



WELCOME

**Alternatives to Admission (A2A)
Services**

Health and Wellbeing Board March 2022

We support people to lead independent, healthy lives

Introduction:

Alternatives to Admissions (A2A) services in Plymouth run over 24/7 across 2 main services:

- Urgent Care Nursing Service (UCNS) and the Community Crisis Response Service (CCRT)
- Both services are designed to prevent unplanned admissions to both acute and community hospitals
- They aim to work with people as close to home as possible. This includes providing care in nursing and residential care settings
- They work with existing community-based teams providing some of the more acute care that can keep patients at home as an alternative to admission

URGENT CARE NURSING (UCNS)

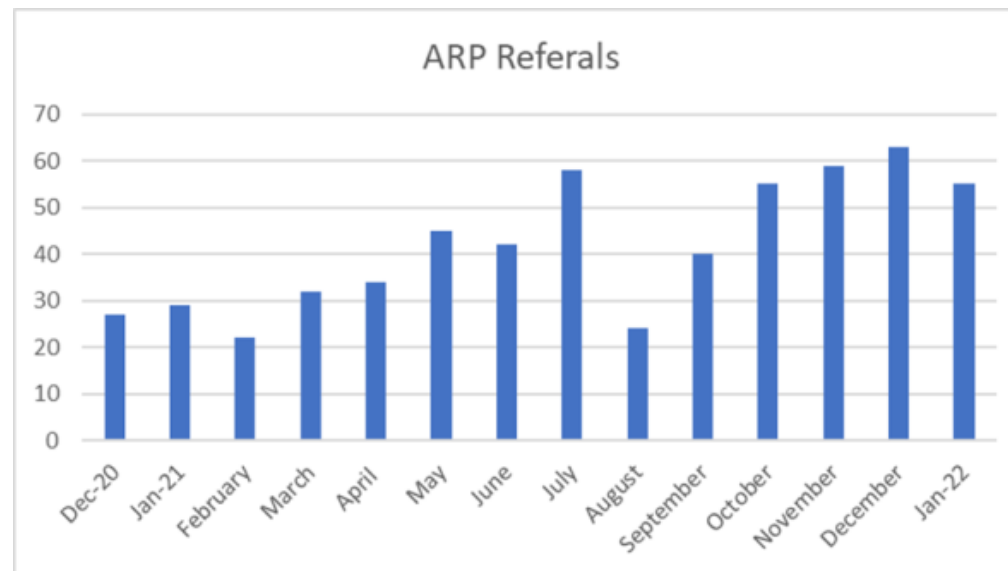
- The Urgent Care Nursing Service is available 24/7
- It has 2 main elements: technical nursing, including intravenous (IV) therapies and out of hours Community Nursing. It's services are used for alternatives to admission and also to reduce length of inpatient stay, with early supported discharge for patients from hospital
- Following medical assessment and diagnosis and with agreed medical cover, the IV therapies service can offer:
 - Intravenous Hydration Therapy
 - Intravenous Antibiotic Therapy up to three times daily
 - Other Intravenous Therapy including diuretics
 - Tests and investigations to aid medical diagnosis, including ECGs
- The Out of Hours (OOH) element of the UCNS provides a high-quality nursing service to adult patients.
- OOH medical cover is provided by the out of hours service, currently Devon Doctors.
- The out of hours community nursing service can offer:
 - End of life care
 - Catheter management
 - Wound care and assessment
 - Medicine administration
 - Chest Drain management
 - Bowel care

COMMUNITY CRISIS RESPONSE TEAM (CCRT)

- The aims of the team are:
 - To prevent unnecessary hospital admissions
 - To support people in crisis to remain in their usual place of residence, reducing admissions to residential or nursing care
 - To support people through a period of intermediate care and identify long term needs
- CCRT work 8-8 7 days a week
- Provide 2hr urgent crisis response in line with national UCR standard
- Provide intermediate care for up to 6 weeks
- Support primary care through the Acute Response Practitioner role (ARP) who are clinicians with extended clinical assessment, diagnosis and treatment skills and can prevent the need for a GP visit or call
- CCRT have community based workers, and workers in the emergency department to support turning people back to community services if they do not require inpatient treatment
- The team is multidisciplinary, with acute response practitioners, nurses, social workers community care workers, physiotherapists, occupational therapists, paramedics, community support workers, administrative team and coordinators
- The team's community support workers can provide bridging packages of care alongside intermediate care plans, so that people can stay at home rather than having to go into a care home or hospital, whilst a longer term package is sourced
- The team work closely with partners such as SWASFT to jointly avoid admissions

CCRT:

- Meeting 2hr UCR response time (in place 5 months ahead of national guidance)
- Current caseload size: 128 – all avoided admissions
- In the last 3 months (Dec –Feb) the savings of having support workers bridging versus the cost of a residential placement are £68,105.14
- ARP activity continues to support primary care and reduce GP visits - referrals by month:



UCNS:

- In Jan 2022 saved 127 bed days (cumulative bed days 12,737) in the IV service
- Receive on average 150 out of hours referrals per week to avoid admission evenings/overnight. Peaked at 184 per week in the last month

- Urgent Crisis Response Implementation (UCR) in CCRT – The service are anticipating and increase in demand that is likely from the expansion of UCR criteria which includes responding to non-injury falls, UCR via NHS111 and direct public access to crisis response service. Working through this as part of the pan-Devon UCR implementation as this potential growth is currently unknown
- Wider system challenge with the growth in demand for reablement and dom care has led to people waiting to exit intermediate care. Currently CCRT are holding 26 people waiting for long term packages to exit the service
- ARP role has been very successful, about to have 2 more qualify, but to note this does impact on wider generic hours available in the team for intermediate care
- Increased complexity across A2A services– people who have delayed getting help now have higher level of need. this has led to more people requiring input from multiple professionals in the team and having long term needs on completion of intermediate care

CCRT will continue to work pan Devon on UCR rollout

- Joined up as part of pan-Devon UCR rollout
- NHS 111 access to UCR and then public access

CCRT to develop community falls pathway as next steps for UCR

- Purchase of falls lifting equipment
- Community post-falls training programme dates planned for delivery to all CCRT workers
- Developing standard operating procedure for falls and competency sign off post training

UCNS:

- Linked in with Devon work around increasing use of outpatient intravenous therapy (OPIT) and virtual wards
- Work with SHWD and commissioning colleagues around commissioning gap

Alternatives to Admission (MENTAL HEALTH OVERVIEW)

FIRST RESPONSE SERVICE

- Since 1 May 2020
- 0800 923 9323
- 24/7 single point of contact for people experiencing a mental health crisis, as well as their families and their carers
- Advice and information to professionals, agencies and organisations
- Aims to meet people's urgent mental health needs using a holistic health and social care approach – in communities/people's own homes – providing alternatives to hospital admission/attendance
- Video/Telecoaches and First Responders (registered mental health practitioners)
- The First Response Service promotes a dynamic and innovative way of working, triaging and responding to crisis referrals (including providing brief psychological interventions), using both tele-coaching and video communication technology (Livewell Connect app) (24/7) as well as face-to-face assessments (Monday to Sunday; 8.00 am to 8.00 pm)
- Available to people aged 18+, who are either registered with a Plymouth GP, reside at a Plymouth address, and/or are currently in Plymouth at the time of mental health crisis

ACTIVITY

12 MONTHS – 1 JAN 2021 TO 31 DEC 2021

Initiative	Numbers of Patients Seen/Spoken To	Confirmed ED Avoidance	Comments
First Response (111)	283	283	High degree of certainty due to 111 coding – 100% avoidance
All First Response	Average 1600 calls per month Approx. +20,000 calls a year <5% abandonment rate	(not collected)	(cannot extract all ED avoidance outcomes from data)
Joint Response Unit	615 Average 3 to 4 callouts a night	48	High degree of certainty – data captured direct from clinicians
A2ED	37*	37*	(* 6 weeks data only) - 100% avoidance

FRS - SUCCESSES/CHALLENGES

KEY SUCCESSES	CHALLENGES
<p>Rapid implementation in response to Covid-19 Pandemic</p>	<p>Band 6 recruitment and retention impacting on full 24/7 roll out of face to face assessments ACTIONS TAKEN: Rolling recruitment programme; urgent assessment provision enhanced by JRU/A2ED</p>
<p>Part-implementation of 111 IVR Pathway (focused on calls that would ordinarily have been directed to ED as first priority)</p>	<p>Staff resilience / wellbeing – impact from high demand periods together with nature of calls (eg crisis situations and also aggressive callers) ACTIONS TAKEN: Samaritans resilience training planned for Summer 2022; monthly Psychologist facilitated reflective supervision sessions in place</p>
<p>Recruitment and in-house training of non-registered band 5 staff to provide a video/tele coaching service</p>	<p>No dedicated medical/consultant psychiatrist input to the service ACTIONS TAKEN: 0.5 WTE funding secured; also considering alternate roles eg NMP/AP</p>
<p>Co-location of First Response Service and Livewell AMHPs (including Joint Response Unit vehicle)</p>	<p>High level of frequent callers and callers open to services ACTIONS TAKEN: Monthly frequent caller data capture; new Practice Lead in post to start reviewing etc</p>

FRS will continue to work with DPT on service development

- Continued joint working between LSW and DPT together with CCG regarding next steps for service development across Devon & Plymouth

FRS will move towards a fully ageless service

- Working with CYP colleagues to develop one phone service response for all ages (outside of COT operating hours) (Summer 2022)
- Secondment of CYP B7 for 6 months to FRS to progress
- Training of FRS staff and protocol to be developed to support by CYP B7

FRS will continue to work towards full 111 implementation

- Continued multi-agency working with Devon Docs (current 111 contract provider), DPT and CCG

JOINT RESPONSE UNIT VEHICLE

- Since 6 November 2019
- A dual-agency resource (Police/Livewell) providing acute assessment, care and support to people experiencing mental health crisis in the community
- In Plymouth, the AMHPs provide the mental health professional input to Plymouth's Joint Response Unit.
- The service operates from a police vehicle that can be mobilised across the city and responds to people of all ages and can see people in both public and private places (including their own homes).
- Operational hours are currently Monday, Wednesday and Thursday 4.00 pm to 0.00 am and Friday 5.00 pm to 1.00 am.
- The Joint Response Unit vehicle receives its referrals via 101 or 999 (ie Police mental health referrals); in addition the First Response Service can now also access the Joint Response Unit via direct contact with the AMHP on shift.

- Since 18 January 2022, initially on four evenings a week
- 01752 435423
- Professional referrals only including FRS, ED, ambulance, police, JRU, 111
- Plymouth, West Devon and East Cornwall patients of 18+
- Provides face-to-face, very urgent expert assessment, advice and guidance in a therapeutic environment to individuals who may have historically attended the emergency department
- For people who do not have urgent physical health needs and who consent to attendance
- Joint approach with Headspace peer support workers from 1 March 2022, offering links to community third sector support. Friends and family welcome to attend. User feedback 81% very good, others good
- Now operational on 5 evenings a week 5.00 pm to 1.00 am – Tuesday, Wednesday, Friday, Saturday and Sunday. Last patient seen at 10.30 pm
- Impacting favourably on the number of people attending the ED for mental health assessment and therefore waiting times for patients and emergency workers. Since launch, 37 people have been diverted from ED and seen within the hour, giving a very conservative estimate of 130 emergency clinician hours saved