

Initial Response Service

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**We are
LSCft**



Lancashire &
South Cumbria
NHS Foundation Trust

A purple clothespin is attached to a purple string, holding a blue rectangular sign with rounded corners. The sign contains the following text in white:

Initial Response Service (IRS) Transformation Programme

A hand-drawn blue box with a slightly irregular, sketchy border. Inside the box, the text 'We are LSCft' is written in a blue, sans-serif font.

We are
LSCft

The Journey so far...

**2018 –
ICS Review**

- ICS-commissioned review of the Urgent Care Pathway across Lancashire
- Identified significant opportunities for improvement in quality of LSCFT
- Challenges across Pennine around the Mental Health/Acute Sector interface and the pressures within the system
- Recognised the need to transform

**October 2019 –
Pennine Diagnostic**

- Data analysis indicated Patients bouncing around the system - average 400+ every month
- Approaches to Access – too many choices but not flexible and not always needs led
- Workforce maintained service delivery with limited enablers in place (Estates, IM&T, fit for purpose patient record systems, Lean processes, limited admin provision)
- Patients have to repeat their story multiple times
- Clinicians undertaking multiple assessments for the same patient

**December 2019 – Pennine
Design**

- 15 Design Workshops took place between December 2019 & January 2020 that including key stakeholders from the Pennine Locality

**February 2020 – Planning &
Quick Wins**

- Two Planning Workshops undertaken with enabling services
- Identified Quick Wins and commenced immediate changes

**May 2020 –
Business Case**

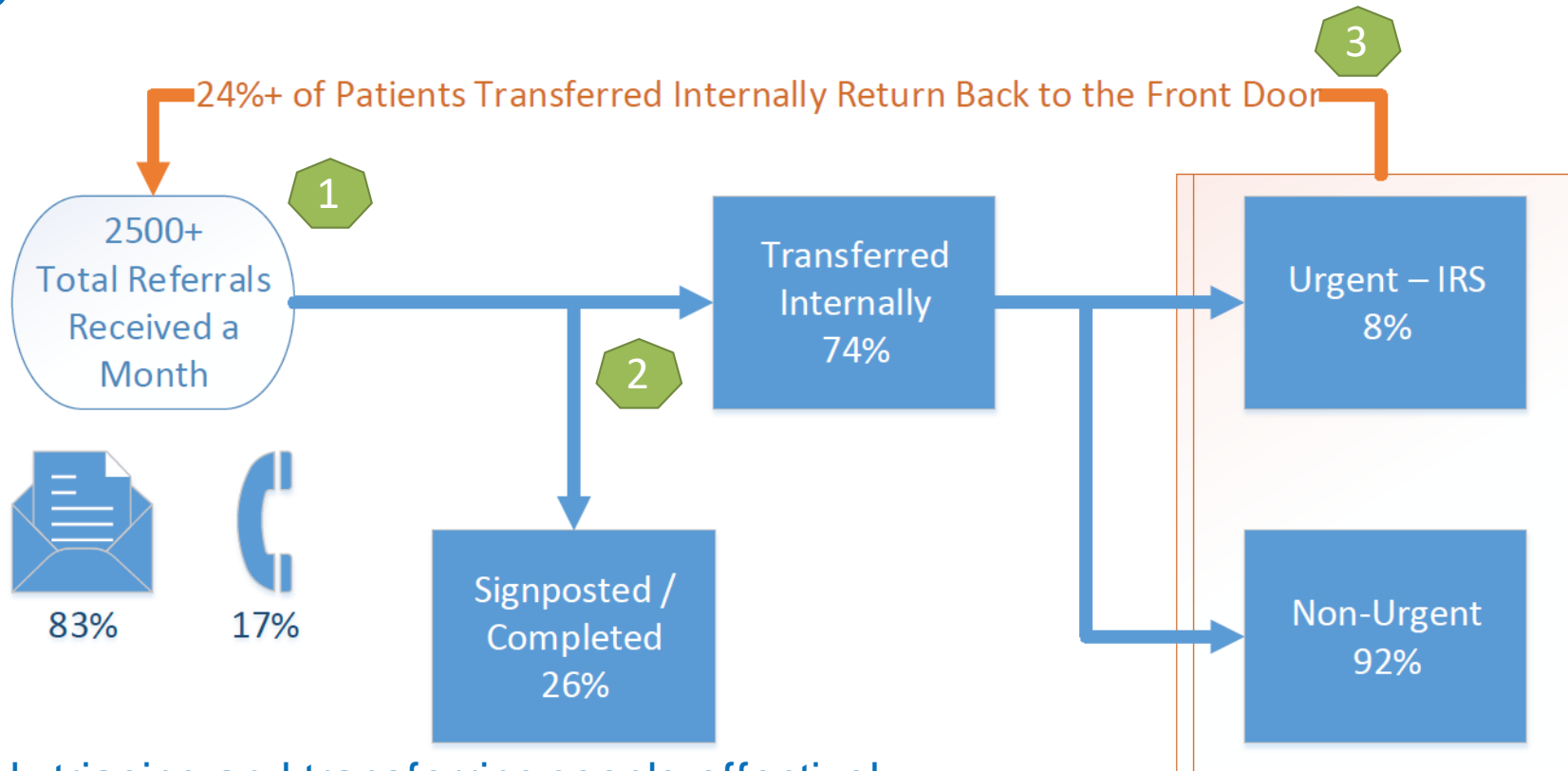
- Commenced development of the Business Case for Pennine Access (IRS)
- Engagement with the other LSCFT Localities with regards to Access (IRS) – Central & West Lancs, Blackpool & The Bay
- Commenced development of modelling for 4x LSCFT Access models

**March 2021 –
Business Case Approval &
Project Start**

- Approval of Pennine Access IRS Business Case
- Approval of LSCFT Trustwide Model
- Commenced Implementation of Pennine Access (IRS)

Case for Change – Current Patient Access

Referral Source	
GP	72%
Internal	11%
Self Referrals	11%
Police	3%
H/C Professional	1%
Local Auth Social Services	1%
Family / Friend / Carer	1%



- By not appropriately triaging and transferring people effectively:
- 24% (400+) patients per month referred into Pennine Services through START, go on to be transferred back to the front door
- Our services became overwhelmed through inappropriate referrals

In comparison to the above diagram, the CNTW IRS signpost / complete 76% of referrals and transfer 24% internally.



IRS Overview

The IRS is a 24/7 responsive all age single point of access across Lancashire and South Cumbria for urgent and routine requests for help and advice through a single triage based on trusted assessment, through which people can access the mental health pathway including signposting to relevant services within and outside of LSCFT.

IRS Go live across localities is dependent on:

- Recruitment of Workforce
- Estates

Pennine

• 12TH Jan 2021

Central &
West

• APR 2022

The Bay

• SUMMER 2022

Fylde Coast

• SUMMER 2022

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Caroline Donovan @CDonovanCEO · Dec 5, 2019

Thanks so much for inviting me - so impressed with the transformation work from Penine teams and partners and their mature and thoughtful approach - very excited for the future @Nell1Maria @MartinUrty1 @RichardLSCFT @DrGarethEThomas @MarkPWorth @pacullen123 @ukstewg1



Sarah Keetley @keetley39 · Dec 4, 2019

Thanks to @CDonovanCEO for joining the Pennine Access transformation workshop today, and for helping to unblock some of the challenges faced by staff day by day - we look forward to the Assessment workshop on Monday!



Scott Smith @xxScottSmithxx · Jan 7, 2020

Great day today developing new clinical pathways for psychosis for East Lancs @LSCFT_NHS some great work with great colleagues and lots of positivity in the room. Good times ahead 😊 @pacullen123 @MHAMcGinty @jensen1cat @CNTWInnovation @CDonovanCEO @RichardLSCFT

Room full for the Pennine feedback sessions. Real buzz, exciting times ahead! #StaffLedChange @pacullen123 @jensen1cat @LouiseGiles321 @yeahbigfoot @xxScottSmithxx @LSCFT_NHS



10:07 AM · Feb 14, 2020 · Twitter for Android



Pauline Cullen @pacullen123 · Jan 9, 2020

Andrea feeding back the care plan that has been designed in collaboration with the professionals. Great work @o_tweeters @FeatherRachel @jensen1cat @keetley39 @CDonovanCEO @xxScottSmithxx @1987adz @SRamdour @flanagan_81 @LouiseGiles321 @LSCFT_NHS @WoodburnDenise @thornton_angela



The Design Outputs

Access

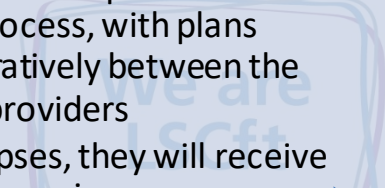
- A **24/7** Single phone number, that signposts/connects people of all ages to the right place first time, every time and identifies urgency
- Enables self-referral or referral by a carer /professional
- Quick and efficient responses by trained call handlers. This allows the clinicians to focus on the clinical elements of the triage process
- Trusted Triage – patients will tell their story once
- Provide advice, support, triage and routing to appropriate mental health services and signposting to other local services as appropriate
- People enter the right pathway, easily and quickly

Assessment

- A trusted assessment will be provided using the 5Ps formulation
- Based upon a trusted triage by a clinician
- People will tell their story only once
- Personalised service user outcome focused care packages will be formulated in collaboration with the person, carers and all service providers involved
- Upon completion, the person will rapidly enter the treatment phase

Clinical Pathways

- People will access the right pathway (Psychosis, Non-psychosis and Cognitive) to the most appropriate services to meet their needs
- They will receive a care package of outcome focused, safe, evidence-based interventions from highly skilled staff
- Individuals will be supported to self-manage their health and condition
- This will be personalised and designed to maximise users' choice and control
- When it is identified that a persons' needs would be better met on a different pathway, the transition to that pathway will be effectively managed
- Discharge planning is an explicit element of the care planning process, with plans formulated collaboratively between the person, carers and providers
- When a person relapses, they will receive rapid access back to services



Key Design Elements



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- A free phone 24/7 single phone number that signposts/connects people to the right place first time, every time working with 111 first to go live in line with the Northwest 2023/2024
- Enable self-referral or referral by a carer/professional
- Quick and efficient responses to requests for help
- Trusted Triage – patients will tell their story once
- Provide advice, support, triage and routing to appropriate mental health services and signposting to other local services as appropriate
- People enter the right pathway, easily and quickly
- Patients are directly booked into routine services via a trusted triage
- Patients will be able to contact the IRS direct to book and reschedule appointments
- Street Triage integrated into the model (Pennine only)



IRS Model

Requests for help from:

- Self
- Carers
- GPs
- Police
- VCS
- Other Partners & Professionals

Request for Help
NHS 111

A **24/7** response to telephone requests for help for people of all ages with an urgent mental health or learning disability need. Providing advice, support, triage and routing to appropriate mental health services and signposting to other local services as appropriate. The IRS is co-located and integrated with the Street Triage Service.

Initial Response Service

Call Handler

Quick and efficient response to requests for help by trained call handlers able to take the initial calls, collect demographic information and complete administrative tasks. This allows the clinicians to focus on the clinical elements of the triage process.

Guidance & Signpost

Clinical Triage

Where a call handler is unable to provide the appropriate guidance and signpost on, the call is transferred to a clinician. The Clinician gathers all relevant clinical information required to ensure that the individual is routed effectively taking into consideration immediate needs, response and risks.

Guidance & Signpost

Transfer to MH Service

Urgent Face to Face

Once triaged, there are a number of possible outcomes:

- Signposting to the correct service, providing the individual with the correct advice to inform care and treatment
- Urgent face to face (1 -4 hour Response)
- Triage completed, no further input required
- Onward transfer to appropriate pathway dependant on risk and need

Routine and Planned Appointments are booked directly into available slots in team diaries

Community Pathways



Progress Overview



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