

# EARLY INTERVENTION MATTERS

JULY 2021

## ○ EICT CELEBRATION DAY SUCCESS



EICT colleagues were able to meet for the first time since the service launched in March 2020 – a week before the first Covid-19 lockdown. See more photos of EICT colleagues on page 2!

Around 200 Early Intervention Community Team (EICT) colleagues recently took part in a series of landmark sessions to celebrate the achievements of their new community service and voice their views on how to best shape it for the future.

The celebration events took place in early July. They enabled EICT colleagues from the five localities to meet for the first time since the service launched in March 2020. Launching with new teams, new systems and in new locations, the EICT is playing a crucial role in Birmingham's response to the pandemic.

The session agenda included a review of EICT achievements, an update on how the EICT links in with the different components of the Early Intervention programme (EI) and feedback from a recent staff service evaluation. This was followed by an update on the Urgent Care Response and Care in Focus initiatives.

To take full advantage of the opportunity of teams being together in person, each session was punctuated with time for colleagues to discuss what was being presented amongst themselves. Rupinder 'Bobby' Chal, Head of Community Nursing (Transformation and Partnership) at BCHC and Head of EICT/SPA and IV services said: "Our workforce is passionate and committed about the service they deliver and it is vital that we listen to their opinions on how we move forward in the future. To ensure we made the most of the teams being together in person we provided post it pads on each table and invited colleagues to write down any questions they thought of during the sessions – as well as inviting them to verbally ask them too.

"We chatted through some of the question topics during the event but have promised to create a full response to all questions by way of a Q&A document that we will distribute to all EICT staff in the next few weeks along with a full set of the presentation slides.

"Many executives and senior managers including Chris Holt, Andrew McKirgan, Liza Walsh, Amanda Jones, Helen Kelly, Becky Power, Mike Walsh, Joanne Archer and Catriona McClafferty, attended many of the sessions and responded to questions. Our huge thanks go to them for their invaluable input.

## EICT CELEBRATION DAY continued/

The presentation slides shown at the event will be circulated in the next couple of weeks. In the meantime, we give a snapshot of a few of them below together with more photos of colleagues enjoying the day!

### EICT CHALLENGES AND WHAT WENT WELL

#### EICT JOURNEY so far



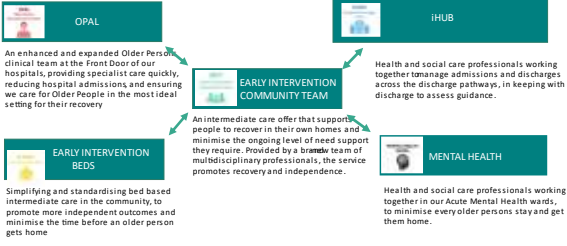
**We have done this by:**

- Completing diagnostics and testing over the 12 months
- Focusing on data to encourage performance
- Redeployed staff into EICT
- Supported system during the pandemic including government's DZA guidance changes
- Pushed boundaries and supported discharges with 'Home First' ethos



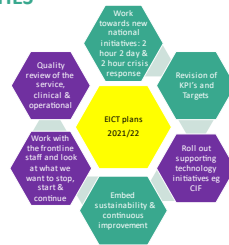
#### Early Intervention Components

How each of the components fits in with the other types of support



#### EICT CURRENT PRIORITIES

EICT priorities for 2021/22 are based around the green light to adopt an Integrated Care System for Birmingham and Solihull.



## SPOTLIGHT ON DR ABI GUPTA in OPAL



Dr Abi is a Consultant in the OPAL (QE) team, Lead for the OPAL+ component and Lead Consultant for Norman Power Centre. His young teenage dream of pursuing a career in investment banking faded quite early on when he realised that caring for people rather than money was more in keeping with his true vocation in life.

“My early career thinking – and I’m talking early teen years – was fuelled by the idea of driving flash cars and spending money on nice clothes – I don’t think the actual job came into it!

“It was my uncle who roused my interest in medicine. He was a doctor at a government hospital in India and was passionate about the work he did and the patients he cared for. The more he talked, the more I listened and the more inspired I became. When I chose my ‘A’ level

subjects, I chose those that would lead me to a career in medicine.

“I studied for my degree in India and arrived in the UK in 2006 to work as a junior doctor in Scarborough. It is a great town: the trams, the harbour, the history and the people are so friendly! I started my registrar training in 2015 at West Midlands Deanery and had the opportunity to work in University Hospitals Birmingham (UHB) during 2017-2018 during which time I spent six months in OPAL which was still in its infancy. I’d spent quite a few years studying geriatric medicine and was also keen to work with community services too. OPAL was a dream come true as it gave me the opportunity to combine the two.

Geriatric medicine is fascinating. The opportunity to deliver a holistic approach to care for the elderly reaps so many positive rewards. I love that older people have a wealth of knowledge that they are keen to share; they are often part of their own solution. I also welcome the fact that simple changes can make a huge difference to the quality of their lives and enjoy being part of a team that can help achieve this for the individuals we care for.

### Older People’s Assessment & Liaison (OPAL) team

An enhanced and expanded geriatrician led older person’s clinical team at the front door of our hospitals, providing specialist care quickly, reducing hospital admissions, and ensuring we care for older people in the most ideal setting for their recovery,

University Hospitals Birmingham NHS Foundation Trust (UHB) has OPAL teams in all its Emergency Departments and Acute Medical Units at the QE, Heartlands Hospital and Good Hope. The teams see older people as soon as they arrive and liaise closely with community services to enable a ‘home-first’ approach. All OPAL + calls are answered by the QE team. If a patient does have to be taken to Heartlands and Good Hope, the QE lets the respective OPAL teams at these hospitals know the patient is on their way.



I was lucky enough to return to OPAL for a further six months towards the end of my training. This time I was based at Solihull Hospital where OPAL was slightly more mature and under the great leadership of Dr Teresa Quigley.

I successfully applied for the consultant post in OPAL at UHB a year ago and became OPAL+ Lead in 2021. Both OPAL and OPAL+ are growing from strength to strength. Continued/..



In OPAL+ we are now working closely with the Community Palliative care team to reduce hospital admissions of palliative patients and ensure they are managed in the community, as well as with the QE Pharmacy who send out urgent medications like pain killers , antibiotics and end of life care medications to help patients to avoid having to visit the Emergency department or Urgent Care.

“We are also currently working with the Community Mental Health Team (CMHT) towards a collaboration between OPAL + and CMHT for mental health patients to reduce their hospital admissions.”

“I visit Norman Power Care Centre (NP) once a week to meet the clinical teams and the patients to make sure there are no ongoing concerns and of course I am contactable by phone/Teams during the week if needed. NP is an intermediate care centre and our goals there are the same as across OPAL. We want to see patients back in their own home as soon as possible to enable them to recover more quickly.



My favourite part of my role across all three areas is working as part of a team and our ability to assess patients quickly and hopefully enable them to stay at home (OPAL+) or get them back to their own home as soon as possible (OPAL and Norman Power Centre). As we all know, there is no

place like home and people definitely recover more quickly when in their own surroundings!”

Although the investment banker dream is far gone, Dr Gupta has another one tucked up his sleeve. Passionate about Indian cookery with chicken biryani and Indian rice pudding being two of his specialities, he is an avid watcher of Come Dine With Me. The TV programme is currently recruiting so watch this space...

In the meantime, here’s hoping for a quiet August and early September for Dr Abi as England and India are playing five test matches across the UK. “Becoming a world class cricketer has never been one of my career ideas but watching the game is a great way to switch off and relax!”

### OPAL+

OPAL+ is a collaborative partnership between the Older People’s Assessment and Liaison (OPAL) team at the Queen Elizabeth Hospital Birmingham (QE) and the West Midlands Ambulance Service (WMAS).

OPAL+ launched in March 2020. Since then, crews who are unsure whether a person needs to be taken to the Emergency Department have been using OPAL+ telephone and video technology to connect them and their patients to the OPAL teams based at the QE. Often carers and family members who are with the patient contribute to the assessment too.

In total OPAL and OPAL+ has helped to prevent just under 10,000 unnecessary hospital admissions of older people living in Birmingham and Solihull during the last 12 months.



OPAL is just one of five components within the Early Intervention programme that interlink with each other to help prevent hospital admission, avoid premature admission to long term residential care, avoid delays in hospital and ensure that people recover more quickly, ideally in their own surroundings.

## ○ EI STAFF UPDATE WITH CHRIS HOLT – SRO FOR EI

**Chris Holt, BCHC's Chief Operating Officer and Birmingham's Early Intervention Lead**, will give his monthly update to staff on the EI Programme on Wednesday 22 September 1230-1pm

[Click here to join the meeting](#)

## ○ 'HOME FIRST' SUCCESS FOR 94-YEAR-OLD MARY



Pictured (above), some of the OPAL team involved in reassuring Mary that she was in good hands and helped her to return home the same day with full support thanks to the Early Intervention team approach.

**The aim of the Early Intervention approach in Birmingham is for health and social care providers to work in partnership, without boundaries, to provide the right care at the right time in the right place.**

**The following OPAL+, OPAL and EICT collaboration provides a perfect study in how this is working in practice. Hats off to all involved. We know 'it's just what we do' but what a terrific outcome for Mary (name changed for confidentiality) and of course, a perfect example of achieving one of our EI goals – avoiding unnecessary hospital admission.**

**The following is the story told by Donna Ward, Senior Sister at the OPAL Team at Good Hope Hospital (GHH) who received the original phone call and Rachael Hannon OPAL Clinical Practitioner/Lead at GHH who saw Mary after her initial ED assessment at the hospital.**

Donna: "We received a call from West Midlands Ambulance Service (WMAS) crew at 7.30am. A 94-year-old lady had called an ambulance as she had tripped and fallen and had difficulty in mobilising. It was also noted that she had fallen last week as well and had a swollen hand which the WMAS crew were concerned about. There were no family members, Mary lived alone and there was no package of care or any assistance at all.

"The crew felt that Mary needed to attend ED for an x-ray and that care was needed as she could not manage her personal needs at this time; she was requiring hand held assistance of one to mobilise short distances.

"However, Mary flatly refused to attend hospital. The crew called OPAL for advice and assistance with care at home but also to see if we could explain the need to attend ED. They had been there for an hour and Mary would not agree to be taken to hospital, even for an x-ray.

**"This is a perfect example of collaborative working and one that has made us all very proud."**

Dr Teresa Quigley, SRO for the OPAL service across EI and Clinical Service Lead for Healthcare for Older People at UHB

o 'HOME FIRST' SUCCESS continued/

"We discussed all the possibilities with the crew including involving the Early Intervention Community Team (EICT) at home. We also explained to Mary exactly what the OPAL team did, who we were and what we could offer. We suggested that we call back in ten minutes, giving Mary some time to think.

"The crew called back shortly afterwards and Mary had agreed to go to ED, but only for an x-ray then she was **"definitely going home!"** The x-ray showed no broken bone, just soft tissue injury. Mary's main objective was once again **"to get back home."**

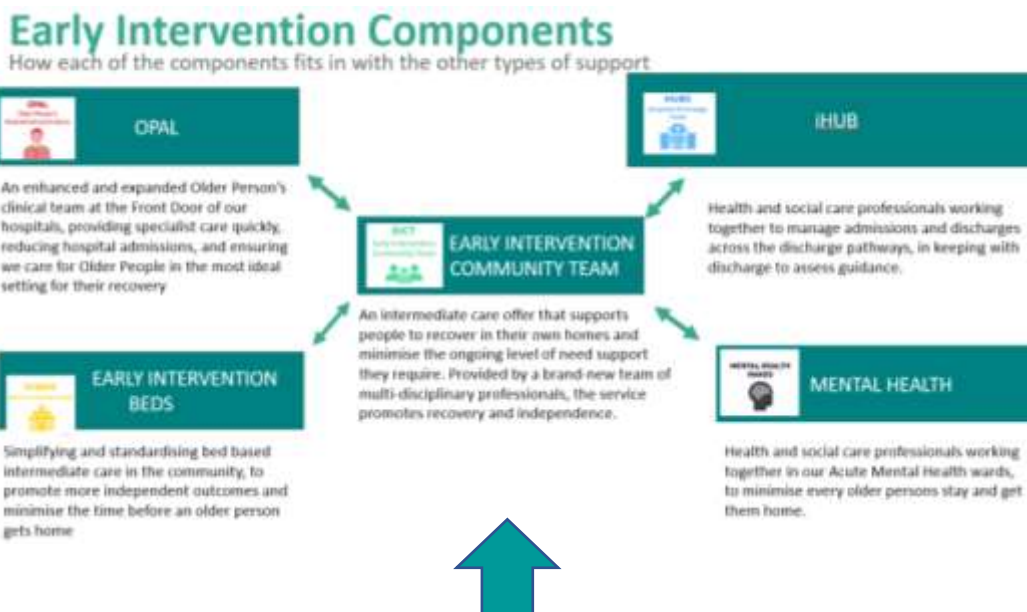
Rachael: "Following Mary's discharge from ED, OPAL GHH gave her a full assessment and suggested that a package of care would be the best support on discharge. Mary was anxious and worried about having support at home due to feeling she wasn't treated well with a previous package of care.



"Her case become more complex when she informed us that she was sleeping on the sofa and struggling to climb the stairs to use the toilet. She had a commode but unable to empty it, no food in her house and no one to do her shopping.

"Various services were offered such as therapy assessments and community physio which she declined, as well as a stairs assessment and to bring her bed downstairs prior to discharge. Following a long discussion, we managed to complete a social worker referral to discuss a package of care.

"We advised for her to continue sleeping downstairs (risks explained) and to not use the stairs .Mary agreed and happily accepted a four times a day call from the EICT to assist her with her daily living needs. She was discharged later that day with her care starting at 7pm that same evening. We also provided her with a food parcel to see her through until the shopping call could be arranged."



Mary's case study shows how effective the different components of Early Intervention are at helping to achieve its goals of **avoiding unnecessary hospital admissions, reducing the delays in being discharged from hospital and helping people to recover more quickly in their own surroundings.**



# Making Birmingham

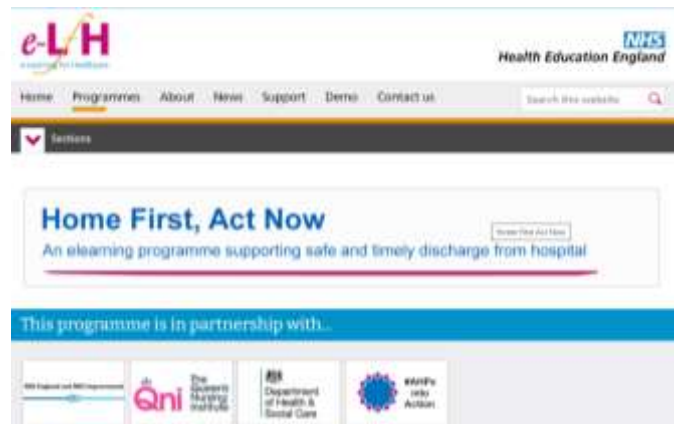
a great place to grow old in

## ○ HOME FIRST E-LEARNING OPPORTUNITY

A new e-learning module has been launched by NHS Health Education England this week about Home First. This is available for anyone working in the NHS. Find out more [here](#)



▶ NEW e-learning module launched this week about Homefirst, 4 anyone working in the NHS 🙌 Here is the link: Home First Act Now - e-Learning for Healthcare



## ○ EI AWARD SUBMISSIONS



Early Intervention has been shortlisted in the national 'Local Government Chronicle' Awards (LGC) under the category of Health and Social Care. This awards seeks to recognise innovative projects likely to facilitate integration between health and social care, boost personalisation and improve collaboration between the public, private and voluntary sectors to improve delivery. Judging takes place on September 23. We will keep you updated on the outcome!

## ○ @EARLYINTERVBHAM TWITTER UPDATE

Don't forget that the EI programme has a new home on Twitter. We launched [@earlyintervbham](#) last month and are busy connecting with people and organisations across Birmingham and Solihull, as well as the rest of the UK, to share our story, our progress and best practice learnings.

Our new online presence is helping us to grow our knowledge and gain information and insights from others who are also practicing the home first ethos. This will help us to be better at what we do. Please do follow us and share our news to help tell the story of Birmingham's integrated health and social care partnership success.



## ○ THE STORY OF EARLY INTERVENTION



With so many new readers to EI Matters we thought it would be useful to recap on the role of the Early Intervention programme and how and why it came into being.

### Making Birmingham

a great place to grow old in

The Early Intervention Programme  
Part of the Birmingham Older People Programme

#### Early Intervention



Birmingham introduced a new integrated Early Intervention approach to health and social care as part of its commitment to make Birmingham a great place to grow old in.

Early Intervention aims to support older people to recover faster and live healthier and more independent lives, ideally at home.

Its goals are:

- ✓ to prevent unnecessary hospital admission and premature admissions to long term residential care
- ✓ avert delays in discharge from hospital
- ✓ help people to remain as independent as possible in their own surroundings

#### Early Intervention Programme Partners

The city-wide programme is delivered through integrated multi-disciplinary teams of nurses, social workers, therapists and rehabilitation assistants across all our partners.

There are more than 1000 colleagues involved in the programme across Birmingham's health & social care



For more information visit [www.livehealthylivehappy.org.uk/earlyintervention](http://www.livehealthylivehappy.org.uk/earlyintervention)

## ○ GOT A QUESTION OR A STORY IDEA?

Every month we bring you stories about our Early Intervention team and programme. We want to hear from you too. If you have any story ideas or stories and photos that you would like to share, or questions that you would like to ask, please email [Jennifer.chatham@uhb.nhs.uk](mailto:Jennifer.chatham@uhb.nhs.uk).