Bradford Respite & Intermediate Care Support Service (BRICS)

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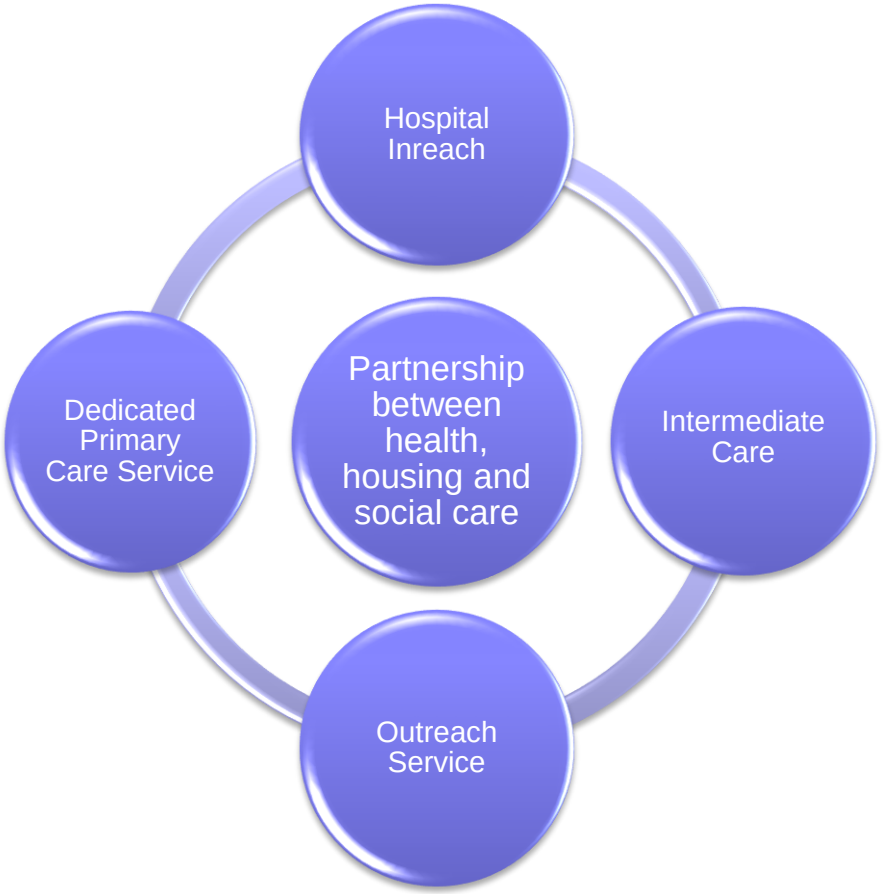
Context: Homelessness & Health Inequality

- Tri-morbidity
- Mortality
- A&E Usage
- Hospital Admissions
- Secondary Care Costs

The story so far...

- September 2013. Funding for a property and 3 month pilot from the DoH Homeless Health Discharge Fund.
- 1 year funding from Bradford CCG and Bradford Public Health, until March 2015.
- 1 further year's funding now agreed with a view to more consistent funding stream
- Adjacent building adapted to provide intensively managed housing

Vision: An integrated response to the health needs of homeless people



Bradford's Integrated Response

- Primary Care Service: Bevan House Primary Care Centre
- Hospital In-reach
- Intermediate Care
- Street Medicine (Outreach)
- Partnership between Health and Social Care

Bradford first in the UK to develop this type of integrated system of care

The BRICSS model

- City centre Intermediate care facility
- Respite accommodation for homeless patients needing continuing medical care on discharge from hospital.
- Alternative to prolonged hospital stay or discharge onto the streets
- 14 wheelchair accessible self-contained units.
- On site resettlement and housing officers
- Regular clinical input

BRICCS Key Partners

Who provides the service?

- **Bevan Healthcare CIC**
- Primary care for homeless, asylum seekers and other vulnerable people in Bradford.
- 10 years old in October 2013.
- Community Interest Company since August 2011
- Currently over 3,000 patients registered

- **Horton Housing**
- Industrial and Provident Society.
- Services focused on those with drug and alcohol problems, mental health problems, homeless and teenage parents.
- Innovative approaches to supported housing, outreach services, floating support and training.

Governance

- Operational Group of health, housing and social workers.
- Strategic Board of key representatives from across health and housing organisations and local commissioners.

Aims

- Address homelessness.
- Improve access to healthcare
- High quality temporary accommodation after hospital discharge
- Support development of life skills and independence
- Reduce social exclusion

Expected Outcomes: Clients

- Improved engagement with other health and social support services
- Improved housing status
- Improved health, relationships and general well being
- Improved access to welfare benefits
- Increased stability

Intended healthcare outcomes

- Reduced hospital admissions
- Better engagement with primary care services
- Reduced duration of hospital stay
- Stopping the revolving door
- Improved management of physical and mental health

Referrals to BRICSS: criteria

- Male and female, age 18 +
- Homeless or inadequately housed on discharge from hospital
- Agree to engage in a resettlement programme
- Includes those unregistered with a GP

Referrals to BRICSS: process

- Referrals from hospital pathway team and other agencies.
- Detailed suitability and risk assessments

BRICSS experience: clinical problems

- Palliative care / untreatable malignancy
- Fractures and orthopaedic trauma
- De-compensated liver failure
- Tuberculosis
- Neurological problems

BRICSS experience: clinical problems

- Abscesses and other complications of IVDU
- Complex mental health problems
- Frequent overlying depression and anxiety, alcohol dependence and drug use.
- Congenital and long term conditions such as cystic fibrosis and cerebral palsy

Evaluation by YHEC

- York Health Economics Consortium
- Literature review
- Analysis of cost data
- Analysis of service users' experiences
- Analysis of stakeholder and staff views of the services

Service Evaluation: Key Findings

- Very high secondary care costs would otherwise have been associated with BRICSS residents.
- These costs are greatly reduced by BRICSS admission, yielding £2 to £4 return on £1 spent
- High level of satisfaction with services reported by BRICSS clients.

Evaluation: Economic Analysis

- 6 representative case studies
- secondary care 6 clients = £280,930 (if no BRICSS)
- Average secondary care cost £46,800
- Reduced to £11,000 by admission to BRICSS
- Average cost of BRICSS stay (including primary care) £5,633

Evaluation of Clients' views

- Increased confidence reported **looking after their home and health**
- Substance misuse found to be a common factor, respondents reported being helped with alcohol problems.

Issue	No (%) clients more confident
Looking after their health	12 **(80%)**
Looking after their home	11 **(73%)**
Staying safe	9 **(60%)**
Looking after their money (including benefits and budgeting)	5 (33%)
Being involved in social activities or social groups	4 (27%)
Taking part in education, training or work	2 (13%)
Other	3 (20%)

What is working well?

- Saving money by reducing health costs
- Good multi disciplinary communication
- Proximity to the medical practice
- High satisfaction amongst residents
- Effective resettlement to sustainable accommodation
- Safer medication management

Challenges

- Risks of co-housing patients with different problems and vulnerabilities
- Balancing intensive support with empowerment to self care.
- Weaning patients off strong opiates started in hospital
- Temporary vs permanent registration of new patients