SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	**11J/0254**
Service	*Urgent Community Response Proof of Concept*
Commissioner Lead	*Dorset CCG*
Provider Lead	*PCC*
Period	*5th July 2021 to 31st March 2022*
Date of Review	*N/A*

1. Population Needs

1.1 National/local context and evidence base

From 1st April 2022, Urgent Community Response is nationally mandated, to provide a 2-hour crisis response to support people in their own homes to avoid hospital admission. This response should be available from a multiagency team, have a single point of access, and link closely with 111/999.

A 2 day response by a multi skilled team, for rehab and reablement services will be implemented to support people who have experienced illness, hospitalisation or a decline in their long-term physical condition or people who want support to become more confident and independent. At the moment, there isn't an expected start date for the 2-day standards however there is an expectation both aspects of this service will be delivered by 31st March 2024.

Criteria for the 2 hour response includes;

- An acute physical presentation (e.g., a respiratory or urinary tract infection).
- A new short-term physical care need (e.g., following a non-injurious fall or reduced mobility).
- An acute episode of mental ill-health. This includes those experiencing acute confusion (delirium) or an exacerbation of behavioural and psychological symptoms of dementia
- Palliative care and end of life care needs
- When a carer becomes acutely unwell and the person being cared for is unable to remain at home safely

The Home First Admission Avoidance group is currently planning this response, through Dorset's Single Point of Access and with community health and social care cluster teams (including Intermediate Care and Community Rehabilitation teams) providing a response.

From 1st April 2021, pathways through 999 and 111 have been put in place, but a full service will not be available in Dorset due to a gap in commissioning/provision of community services, particularly in the area of urgent medical/advanced practice assessment.

To allow time and an environment to develop our model, a Proof-of-Concept phase is proposed, utilising non recurrent -Ageing Well Funding[1], to test an urgent response service model, with a paramedic or ANP working between the hours of 8am-8pm 7 days a week.

Note:
1. The Aging Well Programme, is national programme that has three component parts listed below. Non recurrent Ageing Well Funding has specifically been allocated to CCG to support elements of this programme:
Urgent Community Response
Enhanced Health in Care Homes
Anticipatory Care planning

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Local defined outcomes

N/A

3. Scope

3.1 Aims and objectives of service

The aim of this proof of concept is to test an Urgent Community Response in Dorset by augmenting current Bournemouth and Christchurch Cluster One Team services across Health and social care) with a paramedic car which will work 7 days/week between 8am and 8pm. The Service will provide a rapid response within 2 hours, enabling patients to stay well at home and to avoid an unnecessary conveyance and admissions.

The project will;

- Agree a model for UCR including an urgent paramedic response, by developing the current intermediate care offer
- Recruit and mobilise the response
- Develop and refine the model within one area, Bournemouth and Christchurch in order to support a business case to scale up across Dorset pre-2022
- Evaluate effectiveness

3.2 Service description/care pathway

The Urgent Community Response Proof of Concept will build on Bournemouth Intermediate Care and Christchurch -ICRTs, for assessment, treatment and provision of equipment, therapy involvement at the initial assessment and link with DN/community nursing teams (e.g., if patient is known to them and the need for urgent response relates to symptom management or catheter care), or if following assessment there are nursing needs but no need for a multi-professional approach

from IC/ICRT.

Referrals into the UCR Proof of concept will be via SPoA (IUC). If a person has been identified as suitable for a 2 hour community response there will be a clinical discussion between SPoA clinician and the Bournemouth Hub Duty Clinician prior to referral acceptance. Once the referral is accepted the clock starts for a 2 hour response, which will be provided by the most appropriate team or multi agency teams

If longer term therapy needs are identified clinicians are likely to link with B&P CRT, or with Christchurch Day Hospital (e.g., falls assessment). Should the patient have needs around frailty they may be referred on to a PCN frailty service, or if more complex, for review by DHC Advanced Practitioner, including a CGA and TEP (if not completed initially). If the case is highly complex, then involvement from consultant nurse or 8a ANP may be asked to undertake a 'complex review'. If it is identified that a period of bed-based rehabilitation is required as a result of initial assessment the option of step up to Coastal Lodge may be considered.

A project group will be set up to oversee the Proof-of-Concept phase; the project group will include 2 x social workers, attached to the Home First Admission Avoidance programme, Voluntary and Community Sector representatives and PCN representation.

The project will use data and findings from the Urgent Community Response pilot, undertaken in 2020 as well as modelling and data from 111 and SWAST. DHC QI team will work with the project group to capture data to inform the full county model. DHC BI team have started to collect/report 2-hour response and 2-day response data via CSDS, this data will be considered when planning roll out across the county.

3.3 Population Covered

Service provision is for adults registered with a GP Practice in the Bournemouth and Christchurch areas, experiencing an acute health crisis which can be managed within the community.

3.4 Any acceptance and exclusion criteria.

The service is aimed at Cat 3, 4 and 5 non injury fallers. The service is not aimed at cat 1 or cat 2 coded calls.

3.5 Interdependence with other services/providers

N/A.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

N/A

4.3 Applicable local standards

N/A

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 3E)

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

N/A

7. Individual Service User Placement

Additional equipment within the service Mangar Camel (air lifting system) used to aid fallers off the floor.

8. Applicable Personalised Care Requirements

8.1 Applicable requirements, by reference to Schedule 2M where appropriate

N/A