



# CordisPulse

## October 2018

Welcome to October's edition of the CordisPulse - a monthly digest of key research and policy developments across the sectors in which Cordis Bright provides research and consultancy services, i.e. children and young people's services, criminal justice, and adult social care and health.

We are involved in conducting a range of evaluations of innovative integrated health and social care programmes, initiatives and services. For example, recently we have evaluated seven NHS England new care model Vanguards. As such, this month we were particularly interested in three reports.

- The King's Fund's report on Integrated Care Systems
- The Health Foundation's report on the impact of Integrated Care Teams on hospital use in North East Hampshire and Farnham
- The Nuffield Trust's Comprehensive Geriatric Assessment needs assessment tool

Each of these make valuable contributions to the evidence base and the approach to developing and delivering effective integrated health and social care. Linked to this, we are also pleased to add an evidence review of effective practice in delivering enhanced primary care and support in care homes to our recent series of evidence assessments which can be viewed [here](#) .

If you would like to discuss any of the issues raised in this month's Pulse please do contact us on 020 7330 9170.

Best wishes,

Dr Stephen Boxford

Head of Research



If you would prefer not to receive future editions of the CordisPulse, please click 'unsubscribe' at the very end of this email. If you would like to discuss anything that arises from the Pulse (or if there are others who you think would like to receive copies) then please contact Dr Stephen Boxford on [stephenboxford@cordisbright.co.uk](mailto:stephenboxford@cordisbright.co.uk) or 020 7330 9170.

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## Cordis Bright News

### Integrated health and social care best practice evidence reviews

As an independent evaluator of seven NHS New Models of Care Vanguard projects, we have been sharing evidence-based practice on a range of issues related to integrated health and social care. This month we shine a spotlight on **effective practice in delivering enhanced primary care and support in care homes**. You can review the report [here](#).

### Cordis Briefing October 2018

This October we held the Autumn edition of the Cordis Briefing which is a subscription service for independent sector providers of adult social care and supported housing. It is designed to help providers keep up to date and on-track with major developments in the sector. This month's edition focused upon Brexit, Local authority finances, ASC workforce and pay, lessons from charities that have closed and general policy updates. Extracts from the briefing can be downloaded [here](#) as well as information on attending future briefings.

### Cordis Blog: Inspection judgements under the new Ofsted ILACS framework

This month Suzie Langdon-Shreeve, a researcher at Cordis Bright has written a blog discussing the inspection judgements under the new Ofsted ILACS framework which was introduced in November 2017. She places this framework within the context of The Munrow Review, posing the question whether the ILACS Framework has succeeded in focusing on the child and removing red tape. You can view the blog [here](#).

## Adult Social Care and Health

### Reports

#### Public Health England. Health profile for England: 2018

This report is the second annual instalment, which collates data and knowledge from a wide range of sources to give a broad picture of the health of people in England in 2018. This report includes research upon [population trends and its link to increasing life expectancy](#), [trends in mortality](#) and [morbidity](#), [early years health](#), [inequalities in health](#), [the wider determinants of health](#) and [health protection issues](#).

Overall, the research emphasises that whilst people are living for longer they are often in poor health for the later stages of their life and deep health inequalities persist along the social gradient. The purpose of this research is therefore to emphasise that good health is about much more than good healthcare.

For a population to be healthy, it is important to address the wider determinants of health which are exacerbated by health inequalities. This includes making sure everyone has access to things such as quality education, a good income and employment, a warm home and high social capital to name a few. The report also impresses how important it is to tackle health inequalities and the wider determinants of health in the early years of a child's life to improve their future life chances.

#### The Kings Fund. A year of integrated care systems: Reviewing the journey so far

This piece of research is a qualitative investigation to capture the early progress of integrated care systems (ICSs) in their first formal year of operation (between January and August 2018). The research is based upon eight out of the ten areas selected by NHS England to become 'first-wave' ICS.

72 interviews were conducted with senior NHS and Local government leaders, as well as other stakeholders to gather views on their experience and perceptions of the early development of ICSs.



The researchers reflect upon the growing importance of ICSs stating that in a time of constrained financial resources and a growing population who are living longer with more complex long-term conditions there is a need for a more joined-up approach of working which centres around the needs of local populations rather than individuals. Some of the key messages from the research are:

- Whilst it is desirable to see change happen quickly national bodies must allow time and support for ICS leaders to embed system change.
- Currently, most of the work of ICSs has been to establish effective governance, collective leadership and staffing to work as an integrated system.

- Changes to service models have included strengthening integration between primary care and community services and reviewing the delivery of specialist services in some areas.

### **The Kings Fund and the University of Manchester. Impact of the Care Quality Commission on provider performance, room for improvement?**

This report summarises findings from the first major evaluation of the Care Quality Commission's (CQC) approach to inspecting and rating health and social care providers (introduced in 2013).

The report found that, in general providers support the need for quality regulation agreeing that the new approach introduced by CQC in 2013 was much better than the previous system. The researchers also developed an eight-part framework to investigate the ways in which regulation can impact on provider performance.

Overall, they found that of the eight impact measures they employed, regulation tended to have the biggest influence of 'anticipatory impacts' which is where providers seek compliance with regulations in advance of an inspection which can often distract from activities which would actually improve services. This is in comparison with systematic impacts where no examples were found (this is where regulators use aggregated findings to identify interorganisational issues).

### **Care Quality Commission. Sexual safety on mental health wards.**

This report aims to raise awareness of issues around sexual safety in mental health wards. CQC examined how often mental health trusts in England report sexual incidents to identify any common themes where improvements could take place.

Out of the 60,000 reports that took place on NHS trust mental health wards, in 919 of the reports they found 1,120 sexual incidents involving patients, staff and visitors. They found that more than a third of the incidents reported could be categorised as sexual assault or sexual harassment of patients or staff and found 29 reports of rape allegations. Other types of incident included nakedness, exposure and sexual words used as insults.

It was concluded that whilst a minority of trusts were trying to make improvements and there is a growing awareness of sexual incidents, Trusts were struggling because there is no clear national guidance in this area.

CQC made a number of recommendations to improve sexual safety on inpatient wards. For example:

- Staff must take seriously any report of a sexual safety incident made by a patient as patients must always feel supported.



- Clear guidance surrounding sexual safety needs to be co-produced by mental health professionals and service users.

## Briefings

### Severe mental illness (SMI) and physical health inequalities: briefing

This briefing is part of Public Health England's (PHE) wider programme of work to reduce the mortality gap and health inequalities in people with mental health problems. This briefing specifically looks at the inequalities in physical health faced by people with severe mental illness (SMI). For example, many people with a SMI often experience at least one physical illness and many experience frequent diagnoses of different physical health conditions.

This briefing is therefore designed to advise national organisations who develop policy and guidance on people with severe mental illness (SMI) but also local organisations who deliver services and treat patients with SMI. The report concludes that there is a greater need for integrated care and holistic care delivery which considers the needs of a person with a SMI physical and mental health.

There is also a need for greater prevention strategies as the burden of poor physical health in SMI patients often occurs earlier in life. For example, the level of health inequality in physical health conditions of SMI patients is often highest for ages 15 to 34 and therefore the new target for 60% of people on the SMI QOF register to receive annual health assessments in primary care should include all ages not just those over 40.

### The Health Foundation. Briefing: The impact of integrated care teams on hospital use in North East Hampshire and Farnham

This briefing presents the findings of an evaluation into the early effects of introducing integrated care teams (ICTs) into two specific areas: North Hampshire and Farnham (NEHF). These areas are part of the Happy, Healthy, at Home primary care and acute care system vanguard. The main area investigated was the impact of ICTs hospital usage of 774 patients referred to NEHF ICT between July 2015 (when it was first introduced) and May 2017.



They examined the hospital use of ICT patients compared with a matched subgroup of non-ICT patients and found that after statistically adjusting for differences between the two groups such as age, prior admissions and health conditions that ICT patients experienced emergency admissions 43% more often than the matched control patients which is equivalent to an average of 0.53 more emergency admissions per person per year after referral.

The researchers are clear to point out that because this piece of research was not a randomised controlled trial, it is not certain whether higher rates of emergency hospital use are explained by unobserved differences between the two groups such as social isolation or family support.

They also emphasise that whilst the ICT does not seem to reduce A&E attendances and emergency admissions, this evaluation was conducted less than two years after the implementation of the ICT which research has shown is not long enough for complex interventions to take effect. Furthermore, the results could indicate that ICTs are identifying urgent needs for healthcare that might otherwise have remained unmet or been identified later.

## Tools and Guidance

### The Nuffield Trust. Comprehensive geriatric assessment: needs assessment tool

The Nuffield Trust has developed a tool to help providers and commissioners of care in England assess the needs of frail older people being cared for in hospital. The tool is designed to make information more accessible in order to help providers and commissioners describe hospital activity in people aged 75 years and older.

It is hoped that the tool will help stakeholders to organise hospital services in the best way for frail older people. Indicators have been developed for each NHS acute Trust and local authority to describe populations, hospital costs and hospital usage for people aged 75 and over using Hospital Episode Statistics (HES) and Office for National Statistics datasets. HES-based measures of frailty by different types of hospital activity are included along with patient outcome measures on mortality rates and emergency readmission for NHS acute trusts.

### Public Health Wales. Creating healthier places and spaces for our present and future generations.

This resource has been designed to support Public Services Boards, public bodies, cross sector organisations and individuals to implement actions that address and enhance the well-being opportunities afforded by the natural and built environment.

This resource has been developed in response to the *Well-being of Future Generations (Wales) Act 2015*. Within the resource six priority areas of the built and natural environment that can positively impact on health and well-being have been chosen. These include: the walking and cycling infrastructure; open green and blue spaces; the food growing and retail environment; community health and social care services; low levels of air pollution and building design.





## Children and young people's services

### Reports

#### **Department for Education and Department for Work & Pensions. Evaluation of the 18-21 Work Skills Pilot 1: final report.**



Evaluation of the  
18-21 Work Skills Pilot 1:  
final report  
Research Report  
September 2018  
Becci Newton, Jim Hillage  
and Jonathan Buzzeo

The 18-21 Work Skills Pilot was implemented to address persistent youth unemployment and casual links between unemployment, low skill levels and poor long term economic and social outcomes.

The pilot specifically aimed to investigate whether providing online training in English and Maths could help the skills and employability of young Jobseeker's Allowance (JSA) claimants.

The pilot was abandoned after its testing phase due to changes in the national economic context, decreasing rates of unemployment and the roll out of universal credit.

However, an evaluation of the testing phase was carried out which adds to the evidence base surrounding the idea that young people could be convinced of the value of returning to English and Maths learning through an online learning system. Learners felt they had gained benefits relating to skills, attributes and behaviours. The lack of time given for outcomes to emerge was a limitation of the Randomised Control trial conducted, so the impact of the pilot cannot be fully determined.

#### **Department for Education. Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to age four years.**

This report builds upon research accumulated over several years that early years education can have a positive effect on children's educational, cognitive, behavioural and social outcomes, in the short and long term.

This report is part of the Study of early Education and Development (SEED) and focuses upon exploring how early childhood education and care (ECEC) may be related to child's development at age four. They found that the amount and type of ECEC attended between ages two and four are both associated with a number of cognitive and socio-emotional outcomes at age four.

For example, the study found that more hours spent in informal individual ECEC settings (e.g. with relatives, friends, neighbours) was associated with better language development at age four. They also found that outcomes are generally more strongly associated with demographics and home environments (parent/child relationship,



maternal qualifications and the Home Learning Environment) than they are with time spent in ECEC settings.

However, it was emphasised that the advantages of a more stimulating environment and responsive Home learning environment are largely independent from one another meaning that children living in stimulating home learning environments will still benefit from spending time in ECEC. Longer-term outcomes will be addressed in future SEED reports.

### **Department for Education. Evaluation of the first year of the national rollout of 30 hours free childcare.**

This report presents findings from an independent evaluation (carried out by Frontier Economics, the University of East London and NatCen Social Research) of the first year of the rollout of Free Early Education Entitlement which includes 15 hours of early education for 38 weeks a year to all three and four-year-old children and the most disadvantaged two-year olds in England.

The DfE wanted to find out how the policy had been implemented; whether the policy was meeting its intended outcomes and meeting objectives such as helping parents to enter work or work more hours if they wished too.

In general, a high proportion of childcare providers were able to offer extended hours. Almost all registered parents obtained an extended hours place. The offer of free childcare was not completely flexible or free for all parents with substantial proportions of parents reporting that there were restrictions on when they could use the hours or they had to pay extra for additional activities.

However, high proportions of parents using the extended hours reported that they believed that the policy had helped them to work which had positive impacts on their family finances and family life. These perceived impacts were greatest amongst low income families.

The report concludes that going forward there may be funding issues because many local childcare teams are downsizing due to funding restrictions which may negatively impact upon the implementation of this policy.

### **Department for Work & Pensions. Evaluation of the Innovation Fund Pilot.**

The Innovation Fund (IF) pilot was a £30million programme delivered between April 2012 and November 2015. Its aim was to support young people aged 14 or over who were considered disadvantaged or at risk of disadvantage.

It was comprised of ten projects which were commissioned in two rounds and used a Social Impact Bond (SIB) model. SIBs are contracts for social outcomes, in which a delivery organisation receives funding from a social investor to deliver services, and the government pays for the outcomes which are achieved as a result (payment by results). The purpose of this report is to present the findings of the impact evaluation

of the IF pilot alongside the results of the Social Return on Investment (SROI) analysis.

The impact evaluation explored the extent to which the IF pilot was successful in helping programme participants to engage in a range of activities which were likely to improve their chances of being employed and reduce their longer-term dependency on benefits. The SROI analysis assessed the ability of the pilot to generate benefits, including social benefits and fiscal savings, over and above the costs of the programme.

Overall, it was found that the IF pilot was beneficial to participants because it was found to have supported them achieve NQF level 1 qualifications. However, there was also evidence to suggest that the proportion of participants achieving higher levels of qualifications was reduced due to the programme but this could be down to data and the analytical approach taken to assess impacts. This caveat means that caution must be employed when interpreting the ability of the SROI analysis to categorically state that the benefits of the IF exceeded its costs.

## Tools and Guidance

### National Foundation for Educational Research. Best Practice in Mixed Attainment Grouping

This evaluation report is based upon an intervention which provided training to participating schools to adopt best practice mixed attainment approaches by grouping year 7 and Year 8 students for English and Mathematics in order to raise attainment.



Independent evaluators:  
Fiona Day, Beth Davies, Sarah Walker, Sally Stradwick, John Hattie and Kelly Williams

The intervention was developed with 3 schools between September 2014 and July 2015 and then piloted with a further 8 schools through a pilot randomised controlled trial (RCT) which lasted for two academic years.



Schools were expected to create classes which contained students from key stage 2 of mixed ability. Teachers were then trained to teach classes of mixed ability by being flexible in their teaching styles and minimising the use of grading instead opting for formative feedback through comments which was supposed to encourage a growing mindset. The pilot RCT was small in scale and designed to see whether a large-scale trial was possible rather than to measure the impact of the intervention.

However, most interviewees felt the trial had a positive effect on pupil outcomes and that those with lower prior attainment benefited particularly. Teachers had mixed perceptions of the programme with some struggling to teach mixed attainment classes. In any future trial, it was concluded that recruitment of schools to the trial would have to be addressed as this was an issue in the pilot. Also, clarity of expectation surrounding teaching staff's workload associated with implementing the programme would have to be relayed properly to staff so that knew fully what was required of them.

## Criminal Justice

### Reports

#### **HM Prison & Probation Service. Self-harm by adult men in prison: A rapid evidence assessment (REA)**

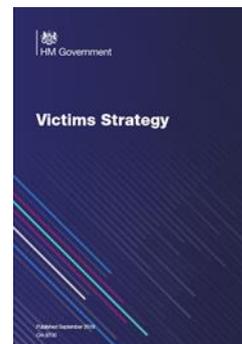
This report is a rapid evidence assessment to improve understanding of self-harm among adult men in prison and develop insights into how best to prevent, treat and manage self-harm in prisons. There has been a recent upward trend in self-harm incidents so this research is particularly apt.

The researchers concluded that there are number of common themes present in the literature. For example, more is known about the influence of risk factors compared with protective factors. Furthermore, self-harm is not necessarily connected to suicide and could be a coping mechanism for intense emotional distress or as a result of emotional dysregulation. There is also evidence to suggest that self-harm is linked to violence/aggression.

In general, there is little evidence of effective methods of treating self-harm in prison and staff are generally poorly educated on the subject. Poor relationships between staff and prisoners may influence incidents of self-harm.

#### **HM Government. Victims Strategy.**

This report is a cross-government strategy which sets out a criminal justice wide response to improving the support offered to victims of crime. It involves all criminal justice agencies including the police, the criminal prosecution service (CPS) and the courts. The strategy sets out an approach which puts the Victim's code at the heart of the criminal justice system meaning that legislation will be improved to be in line with the code and agencies will be held to account for compliance with the victim's code. Steps will also be taken to support those who have lost loved ones in extraordinary and tragic events.



#### **HM Prison & Probation Service. Understanding prison violence: a rapid evidence assessment.**

This report is a rapid evidence assessment (REA) into the causes of physically violent assaults by male adult prisoners. The REA reviewed 97 research studies published since 1<sup>st</sup> January 2000. The researchers found 5 common themes.

The first was that the majority of published research focuses upon 'imported characteristics' which are the characteristics of men who are violent in prison such as youth, history of earlier violence in prison, members of gangs or mental health problems to name a few. Other research focuses upon the prison environment citing this as a contributing factor to how prisoners behave. For instance, physically poor conditions, or difficult staff/prisoner relationships are associated with prisoner violence.



Crowding was not commonly cited as a cause of violence which the researchers found surprising but they found that highly trained staff and staff-prisoner interactions were more important factors in maintaining order. They also found that purposeful activities such as workshops and education reduced the cases of violence. Therefore, they concluded that policies designed to create situational control would be beneficial.

## Briefings

### Ministry of Justice. Sexual assaults reported in prisons: exploratory findings.

This report presents exploratory findings on the nature of alleged sexual assaults reported in prisons in England and Wales. It is based on the analysis of 1,742 incidents which were reported between 2002 and 2014 and recorded by prison staff. Recorded incidents were based on the initial report made and classified as sexual in nature.



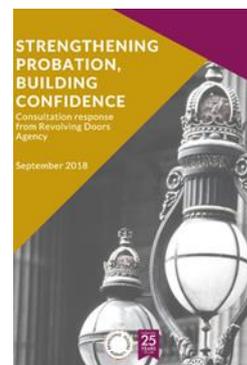
Due to the fact that that data was not collected specifically for this piece of research but collected as management information the researchers argue that results should be treated with caution.

However, the findings are indicative of what we can understand about sexual assault in prison. For example, assaults involving non-penile penetration often included multiple assailants with the assault being motivated by the retrieval of drugs. This perhaps puts the case forward that there was no sexual motive. Furthermore, in many of these cases the assailants were serving sentences for violent offences as opposed to those perpetrating rape or groin/genital contact assaults. Finally, where data was available (a lot was missing) for assaults involving groin/genital contact or rape the assailants were more likely to involve prisoners serving a sentence for a sexual offence.

## Tools and Guidance

### Revolving Doors Agency. Strengthening Probation, Building Confidence: Consultation response.

The Revolving Doors Agency have responded to the Government's consultation which sought to seek views on the future structure and services of the probation system. They produced a number of key recommendations including the idea that peer support should be embedded into probation as people in the system have reported that having support from ex-offenders has been a vital mechanism to improve engagement with probation as they understand what they are going through.





This peer led approach has been evidenced by their work with NHS England where they have co-produced a model of peer support in Wiltshire and Birmingham. Early evidence shows increased levels of engagement with services which they argued could be adapted for probation. Another finding relates to the fact that there should be a focus on quality contacts and lengths of engagement with responsible officers and support plans should be personalised. Their concluding remark is that the government should seek to introduce a presumption against the use of custodial sentences of less than six months because this would incentivise such a sentence to only be used when no other appropriate disposal is available.

### **HM Prison & Probation Service. The development of a screen to identify individuals who may need support with their learning.**

This report presents findings from a research project which aimed to identify individuals who may struggle with prison or community sentences because of learning disabilities and so may need additional support.

The hope was that by identifying this need then individuals with learning difficulties can be cared for in the appropriate manner which will help them get the most out of their sentence.

A sample of 2,232 adult males who had been convicted of a sexual offence and who were serving a custodial sentence was used to design a 7 itemed screening tool. The tool is able to predict items such as a learning difficulty, having no fixed abode, lack of work skills, no qualifications, problems with reading, writing and numeracy, specific problems with reading and specific problems with numeracy. It was also able to predict membership to a low IQ group.

It was concluded by the researcher that this tool could be used to identify individuals who need further support with accessing learning and engaging with their sentence. The tool could also be implemented at the population level.