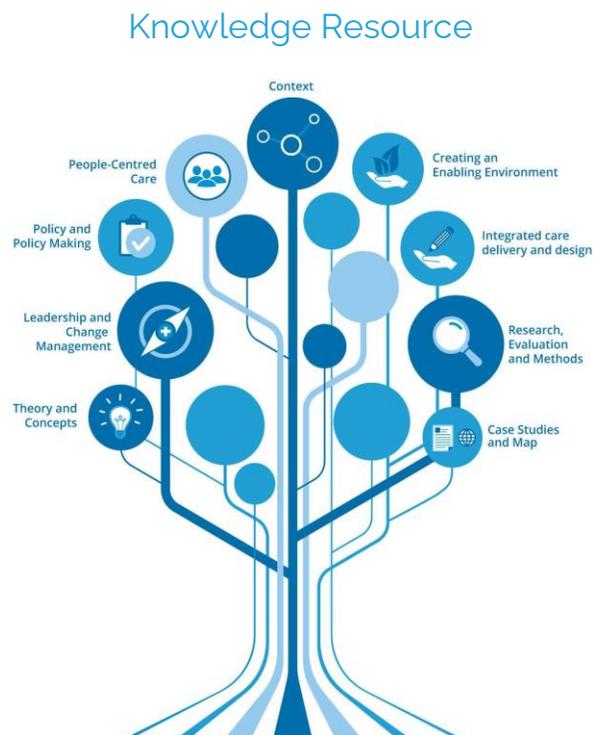


Integrated Care Matters: Build Back Better

Intermediate Care: Integrated, Local and Personal



About the information

The information provided in this document is intended to support the Integrated Care Matters webinar series.

Where possible, we select evidence that is published open access, and provided links to the materials referenced. Some are identified as author repository copies, manuscripts, or other copies, which means the author has made a version of the otherwise paywalled publication available to the public. Other referenced sources are pdfs and websites that are available publicly.

If you found this resource useful and would like to use the free [Evidence Search and Summary Service](#) (ESSS) to help you find and use evidence please get in touch to discuss your needs: esss@iriss.org.uk

Developed in partnership



Integrated Care

Brown, C (2018) [Integrated Care Approaches Used for Transitions from Hospital to Community Care](#) Canadian Journal on Ageing, 37(2), 145-170

Scoping review describing the size and nature of literature on integrated care initiatives for transitions from hospital to community care for older adults (aged 65 and older) and how this literature conceptualizes integrated care.

de Bruin, SR (2018) [The SUSTAIN Project: A European Study on Improving Integrated Care for Older People Living at Home](#) International Journal of Integrated Care, 18(1), p.6

SUSTAIN aims to generate evidence on how to improve integrated care and apply and transfer the knowledge gained to other health and social care systems.

Bussu, S (2020) [\(Dis\)Integrated Care? Lessons from East London](#) International Journal of Integrated Care, 20(4), p.2

Explores the micro-mechanisms of integrated care relationships based on the experience of health and social care professionals working in acute and community care settings.

Harnett, PJ (2020) [10 Step Framework to Implement Integrated Care for Older Persons](#) Ageing Int 45, 288–304

Proposes a framework to implementing integrated care for older persons. It offers some initial empirical evidence that this approach has utility among managers and clinicians.

Health & Social Care Scotland (2019) [Framework for Community Health and Social Care Integrated Services](#)

Framework designed to inform the development of local transformation plans, drawing on what is known to work in other areas to inform responses to identified local priorities.

Hendry, A (2019) [Holding the gains in Reshaping Care. International Journal of Integrated Care](#) 2019;19(4):606

The impact of Reshaping Care for Older People in Scotland at two years post conclusion of the Change Fund.

The King's Fund (2020) [Integrated care systems explained: making sense of systems, places and neighbourhoods](#)

Gives an overview of Integrated Care Systems.

NHS Confederation (2020) [From place-based to place-led: A whole-area approach to integrating care systems](#)

Describes the role of place-based approaches in taking forward the NHS reform agenda.

Nuffield Trust (2019) [Age UK's Personalised Integrated Care Programme Evaluation of impact on hospital activity](#)

The PICP community-based service aims to improve the care that older people experience through direct support and by reducing fragmentation in the care system.

Pérez Bazán, L.M (2019) [A Community Program of Integrated Care for Frail Older Adults: +AGIL Barcelona](#) J Nutr Health Aging 23, 710–716

Results suggest that a real-world, multidisciplinary intervention, integrating primary care, geriatric care, and community services may improve physical function, a marker of frailty, within 3 months.

Pratt, J (2019) [Integrated Care by the Health and Social Services Staff in Joint Emergency Team to Prevent Unnecessary Hospital Admissions in London](#)

No.3: 48. Borough of Greenwich. Br J Res Vol.6 No.3:48

The Joint Emergency Team provides integrated care using multidisciplinary and trans-disciplinary team approaches to prevent unnecessary hospital admissions in the Accident and Emergency department, Acute Medical Unit and the Community.

Stoop, A (2019) [Exploring improvement plans of fourteen European integrated care sites for older people with complex needs](#) Health Policy, Volume 123, Issue 12, 2019, Pages 1135-1154

Provides insight into the existing ways sites were working with respect to integrated care, their perceived difficulties and their plans for working towards improvement.

Intermediate Care & Reablement

Advantage (2019) [Intermediate care interventions for older adults](#)

Presents evidence on models of care to prevent or delay progression of frailty.

Blendell, R (2020) [Evaluation of the Factors that Promote Improved Experience and Better Outcomes of Older Adults in Intermediate Care Setting](#) J. 2020; 3(1):20-31

Shows that patient participation in intermediate care requires professionals using advanced communication skills and taking time to actively listen to what is important to the patients.

HSJ (2017) [Trust develops a virtual ward and an integrated hub to provide care closer to home for frail older people, improving their quality of life and the ability to self-care](#)

Bradford Teaching hospitals and its partners developed an innovative and ambitious project to move care closer to home, whilst also enabling more patient-centred care.

Inzitari, M (2015) [Geriatric Screening Tools to Select Older Adults Susceptible for Direct Transfer From the Emergency Department to Subacute Intermediate-Care Hospitalization](#) *Journal of the American Medical Directors Association*, Volume 16, Issue 10, 2015, Pages 837-841

Early transfer to intermediate-care hospitals, low-tech but with geriatric expertise, represents an alternative to conventional acute hospitalization for selected older adults visiting emergency departments. This evaluates if simple screening tools predict discharge destination in patients included in this pathway.

KvæI, LAH (2019) [Choice, Voice, and Coproduction in Intermediate Care: Exploring Geriatric Patients' and Their Relatives' Perspectives on Patient Participation](#) *SAGE Open* Adds to knowledge on how staff can contribute to the tailoring of good interventions in IC and improve the understanding of underlying structures.

Institute of Public Care (2018) [Urgent Response, Short Term Rehabilitation and Reablement Services to Create Intermediate Care Southwark](#)
Key messages around what made a difference in Southwark.

Levin, KA (2019) [Measuring the impact of step down intermediate care on delayed discharge](#) *J Epidemiol Community Health* 2019;73:674-679
Aimed to measure the effect of IC and a 72-hour discharge target on days delayed.

NHS England (2020) [Rapid NHS response teams to help people stay well at home](#)
Urgent Community Response teams are part of the NHS' Long Term Plan to support England's ageing population and those with complex needs.

NICE [Intermediate care including reablement](#)
Multidisciplinary intermediate care services have a crucial role to play in supporting people to recover and regain independence.

RCGP (2016) [Integrated care for older people with frailty: Innovative approaches in practice](#)
Case studies of collaboration between GPs and geriatricians that provide innovative and interesting ideas about the care of older people.

Sezgin, D (2020) [Defining the characteristics of intermediate care models including transitional care: an international Delphi study](#) *Aging Clin Exp Res* 32, 2399–2410
Identifies key features of intermediate care to improve understanding and to support comparisons between models and studies evaluating them.

Community Health

Community Hospitals Association [Policy Direction for Health and Social Care in the UK](#)

Resources on the proposed changes in health systems across the UK. The CHA is assessing the impact on community health and wellbeing in rural areas, and the implications and potential for community hospitals and services.

Davidson, D (2019) [Analysis of the profile, characteristics, patient experience and community value of community hospitals](#) Health Serv Deliv Res 2019;7(1)

Aimed to provide a comprehensive analysis of the profile, characteristics, patient experience and community value of community hospitals.

NHS RightCare (2020) [Community Rehabilitation Toolkit](#)

Toolkit for community rehabilitation services.

Wang, YC (2019) [Post-Acute Care as a Key Component in a Healthcare System for Older Adults](#) Ann Geriatr Med Res. 2019;23(2):54-62

Describes the post-acute care models of the United States and the United Kingdom and uses the example of Taiwan's post-acute care system to explain the benefits and importance of post-acute care.

Young, J (2020) [Measuring and optimising the efficiency of community hospital inpatient care for older people](#)

Southampton (UK): NIHR Journals Library

Found that the efficiency of community hospital wards is comparable with acute hospitals and that modifiable performance factors might lead to potential efficiency savings.

Acute Geriatric Units

Ribbink, ME (2020) [Investigating the effectiveness of care delivery at an acute geriatric community hospital for older adults in the Netherlands](#) BMJ Open. 2020;10(3):e033802

This prospective cohort study investigates the effectiveness of care delivery at the AGCH on patient outcomes.

Ribbink, ME (2021) [Two European Examples of Acute Geriatric Units Located Outside of a General Hospital for Older Adults With Exacerbated Chronic Conditions](#) Journal of the American Medical Directors Association, 2021

In this model of acute medical care, comprehensive geriatric assessment and rehabilitation are provided to selected older patients. This study aims to compare patients' diagnoses, characteristics, and outcomes of 2 European sites where this care occurs.

Singh, I (2018) [Selecting best-suited "patient-related outcomes" in older people admitted to an acute geriatric or emergency frailty unit and applying quality improvement research to improve patient care](#) **Patient Relat Outcome Meas. 2018;9:309-320**

Explores population-specific factors, service models, and a wide range of patient-related outcomes of "at risk" older people admitted to an acute geriatric care unit.

Home Care

Jasper, R (2019) [Commissioning Home Care for Older People: Scoping the Evidence](#) **Journal of Long-Term Care, (2019), pp.176–193**

Provides evidence to inform the future development of market management in commissioning home care for older people.

Mas, MA (2018) [Effectiveness of a Hospital-at-Home Integrated Care Program as Alternative Resource for Medical Crises Care in Older Adults With Complex Chronic Conditions](#)

Journal of the American Medical Directors Association, Volume 19, Issue 10, 860 – 863

Compares clinical outcomes in older patients with acute medical crises attended by a geriatrician-led home hospitalization unit vs an inpatient intermediate-care geriatric unit in a post-acute care setting.

Tsiachristas, A (2019) [Should I stay or should I go? A retrospective propensity score-matched analysis using administrative data of hospital-at-home for older people in Scotland](#) **BMJ Open 2019;9:e023350**

Compares the characteristics of populations admitted to hospital-at-home services with the population admitted to hospital and assess the association of these services with healthcare costs and mortality.

Waldon, M (2020) [A rapid response and treatment service for care homes](#) **British Journal of Community Nursing 2021 26:1, 6-12 (paywall)**

This article describes a Rapid Response and Treatment service for older people living in care homes in Berkshire West.

Step-Up / Step-Down

Lekwijit, S (2020) [The Impact of Step-Down Unit Care on Patient Outcomes After ICU Discharge](#) **Critical Care Explorations: May 2020 - Volume 2 - Issue 5 - p e0114**

Examines whether and how step-down unit admission after ICU discharge affects patient outcomes.

Levin, KA (2019) [Implementing a step down intermediate care service](#) *Journal of Integrated Care* ISSN: 1476-9018 Publication date: 10 October 2019 (paywall)

Explores implementation and development of step-down intermediate care in Glasgow City from the perspective of staff.

Hospital Discharge

British Red Cross [Getting hospital discharge right](#)

Sets out recommendations to improve care when patients return home from hospital.

DHSC (2021) [Hospital discharge service: policy and operating model](#)

Sets out the hospital discharge service operating model for all NHS trusts, community interest companies, and private care providers of NHS-commissioned acute, community beds, community health services and social care staff in England.

LGA (2018) [Hospital to home transfers: resources and emerging good practice](#)

Recent literature and resources to support good practice in timely hospital discharge.

Frailty

Checa-López, M (2019) [FRAILTOOLS study protocol: a comprehensive validation of frailty assessment tools to screen and diagnose frailty in different clinical and social settings and to provide instruments for integrated care in older adults](#) *BMC Geriatr* **19**, 86

FRAILTOOLS main objective is to evaluate the usefulness of frailty scales in the detection of frailty in different clinical and social settings, and its integration in management algorithms for the frail older patient.

Covid-19

BMJ Opinion (2020) [A catalyst for change? How the experience of the pandemic will shape community provision in future](#)

How do we ensure NHS community health services receive the recognition and resources they need to make this rhetoric reality?

BMJ Opinion (2020) [Managing a covid-19 rehabilitation surge](#)

It is now essential that we take the opportunity to develop parallel subacute services, facilities, and workforce in the community not only for patients who are ill with covid-19, but also for frail patients who require on going treatment and rehabilitation.

British Red Cross [COVID-19 Vulnerability Index](#)

Interactive map showing Vulnerability Index information about different areas in the UK.

Community Hospitals Association (2020) [Creating a Community Assessment and Treatment Unit to support Frail Elderly Patients during National Pandemic across Cornwall](#)

The Community Assessment and Treatment Units expands the current focus of a Community Hospital and enables them to care for patients with a greater acuity, whilst keeping people close to home within their communities. By providing on site access to point of care testing such as bloods and X-Ray the CATUs expands the traditional community hospital offer.

Koeberle, S (2020) [COVID-19 outbreak: organisation of a geriatric assessment and coordination unit. A French example](#) *Age and Ageing*, Volume 49, Issue 4, July 2020, Pages 516–522

Older people are particularly affected by the often-compartmentalised interactions between community, hospital and nursing home actors. In this endemic situation, with massive flows of patients requiring holistic management including specific and intensive care, the appropriate assessment of each patient's level of care and the organisation of specific networks is essential.

SCIE (2021) [Hospital discharge and preventing unnecessary hospital admissions \(COVID-19\)](#)

Guide discussing the lessons learned from hospital discharge and avoidance during the COVID-19 pandemic. It highlights challenges faced and good practice to prevent unnecessary admissions going forward.

Vilches-Moraga, A (2020) [Increased care at discharge from COVID-19: The association between pre-admission frailty and increased care needs after hospital discharge](#) *BMC Med* 18, 408

Around a quarter of patients admitted with COVID-19 had increased care needs at discharge. Pre-admission frailty was strongly associated with the need for an increased level of care at discharge. These results have implications for service planning and public health policy as well as a person's functional outcome, suggesting that frailty screening should be utilised for predictive modelling and early individualised discharge planning.

Other resources

British Red Cross [Digital classrooms for adults over the age of 19 years old](#)

Free digital sessions to help you learn skills to help in an emergency, connect with others and build confidence and coping skills.

British Red Cross [Feeling lonely? Get support](#)

Resources to support you develop skills to cope with loneliness, build confidence and connect.

British Red Cross [The longest year: life under local restrictions](#)

Report and recommendations exploring the experiences of people living and working in areas under tighter local restrictions across the UK.

Ellis, G (2017) [Comprehensive geriatric assessment for older adults admitted to hospital](#)

The aim of this Cochrane Review was to find out if organised and co-ordinated specialist care (known as comprehensive geriatric assessment, or CGA) can improve care provided to older people admitted to hospital.