Prevention services in adult social care

Robin Miller & Kerry Allen
Health Services Management Centre
Why was the research needed?

- Generally accepted that there is a need to invest in services that ‘prevent’ older people from accessing social care services and relying on them long-term.
- Formal research evidence for the different prevention interventions is often limited due to: long timescales; difficulties with attribution; bias towards physical health etc.
What did we hope to achieve?

- To understand what prevention services local authorities invest in
- To gather ‘practice-based’ evidence from local authorities of the impact of these services
- To combine ‘practice-based evidence’ with that of formal research studies to strengthen current knowledge
Phase 1 – local practice evidence

Survey of DASS’s in West Midlands

‘Top 3’ local prevention interventions & leads

Interview with lead 1
Interview with lead 2
Interview with lead 3

What interventions do they invest in?
What evidence/other factors informed this?
What evidence is gathered regarding effectiveness?
Phase 2 – formal review of ‘Top 3’

Formal literature reviews of ‘Top 3’ interventions in region

Synthesise this evidence with local ‘practice evidence’

What is evidence on cost-effectiveness, user outcomes and sustainability?
Development & Delivery

Social Care Institute of Excellence

Joint Improvement Partnership

Core Research team

Advisory Group of Third Sector Organisations
Progress to date.

Survey of DASS’s in West Midlands
9 DASS’ responded

Interviews with local leads
24 interviews completed

Literature reviews & synthesis of regional ‘top 3’
In progress
What were prevention services?

- ‘Top three’ prevention services were
  - Reablement
  - Telecare
  - Information & Advice

- Others included – dementia cafes, extra-care sheltered housing, equipment services, sensory impairment teams, health promotion services, befriending schemes and falls prevention services
What evidence did they gather?

- Evidence gathered was limited and tended to focus on use of services and people’s experience of being supported by the service in question.
- Impact was generally focused on the level of local authority funded social care services used by the person concerned – outcomes for the individuals were not available in detail.
- Older people rarely involved in deciding what information should be gathered and how it should be used.
What are the emerging findings?

- Nature of evidence that leads to investment
- What evidence local authorities prioritize and how it is collected
- Volume and nature of service user and carer involvement
What evidence guides prevention investment decisions

- Strong influence of national level policy and evidence
- Local evidence to validate decisions and develop the detail of interventions

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<th>CSED</th>
<th>POPPs</th>
<th>Dementia strategy</th>
<th>Telecare services association</th>
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<th>Demographics</th>
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What kind of evidence

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<tr>
<th>Referral data</th>
<th>Whether outcomes met</th>
<th>User surveys/customer satisfaction</th>
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<td>Number of beneficiaries using intervention over time</td>
<td>Basic demographic data of service users</td>
<td>Individual service use post intervention</td>
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<td>Financial monitoring and cost-effectiveness modelling</td>
<td>Tracking individual service activity, joint ventures with health.</td>
<td>Response times</td>
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- Authorities tend to collate information around resource usage and general experience of service, rather than detail of individual outcomes.
“Currently 77% of service users do not go on to have other services.” Senior manager (reablement)

“We demonstrated efficiencies through early discharge, avoidance to hospital, avoidance to step down beds, so there as something around £63,000 in efficiencies.” Team manager (Telecare)

“95% of people have their outcomes met or partially met.” Manager (reablement)
Involvement of users and carers

- Investment decision
- What evidence is gathered?
- Which provider?
- How implemented?
- Opportunity to feedback on experience as service user
- Opportunity to feedback as carer
Key messages

- There is a lot of local evidence, but it is dispersed across local authorities and providers, difficult to obtain.
- Information most used is performance, not outcome.
- Local authorities do not use a common framework for collecting evidence.
- Third sector hold a lot of local evidence on prevention.
- Older people’s view of what constitutes prevention is different to local authority view.
For more details contact:

Kerry Allen - 0121 414 7056
k.allen@bham.ac.uk
Robin Miller – 0121 414 8018
r.s.miller@bham.ac.uk