Funder’s Disclaimer

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Background

- Growing numbers of people with severe and complex needs:
  - ‘New’ aging populations
  - Developments in medical technology
  - Population aging

- Small numbers but high costs

- Multiple and specialised service needs
  - Do not fit neatly in ‘boxes’
Policy Context

- Personalisation of social care
  - More choice and control
- Push towards personal budgets
- Emphasis on direct payments
- Is this emphasis always appropriate for people with complex needs?
What does Good Support Look Like for People with Complex Needs?
Aims of the Research

- Identify features of support arrangements desired by people with complex needs

- Identify models of service delivery or commissioning that have the desired features and the potential to constitute ‘good practice’
The Research

- June 2010 - February 2012

- Three stages:
  1. Consultation
  2. Literature review
  3. Case examples
Consultation with People with Complex Needs
Three Exemplar Groups

1. Young adults with complex health problems
2. Adults with traumatic brain or spinal injury
3. Older people with dementia and additional complications
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Improving the evidence base for adult social care practice

Findings from Consultation
1. **Individual level** (everyday support)

2. **Service organisation level** (arranging support)

3. **Commissioning level** (strategic funding decisions)
Findings - Individual Level

◆ Person-centred ways of working
◆ Meeting social, emotional and leisure needs
◆ Sufficient resources
◆ Reliable, well-coordinated support
◆ Staff continuity
◆ Right attitude and approach
Findings - Individual Level

... with my staff, they’ve all got [each others’] mobile numbers ... They’re not going to ring me and say “I can’t come in” and I’m like “it’s seven o’clock in the morning, who am I going to get?”

They take the responsibility off us, sort it out, then let me know ...

Woman with brain injury
There is some technical expertise in my personal care. I don’t think it’s beyond the wit of most people, but it’s more about having somebody who takes responsibility for doing that, and is able to do it without being constantly reminded about what comes next.

- Man with spinal injury
Findings - Service Organisation Level

- Support to access and use information
- Help to set up and maintain a support package
- Key workers and case management
- Flexibility
- Continuity across services and time
- Timely, proactive approach
- Person-centred ways of working
- Staff with experience and training
If you knew who your point of contact was, that would make it really much easier. Just a simple “this is what I do, this is my number”, I think that would be the biggest help in social services. Nothing fancy, just that.

Young man with complex needs
We don’t expect people to have an immediate infinite knowledge. The ideal is, you have professionals and providers who are willing to sit down to hear what people have, and to genuinely take on board what may seem some very peculiar [needs].
Findings – Commissioning Level

- Expert commissioners
- Crossing boundaries
- Link with providers
- Link with people with complex needs and their carers
In Summary

- Good practice is similar for all

  - How to make this a reality for people with complex needs?

- Service organisation level important for this group
Scoping Review – to Map the Evidence

Aims:

1. To establish the size and robustness of the evidence base about services considered to be good practice for people with severe and complex needs.

2. To ascertain whether these have been evaluated and summarise their findings.

3. To identify gaps and weaknesses in the evidence base.
Review Scope

- Good practice in UK adult social care, 1997+

About services for:

1. Young people with life-limiting conditions
2. Adults with brain or spinal injury
3. Older people with dementia and complex needs

- Found 5149 records – 89 met inclusion criteria
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Limited Evidence for Approaches to Personalisation

- Thirty-five papers called for person-centred support (about individualising services – not restricted to PBs)
- Only nine studies – none evaluated against a comparison group
- Common conclusion that personalised approaches require significant support to set up and manage when needs are complex
Promising Model 1

Multi-Disciplinary Specialist Transitions Team for Young Disabled People

Bent *et al.* (2002); Chamberlain and Kent (2005)
Evidence: compared the YAT approach to ad hoc service provision in four locations in England (n=254)

Service users of YAT were 2.54 times more likely to participate in society than those using ad hoc services (London handicap scale)

No significant difference cost
Promising Model 2

Intensive Case Management for Older People with Advanced Dementia

Challis et al. (2002)
Evidence: compared with a similar MH team without case management (n=43 matched pairs)

- Significant reductions in needs, carer burden and total caring input
- Reduced admission to residential care (after 2 years 51% remained at home vs. 33% of comparison group)
- Costs significantly higher year 1 (predicted to reduce year 2 due to reduced residential care admission)
Promising Model 3

Dedicated Specialist Social Worker for Psychogeriatric Inpatients with a Budget for Care Packages

Shah et al. 2001
Evidence: compared the seven months the social worker was in post with same period previous year (n=210)

- Bed usage reduced from 11,165 days year 1 to 9,813 days year 2
- Cost of extra contractual referrals reduced by at least £23,420 (similar to cost of social worker plus budget)

BUT what outcomes for service users?
Promising Model 4

Inter-Professional Training for Community Mental Health Professionals

Carpenter et al. (2006)
Evidence: outcomes for workers (n=111) and their clients vs. 62 colleagues who did not take the training

Prof training had no significant impact on psychiatric symptoms, life satisfaction or mental health of clients

Clients’ life skills of workers who took the training did improve significantly more than clients of those in the comparison group
In Summary...

**Individual level** (everyday support) - *desire for person-centred ways of working but lack of evidence*

**Service organisation level** (arranging support) – *some evidence supporting four specific models!*

**Commissioning level** (strategic funding decisions) - *lack of evidence*
References


Questions?

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