this scheme?
<p>To develop a 7 day working health and social care integrated crisis response service. The aim is to align and integrate a collection of existing and planned health and social care services to offer 24/7 access to step-up crisis care. (This will not include the requirement for a mental health or safeguarding emergency assessment which will continue to be provided by the emergency duty team response).</p> <p>A key objective of this crisis response service will be responding to people who have fallen. This will include providing rapid response and access to clinical intervention, community services and equipment to allow the person to get more appropriate care and support at home. This will include supporting care homes to care for residents who have fallen within the care home.</p>
Overview of the scheme
<p>Please provide a brief description of what you are proposing to do including:</p> <ul style="list-style-type: none">- What is the model of care and support?- Which patient cohorts are being targeted?
<p>Initially this will include existing LPT unscheduled care services, an extension to this to offer an overnight crisis response nursing element (a fixed term service designed to test the need for and type of overnight service provision required across Leicestershire County and Rutland), and the crisis response services offered by RCC as part of the REACH service.</p> <p>The diagram below shows an illustrated overview:</p>



The delivery chain
 Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

The programme structure below outlines the delivery chain illustrating the interdependencies and commissioning and delivery structure relationships:



The evidence base
 Please reference the evidence base which you have drawn on
 - to support the selection and design of this scheme

- to drive assumptions about impact and outcomes

NHS Innovation and Improvement (2011) estimate a saving in England of over £1b per year is possible through reducing length of stay for both elective and non-elective admissions.

Alternative service pathways are required in order to reduce non-conveyance rates and non-elective admissions to hospital. These pathways must be trusted by Referrers in order that they are used.

Evidencing the answer to the hypothesis of a current gap in 24/7 alternative service pathway provision is a critical element of this Programme.

Further associated reading on evidence, good practice and general information on Step Up and Step Down can be gained from the references below:

- Making our health care systems fit for an ageing population; Oliver, Foot and Humphries, The Kings Fund, 2014
- Providing integrated care for people with complex needs – lessons from seven international case studies; The Kings Fund, January 2014
- Transforming our health care system: Ten priorities for commissioners, The King's Fund, April 2013
- The 'Silver Book' – Quality Care for Older People with Urgent and Emergency Care Needs, June 2012

Impact	Scheme Assumption
Reduced permanent admissions	Preventing avoidable admissions to hospital results; an individual less likely to deteriorate further whilst in hospital consequently leading to residential care admission.
Increase the no. of over 65's still living at home after 91days	Falls assessments and falls prevention advice is integral part of the intervention for all Reach service users
Reduce total no. of emergency admissions	Emphasis of the service is to keep people at home if possible rather than them going in to hospital when they are undergoing a crisis that requires urgent intervention. If person has already had a fall and they are at high risk of having another fall the crisis service can be involved to help prevent this from happening. If the person has 'gone off their legs' crisis intervention will reduce the risk of the person having a fall.
Improved patient/service user experience	The service provides reassurance for the service user and their family.
Assisting care homes to support people without admission to hospital	This will include improved pathways, training and protocols for care homes to manage their support to people who have fallen.
Cost avoidance	Hospital avoidance or admission to residential care would be the outcome of every referral. Reductions in ambulance conveyance rates A reduction in length of stay in acute/community hospital

Additional benefits	Facilitates access to further signposting or Reablement opportunity for the individual.
Investment requirements Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan	
Impact of scheme Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below	
Expected benefits The key benefits for an Integrated Health and Social Care Crisis Response Service include:	
Cashable Benefits	
<ul style="list-style-type: none"> • Reductions in ambulance conveyance rates • A reduction in avoidable hospital admissions 	
Non-Cashable Benefits	
<ul style="list-style-type: none"> • Will provide better quality and standard of care for individuals • Will result in more people being maintained/cared for at home/in their place of residence (or other safe environment, eg temporary stay in a care home) • Will support 'Right Care, Right Place' • Positive impact on partnership working, i.e. through collaborative commissioning approach between CCGs, LCC and RCC. 	
Feedback loop What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?	
<p>A 6 month evaluation of this Programme of work against formally agreed methodologies, including cost benefit analysis and recommendations will be undertaken by Public Health. This will be completed by 31st March 2015.</p> <p>This scheme will demonstrate performance against the each of the outcomes below.</p> <p>Expected Outcomes</p> <ul style="list-style-type: none"> • To be able to demonstrate an integrated health and social care approach to the management of people in crisis and its impact • To be aware of the right pathways and work in a co-ordinated manner across providers • To evidence the need for overnight health and social care crisis response service provision – step up (see note 1 below) (hospital avoidance) and its delivery requirements. • To contribute to: <ul style="list-style-type: none"> ○ The Leicestershire and Rutland wide target(s) of reducing avoidable emergency admissions to hospital. ○ The Leicestershire and Rutland wide target of reducing non-conveyance rates to A&E (cases where presentation to A&E is avoidable). 	

- A reduction in the number of permanent admissions to care homes by 31st March 2015.
- To ensure that 95% of Patients/Service users participating in the Programme evaluation were satisfied with the outcome of the care they received and had a positive experience.
- To ensure that 95% of Carers participating in the Programme evaluation were satisfied with the outcome of the care provided and had a positive experience.
- To ensure that 95% of Staff involved in service delivery and participating in the Programme Evaluation feel satisfied.
- To ensure that 95% of Referrers participating in the Programme Evaluation were satisfied with the outcome of their referral and had a positive experience.
- To demonstrate value for money

What are the key success factors for implementation of this scheme?

Aims:

- To test the need for and type of overnight health and social care crisis¹ response service provision ('Step-up'²) required across Rutland through the provision of a night nursing service.
- Evidencing the answer to the hypothesis of a current gap in 24/7 alternative service pathway provision.
- To create person centred, co-ordinated health and social crisis response service(s) which are integral to existing and proposed unscheduled health and social care pathways.

Objectives:

- To establish a night nursing service element of ICRS which provides a number of nominal support 'beds' and a roaming service. This service will provide nursing care and meet low level social care needs. The service will test the need and type of overnight provision required across Leicestershire and Rutland.
- To ensure that the night nursing crisis response service integrates³ with relevant daytime health and social care services.
- To develop an integrated health and social care crisis response service in Rutland.
- To evaluate effectiveness, value for money and proof of concept
- To make recommendations based on evaluation outcomes

Assumptions

- Executive level sponsorship in both Health and Social Care indicates an agreement between the Provider organisations listed in Section 1 to enable

¹ An event or situation perceived as intolerably difficult which exceeds an individual's available resources and coping mechanisms (James and Gilliland (2005). This event or situation would result in a presentation to A&E and/or a hospital admission if appropriate services were not available in the community to enable this person to remain safely at home/in their place of residence.

² To prevent avoidable admission to hospital.

³ Person centred-co-ordinated care, National Health Voices 2013

the changes in working practice required to deliver ICRS.

- Executive level sponsorship in both Health and Social Care indicates an agreement between the Commissioning organisations listed in Section 1 and a commitment to enable the changes required (including funding where a value for money return can be evidenced) within the Provider organisations listed in Section 1 to deliver ICRS.
- There is sufficient capacity within the enabling services of participating organisations (see list of senior suppliers) to support the needs of this Programme.

Dependencies

- Investment
- Executive level sponsorship
- Dedicated Programme and Project/Work stream management time
- Adequate capacity of support services
- The ability to be able to set robust baselines against key performance indicators (KPIs) and measure improvement against these.
- Engagement of affected staff, a willingness to work together and the ability to implement required changes to working practice.
- To sustain the changes introduced by this Programme beyond 31st March 2015 Clinical Commissioning Groups (CCGs) within Leicestershire need to see evidence of the benefits of this approach in order to support future commissioning decisions.

Factor	Explanation
Partner engagement	The success of the service is dependent on appropriately communicating with partners and the community in order that referral routes and contact points are clear.
Assessment criteria and tools	The success of the scheme depends upon the ability to identify and support the vulnerable individuals in the community (i.e. those who are likely to enter the care system over the next 3- 5+ years) and providing a crisis response to those who would otherwise need hospital care. The return on the investment will be helping individuals <i>who would otherwise have needed acute and secondary care</i> . Therefore it depends upon successfully identifying these through suitable assessment criteria.
Monitoring & KPI tools	In order to evaluate the progress of the individual and the success of the project, there must be realistic, measureable and agreed KPIs. These should be reported at regular stages to give the project board an understanding of the progress and risks of the project as it develops.
Governance & escalation	Governance is a challenge in any partnership programme. The governance of this programme should enable clear and transparent assessment and escalation of risks. This can be achieved through: Agreement on the KPIs of the programme; Clear routes for issue escalation and resolution; Clear and