

EARLY INTERVENTION MATTERS

🐦 @EARLYINTERV JANUARY 2022

○ OPAL+ AWARENESS DAYS FOR WMAS



Matt and Sanni (front left to r) briefing WMAS crews about OPAL+ and what it can offer

OPAL+ has launched a new campaign to help strengthen awareness of its service to West Midlands Ambulance Service (WMAS) crews. Over the next six weeks, OPAL+ team members are taking the opportunity to brief WMAS colleagues, who visit the Emergency Department at the Queen Elizabeth Hospital Birmingham (QE) during their shifts, about how the OPAL+ service can support them.

OPAL+ is a collaboration between the Older People's Assessment and Liaison (OPAL) team, based in the A&E department at the QE. With support from Birmingham's Early Intervention Community Team (EICT) and Solihull's Rapid Response Community Team, who both deliver Urgent Community Response Services, it provides virtual multi-disciplinary assessments in the patient's home and sets up wrap around care support to help keep that patient at home rather than be taken to hospital.

Sanni Aujla, OPAL+ Project Manager said: "Everybody working in health and social care continues to work hard to help people avoid unnecessary hospital admissions and keep them in their own home where they will recover more quickly.

"We thought it would be useful to remind our WMAS colleagues of what support OPAL+ can offer whilst they are still at home with the patient to help avoid an unnecessary journey to the hospital. This includes arranging urgent medications, such as pain killers, antibiotics and end of life care medications, to help support the patient to stay at home.

"I'd also like to say a big thank you to UHB's hospital charity too which is also supporting the campaign by providing essential chocolate supplies for when we chat to the crews!"

Anybody who wants to find out more about the OPAL+ referral service should contact sanni.aujla2@uhb.nhs.uk

HAPPY HOME FIRST FOR DENNIS

The success of the Early Intervention OPAL+ approach was reflected in a recent case which saw a 100-year-old gentleman be able to stay in his own home, which is where he wanted to be, rather than be admitted to hospital.

Dennis lived alone and was supported by daily carers. His daughter, Mrs B, visited him regularly. When he fell poorly in December, she rang 111 for help and was referred to the Solihull Rapid Response Community Team.

Dennis was visited the same day by the team who assessed that he had a possible water or chest infection. As per the OPAL+/community service approach, the community team contacted OPAL+ to agree the best course of care.

Following a multi-disciplinary assessment between the OPAL+ consultancy team at the Queen Elizabeth Hospital, the community team, Dennis and his daughter, it was agreed that he did not need to be taken to hospital. Instead, Dennis would be prescribed antibiotics and cared for by the Community Team over the next few days until he recovered.

Mrs B said: "I am in awe of the way that my dad's care plan seamlessly unfolded. The collaboration between different teams was amazing. Dad and I were fully involved at every step of the way starting with the assessment and dialogue between the community team and OPAL+ about keeping dad at home through to when the community team were visiting and their thoughts on how he was recovering.

"I wish I could bottle the seamless care and emotional approach we experienced. It would be priceless." Mrs B.

"The fact that he and I were part of all these discussions made a huge difference. We felt that people were properly listening to us, especially my dad who wanted to stay safe, secure and comfortable in his own home. Above all we were shown great humanity. I wish I could bottle the seamless care and emotional approach we experienced. It would be priceless.

"I shall be forever grateful to the teams involved, especially nurse Shamin Chughtai. Shamin (pictured below) was

phenomenal in so many ways. It was clear from the way she liaised with us and others in the team that she was 'on it' and 'knew her stuff'. I know that's not a very technical description but in layman's terms that just how it felt."

Sanni Aujla, Project Manager for OPAL+ added: "Pre-OPAL+, Dennis would have been admitted to hospital where, especially in Covid times, he may have acquired further infections and definite muscle loss.

"The arrival of OPAL+ and its aim to help avoid unnecessary hospital admissions has changed that. You can't beat the feeling of being involved at the front line and preventing somebody from being admitted to hospital when they don't want or need to be. Patients and their families are always relieved that care can be provided at home where families and friends can be to hand to help speed up recovery."



Pictured: Dennis and his granddaughter Laura and great grandson, Daniel.



EI COLLEAGUE APPOINTMENTS



Monday Sepo has been appointed as the Birmingham City Council Adult Social Care (BCC ASC) Head of Service (Operations and Partnerships) for the Early Intervention Community Team (EICT).

He assumes dual senior responsibility for the social work practice and operational service and workforce management of all EICT BCC staff - with full oversight of the continuous improvement of the service and the maintenance of its regulatory, legal and professional standards.

He will also manage the operational performance of its existing systems as strengthen the culture of continuous improvement.

Monday is one of the pioneer Locality Operational Managers of the EICT. He was previously based at the Ann Marie Howes Centre in Sheldon and was responsible for the East locality social work team, before taking up his new position. He will work alongside Bobby Chal, Head of EICT/SPA and IV services, to ensure effective delivery of community care services across Birmingham to meet the needs of the 1.1m population of the city.

Commenting on his new role, Monday said: "I am incredibly proud of what the EICT has achieved so far. We have received around 20,000 referrals since the new service launched in March 2020. This has helped thousands of people to avoid unnecessary hospital admissions, enabled others to return home from hospital sooner than they expected and reduce the level of care they need in the longer term – all achieved through our joint multi-disciplinary and multi-organisational new approach to the delivery of community health and social care in Birmingham.

"I look forward to working with the team to forge ahead in the ongoing development of the EICT service to deliver greater success for those we care for."



Josephine Payne has been appointed Early Intervention (EI) Project Officer to support the day-to-day management of the programme which aims to avoid unnecessary hospital admissions, avoid admissions into long term residential care and help people to be as independent as possible in their own surroundings.

Josephine joins from Solihull Metropolitan Borough Council (SMBC) where she was the Portfolio Support Officer for the Oracle Cloud Project and a number of other digital programmes.

Her role includes the development of the Early Intervention project plan, including key milestones and deliverables, whilst supporting all stakeholders to identify, escalate, mitigate and track its risks, issues and interdependencies.

Josephine said: "I am truly delighted to have been successful in securing such an exciting transformational role. I look forward to helping the EI team to deliver its vision for older people living in Birmingham to be as happy and healthy as possible, living independent lives in their own surroundings for as long as possible."

URGENT COMMUNITY RESPONSE ROLL OUT



Colleagues working in the Urgent Care Bureau as well as those taking part in the daily Virtual Ward rounds all form part of Birmingham's Urgent Community Response Services, being delivered by the Early Intervention Community Team.

The EICT continues to make significant progress in implementing the urgent community response service (UCR) two hour and two-day standards, set out in the NHS Long Term Plan.

The service accepted 58 referrals from 15 October until mid-December and only seven needed to be conveyed to hospital.

UCR is the national collective name for services that improve the quality and capacity of care for people through delivery of urgent, crisis response care within two-hours and/or reablement care responses within two-days.

These services play a critical part in avoiding unnecessary hospital admissions to and attendance at A&E, as well as maximising people's independence to remain at home for as long as possible. NHS England has confirmed that the standards must be implemented by 31 March 2022.

Referrals for EICT will typically be from primary care, NHS 111, A&E/same day emergency care, frailty assessment units, ambulance services, self-referral, carer referral or community-based health and social care (including care homes).

Two key workshops have already been held for colleagues to learn more about the progress in implementing the new standards. This includes recruitment, data capturing and improving operational systems and ways of working. The most frequent questions, together with answers, asked at the workshops are outlined on the next page.



Tina Jarrett and Amy Allen (pictured left) have been appointed staff ambassadors for the **Urgent Community Response** service.

If you have any queries please do not hesitate to get in touch with either member of staff:
tina.jarrett@nhs.net or amy.allen28@nhs.net

UCR - YOUR TOP QUESTIONS & ANSWERS



1. How does this service differ to what EICT is currently delivering?

EICT is already delivering an Urgent Community Response Service. The difference is that under the new national standards there has to be a delivery of UCR in two hours whereas before there was no time limit.

2. Will our job descriptions change?

No, job descriptions will not change because the core skills that are required to deliver UCR are the same.

3. What is a virtual ward?

A virtual ward is where you discuss daily, complex patients with a consultant, geriatrician or a GP who oversee patients on that case load and support a care management plan to meet their clinical concerns.

4. Can we make systems and processes more efficient?

The only way that this will be resolved will be when we have total mobility by using ipads. The timeline for this is three to six months but work has already commenced with some staff in EICT.

5. How are we ensuring that WMAS is aware of what we can offer?

We send regular communications to WMAS and every paramedic is now aware of UCR and its remit. We continue to work closely with WMAS to improve the collaboration.

6. Is staff side involved with these plans?

Staff side are all involved. BCHC CEO Richard Kirby and Chief Operating Officer, Chris Holt, discuss this work every week in the leadership brief. It is presented on the staff management forums and Bobby Chal has already held a number of workshops which will be continuing – dates to follow shortly.

7. How can we ensure that everybody is e-triaged correctly?

There will be some extra resource to ensure e-triage is carried out correctly by the shift lead?

8. Will GP's become more accessible as Covid cases reduce as this may reduce the pressure on WMAS?

The way that GP's have been working over the last two years has been different due to the vaccination programme but once this has been completed, they will be more accessible. The CCG is overseeing this.

o IHUB 'STAR OF THE WEEK'

Jo Robinson (pictured right), Discharge Facilitator at CU27 was recently nominated iHub Star of the Week.

The iHub Star of the Week initiative 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!"

Commenting on Jo's recommendation, Sue Gilbert, iHub Discharge Lead said: "Jo worked hard in December to help get patients home in time for Christmas.

"In doing so she dealt with a lot of patients with complex care needs that require good information and accuracy. She always demonstrates a strong commitment to getting the best outcomes for the person and their family, which is very much appreciated. I know the patients think so too!



Congratulations Jo 😊

o THANK YOU Ben Richards Twitter snapshot

Ben Richards, Lead for the Early Intervention (EI) Beds Workstream and Director of Adult and Specialist Rehabilitation at BCHC, was recently visiting Ann Marie Howes to chat to staff. He was handed a patient feedback form which we thought we would share. "It's always great to see positive feedback but even more impressive given the staff and service pressures currently being faced," said Ben.

Patient/service user Parent/carer Child/young person Professional partner

Please tell us which type of appointment you had today (please tick one):

Face to face	Telephone	Virtual	Other (please specify) <i>In patient.</i>
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Please tell us which team/service/location you accessed: *Intermediate Care.*

Thinking about the service you have visited today, please tell us overall how was your experience? (please circle your response below)

Very good
 Good
 Neither good nor poor
 Poor
 Very poor
 Don't know

Please tell us the reason for your choice above: *- Patient centred care, nothing too much trouble, everyone kind approach and helpful. Mum really began to recover when we got here - god bless, plenty of quality sleep-rest*

Is there anything we could do to improve the service? *remote for teddy missing but even in this, staff took care to find suitable books for me from the library - excellent! Great communication to family*

...made a real difference to your experience today

o 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.