

EARLY INTERVENTION MATTERS

@EARLYINTERV NOVEMBER 2021

○ LATEST EI BITE SIZE ANIMATION FUN



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○ MENTAL HEALTH & OPAL+ PILOT HAILED A SUCCESS

The success of a pilot scheme between the Birmingham & Solihull Mental Health Foundation Trust (BSMHFT) and University Hospitals Birmingham (UHB) OPAL+, designed to help patients to avoid unnecessary hospital admission, is being celebrated by all those involved with plans to roll out the approach early 2022.

Launched at Reservoir Court in Erdington in early September, the trial has helped more patients in the unit to avoid unnecessary hospital admission and recover more quickly at the Erdington site. The pilot was supported by the appointment of Vanessa Scott to the role of Advanced Clinical Practitioner. Vanessa has strengthened the clinical service provision at the inpatient unit to support mental health colleagues and OPAL+ in keeping residents in their own surroundings at Reservoir Court.

Since 27th September 2021, Reservoir Court colleagues who are unsure whether a person needs to be taken to the Emergency Department have been using the OPAL+ service to carry out an initial triage. Often carers and family members who are with the patient contribute to the assessment too.



Left to Right, Leona Tasab and Vanessa Scott who are both working on the Reservoir Court pilot.

Over a four-week period the OPAL+ team received eight calls from Reservoir Court. Of these, seven people remained at Reservoir Court and received the appropriate care they needed.

Vanessa Scott said: "We know that people recover better in familiar surroundings and often if somebody experiencing mental health issues is admitted unnecessarily to hospital, these issues can be exacerbated just adding to the problem.

“It has been a huge privilege to work on such an innovative approach and to see first-hand the difference it makes to the people we are caring for. The attitude of the OPAL+ team is just simply superb, even at a time when the health and social care system is under such intense pressure from every direction. From all of us at Reservoir Court, thank you, thank you , thank you.”

In a bid to further strengthen ties with the OPAL service, work is underway between the BSMHFT and OPAL to improve pathways between the two services, including how to reduce the time it takes for referrals and the type of patients that can be referred. This work is in its infancy having only been launched two weeks ago.

Leona Tasab, Nurse Consultant for Physical Health at the BSMHFT and liaison link with OPAL+ said: “The Reservoir Court trial is a great example of closer collaboration with our healthcare colleagues across Birmingham. Everybody involved in strengthening these links between mental health services and OPAL+ has shown an open-door ethos which has been fantastic. We know that our patients may face added difficulties when attending the Emergency Department. It may exacerbate confusion, increase anxiety and cause agitation and behaviours that challenge.

Service Users can find it difficult being in a new environment or struggle to provide a comprehensive history. If a clinical management plan can be agreed safely and comprehensively with support from OPAL+ it will reap great benefits for our service users. In addition to the benefit to service users, the advantage of using finite resources appropriately has never been more urgent since the advent of the pandemic.

“We are currently working on a full experience and evaluation of the pilot scheme which includes the impact on the OPAL+ service, Vanessa in her role as ACP and our colleagues on site.



“BSMHFT has more than 50 sites so before rolling it out further, we need to ensure that this approach will be sustainable city-wide for BSMHFT and OPAL+.

We are also excited about the next steps with OPAL and if our OPAL+ collaboration results are anything to go by, know that we will be sharing positive news very soon.”

BSMHFT and UHB are two key partners of the Early Intervention (EI) programme. EI goals are to prevent unnecessary hospital admissions and premature admissions to long-term residential care, reduce delays in discharge from hospital and help people to remain as independent as possible in their own home.

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○ THE ROLE OF OPAL & OPAL+

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.

OPAL+

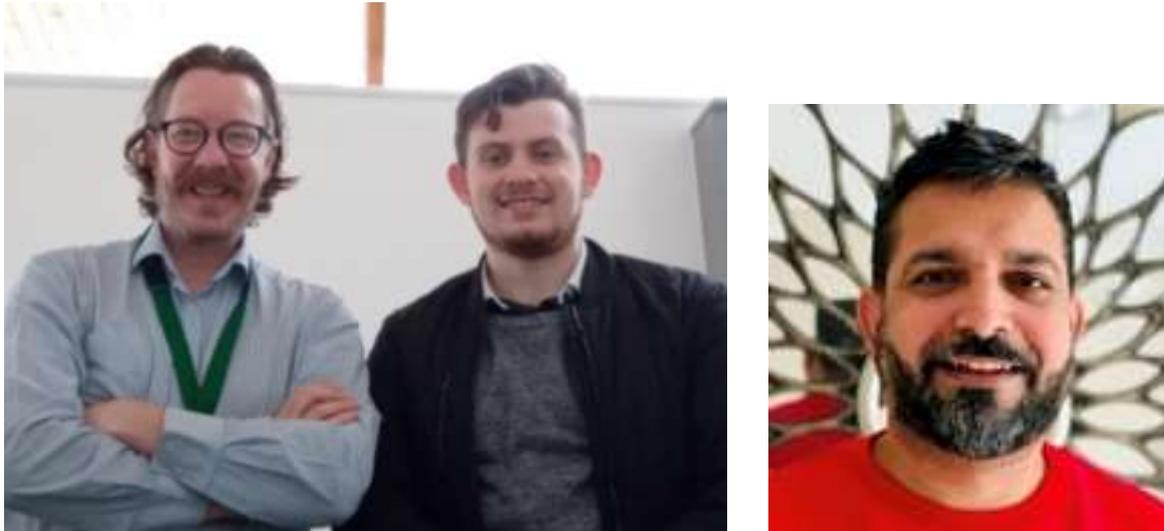
The Reservoir Court/OPAL+ collaboration works in a similar approach to that of OPAL+ and the West Midlands Ambulance Service. (WMAS).

OPAL+ was launched in March 2020 as 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).

WMAS 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 Queen Elizabeth Birmingham (QE). Often carers and family members who are with the patient contribute to the assessment too.

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.

○ IMPROVEMENT TEAM TRANSFERS TO ANN MARIE



The Improvement Team: Left to right, Dan Brown , Sam Herrett and Shakoor Khan.

After completing a productive six-months at the community rehabilitation beds unit at Perry Tree Centre the Early Intervention (EI) Improvement Team has now transferred to Ann Marie Howes.

Dan Brown, Shakoor Khan and Sam Herrett, who has returned from his two-month graduate placement away from the NHS, are now based at their new location. The key role of the Improvement Team is to support EI teams to develop new ways of working that lead to better outcomes for citizens. At present the focus of the team is working with colleagues at the EI Beds (Pathway 2) sites.

The proposed new model for EI beds addresses findings raised in a 2017 CQC review of Birmingham's health and social care which identified a fragmented intermediate care system across the city. It will provide a consistent service and offer for the 1million+ citizens of Birmingham

Dan and Shakoor have been working with the Perry Tree team since April 2021 on a continuous improvement approach to help input into the model design. Some of the significant developments achieved during their time at the centre include a reduction in the duplication of data, establishing efficient and effective reporting structures and accountabilities, identifying and maximising areas of synergy and creating a continuous improvement cycle

Hardip Deu, Deputy Divisional Director, Adult and Specialist Rehabilitation Division for BCHC and Site Operations Lead for the Early Intervention Beds Workstream said “We are delighted to welcome the Improvement Team to Ann Marie Howes. The ongoing development of our new bed model remains a high priority. Not only will it provide a consistent offer to our patients, it will also respond to the new discharge to assess guidance and adopt the city’s integrated care approach and Home First ethos.”

The first steps for Dan, Shakoor and Sam will include talking to colleagues to start gathering information and implementing the revised daily tracker now in use at Perry Tree, which will allow the Ann Marie team to have a range of data analytics available to them to help focus on process improvements where appropriate.

Dan Brown, Improvement Team Lead added: “ We are already starting to get feedback from colleagues at Ann Marie Howes - what is working well, what is working not so well and where they believe improvements can be made. If anybody does have anything they want to chat about, please do just come and find us— front line staff engagement is essential to create the right service for the people we care for and the staff working in the service. “

o iHUB STAFF SPARKLE

Karen Nash (right) is our latest colleague to be nominated STAR of the Week in the iHub’s staff recognition initiative

Bev Marriott, iHub lead said: “Sometimes it’s the little things that matter the most and a thank you is all it takes. The STAR scheme gives us the opportunity each week to say **Thank You** to somebody who has done something a bit sparkly that week. It also gives us the chance to remind colleagues how much we appreciate everything they do!”

“There is no star-studded prize but there is a priceless thank you from all the team, Twitter and EI Matters fame and we will make the winner a cup of tea or coffee and give them a biscuit or even cake!”

“Karen is a true ambassador of the Home First ethos and a valued member of the EICT team. We are so lucky to have her on board.”



o IHUB DEVELOPMENT CONTINUES AT PACE



Created during the initial stages of the pandemic, the integrated hub (iHub) now manages around 2000 admissions and discharges across the Discharge to Assess (D2A) Pathways each month. It can operate seven days a week 8am-8pm, switching on and off at pace subject to demand.

With a clear vision to deliver the very best practice in Home First and D2A its development continues at pace.

Andrew Marsh (top right), Head of Service (Operations and Partnerships), Birmingham City Council and the Council's Strategic Lead for Early Intervention is the System Lead for the iHub and talks about recent areas of progress and the next stage in the iHub growth.

"Developing a single *Description of Needs* form has definitely been one of the key highlights of the current stage. A review of our referral process found that there were several documents that colleagues had to complete for each pathway, often with the same data being needed for all.

"The new *Description of Needs* form is a single referral document that fits all pathways. We trialled it back in August 2021 and it fully launched earlier this month. It has reduced duplication across the referral forms by up to 40% which has been a resounding success with colleagues!

"In an innovative step for Birmingham, we have also started to develop a new multi-disciplinary team triage process by expanding the breadth and depth of the health and social care expertise within the daily MDT meetings.

"Alongside nurses, social workers, therapists and colleagues from the complex discharge hubs, we are now including colleagues from mental health and housing services in our daily case reviews. Where we can, we are linking in with CHC too.

"This enhanced MDT is strengthening the support we can provide to a citizen, ensuring they receive the right care at the right time in the right place.

"During the pilot phase at the Queen Elizabeth Hospital Birmingham the MDT triage process demonstrated a 35 % increase in discharges home on the same day via pathway 1 (EICT). These citizens would have otherwise been transferred into a pathway 2 bed.

Without doubt, this new stage in the iHub development is already helping people to avoid unnecessary pathway 2 admission, prevent premature admission to long term residential care, avert delays in discharge from hospital and help people to remain as independent as possible in their own surroundings.

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These citizens would have otherwise been transferred into a pathway 2 bed."

The next phase is to strengthen this way of working which is being held up nationally as best practice in operating an effective and efficient hub. It's a model being rolled out with success in other areas of the country with Dorset and Luton and Bedfordshire sporting similar teams.

I'd personally like to thank colleagues across health and social care who have been involved in the development of the iHub to date. I would also like to thank the multidisciplinary team (MDT) already working in the iHub for their tireless efforts to support the Home First principles and flow across the D2A pathways.

Once citizens no longer need hospital care, being back in their own surroundings is the best place for them to continue recovery. Ensuring that they get the therapeutic input, care and support they need in the quickest time to aid recovery is something we all strive for. The expanded MDT is certainly helping us to deliver on this.

"The iHub is still in its infancy but I look forward to continuing working with colleagues across the BSoI System to further develop the approach and build on some of the remarkable result achieved."

○ WMAS & EICT COLLABORATION GROWS



Work is underway to formalise a closer collaboration between the Early Intervention Community Team (EICT) and the West Midlands Ambulance Service (WMAS).

A recent EICT/WMAS scoping exercise identified that the EICT could provide effective support to the emergency service paramedics through community team intervention to avoid them making unnecessary hospital admissions.

Over a seven-day period, EICT colleagues spent time with WMAS call teams, listening in to Category 3 and Category 4 triaged calls to test the idea. As part of the exercise, EICT colleagues captured ages of the people who needed emergency support, where they were from, their presenting conditions and the time of day.

Bobby Chal (right) Operational Head of EICT said: "The results of the scoping exercise show that there would be multiple benefits to a continued collaboration between EICT and WMAS. EICT would support WMAS teams to respond to Category 1 and Category 2 calls more quickly by visiting and providing clinical and emotional support to Category 3 and 4 triaged patients and their families, who are often very distressed, in their own surroundings.



"Discussions on how to take the initiative forward are underway and we will report back when we have more details."

THANK YOU

The following letter was received by the EICT Central team, praising Wade Miskeen, one of its newly qualified social workers who is completing his assessed year in practice. The letter says it all 

Dear Wade 

As you know, I recently experienced a very stressful week in Birmingham trying to care for my parents aged 94 and 90. After having lived independently for a remarkably long time, sadly their health has declined rapidly in recent weeks. My Dad had gradually become the main carer for my Mum, as she became increasingly forgetful and less able to do normal household tasks. Dad had fallen and ended up in hospital three times this year, and when he started to suffer severe back pain last month it rapidly became apparent that they could no longer live independently. On 8 September I felt things had reached crisis point and rang 999, resulting in the deployment of the EICT team of physios, OTs, nurses and rehab assistants and carers in an effort to keep them in their own home if possible which had long been their clearly expressed wish. However, Dad fell again on 10 September and both he and Mum were back in hospital for two nights. When I arrived on 17 September they were in quite a bad way.

During the following nine days I experienced a bewildering range of visits and phone calls from many different specialists. You were the single most helpful professional whom I encountered during that stressful time. In your phone call on 19 September and your visit on 20 September you calmly and clearly assessed the situation and explained the various options. In particular, when you offered to help to manage the complex process of sourcing a suitable residential placement for them and helping me to manage the financial implications, I felt a great weight lifted from my shoulders. Your professional assessment of the situation was that it was no longer safe for my Mum and Dad to remain at home, and you then offered to try to arrange some form of emergency temporary accommodation for them while the longer-term process got under way; this was also a huge weight off my mind and I very much appreciated your offer of assistance. This ultimately resulted in Mum moving to Moseley Hall Hospital on 25 September, although on that day Dad was admitted to the QE Hospital after a very disturbed night. I hope that he will soon be able to join Mum at Moseley Hall.

Throughout this whole episode you were friendly, helpful, supportive, professional and highly competent. I literally do not know what I would have done without your help, and I am hugely appreciative of everything you did for me and my parents. Whatever happens in the future I will always remember that when I most needed help you were there to provide it. Birmingham Council is lucky to have you and I am sure that there are many other residents with good reason to be grateful to you for your hard work and professionalism on their behalf. Thank you very much.

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.