INTERMEDIATE CARE – THE 'MISSING LINK'

Health Inclusion Team, Three Boroughs Primary Health Care

Samantha Dorney-Smith (Joint Service Lead)

Intermediate care

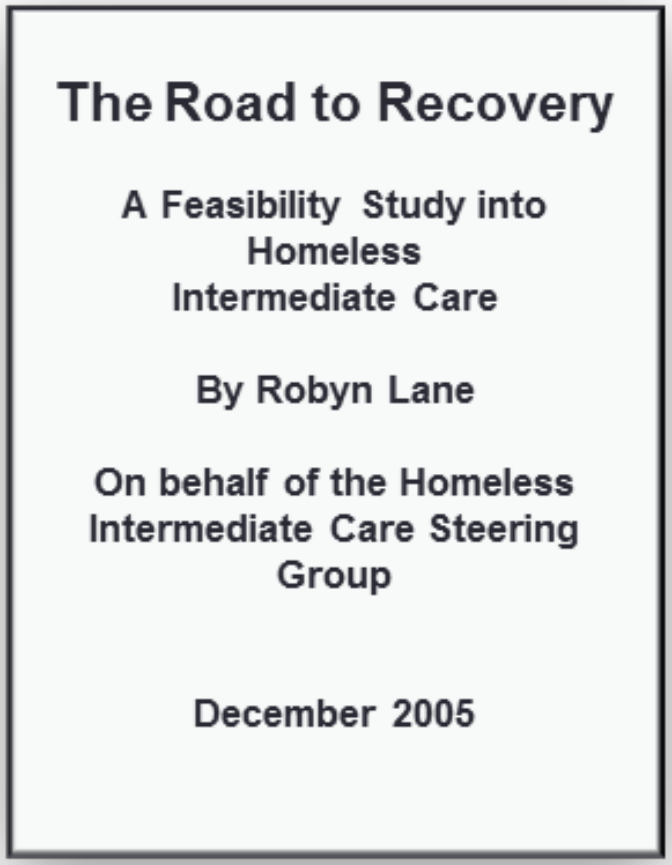
- **Bridges the gap between primary and secondary care**

- **Aims – to support timely discharge from hospital, to promote faster recovery from illness, to prevent unnecessary acute hospital admissions, and to maximize independent living (DH, Feb 2008)**

Homeless barriers to mainstream intermediate care

- Self-discharge / sudden discharge
- Absence of a 'home'
- Misunderstandings about hostel care
- Lack of move-on plan
- Services designed for older adults
- Professionals not equipped with relevant skill set / capabilities to manage substance misuse / mental health / chaos / concordance issues / different chronic diseases / difficult behaviour

‘The Road to Recovery’, 2005


The Road to Recovery

A Feasibility Study into Homeless Intermediate Care

By Robyn Lane

On behalf of the Homeless Intermediate Care Steering Group

December 2005

NHS

Lambeth Community Health

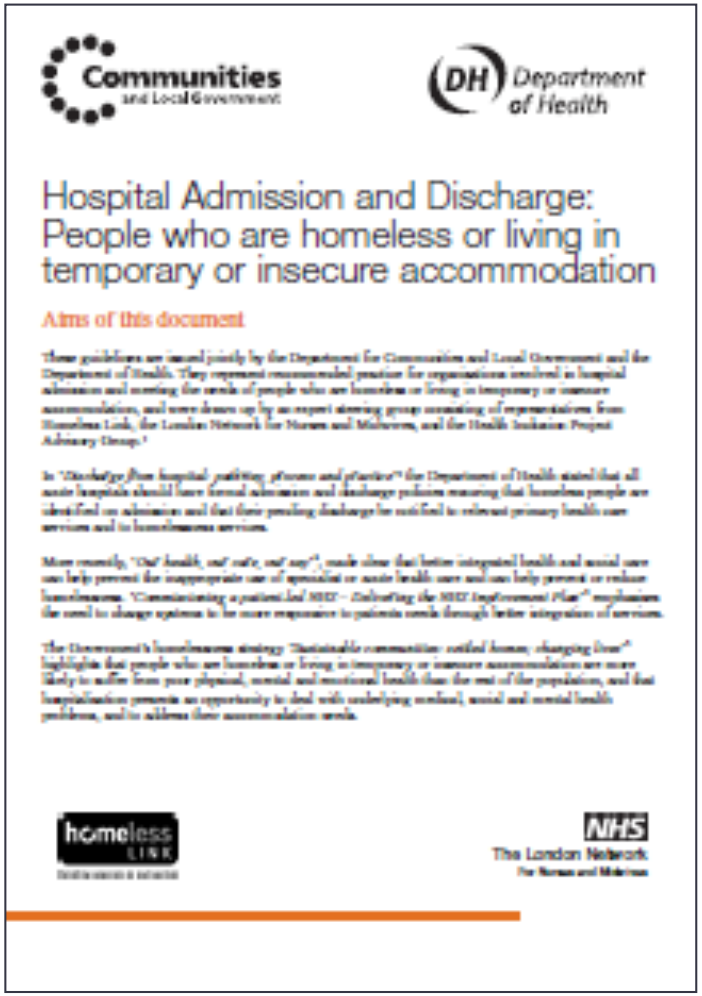
St Mungo's
Opening doors for London's homeless

Guy's & St Thomas' Charity

homeless link

Lambeth

Homeless discharge guidance, 2006



Communities and Local Government

DH Department of Health

Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation

Aims of this document

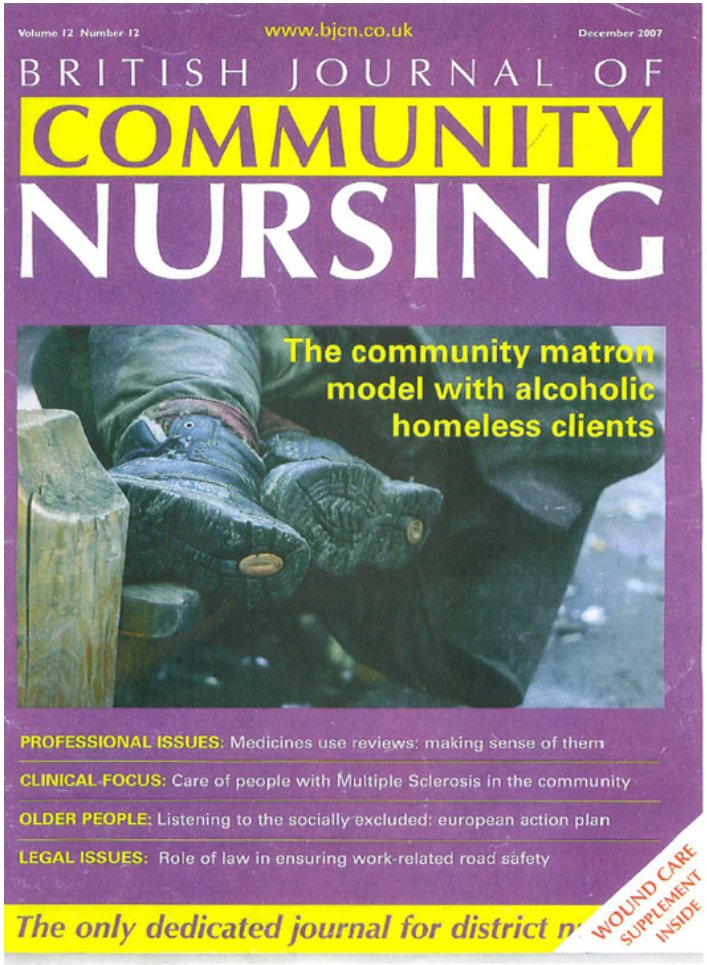
homeless LINK

NHS The London Network for Nurses and Midwives

NHS

The London Network
for nurses and midwives

Piloting the Community Matron model, BJCN Nov 2007

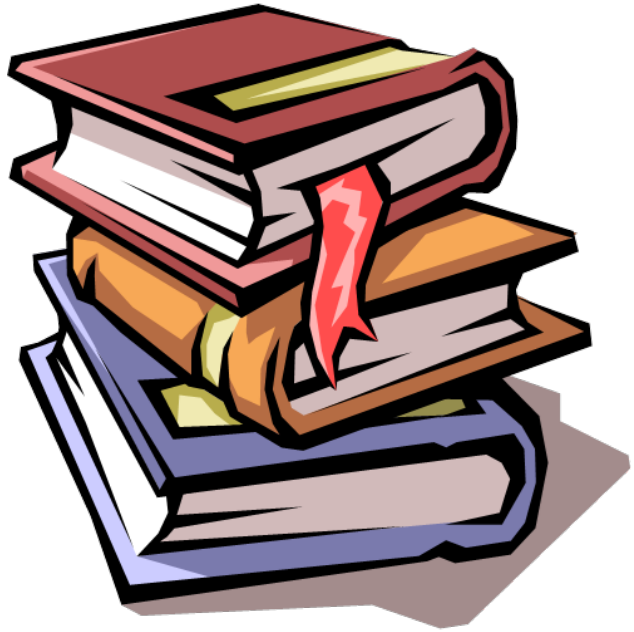


- **Reduction in secondary care usage BUT…**
- **Problems finding housing alternatives**
- **Slow response times from Social Services, rehabilitation professionals in absence of integrated model**
- **Inadequate mental health provision**

Systematic Review, 2007

- 2368 articles identified, 88 included, 84% from USA

- Long term consistent engagement needed
- Client led goals, contract based approach
- Multiple outcome measures
- Dyadic case management
- Team decisions
- Expert, regular supervision
- High risk of burn out
- Outreach OPAs
- Link systems to A&E



Nurse-led homeless intermediate care:

an economic evaluation
BJN, 13 Oct 2011

'The garden shed where lives are being saved'
The Guardian, December 2009

Admissions down 77%
A&E visits down 52%
OPA DNAs down 22%

BJN
British Journal of Nursing
The only fortnightly journal for professional nurses

HOSTEL COMPARISON DATA 2008-2009	Number of inpatient episodes (no day)		Number of A&E visits recorded	
	Monthly average 2008	Monthly average over first 8.5 months of 2009	Monthly average 2008	Monthly average over first 8.5 months of 2009
St. Mungo's Cedars Road Hostel	10.08	↓ 2.33	8.42	↓ 4
Thamesreach Graham House Hostel	5.17	↑ 6.12	0.42	↑ 0.78
St. Mungo's Grange Road Hostel	0.08	↑ 0.12	0.58	↑ 0.89
St. Mungo's Great Guildford Street Hostel	0.67	↓ 0.47	8.92	↑ 13.11
Thamesreach Stamford Street Hostel	1.58	↑ 1.76	2.92	↑ 3.67

Nursing Standard Community Nursing Award Winner, 2011

Nursing Standard Nurse Awards 2011

What we learnt…

THEN

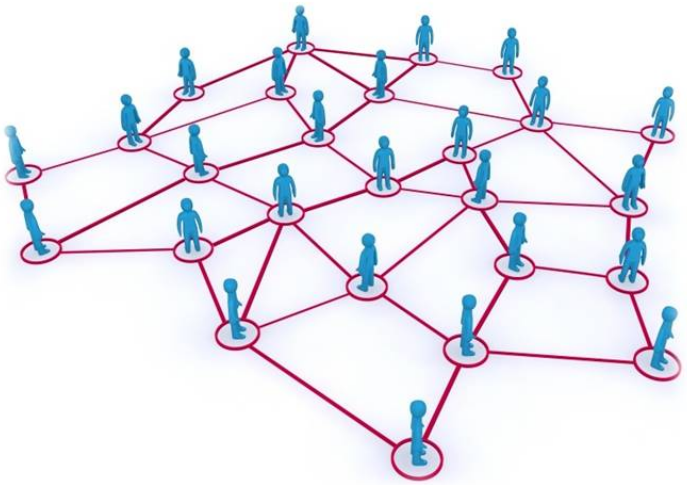
- Escorting / clinical advocacy is key
- Hospital discharge still a problem
- Appropriate post-detox housing still a problem
- Meaningful activity is needed
- Out of Hours cover needed

NOW

- Environment is key
- Partnership with agency / planning is key
- Chaos is being distilled – ‘quick wins’ less common
- Mental heath support still lacking
- Partnership with A&E is key

Who else is out there?

- **Jane Morton / Brighter Futures – Stoke on Trent**
- **Jane Gray / Dawn Centre – Leicester**
- **Stephen Davies / ECHG – Westminster**
- **You?**




WHAT'S
NEXT
?

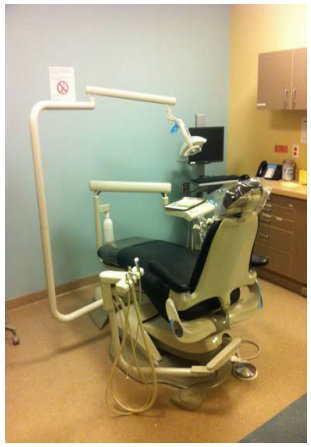
KHP homeless attendance data, 2011

	A&E attendances	Hospital admissions	Cost
GSTT	4923	1379	£5,623,810
KCH	718	240	£947,289
SLAM		148	£2,670,553

Medical respite in South London?

MEDICAL RESPITE
ENVIRONMENT

Planning Tensions in the *Design* of a new Model of Care



Staff Observation
Clinical control
Infection control
Safety
Necessary noise
Clinical space
Health & safety

Patient Privacy
Non-clinical environment
Therapeutic comfort
Personal control
Quiet and peace
Personal space
Patient comforts

MEDICAL RESPITE
LOCATION

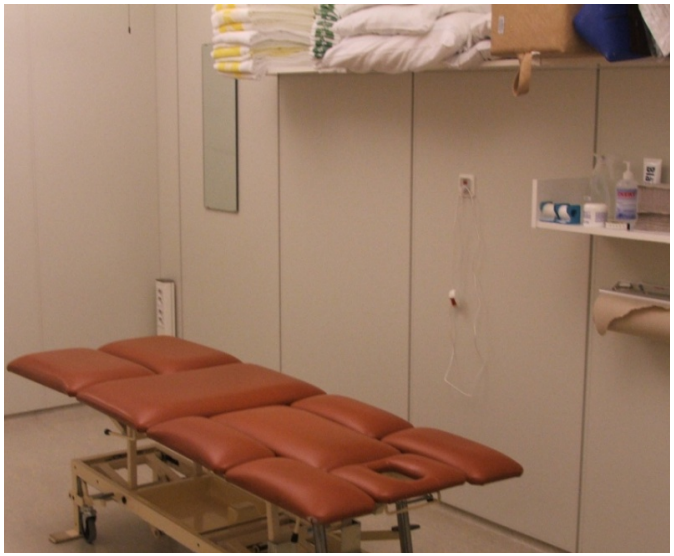
Emergency referral
Medical staffing
Academic Medical
NHS Funding
Equipment
Community

Planning Tensions in the *Location* of a new Model of Care

Emergency proximity
Local Authority response
Recuperative
Ownership
Duplication of resource
Homelessness

MEDICAL RESPITE *SPACE*

Planning Tensions in the *Fit-Out* of a new Model of Care



Standardised	Bespoke
Fixed	Mobile
Fit-Out	New-Build
NHS Specifications	Non-NHS Qualities
Delivery	Availability of space
Integrated	Separated

UCL