CHANGE AGENT TEAM
RECORD OF PRACTICE IDEAS AND INNOVATIONS

These are practices and ideas heard about or seen on visits by the changes agents. We think they could be applied in other situations and should be shared more widely. They have not necessarily been evaluated, nor are they endorsed by the Change Agent Team.

Name of Organisation: Bedfordshire Heartlands PCT/ Aragon Housing Association	
Service*: Intermediate Care*	
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Key Words *Partnership health/housing provide short term care in purpose built independent living flats*	
The PCT provide intermediate care (IMC) services to support individuals at home and 'step up' 'step down' facilities in community hospitals, preventing acute hospital admissions and supporting early discharge. A need has been identified for those individuals who require assessment to in a community setting, replicating their home environment. The housing association is building 6 independent living short stay flats within a sheltered accommodation complex. The flats are designed to support individuals in their final assessment before discharge to their own home. The intermediate care team of therapists will continue rehabilitation whilst in the unit. The discharge date will be agreed on admission and the average length of stay will be 2 weeks. A housekeeper will be employed by the PCT to work between 8am-6pm. This role will be undertaken by the IMC rehabilitation assistants, rotating between the unit and the team. The onsite warden will provide any additional contact between the team and the client during office hours. The Out of Hours nursing/social care service will provide support out of office hours. A purpose built therapy treatment room will facilitate the on going rehabilitation needs of the individual. The beds will be managed by the Intermediate Care co-ordinator (health/social care). This unit aims to work with individuals to return to independence, whilst focusing on their needs in a safe environment. The unit will hopefully be operational from December this year. Therapists have been involved with the architects through the planning phase to ensure the ness of the environment.	
Impact of the introduction of the change/development Aiming to reduce delayed discharges from acute services, inappropriate admission to residential/nursing homes. Opportunity to provide clients that may have complex needs, to participate in their care planning in the short term and longer term, to maintain a level of independence in the community setting.	
Why did this change/development 'work'? Could it be replicated? Although the scheme has not started as yet we are confident that there is a need to deliver this service. Individuals need the opportunity in a safe environment, to prove whether or not they can met their optimum level of independence, following an acute episode of care.	
Has the practice been formally evaluated? Please describe briefly. No but will be in a structured way, involving users.	
Submitted by: Noreen Last Associate Director Intermediate Care Services	Date:4 August 2003

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