

Our Solution to the Revolving Door

Many of us are familiar with the concept of the 'revolving door' in healthcare, where individuals are discharged from hospital only to be readmitted shortly after. The Transforming Care Report (2012) established a clear, scheduled plan to transition autistic adults and those with learning disabilities out of hospitals and back to their communities. Since then, significant progress has been made. So, where do we stand today?

The reasons why individuals with mental health conditions and learning disabilities remain in hospitals are complex and varied. Some of these individuals have a history of failed community placements, while others may exhibit behaviours perceived as high risk or are subject to various legal frameworks. So, what is the solution for individuals who present with high complexity?



2,000

Just over 2000 autistic people and/or people with learning disabilities are inpatients in UK hospitals each month.



Up to
20%

are **readmitted** within 12 **months of discharge**



50%

have been **hospitalised** for over **two years**



Up to
10%

are hospitalised over **100km from home**

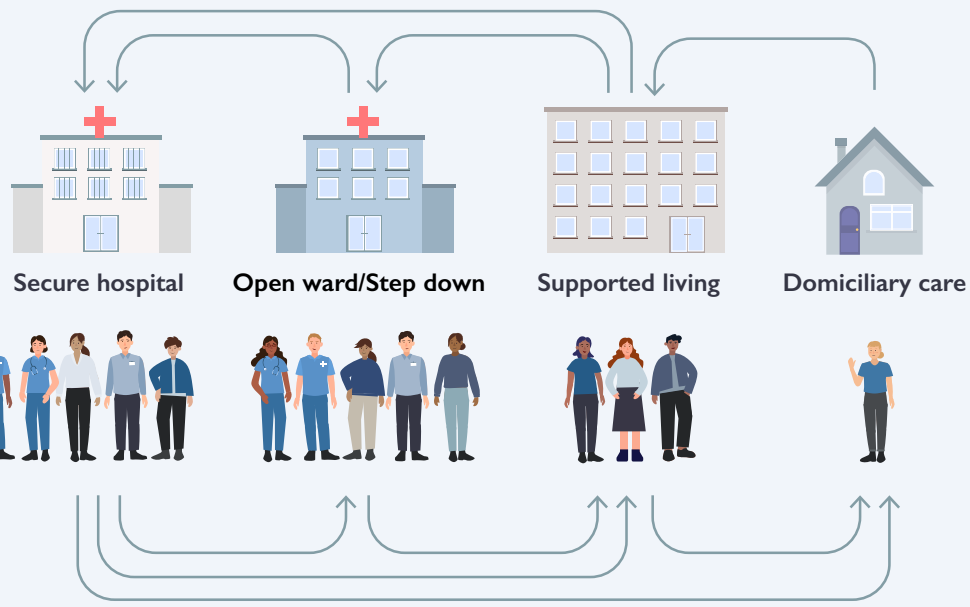


Over
20,000

people with **mental health conditions** are in an 'open hospital' spell each month

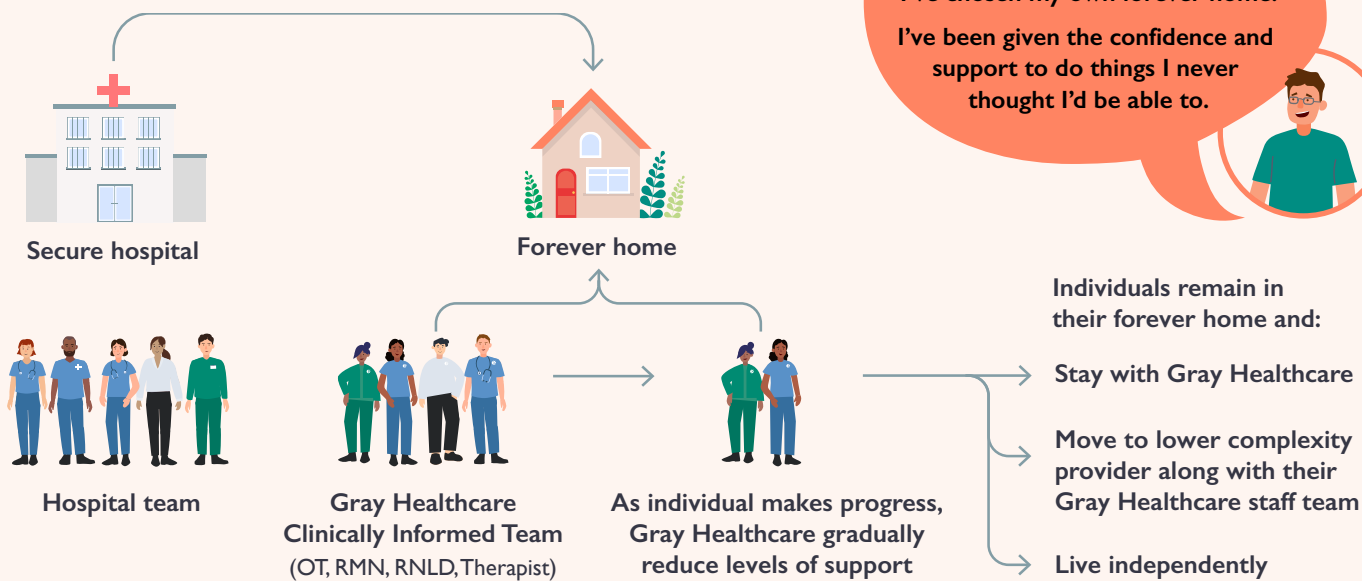
Typical process of hospital discharge

So many new people, and new places.
I'm not involved in choices about where I want to live.
The process keeps changing.
I'm so disheartened



The Gray Healthcare Solution

I've helped choose the right team for me.
I've chosen my own forever home.
I've been given the confidence and support to do things I never thought I'd be able to.



Traditionally, the focus in recent years has been to discharge patients to one of two community-based options: supported living or domiciliary care.

However, this limited pathway choice can oversimplify the needs of people with highly complex presentations and may not always provide the flexible, intensive support to ensure long-term success in the community.

Our Gray Healthcare clinically-informed approach bridges the gap between hospital and standard community care and is built around a single move into an individual's 'forever' home.

We design a bespoke package of support that includes clinical support mirroring that received in a hospital, but delivered within a home setting, and a team recruited and trained on the individual's specific needs. We start to gradually reduce our package of support as the individual improves.

Once an individual no longer needs our intensive level of support, we step back completely enabling a domiciliary provider to take over or for the individual to live independently. Crucially, as the individual holds their own tenancy, they do not have to leave the stability of their 'forever' home.

Frequently asked questions

Who do you support?

Our service is best suited for individuals with particularly complex needs. We support adults with mental health conditions, such as EUPD/complex emotional needs, learning disabilities or acquired brain injuries.

Why does your service cost more than traditional community care options?

Our service bridges the gap between hospital services and community services and provides an alternative to long-term hospital admissions.

Our starting costs reflect the bespoke nature of our packages of support, however our aim is always to step down support as the individual progresses. As support hours reduce, costs reduce, and savings are passed back to the referrer.



Total package hours reduced by **35%**

If we really want to transform care, and we consider the full life time cost of care, regardless of funding source, it becomes clear that greater investment early on can lead to substantial long-term savings.

As with most things, there are economies of scale. When we receive multiple referrals within a single geographical area, such as three or four, we're open to reviewing our pricing. If this is something you would like to explore with us, please get in touch.

What is your property solution?

Once we have agreed to support an individual our Property Team will start to explore the different property options in the preferred geographical area. We have links with local housing associations, Registered Social Landlords (RSL) and various housing partners. Our team will present their property suggestions to the individual, their family and the referring team and will help secure the preferred property.

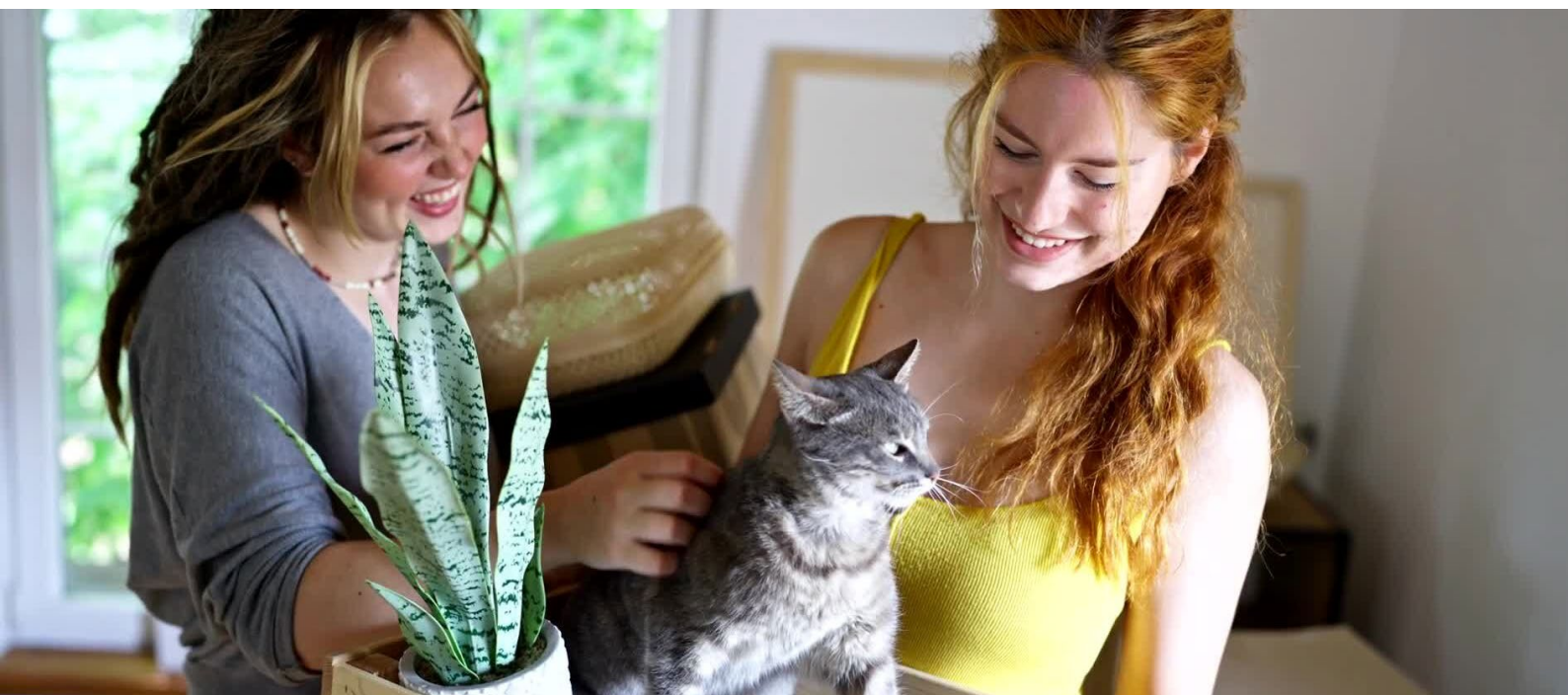
Our Property Team can also support with other administrative tasks linked to securing the property, such as registering the individual for housing benefit or social housing.

Once a property has been identified, our team will visit and advise on any adaptations that may be needed to create a better environment for the individual.

How quickly can your service be set up?

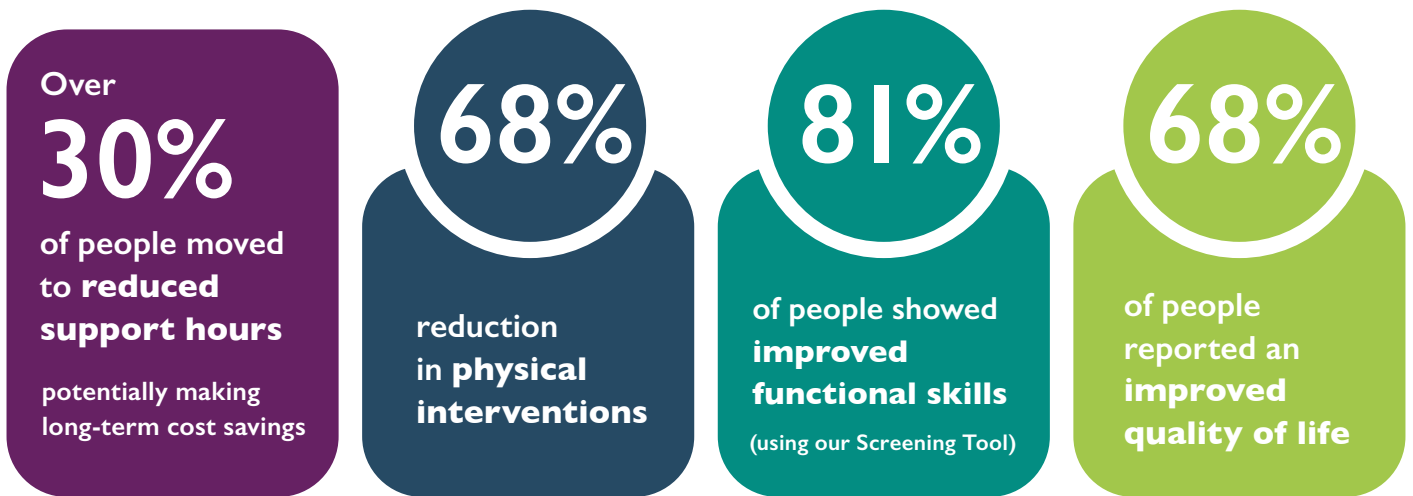
Timelines can vary depending upon the complexity of the individual, housing availability and commissioning arrangements. However, we aim to set up a fully bespoke package of support within 12 weeks from the date of contract signing. This timeline includes securing accommodation, recruiting and training a dedicated team.

Taking some time to plan thoroughly before discharge enables us to build the right package of support for each individual which significantly increases the likelihood of a successful long-term placement. Time spent getting it right first time removes the need for referrers to source and co-ordinate further placements.



Our Clinical Outcomes

Each year we produce an annual clinical outcomes report. You can read the report in full on our home page www.grayhealthcare.com but some highlights include:



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Thank you to all of you for your support and what you have done for her, we know it isn't an easy ride. Because of all of you, she has remained well in the community for eight months now which I believe is the longest time she has been in the community and been well.

Social Worker, Lincolnshire

Have any complex individuals in mind who might benefit from our bespoke, intensive support?

We would love to explore how we can help.

☎ 0330 123 123 9

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Bringing healthcare home

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