

# National Audit of Intermediate Care (NAIC)

National Conference (England)

Thursday 15th November 2018

The ICC

Birmingham

# A Whole System review of Intermediate Care services in Northern Ireland

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# Overview

- NI Context
- NAIC 2017
- Dissemination Strategy
- Improvement
- Transformation

# Context - NI Integrated Health and Social Care system



# Context - Previous Work

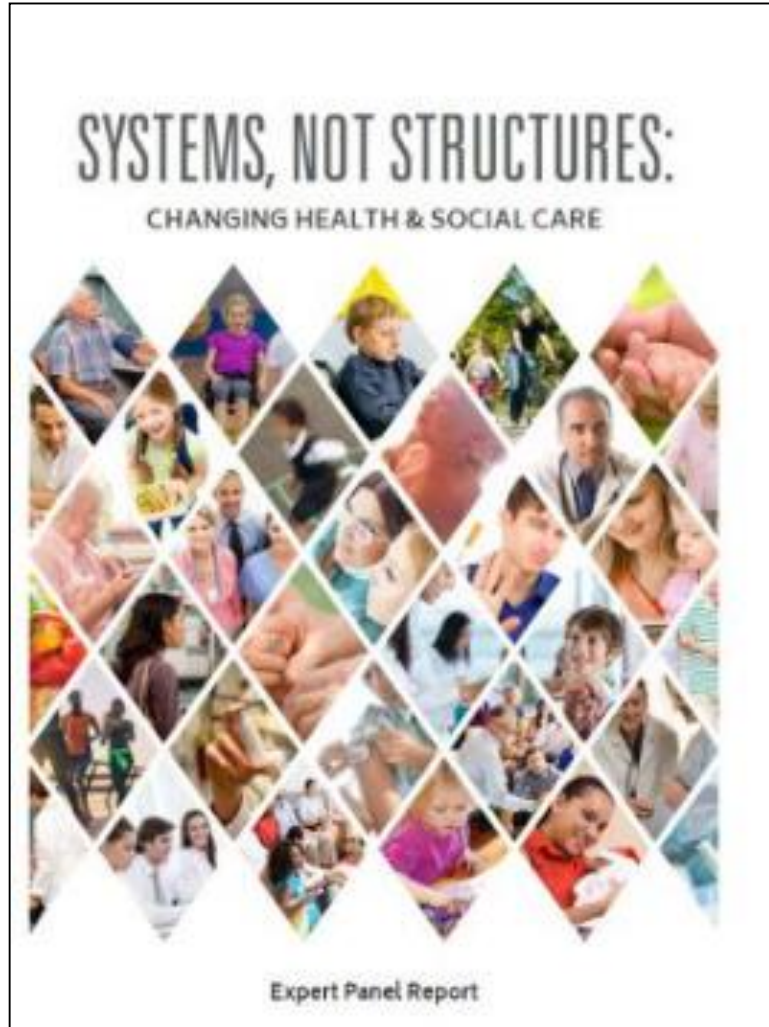
- Regional Work
  - Reablement
  
- Local Commissioning Groups
  - Priorities through Integrated Care Partnerships

# Context - Discharge Focus

- Challenges
- Regional Discharge Group
- Genesis of NAIC participation



# Context – Strategic Direction



# NAIC 2017 - Participation

- Buy in
- NI Strategic Guidance
- Project team
- Overview





# NAIC 2017 - Cohorting NI Services

- New Process
- Pre-participation event

# NAIC 2017 - Key Messages

- Greater use of bed based services
  - High use of spot-purchased beds
  - Limited use of home based intermediate care.
  - Higher level of re-ablement provision against England
  - Limited step-up capacity within NI
- 
- Bed based intermediate care can be accessed faster than home based intermediate care and reablement
  - Outcome evidence shows patients prefer to be at home and become more independent

# Dissemination

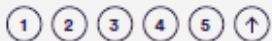


Dissemination

# Improvement



# Research - March 2018



Drawing on the experience of seven case study sites, as well as evidence of what has worked to date, we make five recommendations for national policy-makers:

- 1 Move beyond a focus on delayed transfers of care.** A focus on delayed transfers of care is not sufficient to address the wider issues facing health and social care. And requiring local areas to concentrate on this single issue may actually have a negative impact on local relationships.
- 2 Consider small-scale as well as large-scale organisational change.** The national drive towards certain models of care and accountable care organisations will deliver successful outcomes in some areas, but do not underestimate the potential of small-scale change in bringing about significant results in a faster and less resource-intensive way. One size does not fit all.
- 3 Focus on increasing the health and social care workforce.** The workforce is the health and social care sectors' greatest asset. Innovation and growth in the sectors are meaningless without a workforce to deliver the changes. Enable providers to create a positive learning environment for staff where they feel respected and rewarded.
- 4 Understand the capacity of community-based services.** The strategies highlighted in this report are interconnected with the performance of local community-based services. A mapping of the capacity in these services is vital for an understanding of the pressures facing secondary and social care.
- 5 Make use of other sectors where possible.** A vibrant and diverse voluntary and community sector will support effective interfaces between hospitals and social care, and should be nurtured. Similarly, making the best use of Extra Care Housing and other such schemes will help people to live independently at home.



Research report March 2018

## Managing the hospital and social care interface

Interventions targeting older adults

Holly Holder, Stephanie Kumpunen, Sophie Castle-Clarke and Silvia Lombardo

nuffieldtrust

# Current Work



# Transformation

# High Level NI Messages from NAIC 2017

- Greater use of bed based services
  - High use of spot-purchased beds
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# Transformation Funds

- Confidence and Supply monies
- Non-recurrent but with expectation of being mainstreamed
- Driving new ways of working

# Intermediate Care Transformation

- 3-year proposed programme
- Transformation Funds in first two years
- Commitment to multi-disciplinary working and home-based rehabilitation
- Template based on 100,000 populations
  - NI population = 1.9 million
- Including carers support

# Objectives

- Put in place a home based rehab service across the Trust.
- Improve the responsiveness of a home based rehabilitation service.
- Put in place an intermediate care model that will focus on early intervention and maximising independent living.
- Put an intermediate care model in place that supports those who care for service users at home.

# Population allocations

- Each 100,000 population allocated
  - 1 Occupational Therapist (Band 5/6)
  - 1 Physiotherapist (Band 5/6)
  - 1 Nurse (Band 5/6)
  - 6 Support Workers (Band 3)
- Each of the 5 HSC Trusts allocated
  - 1 Clinical Lead (Band 8A)
  - 2 Social Workers (Band 6)
  - 1 Admin Support (Band 3)
  - Carers Support Allocation (£100k FYE)

# Projected Savings

- Minimum impact in order to be cost neutral
- £6,461,706 (total investment) / circa £450 (bed day cost) = 14,359 bed days
- 14,359 bed days / 19 locality teams = 756 bed days annually per team
- 756 / 12 = 63 bed days per month per team

# Financial Sustainability

- Savings
- Reinvestment
- Reprioritisation
  - Release of domiciliary care to be more responsive to need
- Demography
  - Application of new funding to address demographic change

# Risks and Issues

- Capacity to deliver at scale
- Patients identified as being medically fit for discharge from acute care
- Not anticipated to impact on GP services
- Impact on delivering acute and therapeutic interventions in the acute sector
- Phased implementation
- Workforce constraints
- Phasing – Year 2 = 75% implementation
- 7-day working

# Carers' Support Needs

- Nearly 214,000 informal carers in NI
  - 12% of the NI population
- 40% of carers provide more than 20 hours of care per week
  - More than a quarter providing over 50 hours of care per week.

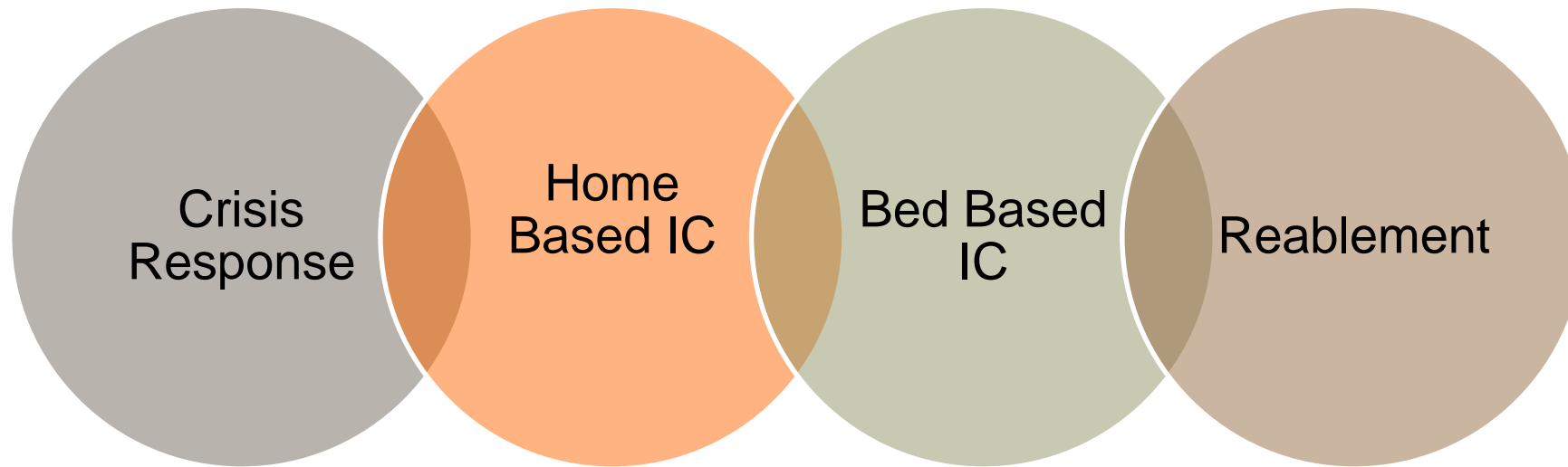


# Focus on carers support

- Earlier identification of carers
- Respond to the carers' needs for training to support the cared for person
- Provision of earlier interventions to avoid carer burnout through planning of how future support needs of the carer
- Development of more flexible short break opportunities

# Progress

- Flexible approaches based on existing services on the ground
  - E.g. alignment with community nursing services
  - E.g. flexibility of banding for AHP posts
- Allocations to 5 HSC Trusts complete
- Recruitment underway (based on Year 2)
- Support workers job description developed
- Regional Carers Forum focus on carers allocations



Public Health, Early Intervention, Promotion of Independence

Thank You

Questions?

