

2017

NAIC 2017 Key findings

BGS Autumn meeting
22nd November 2017

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Director, NAIC



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Content



- Introduction to NAIC 2017
- Key questions:
 1. What's changed nationally?
 2. Are service users benefitting from IC?
 3. What's the story for bed based IC?
 4. What makes a difference to outcomes?

Intermediate care definition



Explanation of intermediate care approved by Plain English Campaign (page 17 of your report)

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 NICE guideline definition

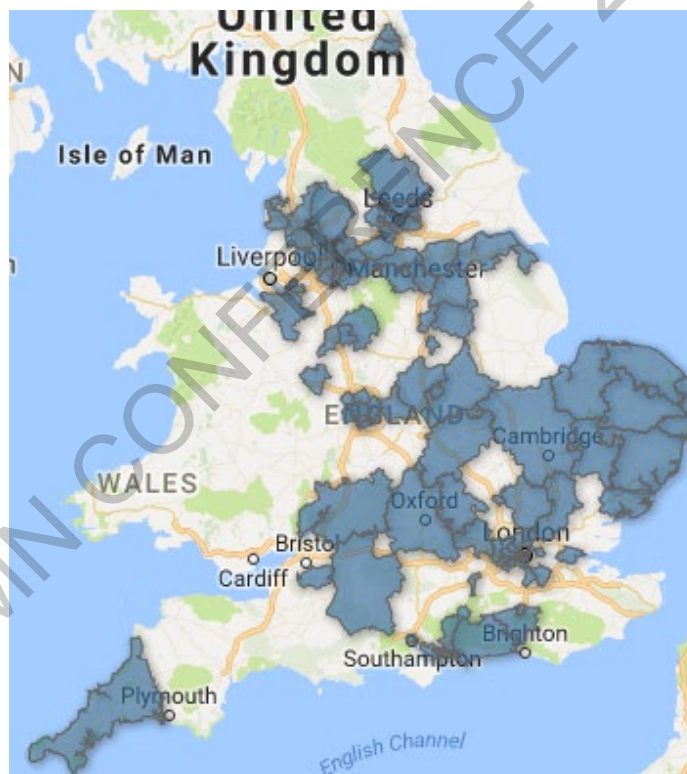
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Audit participation Commissioners



- 154 organisations registered 85 submissions
- Joint submissions covered:
 - 99 CCGs
 - 55 LAs



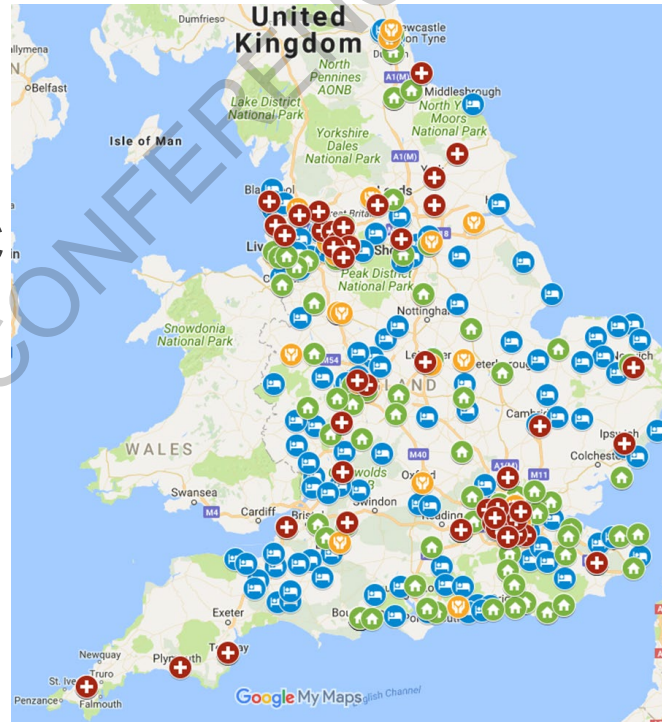
**Commissioner participation up
62% on NAIC 2015**

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Audit participation Providers

- 118 providers
- 461 services
 - 56 crisis response
 - 134 home based IC
 - 227 bed based IC
 - 44 re-ablement
- Over 17,500 SU contributions



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Provider participation up 36% on NAIC 2015

2017



1. What's changed nationally?

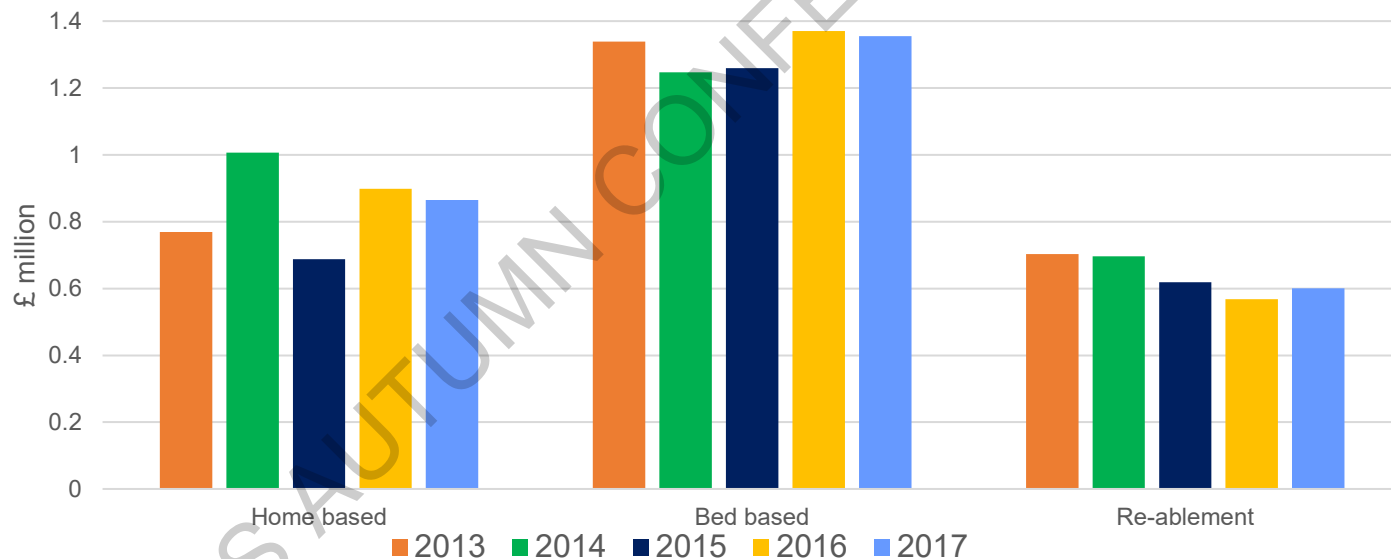
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Scale: has investment changed?

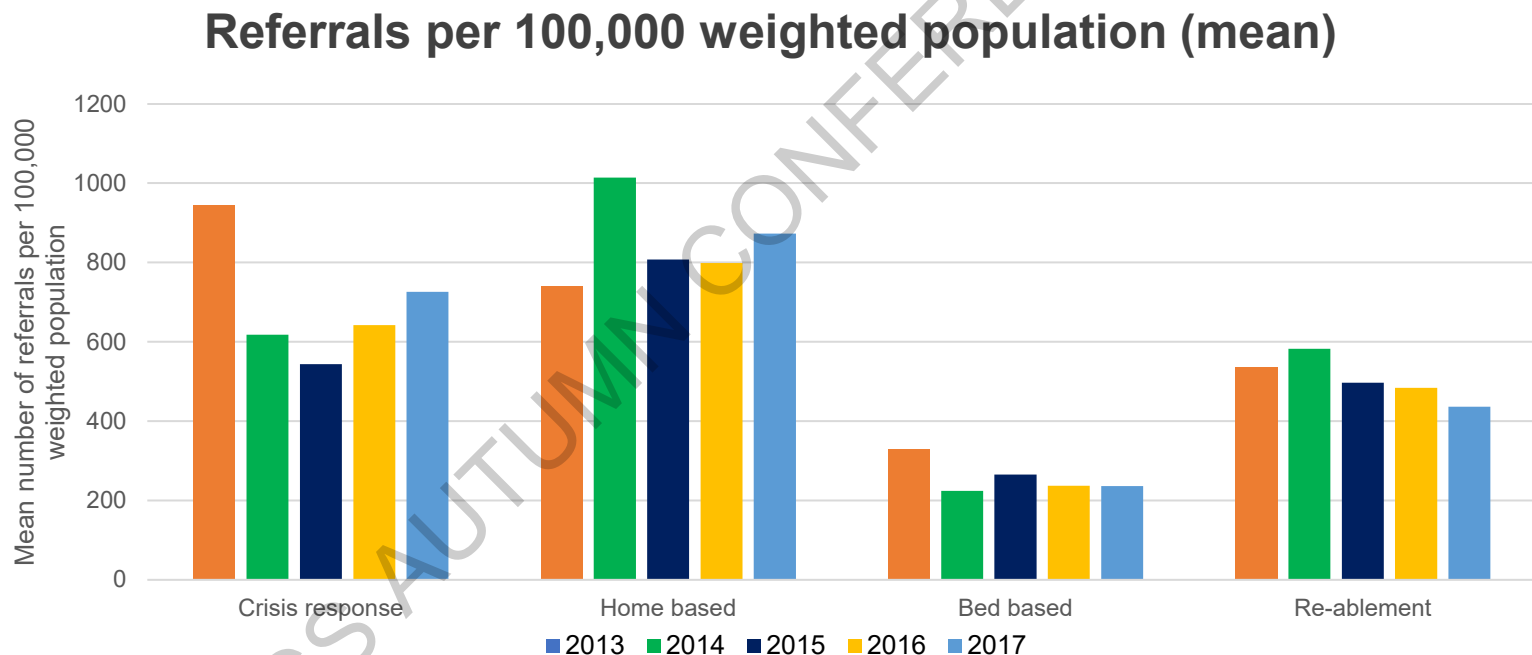
- NAIC 2012: IC capacity needs to double
- Still no evidence of a material increase in budgets nationally

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



Scale: has volume changed?

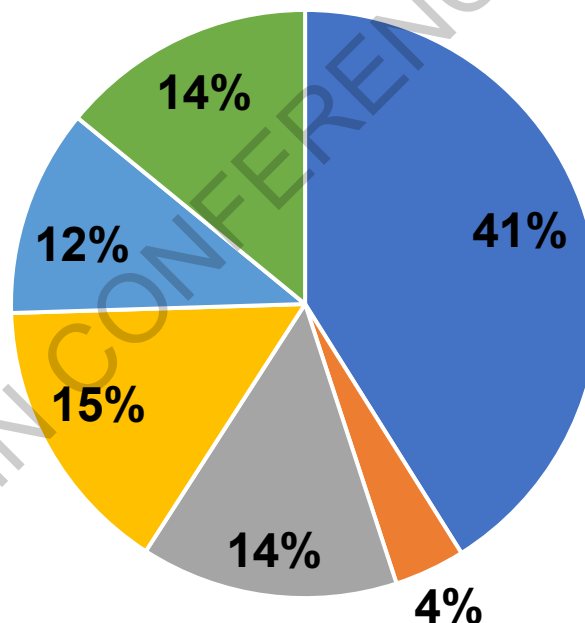
- Slight upward trend in home based IC referrals
- Definite downward trend in both referrals and assessments for re-ablement



How is capacity used?

**Balance of step up and down IC provision
(estimated) NAIC 2017**

- Step up 59%
(NAIC 2015 62%)
- Step down 41%
(NAIC 2015 38%)
- Re-ablement step
down now 50%,
compared to 35%
in 2015



- Home based - step up
- Bed based - step up
- Re-ablement - step up
- Home based - step down
- Bed based - step down
- Re-ablement - step down



2. Are service users benefitting from IC?

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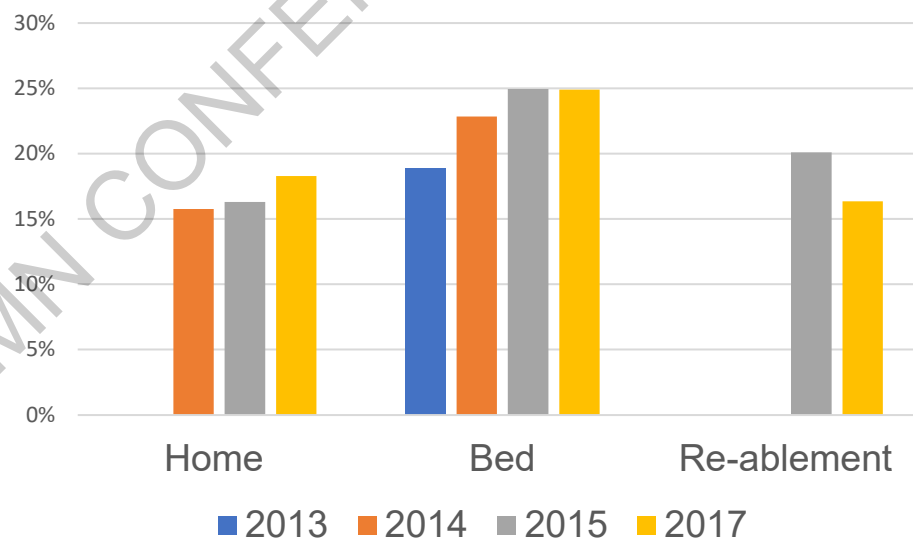
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How is the SU age profile changing?

Mean age:

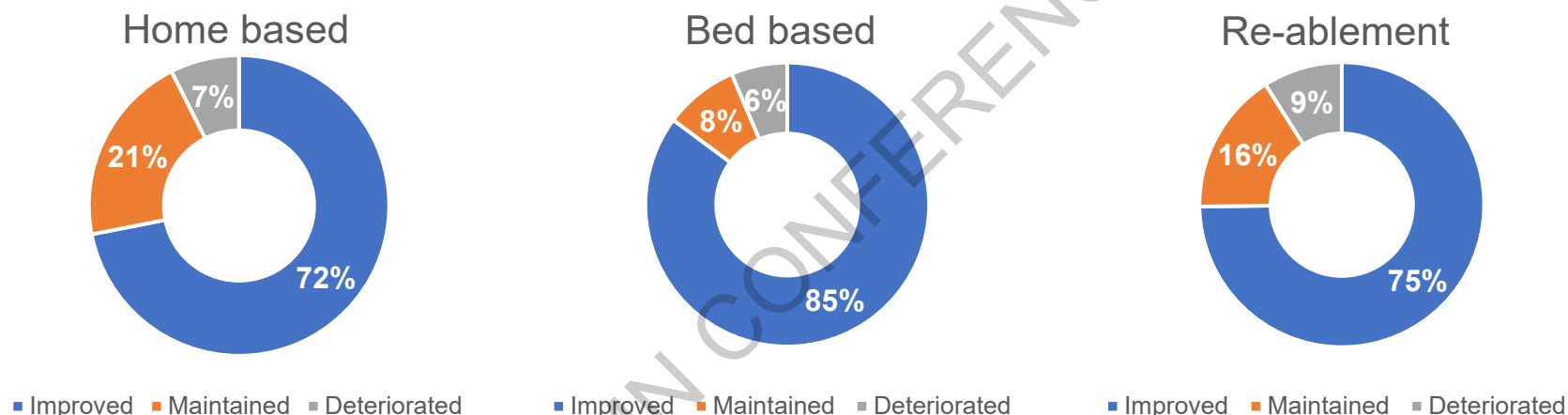
- Home: 80 years
- Bed: 83 years
- Re-ablement: 79 years

Proportion of service users aged 90 and over



Does intermediate care work?

Service user outcomes: changes in dependency level



Vast majority have a positive outcome:

- Home: 93% improved or maintained
- Bed: 93% improved or maintained
- Re-ablement: 91% improved or maintained

Have outcomes changed in home and re-ablement?

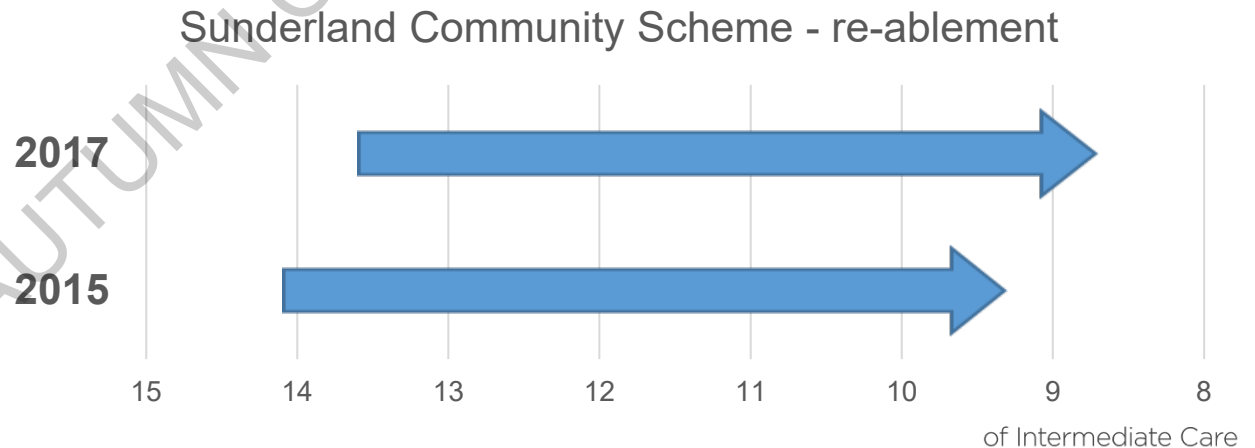
Home:

- Start and discharge dependency similar to 2015
- Mean change in score in 2017 is 31%



Re-ablement:

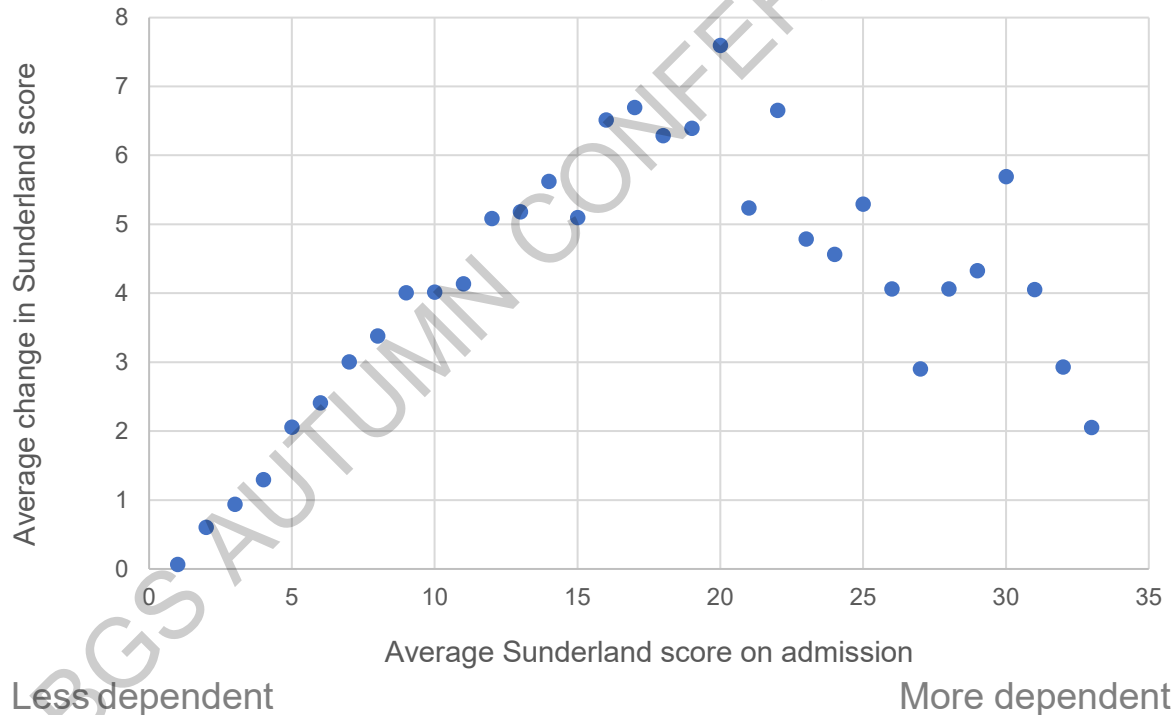
- Slightly less dependent on admission than in 2015
- Mean change in score in 2017 is 36%



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What is the scope for improvement of people at different starting levels of dependency?

**Average Sunderland score on admission
against average change in score – home based**



Where do people go following IC?

Returning home

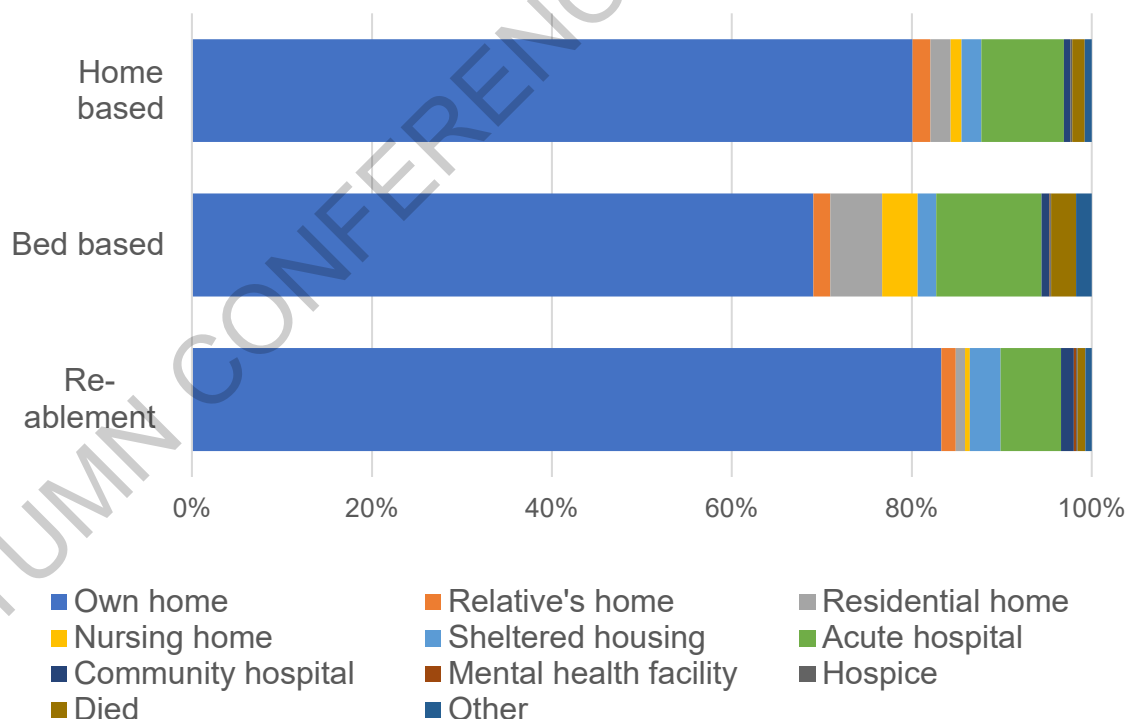
2017 (2015):

- Home 80% (81%)
- Bed 69% (71%)
- Re-ablement 83% (73%) (“other” has reduced)

Acute hospital:

- Home 9% (8%)
- Bed 12% (10%)
- Re-ablement 7% (8%)

Destination on discharge from service user data



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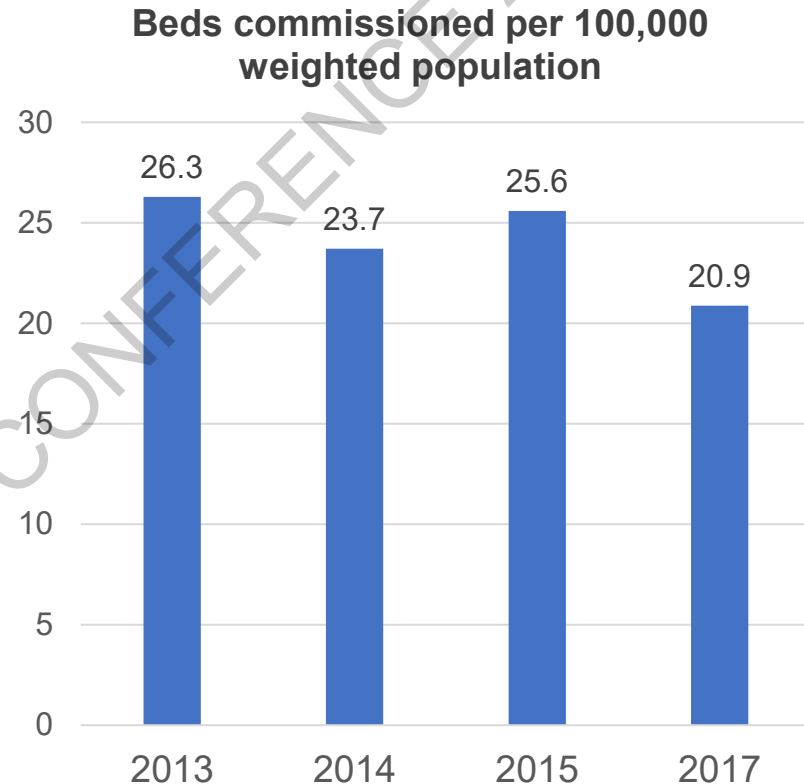
3. What's the story for bed based IC?

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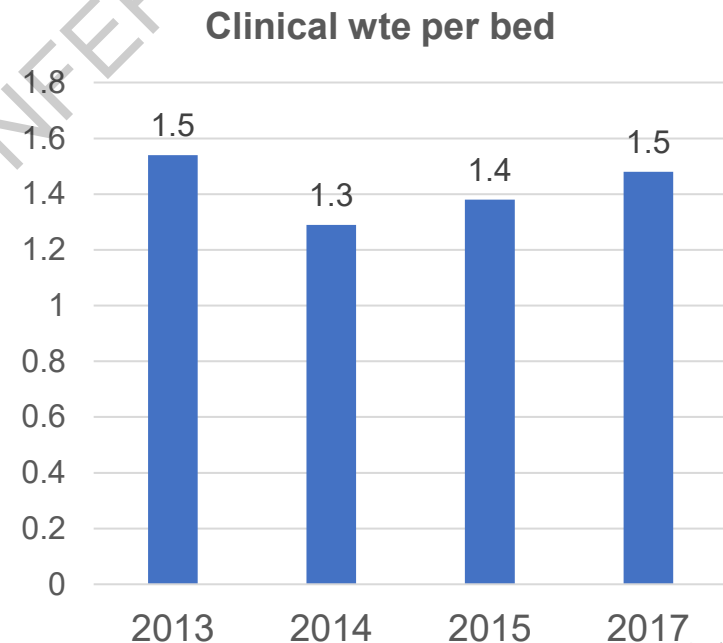
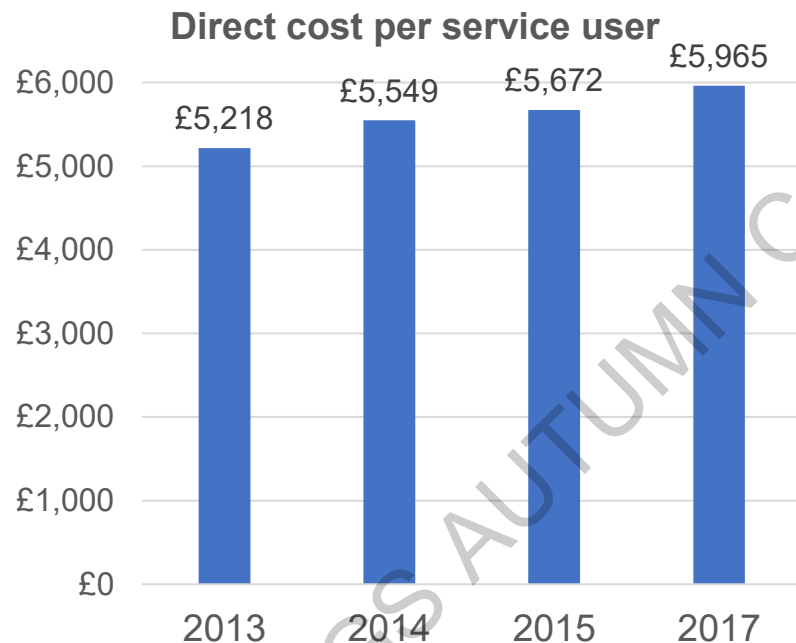
Change in bed based IC capacity?

- Number of beds commissioned per 100,000 weighted population (including spot purchase)
- Reduction in NAIC 2017 to 20.9



What's happened to bed based IC staffing and costs?

- Cost per service user has increased since 2015 to £5,965
- Staffing levels have increased to 1.5 clinical wte per bed

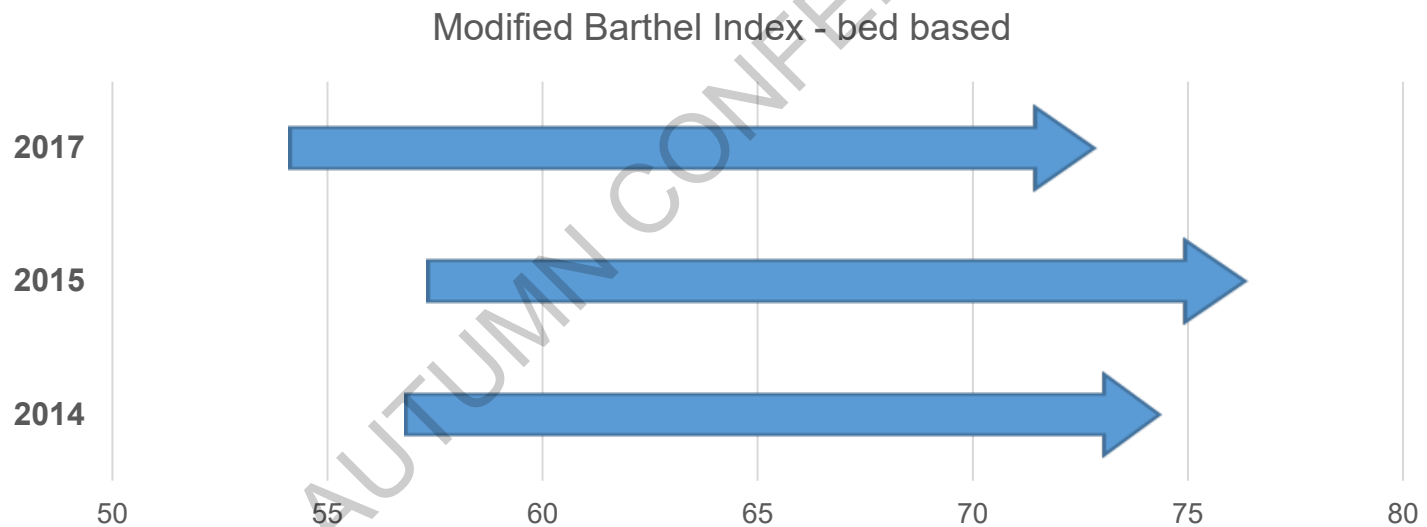


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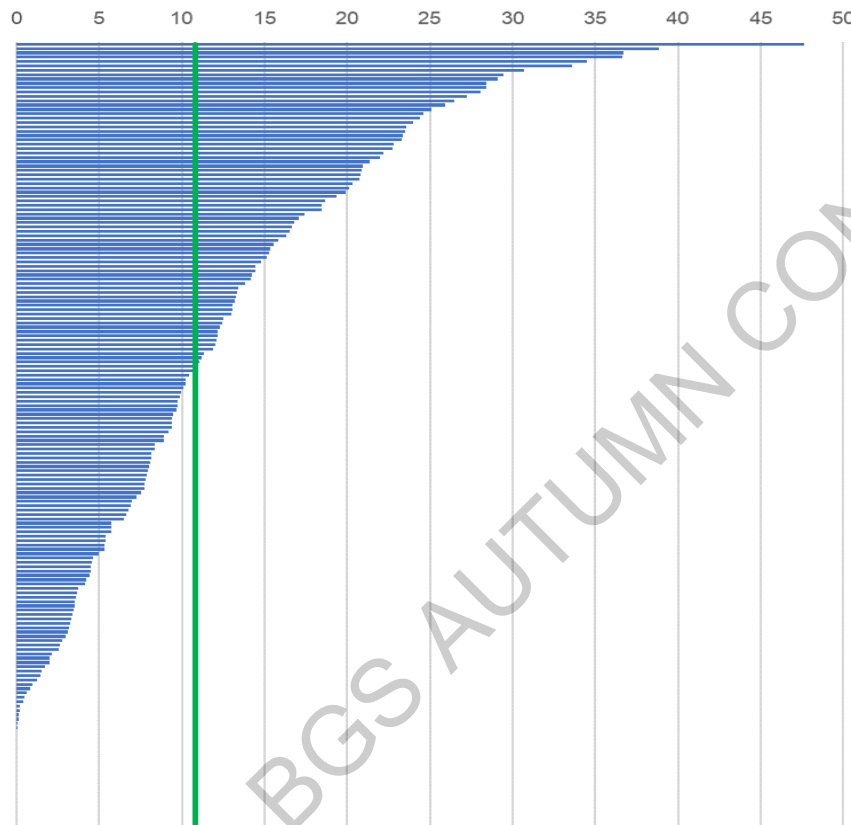
Have dependency levels changed in bed?

- People admitted to bed more dependent on admission in 2017, than in 2015
- Average % change in score in 2017 is 35%



Are DToCs an issue in intermediate care bed based services?

Delayed days from IC bed provision as % of occupied bed days



- DTOCs within intermediate care services becoming an issue – chart shows DToCs represent **11%** of occupied bed days
- **From service user audit, 18%** of service users experienced a delayed transfer of care from intermediate care services

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Bed based



236

Referrals per
100,000 population



20%

Patients waiting 2+
days for IC service



2.5
days

Average time from
referral -
commencement



11%

Delayed transfers of
care as % of OBD



27
days

Average length of
stay



10%

Discipline mix –
therapy/ AHP staff



£5,965

Total direct cost per
service user accepted



13%

Workforce vacancy
rate



1.5

Clinical WTE per
bed

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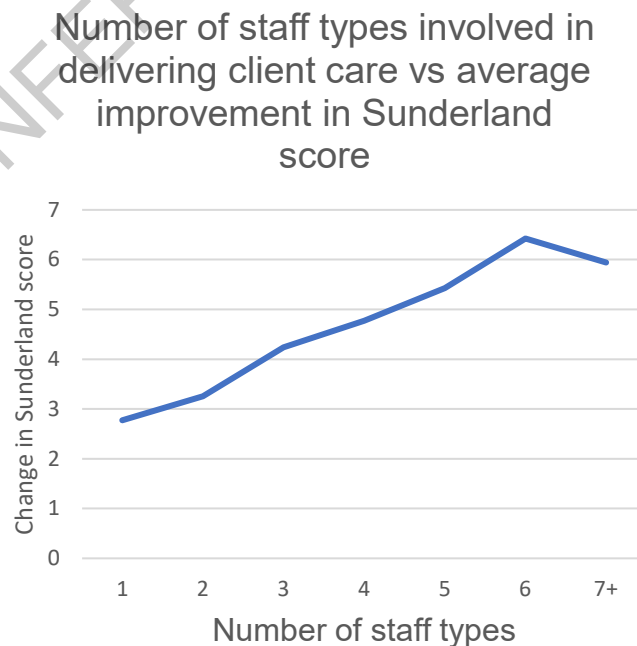
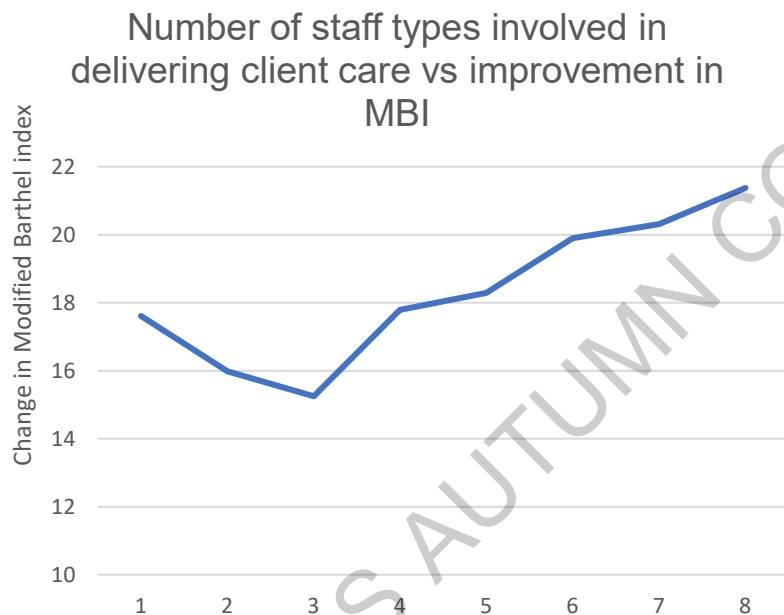
4. What makes a difference to outcomes?

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Does discipline mix matter?

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



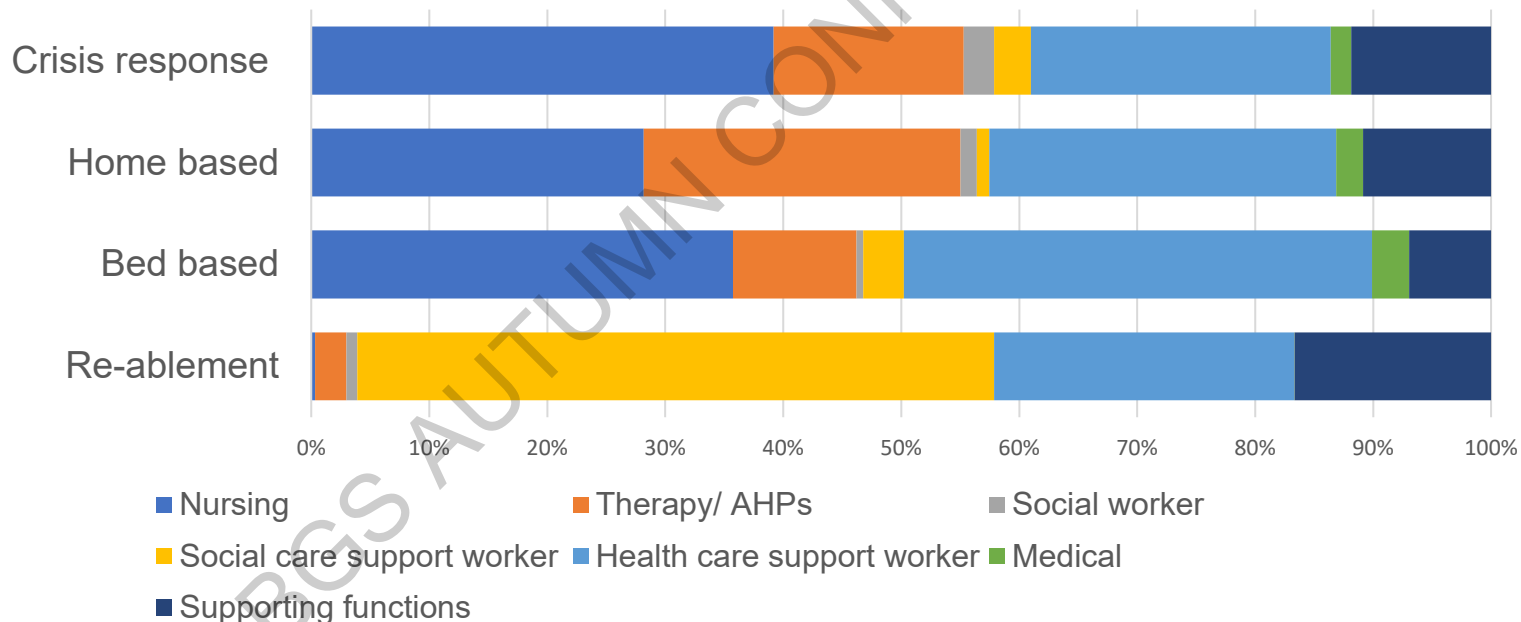
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What is the discipline mix?

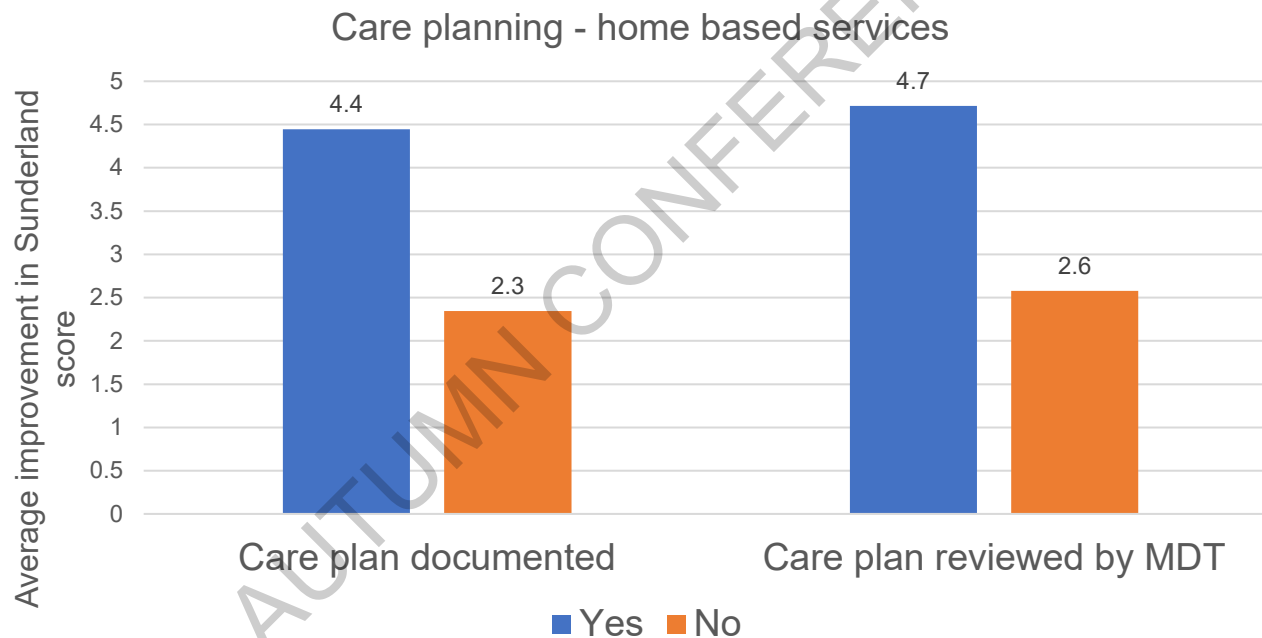
- Crisis, home and bed dominated by registered nurses and health care support workers
- Re-ablement 52% social care support workers
- Mental health workers rarely included

Mix of disciplines in IC services








Does care planning matter?

- Comparison of change in dependency score with documented/review of care plan

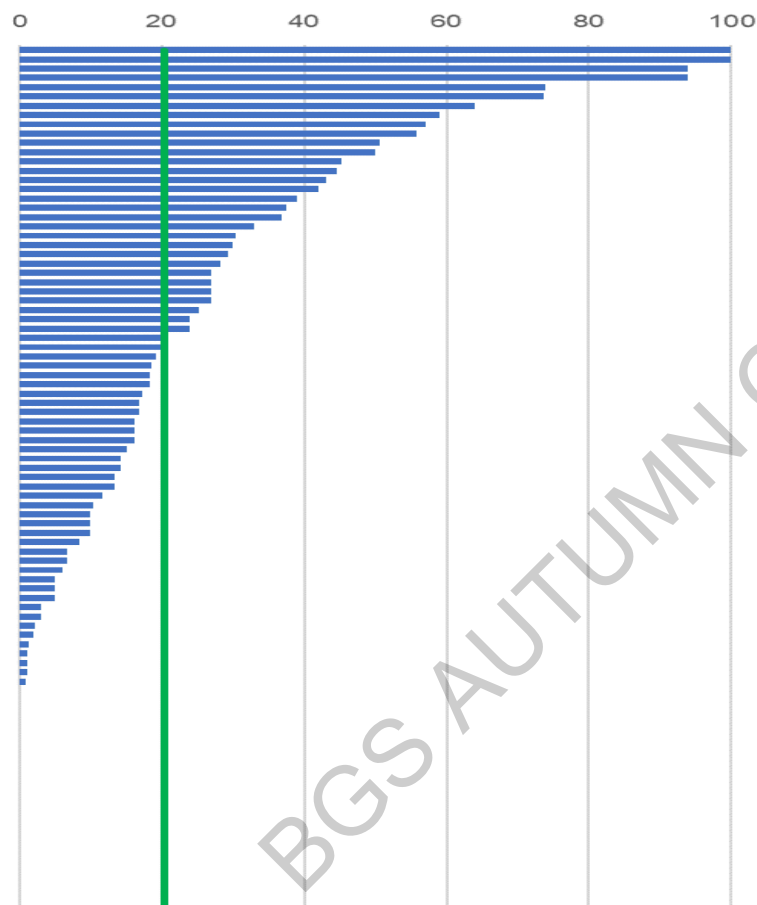


Compliance with care planning?

		Care plan documented	Care plan reviewed
			
Home		85%	79%
Bed		96%	96%
Re-ablement		95%	72%

Compliance with 2 day wait?

% waiting over 2 days from referral to commencement – bed IC



- New NICE guideline for bed based IC

IC service	% of services reporting that no-one is waiting more than two days
Home	16%
Bed	26%
Re-ablement	25%

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Questions and comments



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