

## RESEARCH AND POLICY UPDATE

### ISSUE 62 March 2011

Welcome to the sixty-second Research and Policy Update from **research in practice for adults**. Each month we will seek to highlight key policy activity within the previous month and to identify major research reports that have been released. We hope that this will provide ready access to the emergence of key initiatives and research findings. The balance across different service user groups and across different types of reports will vary from issue to issue. However in January, April, July and October each year there will be a particular focus on recent journal articles. At the request of Link Officers there is an abstract to help identify the main contents. Any queries and comments should be sent to [rachel@ripfa.org.uk](mailto:rachel@ripfa.org.uk).

#### ABSTRACT

This month's review starts with the new Adult Social Care Outcomes Framework (ASCOF) introduced in **Transparency in outcomes: a framework for quality in adult social care - A response to the consultation and next steps**. A new edition of a handbook for social care and criminal justice professionals is also highlighted **Positive practice, positive outcomes** that identifies essential information about working with offenders with learning disabilities. Other reports that are covered include **Public mental health and well-being: the local perspective** from NHS Confederation and the National Mental Health Development Unit; two documents from CQC: **What standards to expect from the regulation of your care home** and **What standards to expect from the regulation of agencies that provide care in your own home**. A new document from Carers UK **Carers and the Welfare Reform Bill** provides answers to frequently asked questions about the Government's plans for benefit reforms. Two reports from SCIE are reviewed **Challenging behaviour: a guide for family carers on getting the right support for adults** and **Keeping budgets personal: learning from the experiences of older people, people with mental health problems and their carers** and key implications for practice identified. The final report **Management of depression in older people: why this is important in primary care** from the Forum for Mental Health in Primary Care talks about the evidence for effectiveness of psychological interventions and the importance of social interventions; additional resources and an extensive reference list are included. Two consultations are included **Cross-Whitehall review of local authority statutory duties** and **Consultation on the Offender Personality Disorder Pathway Implementation Plan**. The final report is a scoping study from the School for Social Care Research **Prevention and Social Care for Adults with Learning Disabilities**.

#### GOVERNMENT ACTIVITY

[Transparency in outcomes: a framework for quality in adult social care - A response to the consultation and next steps](#)

The government has published its response to the consultation on the new outcomes framework for social care, highlighted in RPU 59. Introducing the new financial year as:

'...the breakpoint from an old national performance system, to a new approach based on outcomes. Where the old arrangements constrained innovation, distracted from local priorities or added unjustifiable burdens, our new approach will set a consistent high-level context for outcomes for all those using services, whilst respecting councils' own primacy in managing services and responding to local needs, and reducing the burdens placed upon them. Where once targets looked towards national departments and regulators, now the focus will be on the conversation which local organisations have with the communities they serve'.

This report, complete with details for future developments, details the responses received about the suggested changes and the proposed new approach to quality and outcomes, the ASCOF (Adult Social Care Outcomes Framework).

A number of themes were identified in the consultation response:

- widespread support for the principle of taking an outcomes approach and endorsement for the development of an Outcomes Framework
- lack of clarity about the delineation between commissioners and providers when considering actions to improve quality – the response seeks to clarify
- the ongoing transition across the NHS, public health and in local government, and the impact this would have on local partnerships and hence the position of adult social care and the role of Health and Wellbeing Boards
- still further progress required to make the reduction of regulatory and reporting burdens on councils a reality
- a possible contradiction between the Government commitment to localism and the national framework.

The 2011/12 ASCOF contains agreed outcome measures across four domains:

- 1) enhancing quality of life for people with care and support needs
- 2) delaying and reducing the need for care and support
- 3) ensuring that people have a positive experience of care and support
- 4) safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

The response document provides a summary of the measure, their link to the domain and statements. A technical handbook will be produced in due course.

### **Positive practice, positive outcomes**

This is the 2011 edition of the handbook for professionals in the criminal justice system and social care working with offenders with learning disabilities. It covers the information needed to help staff identify and understand offenders with learning disabilities as well as relevant legislation that outlines duties and obligations of criminal justice staff as well as health and social care staff with regards to offenders with learning disabilities.

## **OTHER REPORTS**

### **Public mental health and well-being – the local perspective**

NHS Confederation and National Mental Health Development Unit have produced this report looking at public mental health and well-being. Over the past three years, mental health policy has seen an increasing focus on the importance of a public health perspective on mental health, and in particular, the importance of improving public well-being as a means of ensuring good mental health. There is increasing recognition nationally of the impact of positive mental well-

being on health, social and economic outcomes, however little is known of how these issues are being addressed or considered at local level. This report includes data from surveys and interviews with local authorities, primary care trusts (PCTs) and mental health chief executives to explore their perceptions of wellbeing and mental health and how they have been implementing the wellbeing and mental health agenda and acting on recent evidence.

The key findings are as follows:

- Public mental health and wellbeing is an emerging priority, but that leaders struggle with differences in understanding amongst key stakeholders.
- It is driven by skilled individuals and leadership to champion and develop programmes, organisations using existing evidence of what works, and national strategies to guide action.
- 82% of leaders thought that improving public mental health and wellbeing impacted on social, health, economic and community based outcomes. There is significant scope for considerations of mental wellbeing to be included across sectors and programmes and to create linkages between different levels of care.
- 98% of leaders considered improving mental well-being to contribute towards reducing health inequalities.
- Public mental health and wellbeing requires models of working which strongly emphasise partnership working.
- Strengthening community engagement improves services.
- Leaders want to strengthen measuring initiatives, and therefore welcome the Government's focus on establishing outcome measures for wellbeing.
- Although current cuts provide a risk to attempts to improve mental well-being, many leaders also saw these times as providing opportunity to prioritise it, as addressing mental wellbeing makes economic sense.

In terms of how to improve public mental well-being, the findings point towards a need for:

- A better understanding of mental well-being to inform commissioning decisions locally and nationally.
- Evidence that is available, accessible and useable for diverse audiences.
- Implementation of that evidence, with organisations commissioning and delivery services and initiatives that are known to work and tailored to be made locally relevant.
- Improvement of cross-sectoral partnerships, with a focus on improving outcomes and achieving social, health and economic goals.
- Support to emerging leaders of new organisations and bodies, GP commissioning consortia and health and well-being boards to develop partnerships and a shared understanding that supports improvements in public mental health and well-being.
- Lessons to be learnt from GP commissioning consortia pathfinders and shadow health and wellbeing boards as the new health and social care system is developed.

### **[What standards to expect from the regulation of your care home](#)**

### **[What standards to expect from the regulation of agencies that provide care in your own home](#)**

The Care Quality Commission has published two documents setting out what the new law concerning regulation of care means for those who use them. One of them is aimed at people who receive care and support in a care home, whilst the other is for people who receive care in their own home.

Both documents set out what the service user can expect, with clear illustrations from case studies. They then go on to set out what to do if you want to complain about the care being

received, how to provide feedback about the services received and how they can find out how well their care setting is doing in relation to standards set.

The CQC has also published two documents for service providers outlining service provision requirements under the new regulations. The first focuses on [regulated activities for which providers need to register when providing supported living schemes](#), and the second being a [quick reference guide to regulated activities by service type](#).

### [Carers and the Welfare Reform Bill](#)

Carers UK have published a list of frequently asked questions to explain what the Government's plans for benefit reform will mean for carers and disabled people. They acknowledge that there is still information missing, and are lobbying the Government to provide further details as soon as possible.

The document is set into four different sections setting out information on Universal Credit, Carers' benefits, Disability Living Allowance, and finally, what can be done about these changes, which provides details on how to write to MPs in protest against cuts. It provides descriptions of the different new systems, as well as answers to questions most pressing to carers.

### [Challenging behaviour: a guide for family carers on getting the right support for adults](#)

SCIE have published three documents relating to challenging behaviour, one of which relates directly to family carers caring for people with challenging behaviour and severe learning disability. The aim of the briefing is to enable carers to understand better what help they can expect from services and how to work in partnership to get that support.

The guide defines challenging behaviour as behaviour which puts a person's safety at risk, disrupts family life, stops a person taking part in ordinary social, educational and leisure activities and affects a person's development. There is an emphasis on understanding that such behaviour is often caused as much by the way a person is supported as by their disabilities, and that it is therefore very important to ensure that the right support is found for the person in question and their family.

Key points are that:

- challenging behaviour can usually be reduced or avoided with support and that support is needed to prevent it getting worse
- support needs to be personalised and flexible according to need and available from a behaviour support team or equivalent
- a comprehensive behaviour assessment should include medical health check, mental health check, communication check and assessment of social and environmental factors
- a behaviour support plan should be developed setting out triggers and suitable responses
- partnership working between families and professionals is key to success.

### [Keeping budgets personal: learning from the experiences of older people, people with mental health problems and their carers](#)

Following evidence from evaluation of the Department of Health's individual budget pilots which demonstrated variation in the experiences of older people and those with mental health problems, SCIE commissioned a study to examine these experiences. The study was carried out by Acton Shapiro, the National Centre for Independent Living and the Social Policy Research Unit, who started with a review of the existing literature which then directed the definition of the

methodology of the study. The study used five case study local authorities, which provided a broad mix of councils and different socioeconomic and demographic characteristics. Within these five areas, the researchers used a mixture of individual face-to-face or telephone interviews with personal budgets and carers, focus groups, and interviews and small group discussions with officers responsible for implementing *Putting People First*. The overall sample was 69 personal budget holders and carers, 40 practitioners and staff from social services and local support provider organisations.

The key findings are grouped and summarised below:

#### Deciding on a personal budget

- Most PB (personal budget) holders had heard about the process from social workers or community psychiatric nurses, but would have preferred more and earlier information. They stressed the need for more healthcare staff and providers to know about PBs.
- There was a great emphasis on the importance of clear, understandable and accessible information about PBs, what they mean and what is involved in having one. The local authorities varied widely in their approach to information dissemination, with some only providing information to those referred to have one.
- However, despite the need for such sources of information, PB holders stressed that the most important source of information came from one-to-one discussions with their social workers or community psychiatric nurse.
- Experiences of PBs were enhanced by practitioners who had a sound understanding of PBs and who could easily explain the processes involved, who gave sufficient time to the PB holder for them to ask all they needed to ask and made sure that it was clearly understood. There was also an emphasis on practitioners clearly understanding the needs and lifestyle of the PB holder, so that discussions were held within a relevant framework.

#### Being assessed for a personal budget

- Although experiences of self-assessment differed, ideas for how it could be improved were similar. There was a need for forms that were more targeted to individual needs, and a consistent contact person throughout the process with less people being involved overall. It was also felt that the process should focus more on aspirations rather than just needs.
- Very few PB holders could remember discussing risk and safety, and the feedback highlighted the need to issue clear guidance on how to include risk and safety in self assessment, and how to separate personal risk from risk to the LA.

#### Resource allocations

- There were different resource allocations systems used in each area, but where generic allocation systems were used, it appeared that older people and their carers were most likely to be disadvantaged by the systems used, as very few used a *carer neutral* system.
- There was a need to clarify contingency planning arrangements.

#### Support planning

- PB holders suggested a number of ways to ensure the support planning system is positive and flexible, including a fast track system for some assessments, temporary support plans, planning templates, continuity of staff throughout the process, support to develop new ideas and having the chance to involve a support provider or user-led organisation
- All of the case study LAs had service level agreements with different support provider organisations who also became involved in support planning. These providers felt that PB

holder experiences of planning could be enhanced by clearer referral mechanisms, multiple referrer routes, introductory meetings to facilitate peer support, more joint training and opportunities to exchange ideas and information between LAs and service providers and a closer working relationship between providers and care managers.

The results also address setting up services and support; support for managers and practitioners to encourage diversification; managing personal budgets; ongoing management and monitoring arrangements. Four steps are suggested to avoid personal budgets becoming too administratively complex and to promote a person-centred focus:

- 1) Acknowledging the importance of the relationship between personal budget holders and the practitioner who supports them and giving staff support, information, training and time to work properly with people.
- 2) Personal budget holders and carers need the freedom to get information, advice and support from other sources, but this should not be at the expense of the continuity that a practitioner can provide.
- 3) A successful personal budget process isn't just about what the local authority does. It requires a series of effective partnerships between individuals and agencies, which take time to establish.
- 4) Even with managed accounts and directly commissioned services, every effort should be made to maximise choice and control.

### **Management of depression in older people: why this is important in primary care**

The *Forum for Mental Health in Primary Care* has published a document aimed to inform people working with older people about the key issues in management of depression in older people. It is particularly important that this information reaches a wide range of professionals working with older people, as one in four older people have depression that requires treatment, fewer than one in six older people with depression discuss their symptoms with a GP.

Mental and physical health problems of older people are entwined, with depression being seven times more likely in those with two or more chronic conditions, and a diagnosis of depression in the over 65s being associated with 50% increased mortality, 11% increased risk of stroke and a doubling in the risk of coronary heart disease.

Older people's depression is largely treated in primary care, but is under-detected. This is due to a number of factors including ageism, lack of skills in diagnosing later life depression, and difficulties in accessing support, as mental health services tend to be separated from general practice which makes it difficult for older people suffering ill health. Consideration of this under-detection needs to be made by those providing non-health services to older people.

There is good evidence for the effectiveness of both psychological interventions and anti-depressants for the treatment of depression in older people. There is also clear evidence of the importance of social interventions such as increasing social participation, physical activity, continued learning and volunteering and reduction of fuel poverty. A number of additional resources and an extensive reference list are included.

## **CONSULTATIONS**

### **Cross-Whitehall review of local authority statutory duties**

The Department for Communities and Local Government are carrying out a review of all of the statutory duties currently in place for local authorities as part of the move towards

decentralisation. This is being coordinated by DCLG on behalf of 15 other Government departments and agencies.

So far, 1294 statutory duties have been identified. These are set out in two documents, one which sets out the duties required by DCLG and another setting out duties from other agencies. The review is asking people to consider:

- What duties are essential to keep?
- What duties should be repealed?
- What burdens have been created through particular duties, and associated regulations and guidance?
- What duties have not been included on the attached list and should also be considered in the review?

There is a webform to be completed by April 25<sup>th</sup> 2011, and general comments can be sent by email to [burdens@communities@gsi.gov.uk](mailto:burdens@communities@gsi.gov.uk).

### **[Consultation on the Offender Personality Disorder Pathway Implementation plan](#)**

The Department of Health, in collaboration with the Ministry of Justice, are proposing developments to current systems in place to treat offenders with personality disorders. This new plan will see increased number of places in prisons to treat people with personality disorders, as well as ensuring that the treatment received is more effective, as well as developing the skills of those working with high risk groups of offenders and intervention at community level to enable community management.

The consultation document includes a response form, with a series of questions requiring responses. Responses need to be sent to [pdconsultation@dh.gsi.gov.uk](mailto:pdconsultation@dh.gsi.gov.uk) by May 12<sup>th</sup> 2011.

## **RESEARCH REPORTS**

### **[Prevention and Social Care for Adults with Learning Disabilities: A Scoping Study](#)**

This scoping study carried out by Eric Emerson, Chris Hatton and Janet Robertson from Lancaster University explored the issue of prevention in relation to adult social care services for people with learning disabilities.

It focused on three areas:

- 1) Options for preventative actions
- 2) Implications for adult social care practice
- 3) Possibilities for modelling the consequences of preventative strategies.

It found that 'a plausible case can be made for the viability and potential effectiveness of primary and secondary prevention of learning disabilities and of the need for social care support among people with learning disabilities'.

However it also concluded that there is presently an absence of empirical evidence of the social and economic benefits associated with investment in these activities. The possibility of estimating costs and benefits by conducting further research and re-analysing existing data is raised.

The report concludes that the majority of options for prevention in the UK involve a change to the social and environmental context in which children grow up. Some of these are universal for all children eg reduction in poverty or economic inequality, others are more specific to people with

learning disabilities eg short breaks and early intervention for developmental delay. The study found far fewer specific prevention services for adults with learning disabilities.

### **Feedback**

We are keen that the monthly Research and Policy Update is useful to our readers. Each month we seek to highlight key policy activity, major research reports and current consultations. We would welcome feedback on:

- 1) whether you feel the balance between policy, consultation and research is appropriate
- 2) whether you are happy with the format in which you receive the RPU (pdf or Word document)
- 3) whether you would like to contribute reports and documents for us to read, digest and cover in the update.

We would welcome any suggestions or ideas you have for improving the Research and Policy Update. Please send your feedback to [help@ripfa.org.uk](mailto:help@ripfa.org.uk). Many thanks.