



National Audit  
of Intermediate Care

2015

## **NAIC 2015**

### **Key findings**

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Network

Kings Fund, 8 December 2015

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- 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?

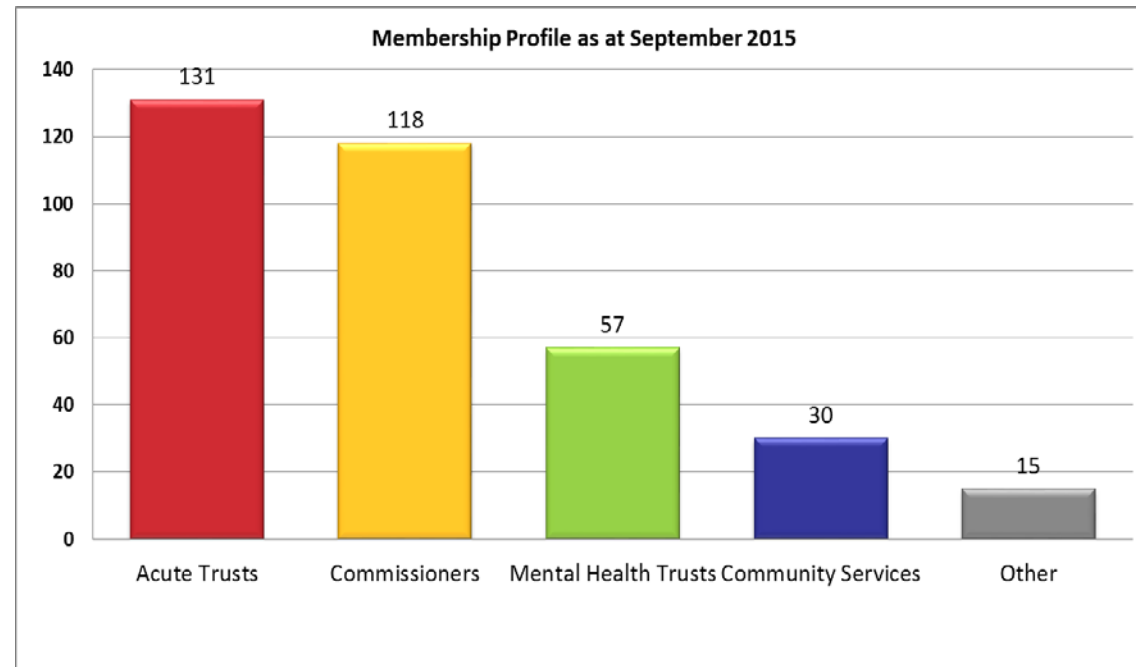


# NHS Benchmarking Network AHP work



# 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

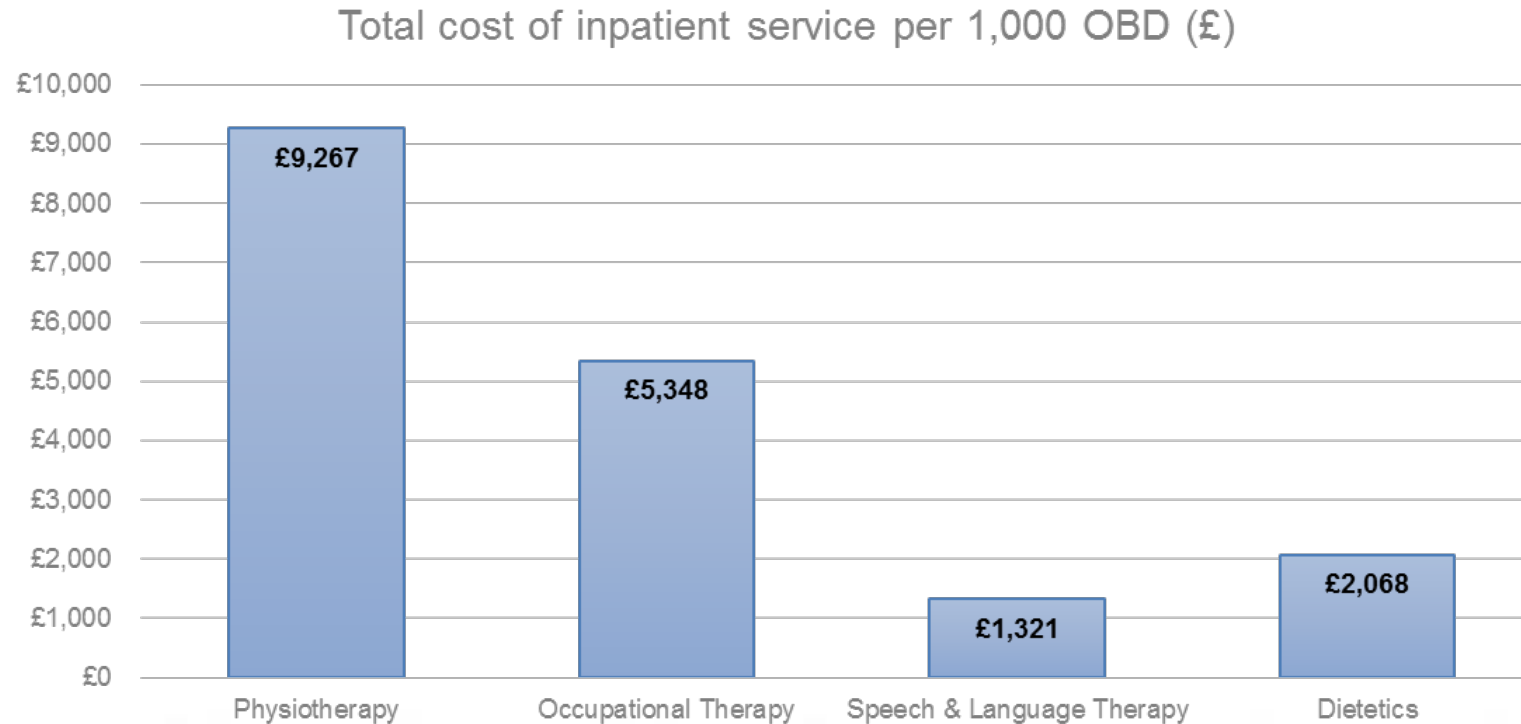
2015 results	Face to face contacts per 100k population	Patient facing time
Dietetics	1,144	40%
Occupational Therapy	2,369	43%
Physiotherapy	5,634	60%
Speech and Language Therapy	978	45%

Waiting times for community adult teams are around a month



# Benchmarking Acute Therapies

Total cost of inpatient AHP services per 1,000 OBD



# 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

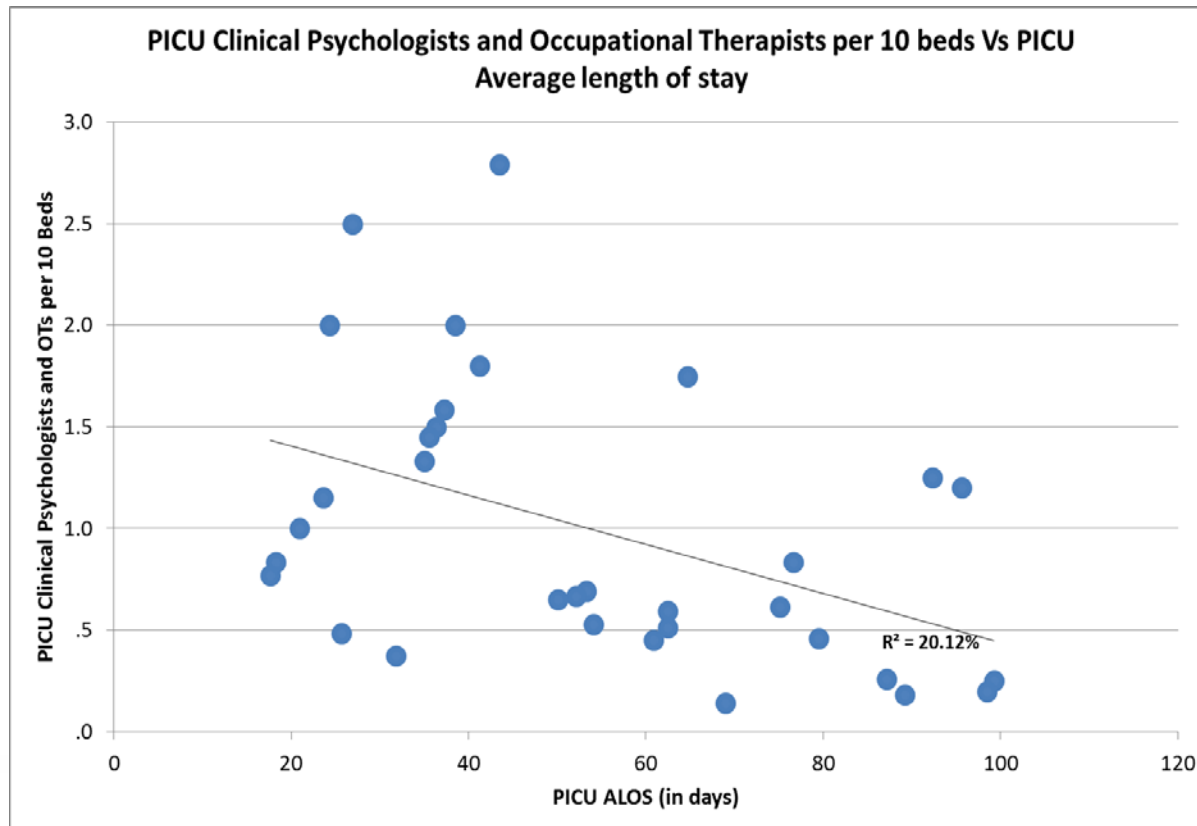
	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b
Admissions avoidance in A&E	0%	6%	10%	10%	52%	19%	3%	0%
Assessment units	3%	14%	4%	22%	40%	17%	0%	0%
Care of older people ward	8%	13%	11%	29%	28%	11%	0%	0%
Supported discharge team	1%	2%	7%	5%	41%	33%	8%	4%



# Benchmarking mental health services

## Therapy input in mental health

- PICU analysis
- Units with higher therapy input (psychology & OT) have shorter length of stay





A large, stylized graphic of the number '11' in the top left corner. The '1's are composed of thick, overlapping bands in shades of light blue and cyan, creating a 3D effect. The background behind the number is a light blue gradient.

# Background to NAIC 2015



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# 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**



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# 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**

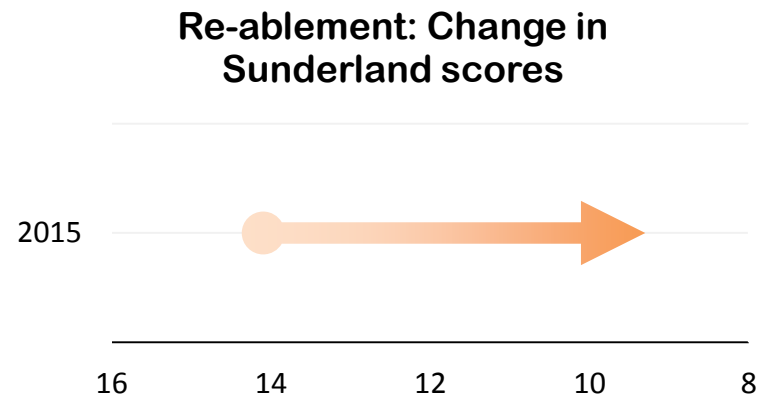
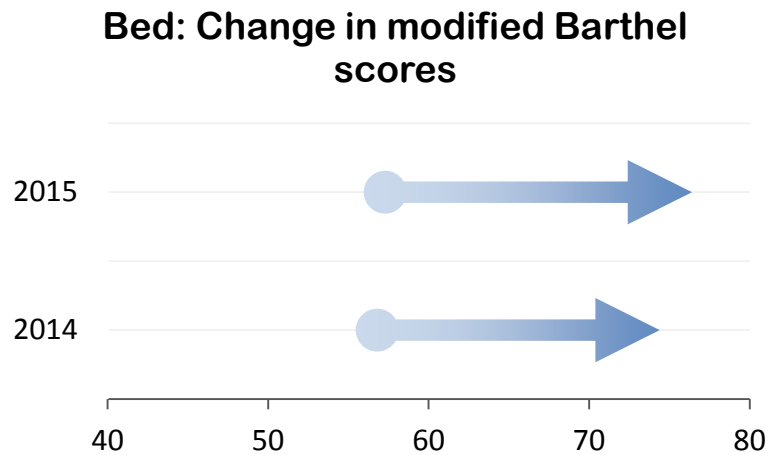
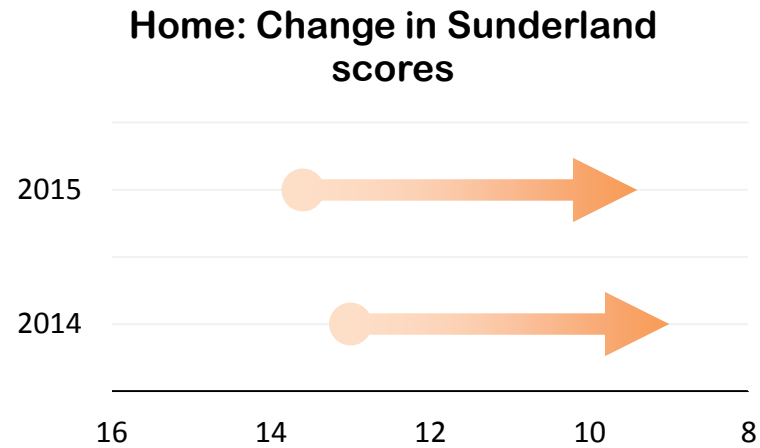


# 1. Does intermediate care work?



# Outcome measure scores




	NAIC 2015 change
Bed	19.1
Home	4.2
Re-ablement	4.8



**Online toolkit has individual service and service user results**

# Service user outcomes

## Intermediate care goals met

				Goals not set
Home	72%	16%	5%	7%
Bed	77%	14%	6%	2%
Re-ablement	53%	21%	9%	17%

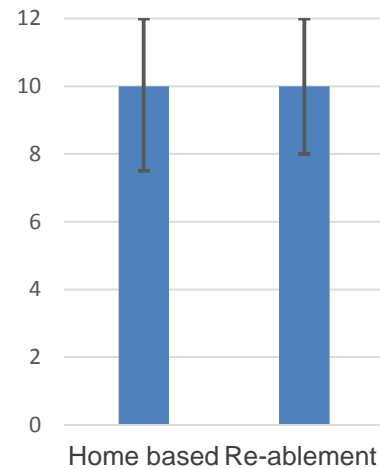
**Goals are met in whole or part for more than 88% in health based IC**

# PREM summary score

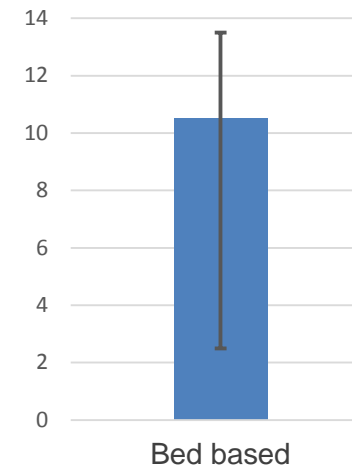
- PREM summary score – to be used to measure individual service improvement, rather than between services
- PREM summary score to be published in the bespoke dashboard reports – NEW for 2015



**PREM summary score: home and re-ablement**



**PREM summary score: bed**







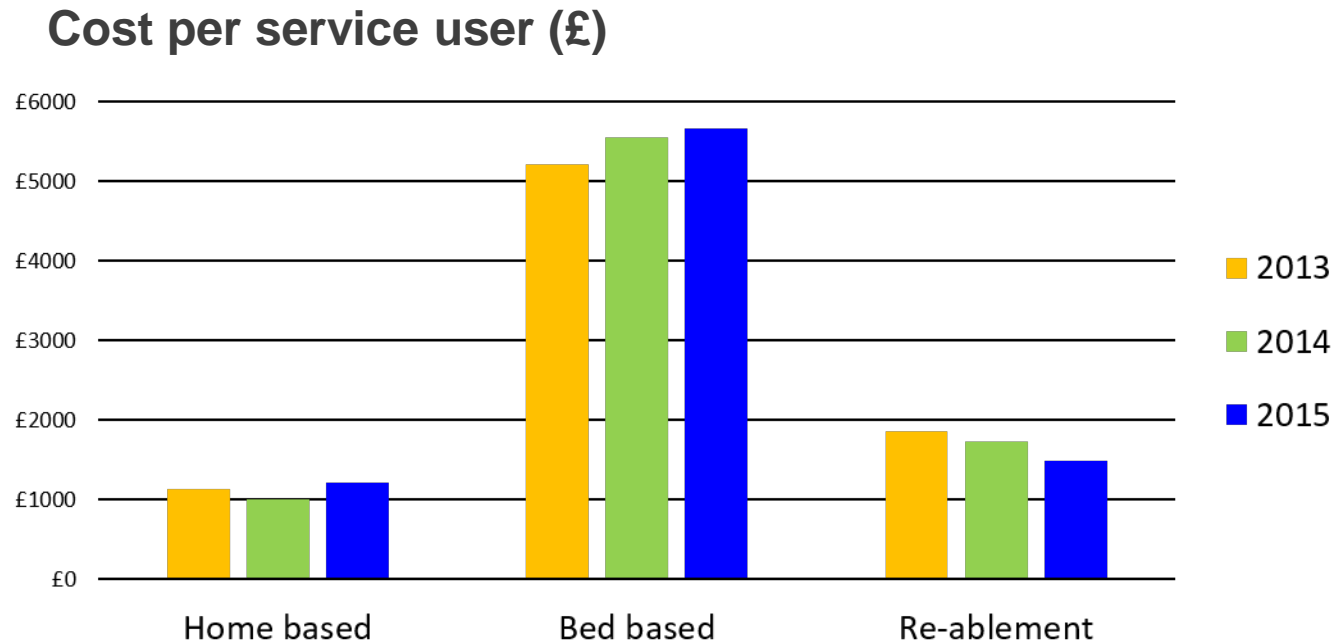
## **2. Is intermediate care as efficient as possible?**





# Cost per service user

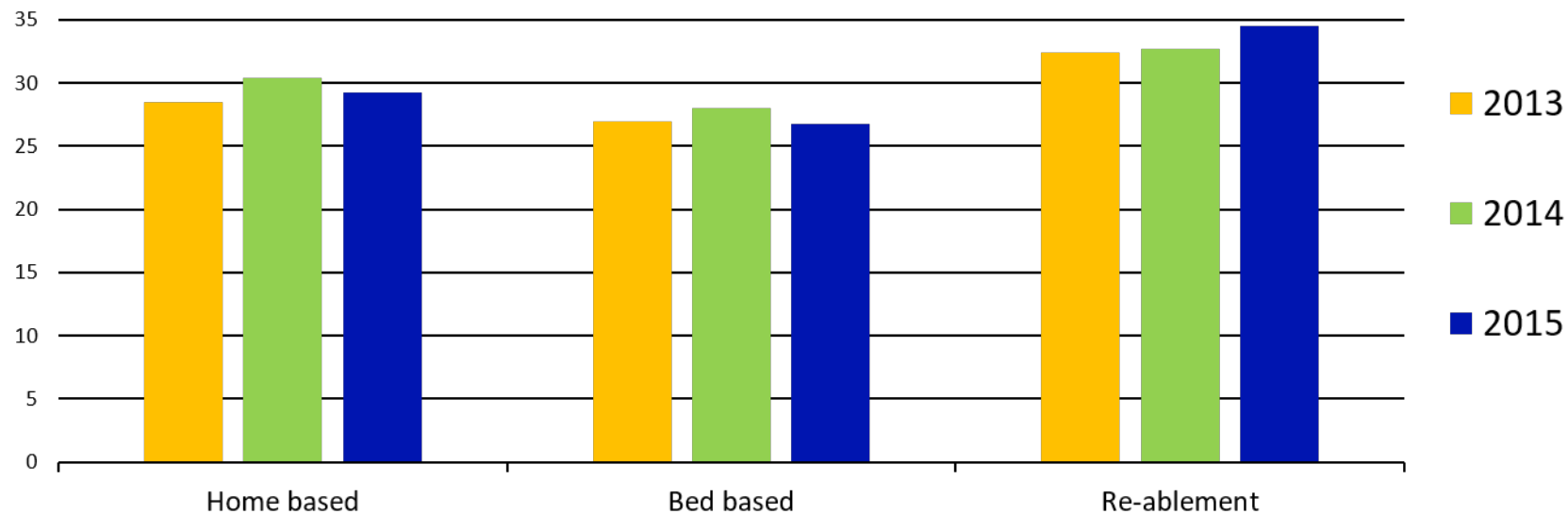
- Cost per service user NAIC 2015:
  - Home £1,205
  - Bed £5,672
  - Re-ablement £1,484



# 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

**Average length of stay (days)**

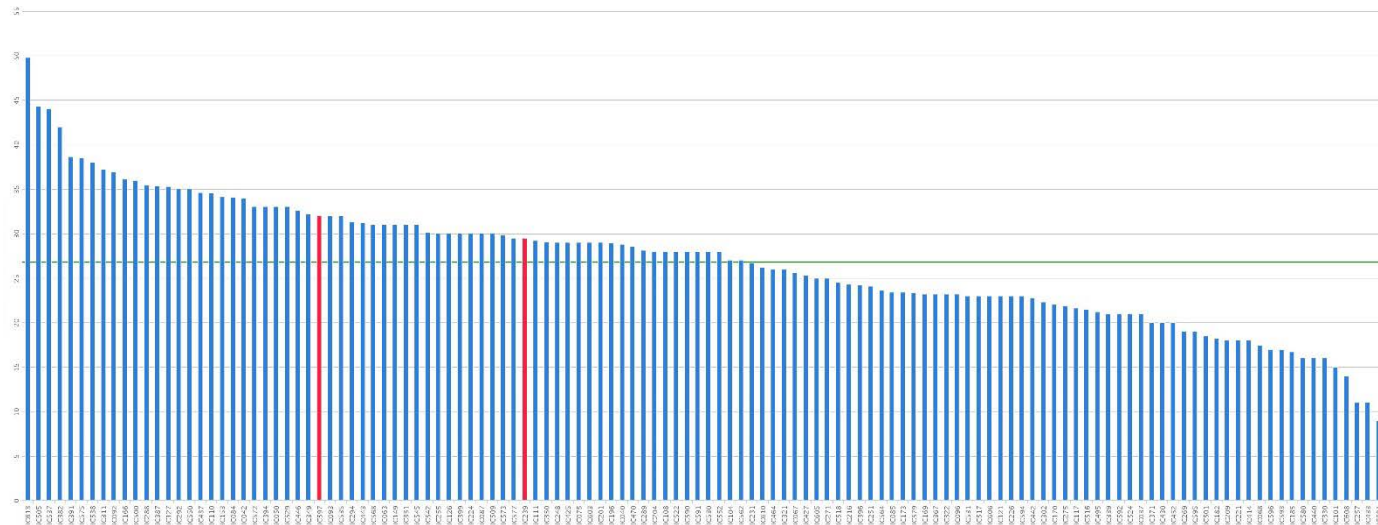


# Length of stay



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)



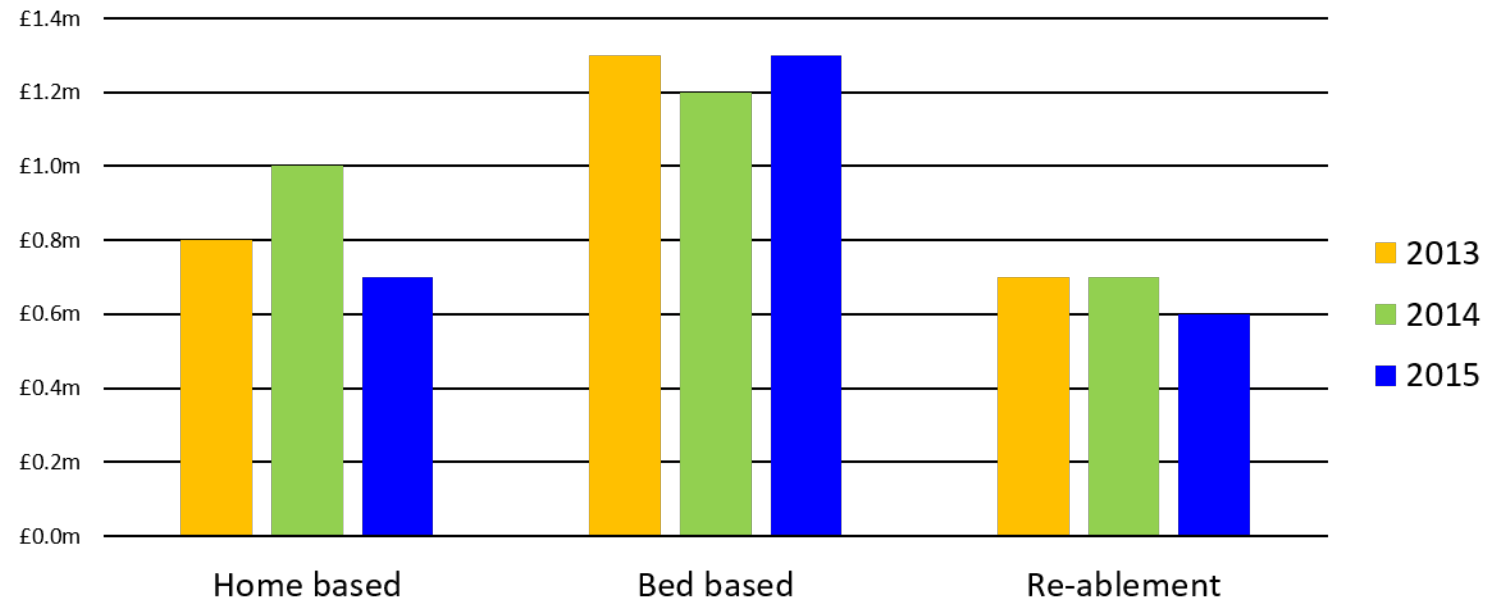


**3. Do we have enough capacity  
to make a difference?**

# 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

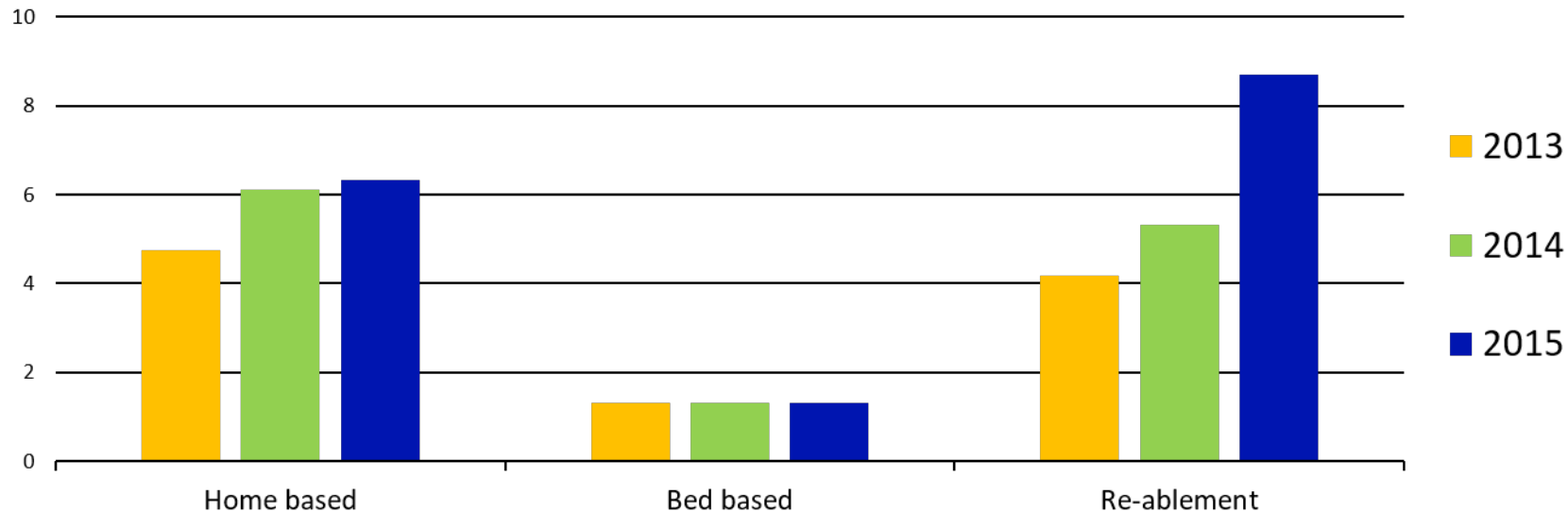
Commissioner budgets for IC per 100,000 weighted population (£m)



# 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 8.7days

Average waiting times from referral to assessment (days)



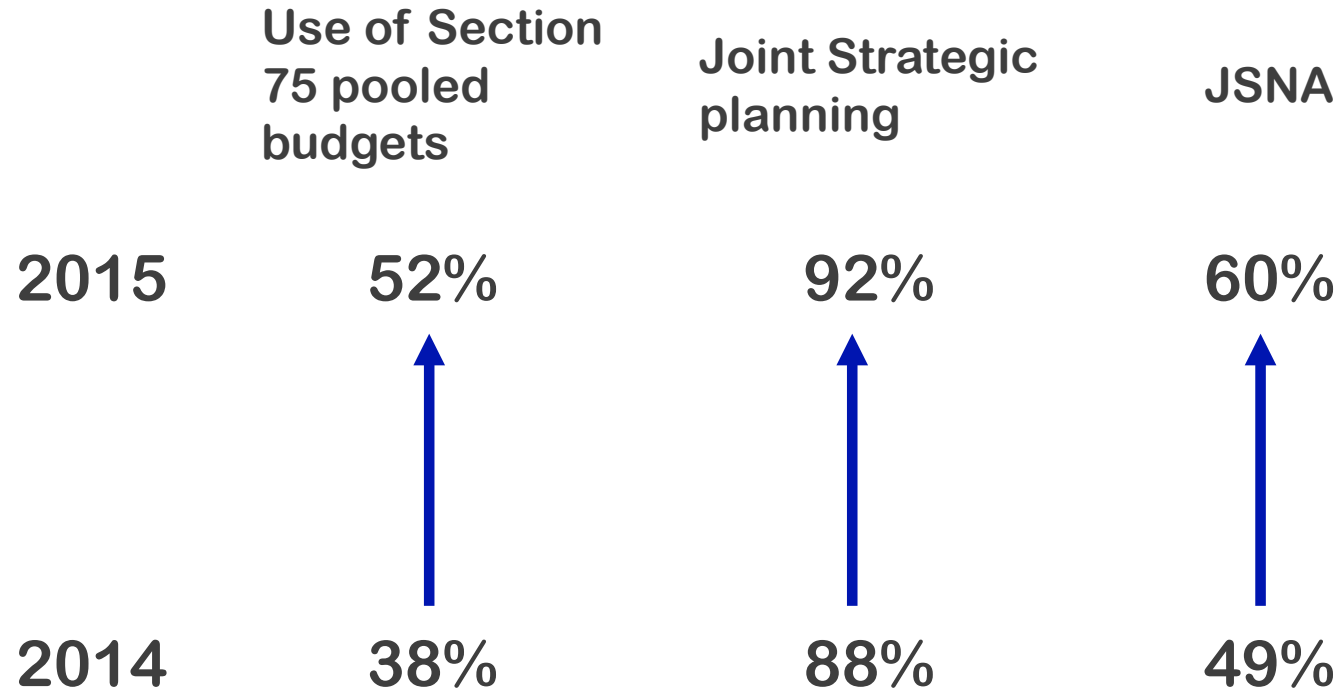


## 4. Integration – is it happening?



# Integration

## Strategic level

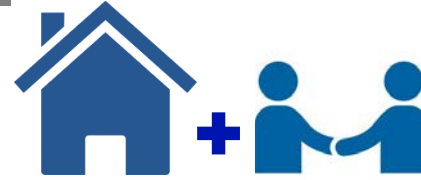


**Progress at the strategic level**



# Integration

## Operational level



Single patient record

25%

49%

Single management structure

33%

51%

Trans-disciplinary roles

31%

43%

Joint training and induction

25%

47%

Weekly MDT

69%

51%

Single performance  
management framework

31%

45%

**Work to do at operational level**

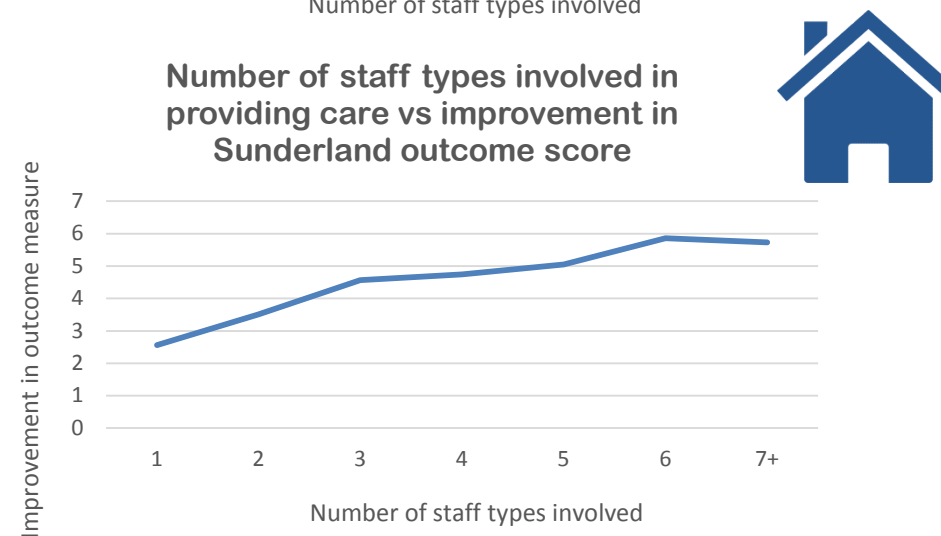
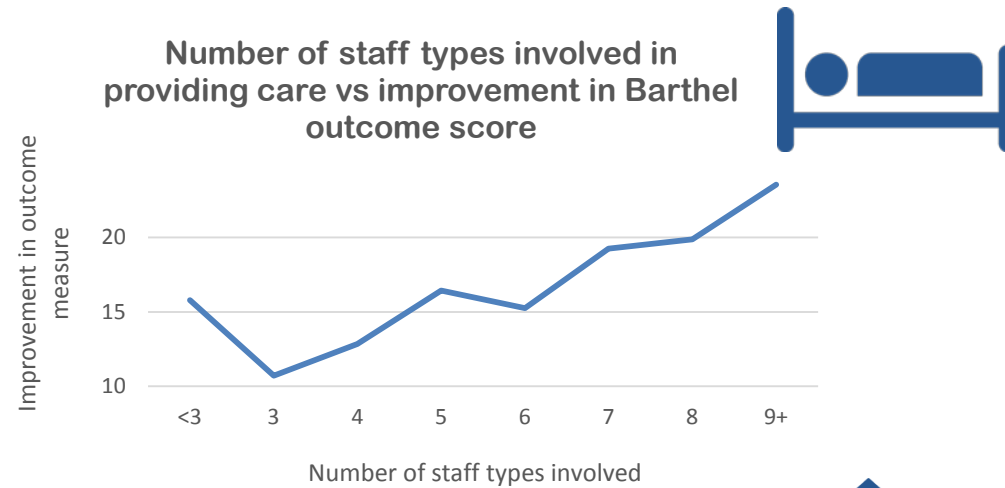


# 5. AHP contribution to IC



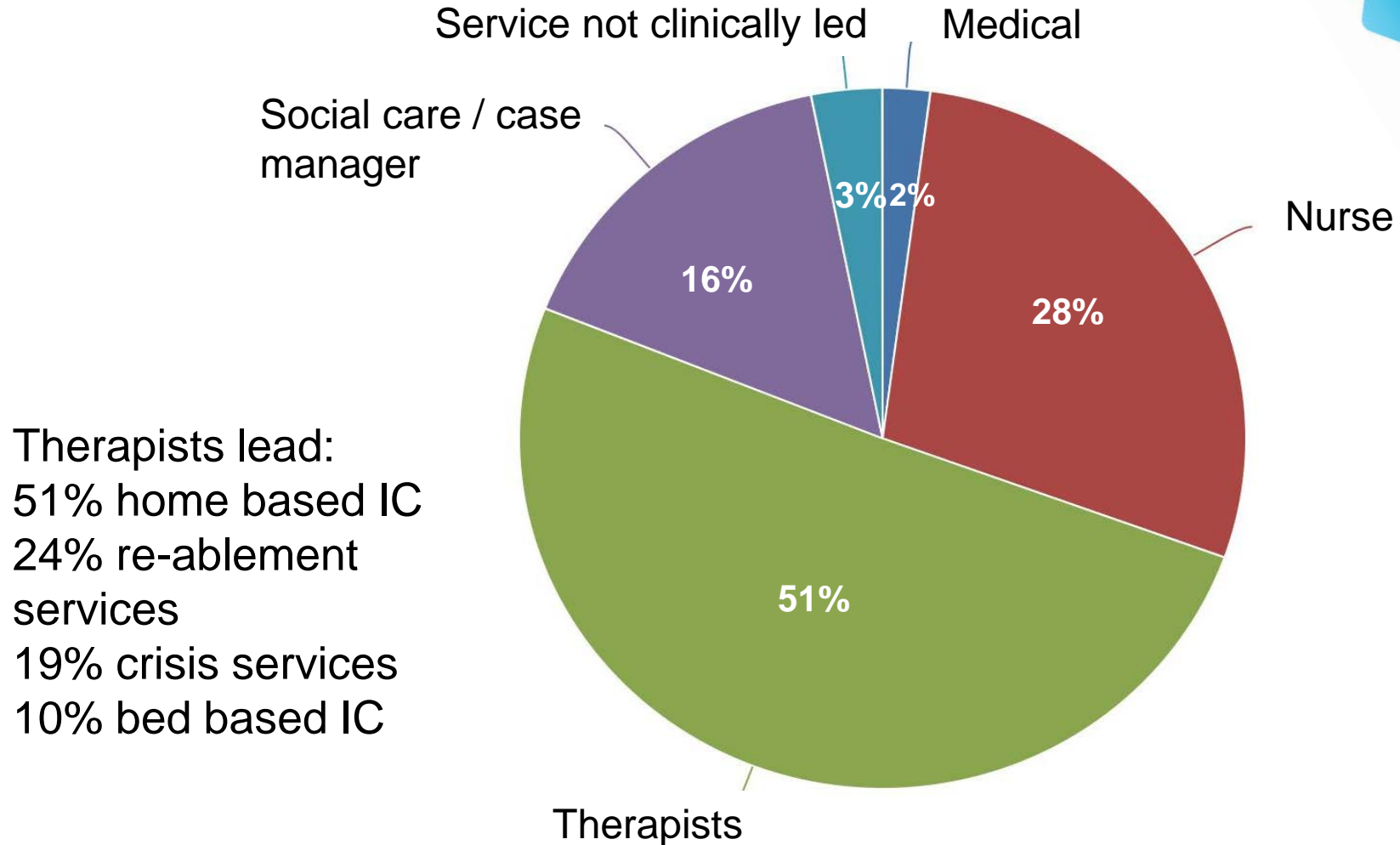
# Relationship between staff contact and outcomes

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



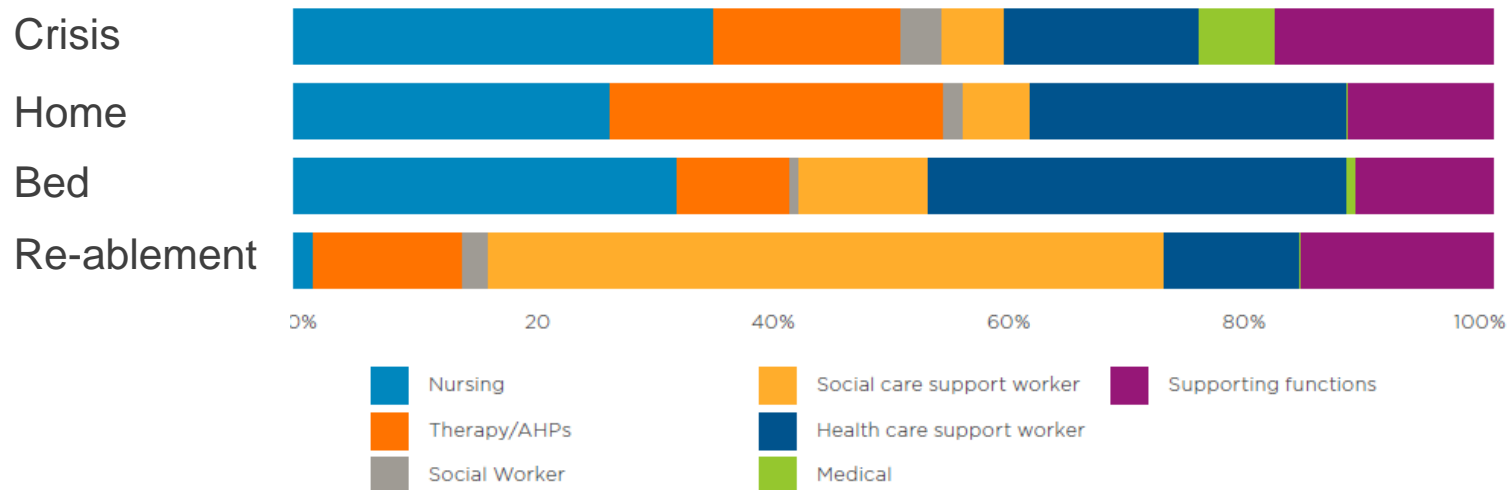
# Clinical leadership

Which discipline leads the service? (Home based)



# Discipline mix within intermediate care

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



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## Questions and comments

### Contacts:

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**#NAICUK**