Eastern HIU High Flow Report: February 2025

1. Highlights

Headlines

- The Eastern High Flow team currently consists of:

  - 1 WTE a Project Co-ordinator who also carries a 0.6 equivalent case load,
  - 3 x 0.6 WTE HIU Caseworkers.

  One of the 0.6 WTE caseworkers will be increasing to full time from 1st April which will mean the service will have an overall caseworker capacity of **2.8 WTE**.

  We will still have a vacancy for a 0.4 WTE Caseworker.

  The newly formed team spent the first 2 weeks in January completing mandatory training, learning the data recording processes and taking part in some initial training from Rhian Monteith (NHSE HIU Lead) so effectively started working with cases from 20/01/25.

- The team are currently actively supporting **21 clients.**

- We are **on target** for the number of clients we are supporting.
  (The target number of clients for a year for a FT caseworker is 50. The equivalent for a 0.6 worker is 30. 7.5 per quarter, 2.5 per month)

- We have not been active long enough to provide any reduction figures but in the previous 12 months to the start dates these 21 people have:

  - *Attended A&E **344** times*
  - *With **74** subsequent non-elective admissions*
  - *And **143** ambulance convoys*

  - At a cost to the NHS of **£434,695**

  RDUH 2023/2024 cost references as follows:

  *Average cost of an emergency admission: **£3717***
  *Average cost of an attendance to ED **£240***
  *Average cost of an ambulance conveyance **£539***

2. Data

2.1 Monthly Data Points:

Metric	Q1	Q2	Q3	Q4	YTD
New Clients Supported in Period	9				**9**
Clients Ending Support	0				**0**
Clients Supported in Period	21				**21**
Closed cases due to disengagement	2				**2**
Number of contacts/interventions with clients	196				**196**
Number of wider beneficiaries	0				**0**
Activity Reduction Cohort	-				**-**
Improved Wellbeing at End of Support	0				**0**
Completed At Least One Goal at End of Support	0				**0**
Case concluded successfully	-				**-**
Clients who declined	-				**-**
Closed cases (other reasons, i.e. moving out of area)	0				**0**
Closed cases due to death	0				**0**

2.2 Patient Usage Data Prior to Support Commencing:

Metric	YTD
Previous 3 Month Activity for Clients Supported in Period: ED Attendances (excluding ambulance conveyances)	**126**
Previous 3 Month Activity for Clients Supported in Period: Emergency Admissions	**28**
Previous 3 Month Activity for Clients Supported in Period: Ambulance Conveyances	**44**
Previous 12 Month Activity for Clients Supported in Period: ED Attendances (excluding ambulance conveyances)	**344**
Previous 12 Month Activity for Clients Supported in Period: Emergency Admissions	**74**
Previous 12 Month Activity for Clients Supported in Period: Ambulance Conveyances	**143**

2.3 Activity Reduction Following Support:

We cannot report on these figures yet as we have not been active for 3 months.

Metric	YTD
Emergency admissions 3 months before support started vs 3 months from start date of support (NHSE KPI 40%)	
ED attendances 3 months before support started vs 3 months from start date of support (NHSE KPI 40%)	
Ambulance conveyances 3 months before support vs 3 months from the start of support (NHSE KPI 40%)	

2.4 Process KPIs:

Metric	Feb - 25	Q1	Q2	Q3	Q4	YTD
Valid Entry WEMWBS						22.2%
Valid Exit WEMWBS						-
Valid Entry Loneliness						11.1%
Valid Exit Loneliness						-

2.5 Support Provided to Clients:

Metric	Q1	Q2	Q3	Q4	YTD
Caseworker research undertaken to find solutions for clients	16				**16**
Caseworker support to meet aspirations	16				**16**
Caseworker support with Form filling	1				**1**
Continued ongoing contacts with professionals (total number of separate contacts)	105				**105**
One-to-one work with clients (per client) number of individual one to one interactions with client	176				**176**
Caseworker support with IT incl. virtual meetings, emails etc	4				**4**
Team Around the Person meeting conducted	3				**3**
Client Involved in coproduction work (total number of separate contacts)	1				**1**

3. Emerging Needs and Barriers

3.1 Emerging patterns of need identified by HIU case workers:

- Mental Health
- Neurodiversity
- Addiction
- Housing

Housing issues have been a consistent theme in the clients we have supported so far, requiring case workers to support with a wide range of needs and communication with a number of other agencies.

One case was living in such poor conditions that environmental heath were contacted and have actually placed a prohibition order on the property so the landlord cannot rent it out again. This client had been living in the bedsit for 7 years and was reluctant to move to the unknown – they are now receiving support from the council and are looking at other accommodation as well as being registered with Devon Home Choice.

Another case, a neuro diverse client, had been found not to be in priority need, this was challenged by the case worker and he is now in temporary accommodation with referrals into supported accommodation – also made by the caseworker.

3.2 Identified barriers/challenges to effective outcomes identified by HIU case workers:

The caseworkers have identified neuro diversity as a theme with a number of clients. This often results in clients not properly understanding information they have been given and as a result reacting inappropriately and becoming anxious, stressed and unable to cope. With one client it has been identified that he is attending A&E as part of a pattern of rote behaviour and habit, he has been unable to change this sequence of events as he finds it difficult to manage change. The case worker has been helping him to consider alternatives by using picture cards to help him work though his thoughts and options.

Addiction, particularly alcohol use, is creating barriers to clients carrying out tasks, attending appointments and making change. If these clients do get to appointments, they are often not sober enough to be seen or forget the conversations they have had and information they have been given. They are also often excluded from mental health support until they can manage their alcohol use.

Access to mental health is often not possible for those using drugs or alcohol and they find themselves in a catch 22 situation of being told they cannot access support while they are using, yet being in need of the intervention in order to stop. We have an excellent provision of the Moorings at Wonford in Exeter, however we have found that a visit there can trigger a follow on to A&E so we are exploring this with the team there.

Housing as mentioned above, is frequently a source of anxiety. Worrying about eviction, being homeless or vulnerably housed or in unsuitable accommodation is adding to physical and mental health concerns.

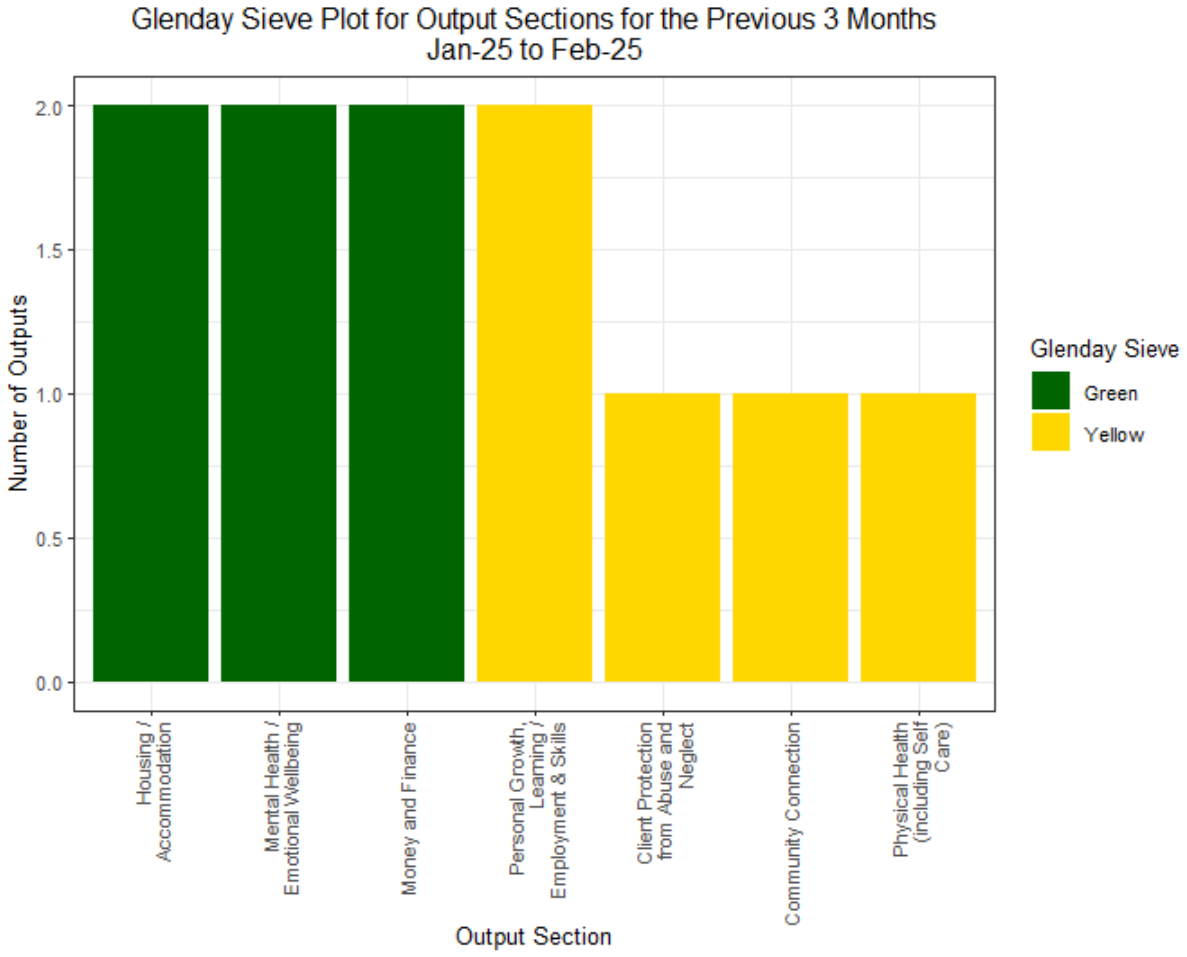
Difficulties in project recruitment and data sharing agreements have also caused some delay in the Exeter team being able to start. We still have some capacity to fill within the team but one of the part time staff will be increasing to full time once their commitment to another Colab project concludes on 31st March. The data sharing agreements took longer to process than we imagined and obtaining NHS email addresses so we could have the A&E data shared added to the delay.

4. Outputs and Outcomes

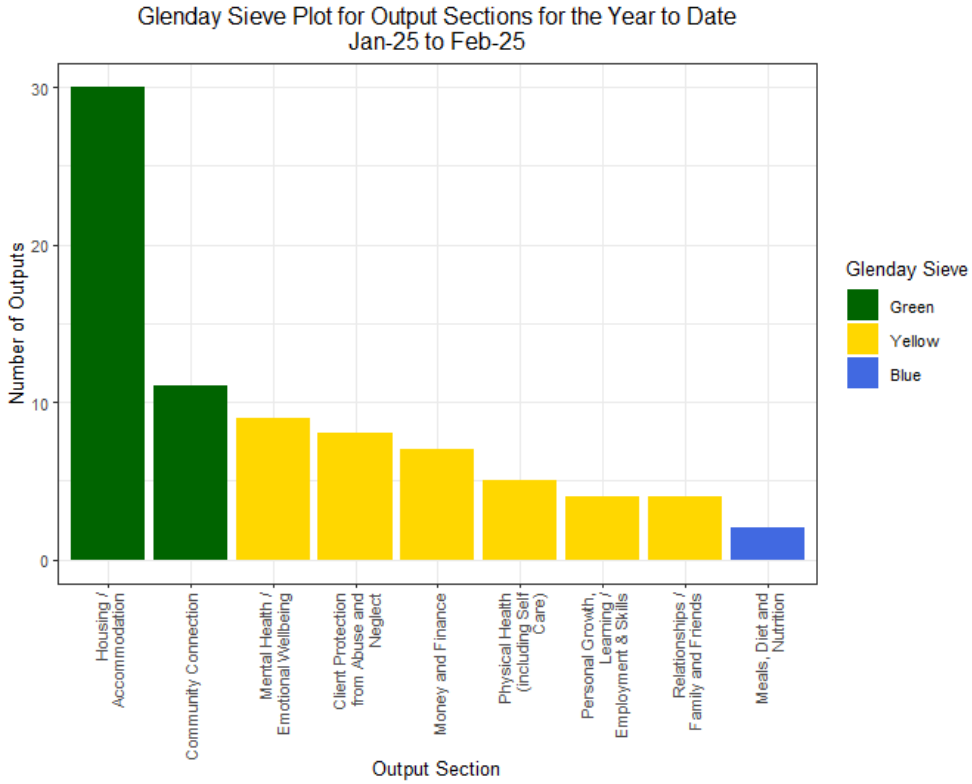
4.2 Outputs and Outcomes: Glenday Sieve Tables:

Below are table summaries of the needs areas we have encountered and the subsequent outcomes for patients.

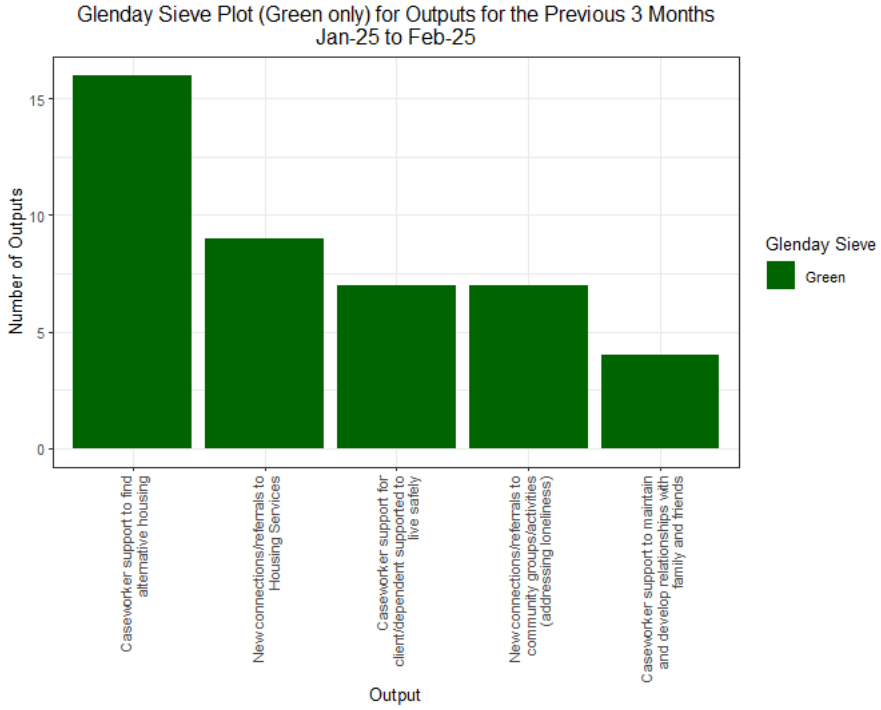
4.2.1 Outputs: Sections - Previous 3 months



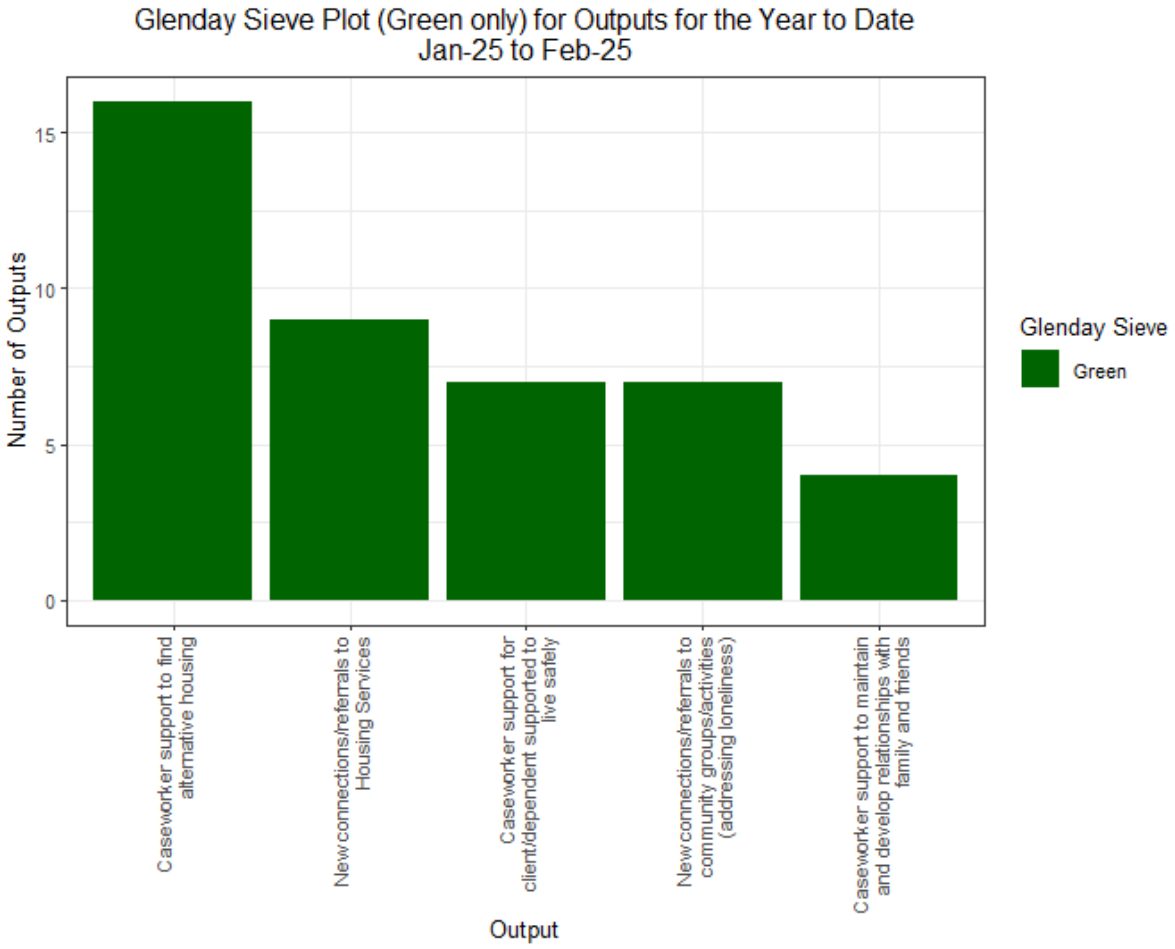
4.2.2 Outputs: Sections - Year to Date



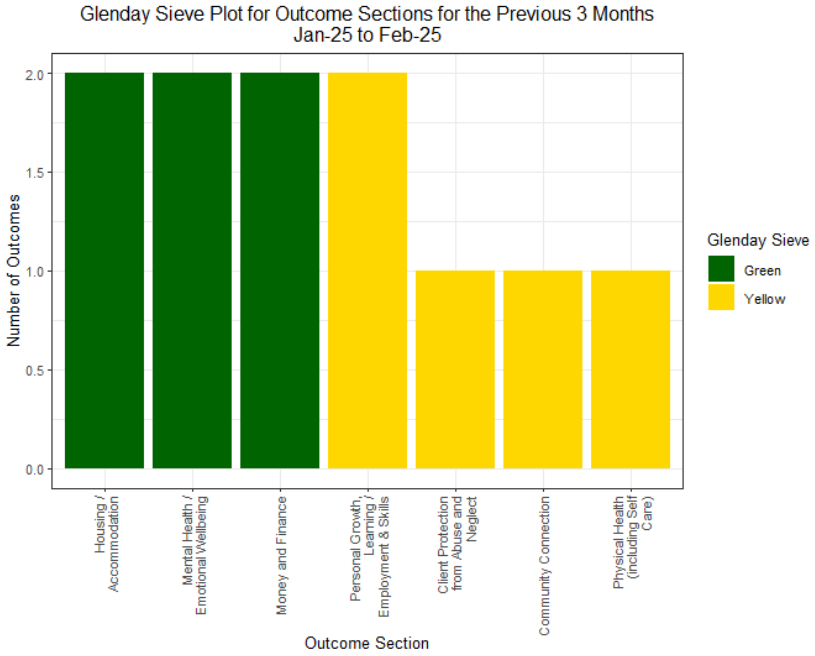
4.2.3 Outputs: Sections and Outputs - Previous 3 months



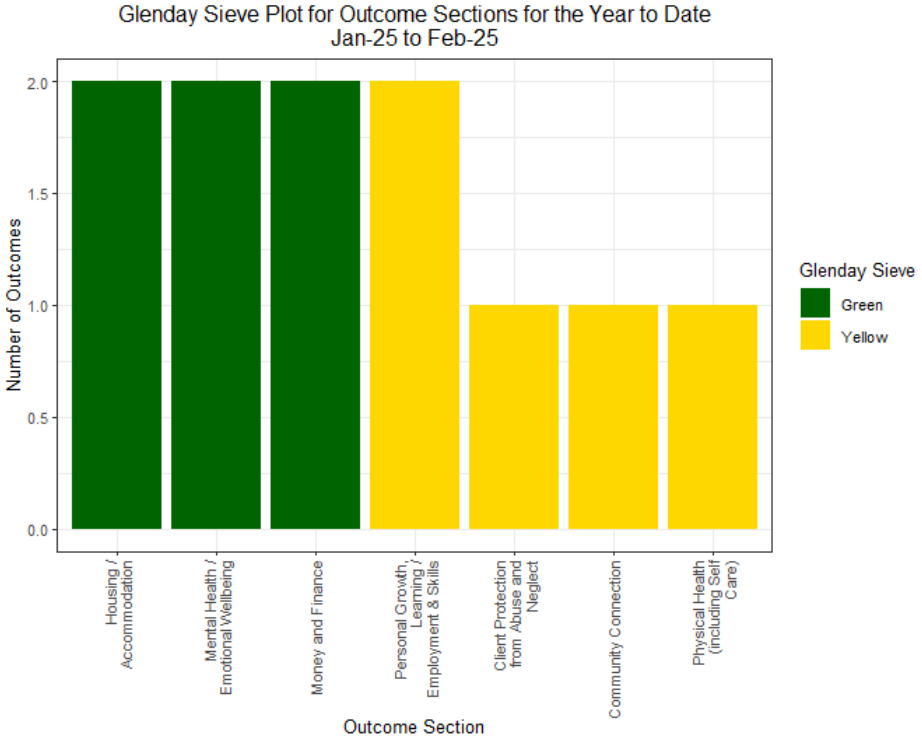
4.2.4 Outputs: Sections and Outputs - Year to Date



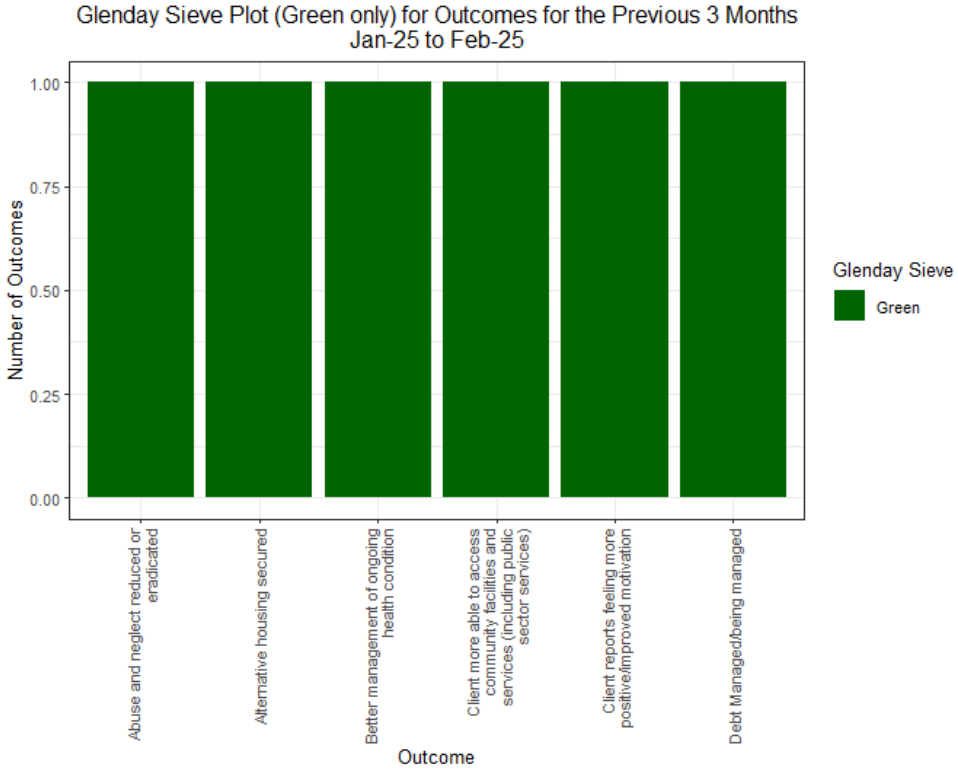
4.2.5 Outcomes: Sections - Previous 3 months



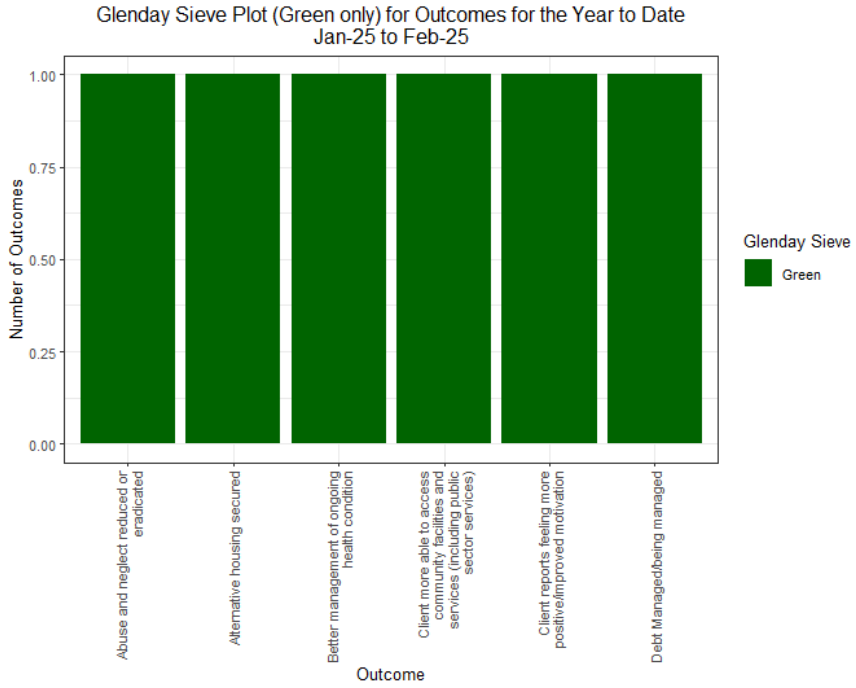
4.2.6 Outcomes: Sections - Year to Date



4.2.7 Outcomes: Sections and Outcomes - Previous 3 months



4.2.8 Outcomes: Sections and Outcomes - Year to Date



5. Case Study

5.1. Case Study

Attendance at A&E prior to engagement= 16 times in previous 3 months

The challenge:

Several years ago at the beginning of her trans journey, Katie had spoken to a professional who said that she should be wearing a skirt and high heels. which she felt implied that no one would help her if she didn't dress this way. This comment really damaged her confidence, and she shut herself away. Her psoriasis spread over her body, her mental health deteriorated and she couldn't work. She hasn't worked for 17 years and does not feel understood by her family or accepted by society.

The plan:

To discover her interests

To invite her to meet at a place that would support those interests

To link her with women's groups and the charity Intercom.

To address the concerns she has with the mould in her flat.

To help her to engage with small mixed gender groups where she can experience acceptance and inclusion without judgement or prejudice.

The outcome:

Katie has not attended A&E once in the past 3 months.

She is beginning to find joy in engaging with others.

She regularly attends a games night at Intercom.

She is thinking about wearing brighter colours and while still experiencing anxiety when she comes to a group when she begins to relax and engage, and her skin becomes less inflamed.

6. Feedback

6.1 Feedback from clients – with still being in the first quarter of the project we have not sought any specific feedback as yet, but generally clients are accepting and enjoying the support and are looking forward to meeting with their caseworkers and making progress.

6.2 Feedback from professionals and staff – the case workers are all thoroughly enjoying the work, they are finding being able to work flexibly and responsively to clients without a fixed agenda allows them to explore all options, challenge and think about different and individual approaches.

The team are also making a wide range of new contacts with other agencies, such as housing providers, mental health teams and are using the diversity of services within Colab to their full advantage.