South West Joint Improvement Partnership

A Toolkit to Support the Commissioning of Targeted Preventative Services

South West Regional Commissioning

July 2010

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Background

This toolkit has been developed by the Institute of Public Care in response to an identified need from commissioners of adult social care and health services across the South West. It is intended to help commissioners ensure that in a period of huge financial pressure that best use is being made of limited prevention and early intervention resources, and to enable commissioners to further contribute to the development of new and effective preventative services.

This toolkit includes a series of tools templates and performance information frameworks that will help local authorities in the South West and their partners to:

- Develop a more refined framework for understanding the distribution of prevention, early intervention, intervention and substitute support services.
- Analyse the distribution of current services for older people across levels of need and identify where greater targeting of those in need might be effective.
- Plan how to refocus where greater targeting of those in need might be most effective.

Introduction

In the next fifteen years the South West faces a 55% rise in its population aged over 80[1]. Coupled with a likely significant reduction in the government's financial settlement to local authorities, these two factors will combine to mean a substantial reduction in expenditure on provision for older people per head.

Local authorities in partnership with health services in the region urgently need to plan how they are going to deliver the outcomes older people want at an affordable price. They will also need to consider what agency is best placed to deliver such services, and should give thought to the role of social purpose organisations in supporting this agenda. A key plank of this is to improve preventative and early intervention services. It will be essential to target populations that are potentially divertible from high cost interventions, such as residential care and intensive home care. In Lifetime Homes, Lifetime Neighbourhoods the government emphasised the need for "*proven approaches ... which can prevent care crises for individuals*"[2].

Demand in social care is at its highest in the period of morbidity prior to death. Shortening this period of morbidity, maintaining a higher quality of life for individuals for longer, will reduce demand on services. Social care needs to become more proactive in finding those who could most benefit from interventions: as the NHA Next Stage Review observed we need to "*more systematically identify and support those individuals most at risk of ill health*"[3].

The Government has been encouraging local authorities to pursue prevention work, in recognition of the benefits to the quality of the life of the service user, and to the public purse that it can bring. The Transforming Social Care Circular observes:

"Create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention, focusing on promoting independence and improved wellbeing in line with the needs of the local population, reaching out to those at risk of poor outcomes"[4].

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[1] Poppi.org.uk

[2] CLG/DH/DWP (2008) Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society

[3] Dh (2008) NHS Next Stage Review: Our Vision for Primary and Community Care

[4] Department of Health (2009) Transforming Social Care, Section 14.

In order to be able to commission effective prevention services, managers need to be able to predict who is likely to require residential, nursing and acute care services and why.

The development of preventative services requires local authorities and PCTs to take a strategic approach to both planning and development. Doing this requires understanding of the following:

- What works.
- What is currently provided locally, and what outcomes does it achieve for older people.
- Where there are significant gaps in the provision of preventative services.
- What population groups to target?
- Knowing what services should be developed.

Understanding what works – Making the case for preventative services

The argument for preventative services as a concept is clear. What is not always clear are the potential cost-benefits of the individual 'preventative' services out there, some of which may deliver real benefits to service user and public purse, others which may barely have an affect at all.

The task of the commissioner is to establish an evidence base of what has been found to work, for whom, and to target services accordingly. In this developing field, commissioners need to work across authorities to understand what services have been tried, tested and proven, to deliver real benefits that promote older peoples' independence and recovery.

Furthermore, commissioners need to identify who has the potential to benefit most from which services and ensure that the right people get the right support at the right time.

Defining 'Prevention'

The Department of Health's guide to making this shift to prevention describes three levels of prevention:[5]

1) Primary prevention or promoting wellbeing which is aimed at people who have no particular social care needs or symptoms of illness, and has a focus on maintaining independence, good health and promoting wellbeing. Interventions could include combating ageism, providing universal access to good quality information, supporting safer neighbourhoods, promoting health and active lifestyles, and delivering practical services.
2) Secondary prevention or early intervention, which is aimed at people identified as 'at risk' and aims to halt or slow down any deterioration and actively improve the situation.
3) Tertiary prevention, which is aimed at minimising disability or deterioration from established health conditions or complex social care needs.

However, the Partnership for Older People Programme has suggested that the use of the word "prevention" is not necessarily helpful as it is difficult to know what is being "prevented" or to know if an intervention has been effective.[6] It suggests that instead reference should be made to "promoting independence" as more positive, inclusive and outcome focused.

Understanding National Policy, Research and Best Practice

It is important to have an overview of the major policy issues, both locally and nationally, which are likely to influence the direction of preventative services. It is particularly important that any 'must dos' from legislation, national guidance or local commitments are clearly stated. A commissioning strategy for preventative services should also include a brief outline of the main messages from research, national guidance and good practice, and highlight the key drivers for change.

The following table sets out the questions might need to be addressed in this part of the analysis:

Table One: Understanding national policy, research and best practice

Question	Potential Information Sources
What are the key findings from research relating to 'what works'	See as a starting point:

[5] DH (2008) Putting People First – Making a Strategic Shift to Prevention and Early Intervention: A Guide

[6] http://www.cat.csip.org.uk/index.cfm?pid=596

Question	Potential Information Sources
for preventative services?	• National Evaluation of Partnerships for Older People Projects: final report (2010) and Appendices • LinkAge Plus national evaluation: End of project report (2009) Specific to telecare: • Evaluation of the Telecare Development Programme (2009, Scotland) Specific to reablement: • Investigating the Longer Term Impact of Home Care Reablement Services (2009) Department of Health/PSSRU/SPRU
What are the key messages from national guidance about how public services should provide preventative services?	See as a starting point: • Transforming Social Care (1) Circular (2009) Department of Health • Lifetime Homes, Lifetime Neighbourhoods (2008) DCLG • Royal College of Physicians Report on Falls (2009) • Royal College of Physicians Report on Continence Care (2006) • Progress in Improving Stroke Care (2010) National Audit Office • Living well with dementia: A National Dementia Strategy (2009) Department of Health • Under Pressure: Chapter 4 (2010) Audit Commission • Don't Stop Me Now (2008) Audit Commission • Is Preventative Care Cost Effective? (2006) The Kings Fund Specific to telecare: • Building Telecare in England (2005) Department of Health • National Framework Agreement for Telecare (updated Jan 2010) Department of Health/Buying Solutions Specific to reablement: • CSED Homecare reablement

What examples of best practice sites and case studies are	See as a starting point: • Support to the Early Intervention and Prevention Services for Older People and Vulnerable Adults

available?	Programme: Report on Study of Care Pathways - Oxfordshire County Council • The business case for Linkage Plus (2009) Department for Work and Pensions • Early Intervention and Older People: The Case for Preventive Services (2007) Kings Fund and others Specific to telecare: • Exploring the Cost Implications of Telecare Service Provision (2010, Scotland) • Northamptonshire (Dementia Care Case Study from Tunstall and John Woolham (2005). *Safe at Home: the effectiveness of assistive technology in supporting the independence of people with dementia*. Hawker Publications Ltd, London Specific to reablement: • CSED Homecare reablement longitudinal study • The national evaluation of Partnerships for Older Peoples Projects: Final Report, 2010
What are the key published priorities and plans for the local area relevant to preventative services?	These might include • JSNA • Sustainable Community Plan • Local Area Agreements and Local Strategic Partnerships • Service specific commissioning strategies • Annual Public Health Reports

Developing a business case for change

It is important that the justification for undertaking the project/developing a new service is documented within a business case, not only to demonstrate the 'need' for the project/service but also to provide a clear overview of the scope of the project, its costs, and the outcomes it intends to deliver. The business case should provide the reasons and the answers to the question of 'why' we are undertaking this project or developing this service. The following table sets out a series of headings that would be expected to be seen within a business case and detail on the content that should sit beneath those headings.

Table Two: Business case template

Content of the Business Case	To include....
Scope	• Context of the project/service • Aims and objectives • Who's involved?
Assumptions	• What is the assumed impact of the project? • What are the intended outcomes and outputs? • What needs further investigation within the business case?
Rationale and evaluation of preferred option	• Costing the change: Undertaking cost benefit and cost effectiveness analysis to identify the direct and indirect costs, current and future funding options, and to distinguish between the cashable and non cashable costs and non financial benefits of the project/new service. • An understanding of the investment and the options for change: Undertaking an options appraisal to enable the choice of the most effective approach.
Implementation	• Detailed costs of the chosen option. • Detailed timescale for implementation and delivery. • A risk assessment which looks at when and how to run the project service and the risks involved. For example, what are the risks if the service is run now, or if it is introduced through a phased approach.

Understanding the cost-benefits of prevention

A fundamental part of developing a business case is the consideration of the cost benefits of the project/service and adopting an approach which enables prioritisation in terms of implementation. The 2004 report, Securing Good Health for the Whole Population[7], recommended that all future public health interventions should be considered against a checklist before implementation and advocated a "*consistent framework should be used to*

[7] Wanless/HM Treasury (2004) Securing Good Health for the Whole Population

evaluate the cost-effectiveness of interventions and initiatives across both health care and public health"[8]. The table below sets out the current range of tools that is available in assisting commissioners in undertaking effective cost benefits and options appraisals on proposed or established preventative services.

Table Three: Understanding cost effectiveness

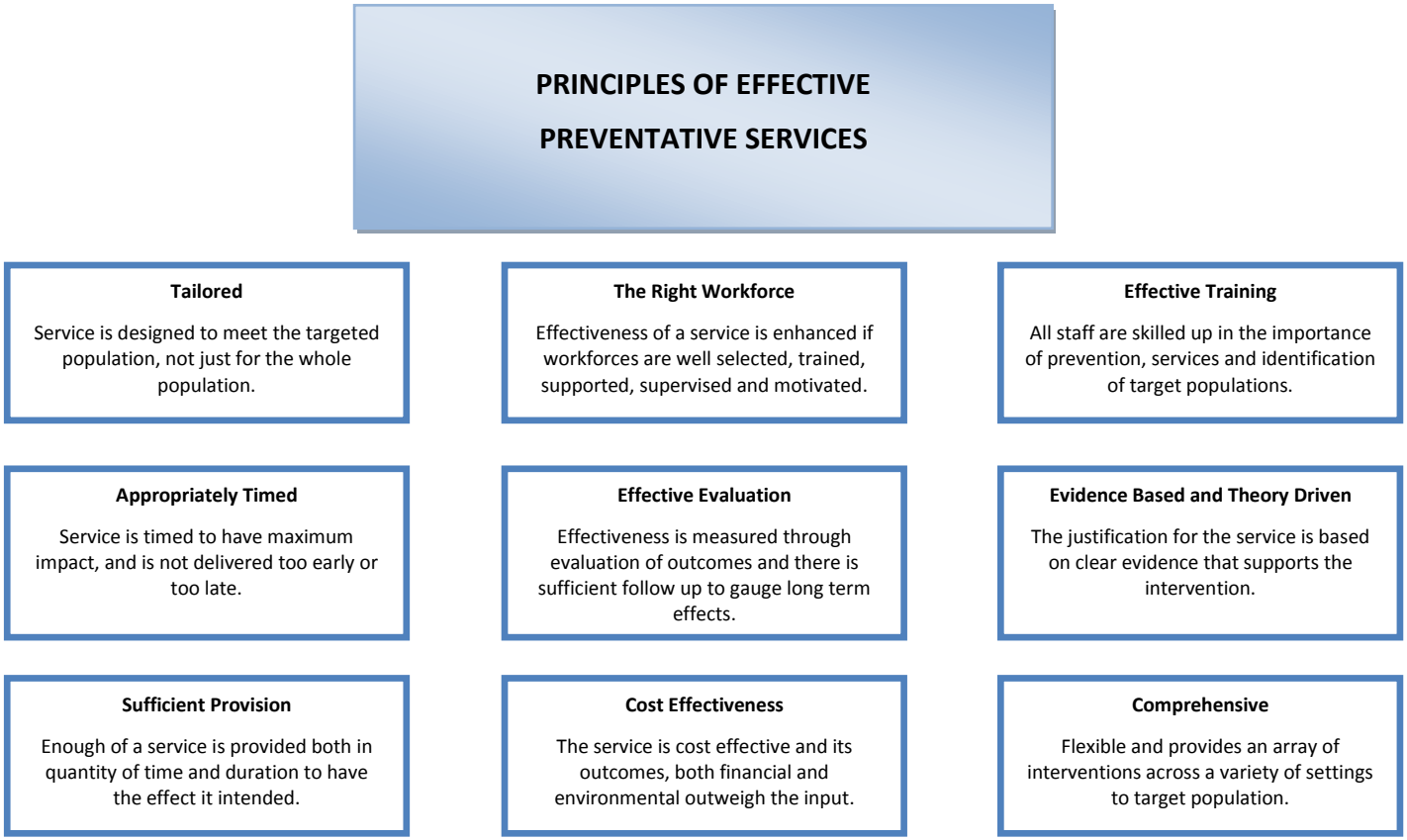
Paper/Tool	Outline
Care Funding Calculator	The CFC enables councils to: assess in detail the level of staff support required to meet an individual's needs; agree a price based on relevant market knowledge, which is appropriate to the needs of the person; confirm agreed objectives for the service user and report on progress. However, it does focuses on services delivered (in terms of cost per hour) rather more innovative methods of care that promote independent living.
Prevention and Preventative Spending	This 2009 report by Health England contains a chapter looking at models for the prioritisation of preventative interventions (pp70-83). It contains a summary of effectiveness and economic evidence (pp81-82) with five interventions for health of the elderly.
RCIS Local Authority Asset Management Best Practice Guide	A series of leaflets produced by the Royal Chartered Institute of Surveyors which provide best practice guides to Local Authorities on Asset Management. Two leaflets are of particular interest: Making the Right Choices, and Value for Money. These leaflets provide best practice in relation to undertaking options appraisals and assessing value for money in the development and delivery of new or existing services.
Value for Money Profile Tool	An interactive value for money profile tool. It allows you to examine and compare the performance and spending of yours and other councils on groups of services.
ASCOT	A toolkit developed by the PSSRU in partnership with the ONS to help Adult Social Care make the economic case for support and preventative services. ASCOT looks to gauge the effect of a social care service on an individual's quality of life through measuring 8 factors. These factors range from personal safety to dignity. The tool can be used with a service user to determine the impact or intend impact of a service on quality of life.
MieTool	An online tool developed on behalf of all of the REIPS by Tribal Consultancy to help authorities measure the efficiency and impact of social care projects. It also aims to assist in the planning and evaluation of all improvement projects.

[8] Wanless/HM Treasury (2004) Securing Good Health for the Whole Population p184

Fracture prevention services: an economic evaluation	This economic evaluation models the costs and benefits from establishing a fracture liaison service, to reduce the risk of secondary fractures.
Impact assessment for guidance on footcare	A suite of downloadable prevention package resources that are designed to support PCTs, SHAs and Local Authorities in prioritising and effectively commissioning services that support the health, well-being and independence of older people.
HM Treasury Green Book	HM Treasury guidance designed for Central Government, setting out a framework for the appraisal and evaluation of all policies, programmes and projects. Chapter 5 on appraising options contains useful tools for estimating costs and valuing benefits.
Social Return on Investment	This guide aims to show organisations and institutions how to make better decisions using Social Return on Investment (SROI) principles, helping them to recognise value beyond what can be easily captured by financial measurement. This guide offers a framework for measuring and accounting for a much broader concept of value; it seeks to reduce inequality and environmental degradation and improve wellbeing by incorporating social, environmental and economic costs and benefits.

Principles of Effective Preventative Services

Principles that have been gathered from those services that have proven to be effective may help commissioners select, modify or create more effective services with their authority areas. The following diagram sets out a number of principles which research and best practice[9] suggests, if in place, gives the service the best possible chance of success.



[9] What works in prevention – Principles of effective prevention programmes, Narkin et al, America Psychologist, 2003

Mapping Preventative Services

To be able to provide the right preventative services at the right time to the right people, it is vital that the local authority knows what services are currently on offer and to whom. Only then can judgement be formed about where the gaps lie, where any duplication is, and where services need developing. This section aims to help commissioners with the process of identifying and mapping preventative services in their area.

Categorising preventative services locally

Across the South West and within each authority area there is a vast range of preventative and reablement services provided to older people and their carers. In order to be able to effectively map, and distinguish between different types of preventative services, we suggest categorising them by population that they are provided to using the table below.

Table Four: Populations and provision for health and social care prevention

Universal populations	Vulnerable populations	Targeted populations	Deferred populations
Broad based provision that has an impact on health and social care but is available to an entire community. *It may also represent the health and social care impact of particular policies and interventions by public bodies, eg, local government, police.*	*Low intensity services that have, solely, a health and social care focus.* *Many of these services are provided by voluntary organisations or private companies.*	*Health and social care services targeted on specific problems or issues which, if unaddressed, would have a considerable likelihood of leading to high intensity health and social care provision.*	*Services that defer from or often more likely, delay further high intensity provision.* *These populations may already have had 'a taste' of high end provision, perhaps through respite or intermediate care.* *This group may also include those who receive high intensity provision from family carers.*

Understanding what is currently provided

There are a wide range of interventions funded, or influenced, by county and district councils which could fall under a preventative umbrella. Some are obvious, such as reablement services and intermediate care; some are less obvious such as the impact on older people of failing to clear snow off pavements, local closure of shops and banking facilities, or poor street lighting.

People do not remain within the community simply by the provision of health and care services. Instead, the ability of older people's capacity to remain within a community is influenced by the caring role taken by family and neighbours, the configuration of local communities and their capacity to offer access to shops, services and facilities, together with social engagement in structured and unstructured activities.

If local authorities wish to develop a strategic approach to the development and delivery of preventative services, then there is a need to develop a picture of the range of preventative services currently delivered under the four categories of preventative services as outlined above. Services funded by the local authority (county and districts in two tier areas) and PCT, as well as those operating without council funding within the community should be contacted. Developing an understanding of the services that are currently delivered but not funded by the PCT/LA can be tricky; the following organisations may be worth contacting and conversations had on what services and providers should be included in the survey:

- Local Age Concern.
- Parish councils.
- Local village halls.
- Umbrella voluntary organisations (such as voluntary action councils).
- Local Volunteer networks.
- Local housing associations and care & repair.

The questions set out below suggest a template that can be sent to all preventative services to enable you to gather the necessary intelligence needed to understand what is currently delivered across your locality area.

Table Five: Mapping preventative services

Question	Response
Name of organisation	
Contact person & role	
Contact details	
Brief description of organisation including the range of services it provides, including the geographical area it covers and main source of funding	

Question	Response
Detailed information about each service provided. For each service: • Name and brief description of service • Aims of service (including target group, geographical spread, outcomes being sought) • Does the service promote independence and wellbeing, if so, how? • Number of clients or service users • Does the service have capacity, or is it oversubscribed? • How do service users come into contact with the service? (ie, referrals from other agencies, signposting from local authority, word of mouth) • Current funding (amount per annum, source of funding) • Number of staff or volunteers (please state which)	
How do you assess whether your services are achieving the right outcomes for your client group? Please provide examples demonstrating this, such as reports or other documentation.	
What are the key challenges affecting these services and their ability to promote wellbeing amongst older adults?	

Presenting your mapping information

The mapping information gathered can be presented in a variety of ways. We suggest splitting services into the four categories of population and provision in Table One. This could be further sub-divided by:

- Applicability to target population group (see section 4).
- Locality so that it could be set against local population data
- Services that increase independence or increase dependence

A generic table could initially look like this:

UNIVERSAL	VULNERABLE	TARGETED	DEFERRED
Bus Pass	Supported Housing	Assistive Technology	Intermediate Care
Shopping Services	Toe Nail Clipping Service	Reablement Services	Respite Care
Third Age Groups	Luncheon Clubs		
Library regular reading groups	Meals on wheels		
Old time dancing club	Alarm Services		

Ensuring greater targeting of preventative services

To date, preventative approaches have tended to be generalist in terms of health promotion across whole populations, eg, stop smoking campaigns, health screening. For social care the approach to prevention has tended to focus on low level community provision where funding has often been based on the worthiness of the approach rather than an evidence base designed to promote independence and recovery in older people. This focus could be changed by identifying target populations with the characteristics likely to drive towards high levels of intervention. There are two main ways in which you can seek to identify target populations:

- Identifying from national research what are the key characteristics of individuals currently within the care population and characteristics of populations that remain within the community but with high levels of need – what factors sustain that person at home? Please see section 2 for more information on how to conduct this research.
- Identifying critical points on the pathway to care at which intervention could have been appropriate and capable of diverting from an existing course of action.

Identifying which population groups to target

To make the most effective use of resources, it is important to understand who are the people for whom preventative services will have the biggest impact. The challenge is identifying populations that possess enough distinctive characteristics that they are distinguishable from others who may have a similar condition but not be on the same pathway towards care, ie, many older people may have a stroke, but we want to identify from that population who is most likely to end up with either a repeat hospital admission or in a care home. Section 2 gives more information on how you could gather such intelligence.

Research in a South East county was done to better understand pathways to care and to identify the critical characteristics, circumstances and events which lead to a care home admission in order to provide appropriate services to prevent or delay such an admission. Relevant research studies into residential home admission were also examined.

To do that the following activities were carried out:

- An analysis of admissions to residential and nursing care in one year.
- Interviewing a sample of the older people admitted to a care home that year, their informal main carers where available, and care managers.

We would suggest that carrying out this or a similar exercise can produce a valuable understanding of how target populations currently access, and are referred into, services that can promote independence, where the weak points are, as well a better understanding of local predisposing factors for entry into residential care. This will then point to where interventions/specific services might be best placed.

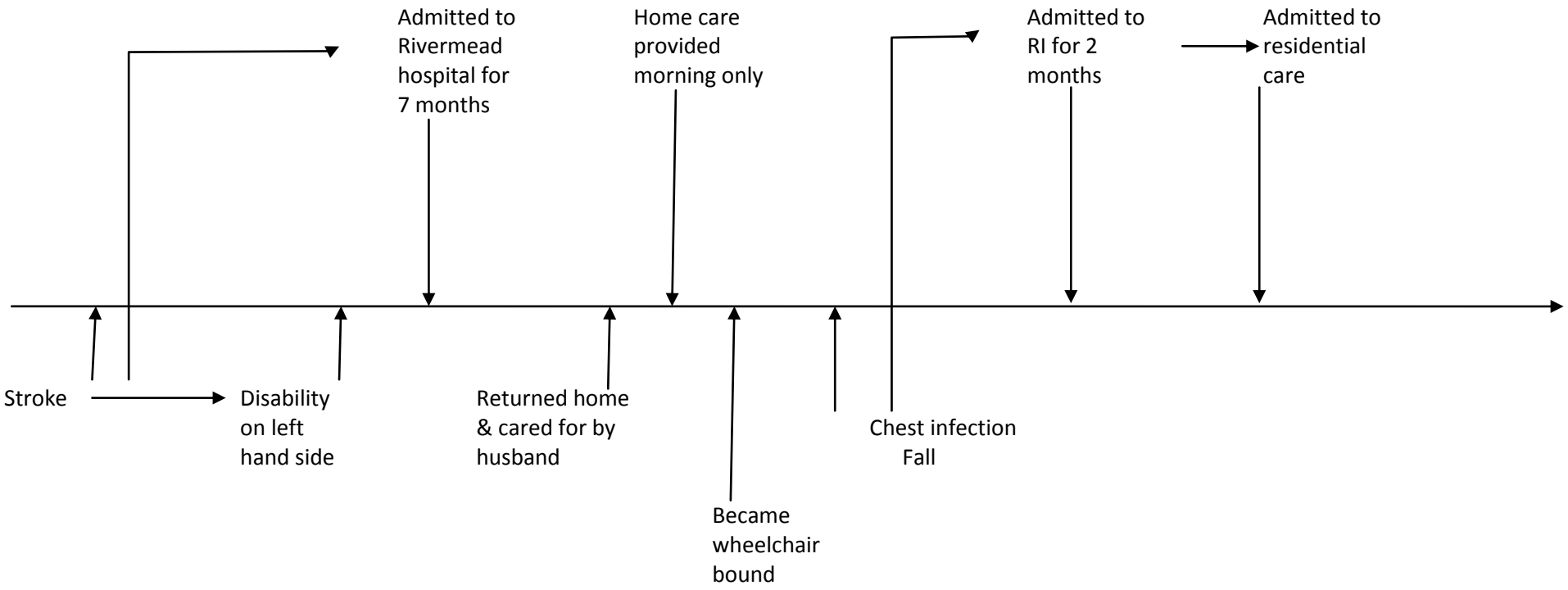
From the research the predisposing factors can be sub-divided into personal characteristics, personal conditions and additional predictors. An example of what these might look like and how they may be presented is shown in Table Six.

Table Six: Characteristics

Personal characteristics	***Personal Conditions***	***Additional Predictors***
Over 85 Female Lives alone Limited social engagement	Had a fall	Had one fall already requiring treatment
	Carer of person with a dementia	Carer elderly Carer with own health problems
	Had a stroke or TIA	Had one stroke or TIA Limited rehabilitative input Motivated to make full recovery
	Incontinence	Continence problem undetected. Continence problem managed rather than treated.

It may also be useful to show examples of timelines of people going into care, which can show graphically the interaction between individual issues and interventions. An example is given below.

Mrs G


Admitted to Rivermead hospital for 7 months
Home care provided morning only
Admitted to RI for 2 months
Admitted to residential care
Stroke
Disability on left hand side
Returned home & cared for by husband
Became wheelchair bound
Chest infection
Fall

Improving and monitoring preventative services

This section looks at some of the questions that need to be considered when improving the timeliness of access to preventative services, and how to monitor the services provided. It is easy to get sidetracked into asking for more and better information and monitoring of services, but if what is being asked for does not lead directly to service improvement, then it can represent time and energy ill spent by the provider and commissioner in providing and reading it. Throughout all this activity, the question needs to be asked 'How are our actions improving the independence and well-being of service users?'

Improving access to, and information about preventative services

Having gained an understanding of the individuals that need targeting, services currently available and services that many need to be commissioned, it is key that these services are delivered in a timely fashion so that they have maximum effect.

The following questions may be helpful in prompting thought and discussion in how to improve current services, and in planning new services:

Table Seven: Improving existing services

Prompt question	Response and action needed
Who currently understands what preventative services are available? Who should?	
What information do we currently collect about the service users and how is this information stored and managed? What don't we know that would be helpful?	
What information could be shared amongst service providers to improve referrals?	
How can service users have more timely referrals to preventative services? Are there any bottlenecks?	
How can we share information and experience to improve preventative services for individual service users and for the population as a whole?	

Monitoring preventative services

When delivering preventative services, some form of measurement is needed to gauge their effectiveness. Different services may aspire to impact on service users lives in different ways to improve their wellbeing. A series of measures are needed to provide a holistic view of the success of services. Table Eight below suggests that there are four domains of measurement that can be used:

- The outcomes that the service user wants to achieve.
- Micro measure of improvement in physiological or mental condition.
- Social isolation and well being measures.
- An overall determination of whether the person has moved closer to or further away from a care home admission.

Table Eight: Monitoring Preventative Services

No	Type	Who defines	Measures	Example
1	Outcome Measures	Defined by the service user and the LA based on assessment	LA to agree with providers the range of outcomes and the methodologies to be used from which measures might be derived. However, it would be anticipated that most of these would be on a simple binary approach of achieved/not achieved.	"I would like to have the confidence to walk to the shops which are 500 yards away."
2	Targeted Health Conditions	Administered by providers and LA, based on pre-determined and verified measures	This would involve a range of different measures dependent on the health problems identified at the assessment stage.	Has this person's gait improved? Has their blood pressure reduced?
3	Well-being	Administered by LA with the service user based on pre-determined verified measures	Various - we suggest considering combining elements of the Australian index of well-being with the World Health Organisation DAS 11.	"I am feeling less lonely than I previously was."

No	Type	Who defines	Measures	Example
4	Assessors positioning in relation to higher intensity care.	Assessed by LA based on a simple scoring chart and summary of measures 1-3 above	We suggest a five point scale, with explanations based on other measures for the conclusions drawn: 1. Has moved closer to higher intensity care. 2. No discernable change, has maintained current position. 3. Minor improvement in dependency and a lessening of some characteristics that might lead to HIC. 4. Substantial change in some areas but not in others. An increase in independence and less need for care but some concerning characteristics remain. 5. Considerable increase in independence and well being. Substantial diminution in care needs.	Person has moved back two points on a five point scale