The Strategy Unit.

2 Hour Urgent Community Response Evaluation: Evaluation Framework

NHSEI

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NHS
Midlands and Lancashire
Commissioning Support Unit

Introduction

The 2 Hour Urgent Community Response Programme

The NHS Long Term Plan (2019) set out a new standard for all Integrated Care Systems (ICSs) in England: that crisis response care will be provided to people within their homes (or usual place of residence) within two hours, from any referral source.

The programme requires a shift in resources to home and community-based services, reflecting the NHS commitment to transforming community health services and providing the right care, at the right time, to people closer to home.

2021 guidance[1] established a minimum level for the standard (Urgent Community Response 2 Hour Target (2HCR)) to be met by March 2022, with ICSs provided with additional funding.

From 2022 onwards there will be further expectations for the provision, with monitoring against the achievement, effectiveness and quality of delivery of the standard across the country.

Seven accelerator sites were established in 2020, one in each NHS England & NHS Improvement (NSHEI) region, to provide early learning for national roll-out during 2021. Some systems are basing their provision on existing services; in others it is entirely new. The national guidance enables different areas to develop their services in different ways according to local contexts.

The Strategy Unit (Midlands and Lancashire CSU) was commissioned, with our partners Ipsos, by NHSEI to provide a national evaluation of the programme to implement the new standard. Prior to this, the Strategy Unit undertook a scoping study to develop the national evaluation framework.

The 2 Hour Urgent Community Response Target

The NHSEI guidance sets out how 2HCR should be delivered and outlines how NSHEI regional teams will support ICSs in implementing the standard as well as monitoring their performance.

[1] NHSEI (2021) *Community health services two-hour crisis response standard guidance: Guidance for providers of care, integrated care systems and clinical commissioning groups (10th May 2021 Draft 9)*

- The minimum requirement for April 2022 was a seven-day service from 8am to 8pm, across the full geography of the ICS
- Assessment and care should start in under two hours, with interventions typically lasting under 48 hours
- Performance monitoring data will be recorded in the Community Services Data Set (CSDS), which should be regularly reviewed and include a focus on reducing health inequalities
- Provision must be aligned with urgent and planned care and coordinated through a single referral point (ensuring 'no wrong door') and providing access to multi-disciplinary clinical and non-clinical support
- Inter and multi-disciplinary working is required to match the professional deployed with the needs of the person in crisis. How this is configured will be determined by ICSs based on their current provision, but a flexible workforce is expected to include: registered nurses; advanced clinical practitioners; physiotherapists; occupational therapists; social workers and paramedics – as well as working in partnership with a wide range of health and care agencies
- Assessment and care should be holistic and personalised, taking a shared approach across services – and delivered primarily in-person

There is also detailed clinical guidance for the service.

- Adults over the age of 18 should receive 2HCR if they are at risk of (re)admission to hospital without intervention to prevent deterioration and to keep them safe at home:
  - They are experiencing a crisis which can be defined as a sudden deterioration in health and wellbeing
  - A crisis has been caused by a stressor event that has exacerbated an existing condition, or a new condition, or significant deterioration in clinical state or baseline functioning
  - The health or social care need requires urgent (not emergency) treatment or support within two hours and can be safely delivered in a home setting
- A non-exhaustive list of common conditions or needs that would prompt a 2HCR service include: falls; frailty related conditions; reduced function; urgent equipment provision; delirium; unpaid carer breakdown

- Trusted assessor principles are encouraged to promoted shared, and reduce multiple, assessments
- In support of the multi-disciplinary, system-wide approach it is recognised that workforce development will be required to ensure the right skills are in place for the service to be configured to meet local populations' needs.

Evaluation approach

Based on the evaluation scoping study, and further engagement work undertaken with key national, regional and local stakeholders, a mixed method evaluation approach has been developed. A key element will be qualitative case studies of different approaches taken by seven ICSs and/or places across the NHS regions over the next three years. Quantitative and qualitative measures of process and impact outcomes will also be collected and analysed to assess the impact of the programme. An economic modelling tool will be developed to enable local systems to explore economic impacts of their particular pathways. This will enable the evaluation to establish:

- **Operational learning:** through a process (qualitative) evaluation to understand the essential elements of a successful service at scale and maturity
- **Patient and carer/family impact:** through an exploration of health and wellbeing outcomes and experience
- **Healthcare system impact:** patient pathways, economic impact and presentations and admissions to acute care.

The scoping and engagement work established the key lines of enquiry for the evaluation and how these will be best answered – these are described on the next pages.

Underpinning and informing the design of the evaluation is a set of logic models (one high level, three related to different work strands[2]). These set out the programme activities and expected outputs, outcomes and longer-term impacts. These were developed during the scoping study in conjunction with stakeholders through participatory workshops.

A metric framework was also developed which details the potential process and impact indicators for measuring outcomes during the evaluation.

As well as the Programme Logic Models, and separate metric framework, this report is published alongside an evidence scan drawing out learning for the programme from an international literature review, and an NHSEI report on learning from the accelerator sites (available to those with access to FutureNHS).[3]

The national evaluation data collection begins in Spring 2022, continuing until 2024 with regular reporting to support implementation and evidence what works.

[2] The three strands were system development, workforce and service delivery.
[3] If you're not a member of FutureNHS and would like to join, please email communityhealthservices-manager@future.nhs.uk to request access.

Key lines of enquiry

Within the three key areas of focus (operational learning, patient and carer outcomes and experience, and healthcare service impact) the following key lines of enquiry have been agreed as important for the evaluation. Interviews and other evaluation sources will explore these questions and in potentially more detail than the summary questions listed here. Interviews will be guided by detailed topic guides framed by these key lines of enquiry.

Area of focus	Key evaluation questions	Source of information
Operational learning	What are the features of a successful 2HUCR delivery model? To consider: • Geography • Patient populations • Existing service population • Patient pathway • Local Service provision (typology of model)	All case study staff interviews Local documentation Local evaluation and analysis Process and outcome indicators Economic modelling
	What is considered a high quality 2HUCR service?	All staff interviews
	What progress have sites made with implementation?	All staff interviews Process and outcome indicators
	Which process/other factors enable or block the achievement of: • Services which align with NSHEI guidance? • Provision that goes beyond the NHSEI guidance?	All staff interviews
	What has been required in different sites to meet the national service requirements after April 2022?	Senior staff interviews Local analysis
	Which patients or conditions do sites consider require a 2H response rather than a different level of response?	Frontline staff interviews Local documentation

Area of focus	Key evaluation questions	Source of information
	How are patients' needs assessed, monitored and responded to and what are the reasons for these approaches?	Frontline staff interviews Local documentation
	What do effective triage and referrals look like and what supports them? To consider: • Professional knowledge and confidence • Changes in patient behaviour	Frontline staff interviews Local documentation, evaluation and/or analysis
	Which (strategic and clinical) governance structures support system-wide delivery?*	Strategic/senior staff interviews
	What are the workforce requirements (roles, skills and knowledge, configurations and scale per head of population) for rapid response teams which meet community needs?	All staff interviews
	What training does the workforce require to enable them to deliver this service and why?	All staff interviews
	How is a shared understanding and approach developed and maintained within a 2HUCR delivery model team?	All staff interviews
Patient/carer outcomes	What are patients'/carers' experiences of the pathway from 111/referral to treatment? To consider: • Confidence in treatment experience • Views on effectiveness of triage and assessment at home • Experience of holistic approach • Perceptions of integration of services	Patient/carer interviews (as part of case studies) Local evaluation (e.g. Healthwatch)
	How are patients empowered to self-manage their conditions?	Patient/carer interviews Frontline staff interviews

Area of focus	Key evaluation questions	Source of information
	What are the outcomes as a result of the programme for patients and/or carers? To consider: • Views of patients • Views of carers/families • Hospital admissions for individual 2HUCR teams • Impact of different implementation models • Impact of different timescales – is 2H correct? (to consider if different outcomes/impact for different times e.g. 30 minutes, 4 hours)	Patient/carer interviews and/or PROMs (if used) Staff interviews Process and outcome indicators Economic modelling
	How are patients/carers involved in evaluation and system learning?	Strategic staff interviews
Healthcare service impact	What is the benefit or impact of 2 hours in particular as a waiting time? To consider: • Different contexts • Issues with measurement • Benefits for different stakeholder groups • Benefits for system as whole • Multidisciplinary working in particular • Local alternatives	All stakeholder interviews
	How is the CSDS used to drive and monitor service provision?	System leader interviews
	What lessons have been learnt from delivering services which meet the NHSEI guidance?	All stakeholder interviews
	How did the introduction of additional requirements change which benefits are realised?	Strategic/senior staff interviews

Area of focus	Key evaluation questions	Source of information
	What facilitates or acts as a barrier to: • Reallocation of resources to community provision • Shared understanding of risk • Integrated approach to delivery.	Strategic/senior staff interviews
	How are health inequalities monitored and reviewed?	Strategic/senior staff interviews
	What is the impact of the service on health inequalities? Consider barriers to access in particular.	Strategic/senior staff interviews
	What infrastructure is required for effective system wide approaches?	System leader interviews
	How effective has national support been and what could be improved?	System leader interviews
	What impact has the 2HUCR programme had on emergency admissions to hospital and other agreed outcomes?	Process and outcome indicators Economic modelling
	Has the 2HUCR programme delivered a return on investment?	Process and outcome indicators Economic modelling

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