

Introduction

Welcome to the first edition of the new Research Focus Newsletter from the PSSRU at Manchester. This is designed to be a regular update on projects, activities and publications undertaken by the Unit. In this edition we summarise several pieces of work including the emerging use of flexible budgets in social care; the emerging role of external organisations in undertaking care management responsibilities; the Single Assessment Process (SAP) and performance measurement in services for older people.

The Personal Social Services Research Unit at Manchester undertakes research into health and



social care issues and receives some of its funding from the Department of Health. The Unit's work focuses predominantly on community

based long-term care, particularly in relation to services for older people. The research frequently spans the interface between health and social care.



Long-Term Care Coordination for Older People at Home – Exploring the Flexible Use of Budgets

This is one of two studies within the care coordination research programme to explore recent developments in care coordination arrangements in the light of the personalisation agenda by examining the flexible use of budgets by local authorities. Surveys undertaken in 2006 and 2008 revealed that some authorities had implemented arrangements for the flexible use of budgets in older people's services in advance of this agenda.

First, information from these surveys identified authorities that had arrangements for the flexible use of budgets, regarded as 'early adopters' of this approach. This group was compared with the remaining authorities on aspects of their care management arrangements.

Second, telephone interviews were conducted with representatives from these authorities to identify salient factors in the development of flexibility in service provision. The information gathered in the interview included: characteristics of the service, budget expenditure, and audit.

Twenty five authorities were identified as having arrangements for the flexible use of budgets. There were few differences between these and the remaining authorities particularly in respect of a differentiated response to care management. However there was an indication that the former were more likely to have devolved budgets, and a more integrated approach to care particularly in terms of documentation and were significantly more likely to have

introduced a Direct Payments scheme for older people.

Representatives from 22 authorities completed telephone interviews. The majority of flexible schemes were for carers, usually voucher schemes to purchase services or respite care. Older people were the main recipients of schemes for adult service users and most were in the form of grant payments for personal care or one-off purchases. A number of authorities are replacing voucher schemes with pre-paid card systems and transferring existing schemes into Personal Budgets. Further analysis of the data is being undertaken to provide information about the processes and services emerging in local authorities.

Evaluation of the Development and Impact of the Single Assessment Process in England

This project has examined the initial development and the broad impact of the SAP from multiple perspectives. Several themes were used to structure the evaluation: the nature of assessment; the contribution of older people; the role of key actors; information sharing and multidisciplinary working; and links with other assessment processes. The research strategies employed were: surveys, focus groups, document analysis, interviews with staff and older people, and examination of the effectiveness of assessment. These were all designed to provide a rounded evaluation of the impact of the SAP across England.

The findings of the project have been many and varied. An 82 per cent response rate for a national survey across England enabled us to draw reasonably robust conclusions regarding implementation of the policy. There was a strong suggestion that local authorities had become the lead agency for the policy. There was relatively less engagement of geriatricians, old age psychiatrists and GPs, a finding confirmed by a questionnaire survey of clinicians across England. Although it is a mistake to view the SAP as only about the use of standardised tools, it is nonetheless an important area; in this respect most of those responsible for implementation reported the use of locally developed assessment tools, although two nationally accredited tools, EasyCare and FACE (Philp, 2000; Elzinga et al., 2001), were used by around a quarter of local areas. The 'comprehensive' assessment elements of SAP were also less frequently developed than the 'contact' and 'overview' assessments (see Figure 1).

Moving to the user experience of the SAP, we captured older people's

experiences by means of a tool validated by older people themselves. Multivariate analysis of the data revealed that the determinants of users' satisfaction with assessment included the effectiveness of the professional assessor in identifying need, the health status of the older person and an absence of cognitive impairment. These findings importantly suggest that strategies designed to enhance workforce quality and particularly to enhance staff knowledge and skill, are particularly likely to be valued by service users and thereby contribute to better well-being, outcomes, and resource utilisation (Challis et al., 2004; Venables et al., 2006).

As a whole, findings indicate the extent to which those responsible at a local level for implementing the SAP had been enthusiastically engaged in an initiative with the specific focus of improving the quality of assessment for older people. However, the policy also presents challenges. Not least, the SAP can be viewed as an inherently complex endeavour as it represents a 'large solution' in public policy (Wildavsky, 1979), involving changes to professional behaviour; a task inherently more complex and difficult than purely shifting resources across settings. In particular, the balance between national prescription of processes and tools, necessary to attain the policy goals, and the encouragement of local initiatives and implementation has been one theme emerging from the data collections in the project.

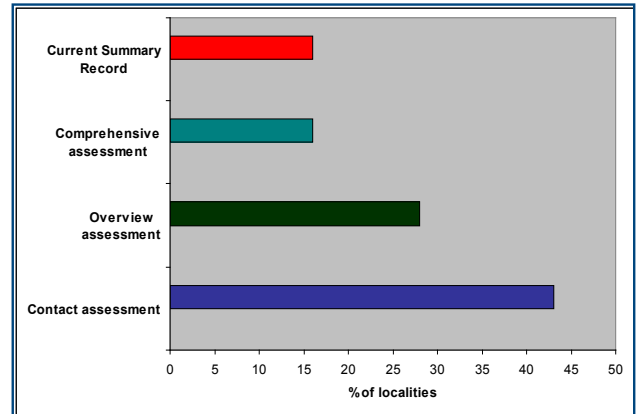


Figure 1: Elements of SAP 'in current use' in localities

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Elzinga R, Meredith F, and Clifford P. (2001). **International Mental Health Outcomes and Benchmarking Using the FACE Approach.** *Australian Healthcare Review*, 24, 103-115.

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PSSRU

Personal Social Services Research Unit
at the University of Manchester

The Personal Social Services Research Unit was established in 1974 and now has branches at three UK universities: the University of Kent, the London School of Economics and Political Science, and the University of Manchester.

Its mission is to conduct high quality research on social and health care to inform and influence policy, practice and theory.



Long-Term Care Coordination for Older People at Home - Exploring the Role of Independent Organisations in Care Coordination for Older People and their Carers

This is one of several parallel studies within the care coordination programme of research to examine developments in care coordination arrangements for older people living at home in the light of the personalisation agenda. An earlier survey by the PSSRU indicated that in some local authorities care coordination for specific groups of older people was undertaken by independent organisations; and more recent policy guidance envisages developing the role of independent organisations and strengthening their capacity to deliver social care, both as strategic partners and as service providers. The purpose of this study is to further explore and document the role of organisations independent of local authorities (including voluntary, not-for-profit, and for-profit organisations) in the provision of care coordination for older people and their carers, and the implications this



may have for service commissioning and service providers. The study involves telephone interviews with managers of older people's services in 27 local authorities selected on the basis of the earlier postal survey. Areas covered include service provision, commissioning and contracting arrangements, and characteristics of independent organisations. It may also involve more detailed case studies to investigate the care coordination tasks undertaken by independent organisations and the issues they

face. Initial findings suggest that the role of independent organisations in care coordination is still quite limited; and that services provided by these organisations are usually not exclusively for older people and their carers. The most plausible reasons for this are current government policy requirements, and the history and nature of the organisations. Further policy guidance and improvement in independent organisations' capacity would facilitate their involvement in care coordination.

Recent Publications

Books

- Challis DJ, Sutcliffe C, Hughes J, von Abendorff R, Brown P, and Chesterman J. (2009). **Supporting People with Dementia at Home**. Farnham: Ashgate.

Journal Articles

- Harrington VVE. (2009). **Innovation in a Backwater: the Harpurhey Resettlement Team and the Mental Health Services of North Manchester, 1982-1987**. *Health and Place*, 15, 664-671.
- Jacobs SR, Xie C, Reilly S, Hughes J, and Challis DJ. (2009). **Modernising**

Social Care Services for Older People: Scoping the United Kingdom Evidence Base. *Ageing and Society*, 29, 497-538.

- Manthorpe J, Stevens M, Rapaport J, Jacobs SR, Challis DJ, Wilberforce M, Netten A, Knapp M, and Glendinning C. (2009). **Gearing up for Personalisation: Training Activities Commissioned in the English Pilot Individual Budgets Sites 2006-2008**. *Social Work Education*, 28, 1-13.
- Tucker SE, Baldwin RC, Hughes J, Benbow S, Barker A, Burns AS, and Challis DJ. (2009). **Integrating Mental Health Services for Older People**

in England - From Rhetoric to Reality. *Journal of Interprofessional Care*, 23, 341-354.

- Williams P, Challis DJ, Deber R, Watkins J, Kuluski K, Lum J, and Daub S. (2009). **Balancing Institutional and Community-Based Care: Why Some Older Persons Can Age Successfully at Home While Others Require Residential Long-Term Care**. *Healthcare Quarterly*, 12, 95-105.
- Reilly S, Hughes J, and Challis DJ. (2010). **Case Management for Long-term Conditions: Implementation and Processes**. *Ageing and Society*, 30, 125-155.

Performance Measurement in Adult Social Care

PSSRU Manchester, along with colleagues from Queen's University, Belfast and Keele University, have been involved in a large-scale project investigating performance measurement approaches in adult social care as part of the Economic and Social Research Council (ESRC)'s Public Services Programme. This programme of work, across sectors such as social care, education, the NHS and transport is looking towards disseminating research findings as to what counts as successful performance monitoring and the challenges in doing so. The PSSRU project is examining the links between local performance (through, for example, the use of specially created 'bespoke' measures) and the national ratings that have existed (for example, Performance Assessment Framework and Star Ratings). The project began in November 2006 and lasts until March 2010. The project aims to:

- Discover whether there are variations in the way local social care organisations have monitored their performance. What types of measures are used? Are different management strategies discernable and how do these relate to the use of local indicators and targets?
- Examine the relationships between how measures are used in organisations and how they were rated in national performance reporting. Do national ratings explain adequately the varied picture of performance within authorities? What are the most important drivers to 'good' performance ratings? To what extent are circumstances beyond the control of local managers responsible for high (or low) ratings.
- Observe what can be learned from other countries about the construction and use of measures to monitor local performance.

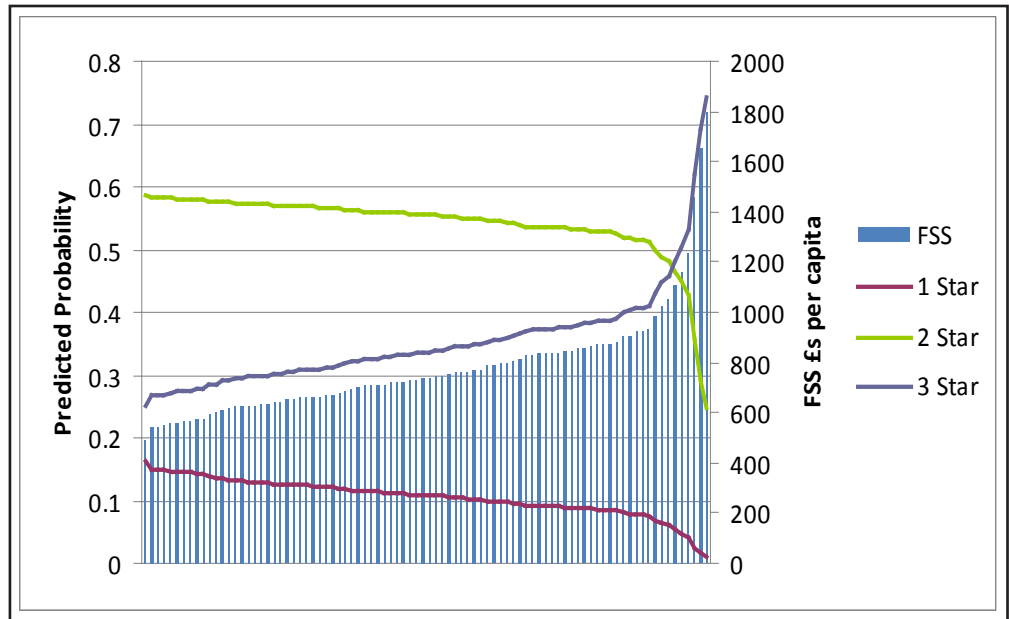


Figure 2: The probability of receiving social services star ratings (2007) according to the resources of authorities

The project is seeking to provide answers to these questions through a national survey of both managers in older people's services and performance 'leads' throughout English social care organisations and comparable personnel in Health and Social Care Trusts in Northern Ireland. A comparison with Japan will also shed light on the use of local performance measures in a system where national ratings and competition between units does not exist as it has done in England.

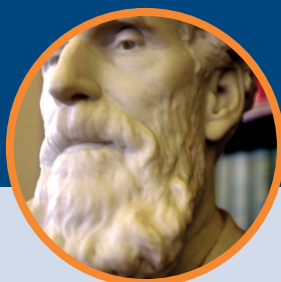
Findings from the national surveys are now being disseminated widely. It has been found that there is variation in the way social care organisations in England monitor their performance. Some authorities have focused predominantly on the national measures mandated through inspection agencies, whilst others have developed local measures, created especially to assist them in running the service. Multivariate analysis (analysing the impact of various factors,

controlling for others, on performance) shows that one of the most important drivers to obtaining a good 'star' rating was management strategy – particularly a 'Prospector' strategy that continually searches for new opportunities and is an innovator (Miles and Snow, 1978). The resources available to authorities (measured by the 'Formula Spending Share') were also associated with the probability of obtaining a good star rating although much less so (see Figure 2).

It is hoped that findings from this project will be useful to managers in social care organisations now that the system in England is changing, with less reliance on national ratings, as well as informing the wider aims of the Public Services Programme.

References

Miles RE, and Snow CC. (1978). **Organisational Strategy, Structure and Process**. Stanford, CA: Stanford University Press.



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