INTERMEDIATE CARE - THE 'MISSING LINK'

Health Inclusion Team,
Three Boroughs Primary Health Care

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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



Lambeth Community Health









Homeless discharge guidance, 2006





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

Aims of this document

These guidelines are insued jointly by the Department for Communities and Loud Communities and Loud Communities and the Department of Health. They represent recommended position for organizations conduct in longistal administration and meeting the metals of properly on one boundary or foreign in temporary or communitation, and were drawn up by an expert attenting group consisting of expressionistics. From Hamiltonian Look, the London Network for Norman and Malmores, and the Health Institutes Project Administration (Pages).

In "Discharge from hospital partiting process and practice" for Department of Health stated that all matter benefits about the new terms of animation and discharge policies remarking that hospitals are proportion and interfered and characteristic and the state of the processing discharge by matter to relevant primary health one processing and to be understood as receiving and to be understood as received.

More recently, "Out health, not note, not says", made alone that better integrated health and model over one help prevent the inappropriate use of approximate a mate health over and one help prevent or reduce homelessorms. "Commissioning a patient had MSE- Collecting the MSE implementations of the contract Plan" emphasions the small to always explanate to be more expansion to patients usuals through better integration of an evine.

The Communicate Immediates as strong Taxinizable communities satisful forms, charging lives a highlights that people who are homeless or loving in temporary or immers assumedation are more likely to softly from your physical, model and continual health than the cost of the population, and that homelessing processing an opporation of the population and the building model of a physical continual health problems, and to a physical their assumedation process.



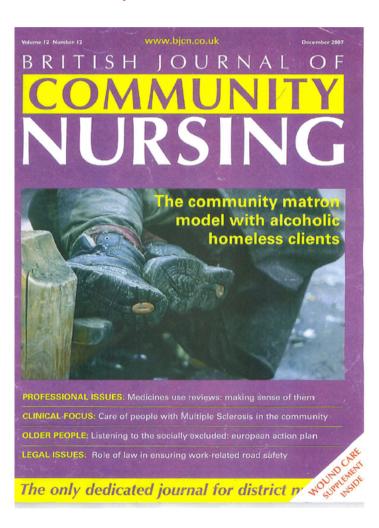




The London Network for nurses and midwives



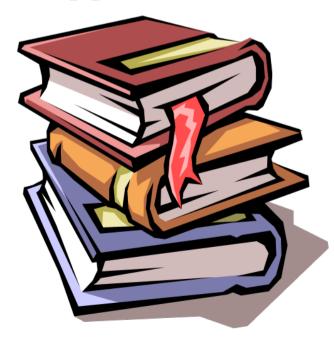
Piloting the Community Matron model, BJCN Nov 2007



- 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%





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





What we learnt...

THEN

- Escorting / clinical advocacy is key
- Hospital discharge still a problem
- Appropriate postdetox 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 withA&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?



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





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

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





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









Standardised Bespoke

Fixed Mobile

Fit-Out New-Build

NHS Specifications Non-NHS Qualities

Delivery Availability of space

Integrated Separated

