NAIC 2015
Key findings

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Content

• NHSBN AHP work
• Background to NAIC 2015
• NAIC: Key questions
  1. Does intermediate care work?
  2. Is it efficient?
  3. Do we have enough capacity?
  4. Is integration happening?
  5. What is the AHP contribution to IC?
NHS Benchmarking Network AHP work
The NHS Benchmarking Network

- Subscription organisation
- 351 members
- Hosted by ELFT
- 82% Acute Trusts
- 100% MH Trusts
- 105 Community Providers
- 53% of CCG Commissioners
- National organisations (NHSE, DH, Monitor)

Visit [www.nhsbenchmarking.nhs.uk](http://www.nhsbenchmarking.nhs.uk) to check if your organisation is a member
Benchmarking Community Services
Community therapy teams

<table>
<thead>
<tr>
<th>2015 results</th>
<th>Face to face contacts per 100k population</th>
<th>Patient facing time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietetics</td>
<td>1,144</td>
<td>40%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>2,369</td>
<td>43%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>5,634</td>
<td>60%</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>978</td>
<td>45%</td>
</tr>
</tbody>
</table>

Waiting times for community adult teams are around a month
Benchmarking Acute Therapies

Total cost of inpatient AHP services per 1,000 OBD

- Physiotherapy: £9,267
- Occupational Therapy: £5,348
- Speech & Language Therapy: £1,321
- Dietetics: £2,068
Older people in acute settings

AHP skill mix across the acute pathway

- The older people in acute settings project covers admissions avoidance, assessment units, care of elderly wards and supported discharge teams
- Lower AHP skill mix found on care of older people wards

<table>
<thead>
<tr>
<th></th>
<th>Band 2</th>
<th>Band 3</th>
<th>Band 4</th>
<th>Band 5</th>
<th>Band 6</th>
<th>Band 7</th>
<th>Band 8a</th>
<th>Band 8b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions avoidance in A&amp;E</td>
<td>0%</td>
<td>6%</td>
<td>10%</td>
<td>10%</td>
<td>52%</td>
<td>19%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Assessment units</td>
<td>3%</td>
<td>14%</td>
<td>4%</td>
<td>22%</td>
<td>40%</td>
<td>17%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Care of older people ward</td>
<td>8%</td>
<td>13%</td>
<td>11%</td>
<td>29%</td>
<td>28%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Supported discharge team</td>
<td>1%</td>
<td>2%</td>
<td>7%</td>
<td>5%</td>
<td>41%</td>
<td>33%</td>
<td>8%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Benchmarking mental health services
Therapy input in mental health

- PICU analysis
- Units with higher therapy input (psychology & OT) have shorter length of stay
Background to NAIC 2015
Intermediate care definition

Explanation of intermediate care approved by Plain English Campaign

3 main aims

1. Avoid going to hospital unnecessarily
2. Independence after a stay in hospital
3. Prevent move to residential care

Four service categories

1. Crisis response
2. Home based IC services
3. Bed based IC services
4. Re-ablement

Consistent with Halfway Home definition
Audit participation 2015

- 53 commissioning groups comprising:
  - 61 CCGs
  - 46 LAs
- 95 providers
- 340 services
  - 48 crisis response
  - 109 home based IC
  - 139 bed based IC
  - 44 re-ablement

Over 12,000 service user contributions
1. Does intermediate care work?
Outcome measure scores

NAIC 2015 change

<table>
<thead>
<tr>
<th>Service</th>
<th>Change 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed</td>
<td>19.1</td>
</tr>
<tr>
<td>Home</td>
<td>4.2</td>
</tr>
<tr>
<td>Re-ablement</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Home: Change in Sunderland scores

Re-ablement: Change in Sunderland scores

Online toolkit has individual service and service user results
Service user outcomes
Intermediate care goals met

Goals are met in whole or part for more than 88% in health based IC
PREM summary score

• PREM summary score – to be used to measure individual service improvement, rather than between services
• PREM summary score to be published in the bespoke dashboard reports – NEW for 2015

PREM summary score: home and re-ablement

PREM summary score: bed
2. Is intermediate care as efficient as possible?
Cost per service user

- Cost per service user NAIC 2015:
  - Home £1,205
  - Bed £5,672
  - Re-ablement £1,484
Length of stay (in days)

- No evidence of “correct” length of stay to optimise outcomes
- Average length of stay is fairly stable across all service categories
- Mean in the range 25 to 35 days
Length of stay

Wide variation across individual services (range 50 days to 9 days), mean 26.8 days (NAIC 2015)

Average length of stay in days (bed based)
3. Do we have enough capacity to make a difference?
Scale: has investment increased?

- NAIC 2012: IC capacity needs to double
- No evidence of material increase in budgets nationally
- Re-ablement investment has decreased this year

Commissioner budgets for IC per 100,000 weighted population (£m)
Signs of pressure on capacity: waits

- Waiting times increasing trend
- Over 6 days in home based
- Waits for beds static: referral to commencement 3.0 days
- Re-ablement 8.7 days

Average waiting times from referral to assessment (days)
4. Integration – is it happening?
## Integration
### Strategic level

<table>
<thead>
<tr>
<th>Year</th>
<th>Use of Section 75 pooled budgets</th>
<th>Joint Strategic planning</th>
<th>JSNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>52%</td>
<td>92%</td>
<td>60%</td>
</tr>
<tr>
<td>2014</td>
<td>38%</td>
<td>88%</td>
<td>49%</td>
</tr>
</tbody>
</table>

**Progress at the strategic level**
## Integration

### Operational level

<table>
<thead>
<tr>
<th>Work to do at operational level</th>
<th>25%</th>
<th>49%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single patient record</td>
<td>25%</td>
<td>49%</td>
</tr>
<tr>
<td>Single management structure</td>
<td>33%</td>
<td>51%</td>
</tr>
<tr>
<td>Trans-disciplinary roles</td>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>Joint training and induction</td>
<td>25%</td>
<td>47%</td>
</tr>
<tr>
<td>Weekly MDT</td>
<td>69%</td>
<td>51%</td>
</tr>
<tr>
<td>Single performance management framework</td>
<td>31%</td>
<td>45%</td>
</tr>
</tbody>
</table>
5. AHP contribution to IC
Relationship between staff contact and outcomes

- Service user audit suggests outcomes improve as number of staff types involved increases
- Consistent with research evidence on the effectiveness of multi-disciplinary teams
Clinical leadership

Which discipline leads the service? (Home based)

- Nurse: 28%
- Medical: 16%
- Social care / case manager: 3%
- Service not clinically led: 2%
- Therapists lead:
  - 51% home based IC
  - 24% re-ablement services
  - 19% crisis services
  - 10% bed based IC

National Audit of Intermediate Care 2015
Discipline mix within intermediate care

- Variable AHP input:
  - 16% crisis
  - 28% home based
  - 12% re-ablement
  - 9% bed based
Questions and comments

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