

# Birmingham Older Peoples Programme

## Making Birmingham a great place to grow old in



### The Early Intervention Programme - Intermediate Care Community Pathways



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## PROGRAMME PRINCIPLES

### designed with front line staff and the public

- Our aim is to have one integrated model across our entire system.
- Our aim is to support a person's life not simply deliver a service.
- The person is at the centre of everything we do (with family and carer input valued).
- We need to make sure each person receives the right care, at the right time, in the right place, by the right professional, at the right cost.
- People should have to tell their story as few times as possible.
- Staff across organisations work together (co-locating where appropriate) to champion the 'home first' ethos.
- And the result of all this -more people will live more independently in later life.

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## WHAT WAS THE PROGRAMME?

The programme set out 5 components of a future Early Intervention Service, through engagement with senior health and social care practitioners in the Birmingham system:

- **OPAL:** A geriatrician lead multi-disciplinary team that ensures individuals presenting at the front door of the acute hospital get the most appropriate onward get
- **Hubs:** A multi-disciplinary team that work at the point of discharge from acute hospitals to ensure timely discharge on the most appropriate discharge pathway
- **EI Beds:** A single bedded intermediate care provision to support people to recover as much independence following a crisis as possible, ideally returning home
- **EI Community Team:** A single at home intermediate care offer that supports people to recover in their own homes and minimise the ongoing level of need an individual has and therefore the support they require
- **Mental Health Wards:** Specialist mental health provision to care for people experiencing an acute mental health episode

# Early Intervention – Outcomes of the Programme

## Data to 20<sup>th</sup> July 2020

### EARLY INTERVENTION SYSTEM IMPACT (22/07/20)

 <p><u>Getting more people home</u></p>	<p>In the old world, if someone interacted with an EI component, there was a 65% likelihood of going home</p> <p><b><u>Now, there's a 63% likelihood of going home</u></b></p> <p><i>To get more people home, we should look first at OPAL as that's where most people aren't going home at the moment</i></p> <p><i>If we want to improve further, we should then look at Hubs</i></p>	
<p>EI components today mean we need to use</p> <p><u>Our biggest area of success has been with the Hub teams!</u></p>	<p><b>77000 fewer acute bed days than we used to</b></p> <p><b>This is better than the diagnostic predicted!</b></p> <p><i>To use fewer acute bed days, we should first look to make further improvements with the OPAL teams</i></p> <p><i>To make even more improvements, we should work with Juniper teams</i></p>	 <p><u>Using fewer acute bed days</u></p>
 <p><u>Using fewer non-acute bed days</u></p>	<p>Compared to the old world, the Birmingham system is using <b>19000 fewer non-acute bed days</b></p> <p><b>Reduced admissions means 1300 fewer days are needed</b></p> <p><b>Shorter length of stay means 17300 fewer days are needed</b></p> <p><i>To reduce our use of non-acute bed days, we need to focus on reducing admissions to EI Beds from our Hubs</i></p>	
<p>Across all EI components, people spend</p> <p><u>Our biggest area of success has been with the EI Community teams, taking 20.7 days off the baseline length of stay!</u></p> <p><i>To help people move through the system quicker, we should first look to the EI Bed teams</i></p>	<p><b>11.5 fewer days in the system</b></p> <p><b>This is better than the diagnostic predicted!</b></p> <p><i>To make even more of an impact, we should look at the Hub teams</i></p>	 <p><u>Reducing system length of stay</u></p>
 <p><u>Making a positive financial impact</u></p>	<p>Our new EI services are having an impact of <b>£25.8million saved for Birmingham</b></p> <p><u>Our biggest area of success has been with the Hub teams, with a £14.3m run rate financial benefit!</u></p> <p><i>To have a bigger financial impact, we should look at the our EICT volumes, as this has a value of £9.1million</i></p> <p><i>The next area of priority would be our OPAL teams, as this has a value of £3.6million</i></p>	<p>The diagnostic indicates we could achieve <b>further financial benefits of £7.8million</b></p>

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## Staff Perspectives in EI

From staff event in December 2019

- *“This is great for the older population of Birmingham and feels like patients are being given a voice”*
- *“There is a level of MDT and cross organisational working that wasn’t there before”*
- *“What we’ve got to work on now is sustainability... and keeping everyone motivated”*

# Staff Perspectives in EICT

Rolled out across 5 localities in April 2020 during the pandemic – surveyed 2-3 months later

## Headlines

### Summary

- People are generally feeling engaged with the concept and potential benefits of EICT, although some practical and process challenges are impacting on overall engagement levels
- Team cohesion is improving and people feel they are starting to work together well, but still need greater understanding of different roles & disciplines
- There are some practical skill and knowledge gaps (systems and processes in particular) and people feel a more robust induction would be beneficial

### Skills & knowledge

- There are still some gaps for the teams in their understanding of key processes and systems but some work is happening to address these areas (e.g. Rio training)
- There are some mindset / behavioural gaps which may also need some focus
- People have found practical training and peer and manager support have been most useful for them so far

### Engagement

- The large majority of people are engaged with the potential benefits of the EICT, but some practical challenges are impacting on overall engagement levels (e.g. people working in different places)
- Generally people feel part of the team and positive about the possibilities of EICT
- However, a number of people feel unclear on their own roles and responsibilities as well as those of others which is impacting on their engagement and motivation; and volume and duplication of paperwork is also impacting on this quite consistently

### Team cohesion & ways of working

- Overall people feel the teams are starting to work in a well integrated way despite the challenges of COVID
- There is more work to do to make sure people get to know each other, and really understand each others' roles and expertise
- Most of the key ways of working are starting to be at least partly demonstrated across the teams but more work is needed to fully embed these

# Citizen Satisfaction with Changes

Review Supported by Healthwatch

Feedback for EICT

## PATIENT FEEDBACK

*We asked patients on our service if they'd recommend EICT to friends and family, should they need similar care or treatment...*

**everyone**  
*said 'yes'!*

Strictly Private and Confidential



## What did patients and their families say?

*"I don't know what I would do without your help"*

*"Very friendly, very helpful, dealt with all issues properly and respectfully"*

*"All the team are very professional, respectful, kind and extremely caring"*

*"Just keep doing what you're doing"*

*"All the team have made a big difference"*

*"All the people that come to see me are great"*

## STORY OF DIFFERENCE

- citizen's name changed

*“Sam pulled her pendant alarm after a fall. The ambulance crew came to see her and immediately phoned “Ask OPAL” for a remote consultation as they believed Sam needed to be admitted. After speaking with the OPAL team at QE, Sam actually stayed at home and was referred to the EICT instead.*

*Sam was seen by a nurse from the EICT and had an initial assessment that outlined some care requirements and a recovery plan. This included realising that Sam had not been taking her medication – an important part of keeping her safe and well at home.*

*The nurse noticed that Sam had mobility issues, so the EICT, the nurse was able to bring in a physiotherapist to work with Sam as well to help her improve her mobility and her ongoing independence.*

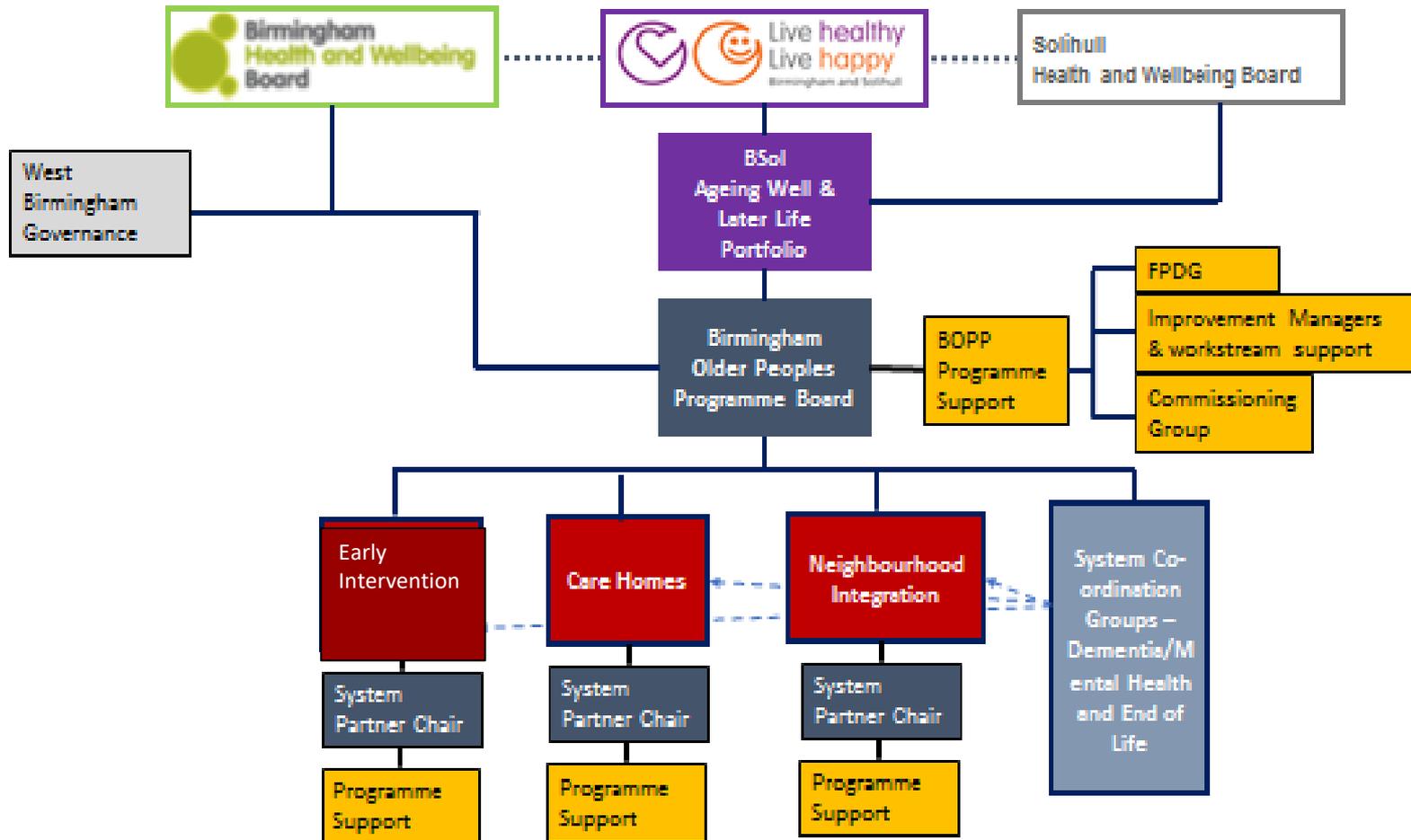
*After two weeks of intensive support, Sam was discharged from the EICT fully independent and on her medication meaning she's much more confident on an ongoing basis.”*



# THE NEW EARLY INTERVENTION PROGRAMME

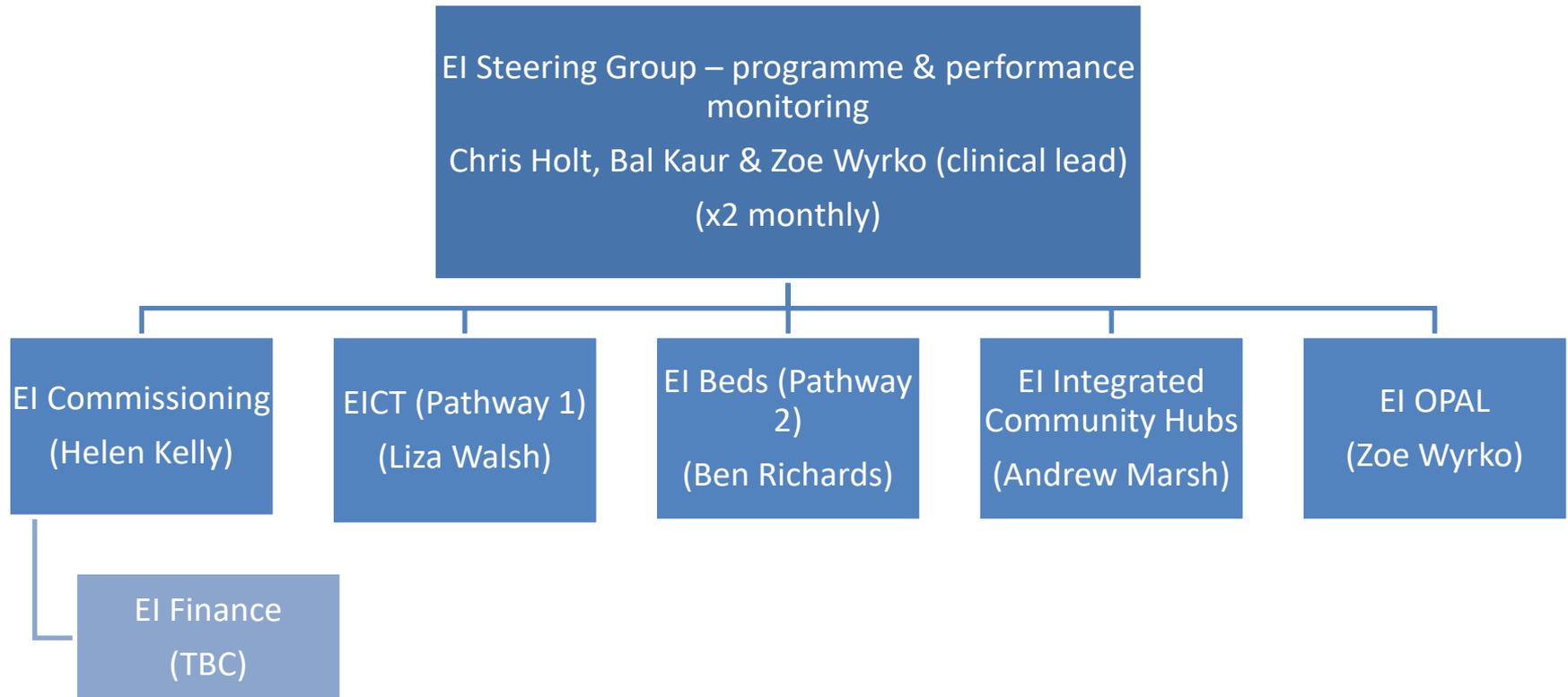
## BIRMINGHAM OLDER PEOPLES PROGRAMME GOVERNANCE

### Revised Governance



# EARLY INTERVENTION PHASE 2 PROGRAMME GOVERNANCE

## Meeting Structure



# EARLY INTERVENTION PHASE 2

## - PRIORITY DELIVERABLES

1.	Interim Commissioning Framework
2.	Performance oversight and sustainability of phase 1 components
3.	EI hub workforce stabilisation and local policy/process agreements
4.	Confirming and establishing winter bed base
5.	EICT sustainable workforce
6.	EI medical model and technology
7.	Stabilise links with EOL and mental health

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## EARLY INTERVENTION PHASE 2

- PROGRAMME FOCUS FOR 6 MONTHS

- To prepare for winter and COVID
- To deliver over winter together as a partnership
- To continue to protect the workforce and deliver better outcomes for citizens
- Building upon the experience and progress we have made in working together to further improve:
  - The number of people who avoid a hospital admission if they can be better cared for elsewhere
  - The number of people cared for at home
  - The length of stay in hospital (acute and community based) for those who need a stay
  - The number of citizens who are more independent at the end of an intervention and ideally remain at home as part of their communities