Community Innovator Award

Recognising services who have developed new ways of working to better meet the needs of the communities they support

Care Home Enhanced Rapid Response Service (CHERRS)

Jane Seaton, ELM Alliance GP federation nominated CHERRS for their work in 2022 around an Influenza A outbreak in one of the care homes. The team attended each of the 8 care homes in a timely, flexible manner to ensure rapid assessment and treatment residents within 24 hours, within 48 hours for exposed to the virus, and support staff, residents, and their families, liaising with GP surgeries, OOH services, local pharmacies

The team were extremely flexible in their approach to limit further risk, starting early, finishing late and working on rest days to ensure all at risk patients had been seen, assessed and treated appropriately.

They also ensured through attending the care homes and supporting staff that the residents were not disturbed, and staff were able to carry out their regular tasks and roles to ensure the excellent standards of care were delivered to all residents.

Through timely intervention, flexible approach and education of staff, the team prevented further community transmissions at a time when there was already a Strep A outbreak and community services where under extreme pressure. Discussions are underway about the approach being adopted by ICB Tees Valley Place, identifying this model as the go to service in the case of Influenza outbreaks within care homes, and hopefully will be added to the Public Health Redcar and Middlesbrough Outbreak Management Plan

Community Care Navigators - Tees Esk & Wear Valleys (TEWV) NHS Trust

The community navigator role was developed to support individuals reaching the right services and connecting people back into the community. Maxine Crutwell, TEWV nominated the team of 11 community navigators who work across the Tees Valley for making a significant difference to patient journeys.
Community navigators are led by patient need and take a flexible approach to engage within local communities. There are many examples of the work that has helped individuals including liaising with services for transfer of care, such as

social care and drug and alcohol services. These patients would not have sought the support of these other services without a person to liaise on their behalf.

Community Transformation is teaching us about the wealth of services within each of the localities we serve and how we can join hands to deliver care and support for both our patients and carers across the system. Navigators are crucial to the work we deliver. Patients do not need to fit criteria- we fit theirs or find them the right care and place that can. This would not be possible without these roles.

South Tees Falls Steering Group

Kathryn Hodgson from the South Tees Falls Steering Group nominated this team for its commitment and passionate in collaboratively working together to improve falls pathways across South Tees; continually reviewing the strategy to ensure the needs of older people across South Tees are met. This includes discussing staff training in different organisations, additional training needs to support exercise prescription.

Physical activity is an important part of falls prevention and the team have excellent commitment from Tees Valley Sport/ Public Health and You've Got This who ensure falls are considered and included within their programmes. The next step is looking at how we get more older people active.

South Tees is in a strong position, thanks to this group, to support older people to reduce their risk of falls. Older people are being asked about falls and offered advice and support. The strategy is currently being revised with the hope of moving this work forward across community, inpatient and care home settings and making activity a priority.

Specialist Physical Activity Team – Middlesbrough Borough Council

The team has been nominated by John Stephenson, Public Health South Tees launched the new service following the pandemic and sees referrals coming in from any Health Care provider and focuses on three main offers.

Clients are offered a range of physical activities that may improve their circumstances with a person-centred approach, individual goals are set up to support a positive outcome over the 12 weeks. Prior to discharge an exit plan is created identifying suitable community-based activities. By working collaboratively clients are passed to external providers to ensure continuity, and reduced costs to all clients who take up offers through the team.

An additional programme focusing on long Covid and "Waiting Well " offer in conjunction with Impact, allowing people on waiting list for Mental Health service free access to gym and lifestyle support sessions.

Feedback suggests clients feel involved in the service and are happy to speak up, many are grateful for the confidence to progress and continue with their healthier and happier lifestyles.
As a service we are constantly wanting to change and develop.