

ACS Early Intervention Vehicle (EIV) Teams Webinar for Home Care and Supported Living Services

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Aims

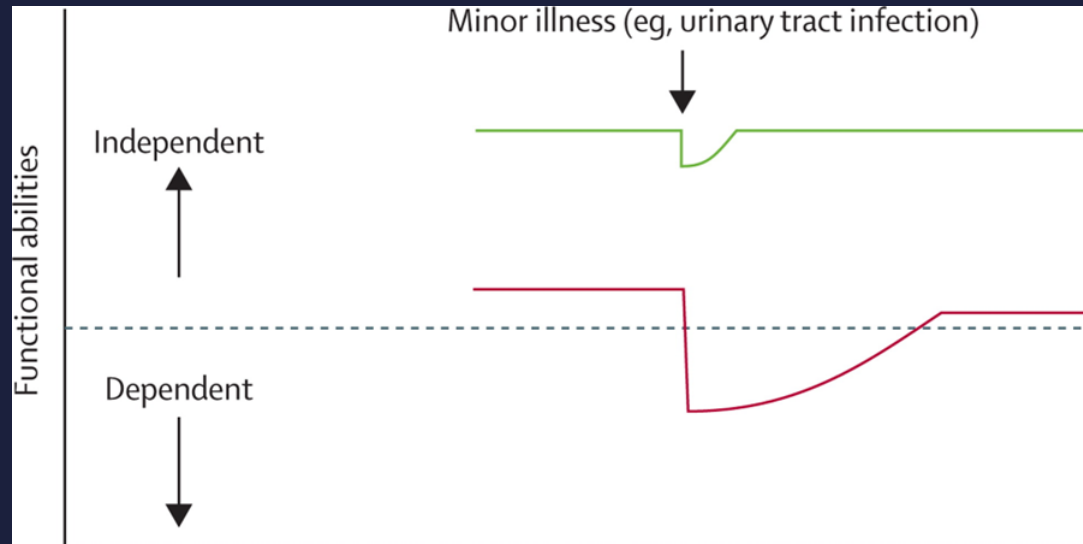
- Summarise why prevention of hospital admissions matters
- Overview of NHS Urgent Community Response and EIV teams across Hertfordshire
- Summarise referral pathways and available support from EIV Teams to individuals and care providers
- Provide details of inclusion and exclusion criteria and how care providers can refer
- Questions



Prevention of admission

What is frailty?

“It describes how our bodies gradually lose their in-built reserves, leaving us vulnerable to dramatic, sudden changes in health triggered by seemingly small events such as a minor infection or a change in medication or environment.” (NHS England)



Prevention of admission cont.

Why is hospital detrimental for people living with frailty (Boucher et al., 2023)

- Deconditioning (“Pyjama Paralysis”)
- Loss of functional ability
- Continence issues
- Delirium
- Risk of infection
- Loss of confidence



Prevention of admission cont.

Financial cost on health and social care services (The Kings Fund, 2023):

- Ambulance trip to A&E - £367
- Complex investigation and treatment at A&E - £418
- General ward (cost per day) - £587
- 1 week stay in hospital costs the NHS approx. £4894

Following discharge the costs continue to rise:

- Additional care needs
- Therapy intervention



Mrs Andrews



Urgent Community Response (UCR)

- EIV sits as part of Herts and West Essex ICS UCR services
- UCR first touted in 2019 as part of the NHS Long Term Plan Provides national framework for a 2 hour response to adults over 18 in their usual place of residence with view to avoiding admission to hospital (NHS, 2022)
- Requirement for UCR across all ICS areas from 2023 with data on response times reportable to NHS England



What Exactly is an EIV?

- EIV are actual vehicles (or vans) that attend to individual's homes
- EIVs aim to have 1 health professional and 1 social care professional both acting in an interdisciplinary practitioner role
- EIVs provide an integrated health (reactive) and social care (proactive) assessment and immediate intervention
- EIV carry equipment to help individuals who have fallen and may not be able to get up from the floor
- EIVs work closely across all ACS teams (OP, ADS and IDT) to provide a clear set of recommendations for crisis management including commencing or altering existing packages of support



East & North Herts EIV

- Collaboration between HCC and HUC, working closely with Herts Community NHS Trust (HCT)
- Covers the districts of Broxbourne, East Herts, North Herts, Stevenage and Welwyn Hatfield.
- Operate 08:00-20:00 7 days week
- Aim to provide 3 EIVs Mon-Fri and 2 EIVs weekends and bank holidays
- Works in partnership with wider Hospital at Home service provided by HCT, and operationally aligned with Community Rapid Response Team for older people in HCC
- E&N Herts EIV referrals should be made through HCT integrated single point of access on 03001237571 (Option 3, then Option 2) or via calling NHS 111

Herts Valleys EIV

- Collaboration between HCC and Central London Community Healthcare NHS Trust (CLCH)
- Covers districts of Dacorum, Hertsmere, St Albans, Watford and Three Rivers
- Operate 08:00-18:30 7 days week
- Aim to provide 2 EIVs Mon-Fri and 1 EIV weekends and bank holidays
- Co-located with wider rapid response teams for CLCH and HCC
- Herts Valleys EIV referrals should be made through CLCH referral hub : 0300 020 0655 (option 2)

EIV Inclusion / Exclusion

Inclusion

Any patient registered with a GP practice within Hertfordshire age 18+.

Any patient who is in crisis and at **risk of hospital admission**. This could include:

- Falls
- UTIs
- Minor wounds
- Acute non-injury pain
- Generally unwell or not coping
- Care breakdown

Exclusion

Anyone who has a 'red flag' or emergency condition e.g. heart attack, significant fracture, stroke symptoms, chest pain, severe shortness of breath, loss of consciousness, head injury following a fall and on anticoagulants (blood thinners)

Anyone experiencing a mental health crisis

Patients experiencing a social care breakdown which would not result in hospital admission

Anyone who does not require crisis intervention e.g. requires routine care for a long-term condition, physio

Health Assessment

- Full subjective history
- Full set of baseline observations (Blood pressure, Heart rate, O2 Saturation, Blood sugar, Temperature)
- ECG if required
- Top to toe assessment
- Blood testing
- Minor wound care
- Pain relief or antibiotic medication (in conjunction with GP colleagues)

Lifting Equipment

EIVs have range of moving and handling aids to support someone getting off the floor:

- Handling belts
- Slide sheets
- Banana boards
- Manga Elk lifting cushion
- Raizer chair



EIV Social Care Assessment

EIV assessments sit outside of the usual Connected Lives framework, however, remain fully informed by the underpinning practice principles of Connected Lives. They are multifaceted and include:

- Summary of health assessment
- An assessment of person's mobility, falls history, environment and identifying any equipment or functional assessment outcomes
- A social care assessment. This should be concise and proportionate to the circumstances of the individual, taking account of the following:
 - The person's desired outcomes and strengths
 - Identifying support networks in place
 - The person's ability to carry out Activities of Daily Living
 - Differentiating immediate risks and needs with longer term care and support planning
 - Identification of any carers
 - A professional analysis

EIV Social Care Assessment Cont.

- The person's views on assessment and plan, and where appropriate their family/representative.
- Where necessary a professional opinion on individual's capacity to consent to EIV assessment and where required a best interest decision recorded.
- A summary of identified risks and needs (acute and longer term)
- EIV plan to address identified risks and needs

Functional Assessment.

- Core EIV function is completion of functional assessment
- EIVs carry selection of standard equipment stock from HES and trained to issue and install:



Mrs Andrews... what went wrong?



Mrs Andrews- What if the EIV had been called instead?

- EIV would provide a timely response (2 hours target)
- Conduct an initial assessment for any obvious injuries
- Use Raizer Chair to support off the floor
- Undertake wider health assessment
- Review mobility and complete functional assessment
- Consider social care needs for Mrs Andrews and her husband as a carer
- Ensure immediate interventions are put into place
- Ensure there is an agreed transfer of care into relevant health, social care and universal/community services.



Elsie's story (all starting with the EIV)



Questions to you all

- Having heard the details today do you feel confident that you and your staff will be able to utilise the service?
- Is there further support you need to understand the offer?
- Can anyone tell us about experiences you may have already had with EIVs?



Questions for us???



References

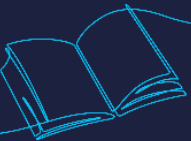
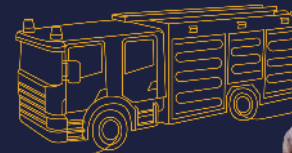
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