

# ENHANCED RESPONSE SERVICE

## SERVICE OVERVIEW



# HISTORY OF ERS

- The Enhanced Response Service was launched in April 2017 Created within Cambridgeshire County Council as a preventative and Early intervention service. Providing 1 day team and 2 night teams, to respond to one off urgent social care needs 24/7.
- The team consists of an Assistant Team manager, 2 co-ordinators, 2 assistant co-ordinators and 30 responders.
- In August 2019 ERS launched their second day team as the service was progressing.
- January 2021 to present ERS have recruited to run 3 day teams and two night teams.
- The teams are based at three different locations across Cambridgeshire.
- Since February 2021 ERS joined partnerships with Peterborough council. Responding to support planned social care calls and urgent one off visits.



# WHO CAN REFER TO ERS- 01480 379555

- 6 DIFFERENT LIFELINE PROVIDERS- INCLUDING SHELTERED SCHEMES
- AMBULANCE SERVICE
- 111
- EMERGENCY DUTY TEAM
- ALL CAMBRIDGESHIRE COUNTY COUNCIL WORKING PARTNERSHIPS- ADULT  
EARLY HELP, REABLEMENT, TEC ETC



# WHAT AREA DOES ERS RESPOND TO

- Teams are based at –
- Hereward Hall- March Fenlands
- Signet Court- Cambridge City
- Sackville House Cambourne/  
Hinchingbrooke Hospital Huntingdon



## Number of Calls received since 2017

[illegible]

# CALLS

YEAR 1 YEAR 2 YEAR 3 YEAR 4 YEAR 5



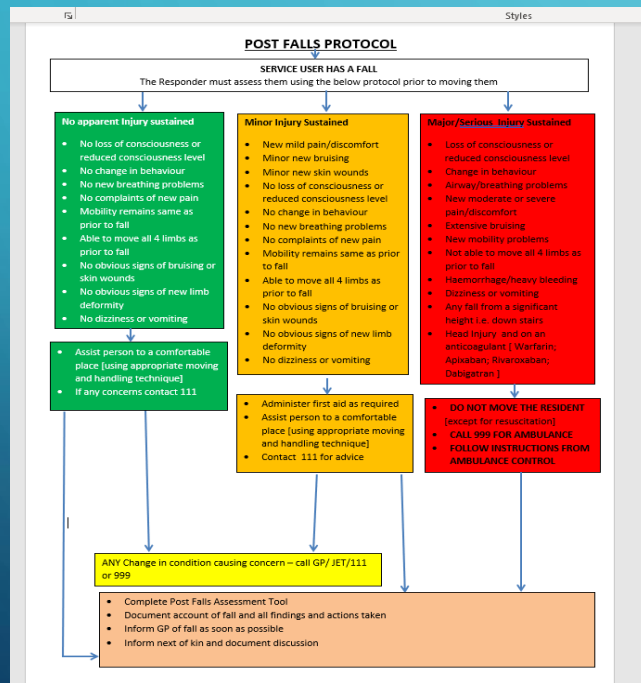
# CRITERIA

- Non injured falls- The teams carry a Mangar Elk and Raizer to support service users from the floor.
- Personal care needs- one off incidents to provide personal care.
- Continence care- catheter/stoma support.
- Welfare visits- one off visits to check on the welfare of an individual following concerns raised.
- Medication support- Following CCC medication administration policy.
- Providing reassurance following an incident at home.
- Signposting and completing referrals.



# ERS PROCESS WHEN ATTENDING TO A NON INJURED FALL

## INITIAL ASSESSMENT- FOLLOW RAG PROTOCOL.



## COMPLETE POST FALLS ASSESSMENT

Part Two - Post Falls Risk Assessment	Complete the following section if the incident relates to a fall ONLY	
How did you fall?		
Are you in pain or discomfort?	Yes	No
Have you had any loss of consciousness?	Yes	No
Do you feel dizzy?	Yes	No
Are you taking any anticoagulants? (Warfarin or blood thinners) If yes contact 111 or GP for advice	Yes	No
Is there any bruising/wounds/blood loss/vomit?	Yes	No
Consider the following during your assessment:		
Are you concerned about the service users behaviour	Yes	No
Are you concerned about the service users breathing?	Yes	No
For concerns with any of the above please escalate call to 999, 111 or GP		
Conclusion of post falls risk assessment	Tick the relevant outcome (one only)	
No apparent injury	Use best techniques as per manual handling training	
Minor injury sustained	What is the injury?	
	Does it require medical intervention? Call 111, GP, JET	
Major injury	Call 999	

Once identified no injury has been sustained, would support be provided to assist from the floor.



# WHAT TRAINING A RESPONDER RECEIVES

- First Aid at work
- Assisting individuals to move
- Catheter and Stoma care
- Food safety
- Fluids and nutrition
- Basic safeguarding
- MCA and Dols
- Medication administration- CCC policy
- Sensory awareness
- Dementia awareness
- Trusted assessors for NRS- basic equipment
- Infection prevention
- Driving awareness
- Personal safety
- TEC first
- And many more.

# WHAT REFERRALS WILL ERS COMPLETE IF REQUIRED

- Reablement
- Adult Early Help
- Community OT/Physio
- Falls prevention service
- TEC
- Safeguarding
- Olive branch
- District nursing





# REFERRAL PROCESS

ERS can often be the first service to make contact with an individual for social care support.

Responders are trained to assess the needs of the individual and discuss what referrals will support needs on a case by case basis.

Consent will always be gained prior to completing referrals on an individuals behalf. Then complete robust referrals through the appropriate route. This will be logged on a spreadsheet, to allow follow up to be completed.



# ENHANCED RESPONSE WORK FLOW

## Initial assessment

- What could avoid a future call? Equipment, Physiotherapy, RBT, TEC etc.
- Discuss options and possible referrals with service user. Gain consent.
- If service user does not feel a referral is necessary. Is there an information leaflet we can leave them? Can they follow up their own referral if needed.



# ENHANCED RESPONSE WORK FLOW

## Make referral

- If it is decided that social care is required then contact the contact center. EDT if out of hours.
- TEC, therapy and district nursing take referrals via email. District nursing can also be contacted via SPA.
- Report on incident form What actions have been taken. Highlight what needs to be done if unable to complete referrals.
- All referral contact details can be found in the telecare guide.

# ENHANCED RESPONSE WORK FLOW

## Follow up

- Follow all incidents through to an end result.
- What is the outcome from the referral. Document results from referrals.
- Follow up any referrals in an appropriate time frame if necessary.
- Document clearly within the incidents forms section 3, as well as on MOSAIC as a case note.



## WHAT ELSE ERS DO

- ERS Huddles- These are remote sessions via MS Teams. ERS collate information following frequent callers and complex cases and invite teams involved with the individuals case to discuss a way forward to support the individual.

- ALL CCC STAFF ARE WELCOME TO JOIN. PLEASE CONTACT ERS EMAIL TO REQUEST AN INVITE. (DETAILS ON THE LAST SLIDE)





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- WE ATTEND REGULAR TEC HUDDLES TO DISCUSS CASES, WHERE TEC CAN OFFER ADVICE FOR ADDITIONAL TEC TO SUPPORT INDIVIDUALS



# ADDITIONAL INFORMATION

- WITH ANY FURTHER QUESTIONS CONTACT
- ERS DUTY 01480 372565
- OR EMAIL
- [ENHANCED.RESPONSESERVICES@CAMBRIDGESHIRE.GOV.UK](mailto:ENHANCED.RESPONSESERVICES@CAMBRIDGESHIRE.GOV.UK)