A Systematic Evaluation of the Development and Impact of the Single Assessment Process in England

Research and Policy Update

EDITORIAL

The Personal Social Services Research Unit at Manchester undertakes research into health and social care issues and receives some of its funding from the Department of Health. The Unit's work focuses predominantly on community-based long-term care, particularly in relation to services for older people. Increasingly the research spans the interface between health and social care.

The Department of Health commissioned the PSSRU to undertake an evaluation of the development and implementation of the Single Assessment Process (SAP) in England as part of the research programme to support the National Service Framework for Older People (NSFOP) (Department of Health, 2001). This aims to improve the quality of health and social care for older people via a series of standards which focus on:

- Rooting out age discrimination;
- Provision of person-centred care;
- Promotion of older people's health and independence;
- Fitting services around people's needs.

The SAP was introduced within Standard Two: person-centred care, as a means of operationalising this concept. It was intended that its introduction would overcome some of the shortcomings of assessment practice with older people. These have been identified in the literature (see Issue 1, July 2006). Its underlying principle was to provide a framework by which assessment can become more integrated between different settings and professional groups. It aimed to enable a more standardised assessment process to be put in place, to raise the standards of assessment, and to ensure that older people's needs are assessed 'in the round' (Department of Health, 2001, para. 2.27).

This is the second issue in a series of Research and Policy Updates to report on the SAP study. The first focused on Stage l of the study. In this issue some of the findings from Stage ll are reported. Firstly, key issues from the national survey of SAP lead officers will be reported. Secondly, observations are reported from two SAP lead officers regarding the utility of the findings from the PSSRU survey of user experience in their authority.

THE SINGLE ASSESSMENT PROCESS AND THE PSSRU

This study, which is being undertaken at the University of Manchester, was divided into two stages. The first considered key issues in implementation and involved a literature review to explore major themes in the assessment of older people derived from previous research in both the UK and overseas and a focus group of SAP lead officers in the North West of England. It highlighted issues of particular relevance to those charged with the task of implementing the new arrangements for assessment of older people in localities. The second stage of the study considered the impact of the SAP from the perspective of multiple stakeholders and has five elements:

- A national survey of SAP lead officers to identify the agencies and professional groups involved in the various elements of the SAP, types of documentation used and how information is shared.
- A national survey of specialist clinicians in geriatric medicine and old age psychiatry, to explore the extent to which medical practitioners are involved in the SAP.
- A local authority based study comparing new and previously collected data on individuals' needs, in order to identify whether needs are more effectively identified since the introduction of the SAP.
- A study in three local authorities comparing new and previously collected data on care packages to identify whether these are more closely aligned to needs since the introduction of the SAP.
- A survey of users' experience of the SAP, in five authorities, to identify the extent to which information was provided and individual concerns addressed.

It is anticipated that the findings from this research will be of interest to a range of audiences from policy makers to practitioners. For those involved in the implementation of the SAP in localities it is envisaged that the study will provide data which will enable them to benchmark the extent of changes in service provision consequent on the implementation of the SAP. It is also anticipated that the findings will inform service development and the commissioning and configuration of services across the health and social care interface in the context of community based care for vulnerable older people.

The research was made possible by the participation of many organisations and service users. SAP lead officers responded to the national survey in large numbers, whilst a smaller group of local authorities took part in one or more of the sub studies. Many service users replied to our satisfaction survey whilst others agreed to be interviewed by members of the research team. We would like to express our thanks to all these people and organisations.

THE RESEARCH TEAM

The PSSRU staff conducting this study are David Challis, Paul Clarkson, Jane Hughes, Michele Abendstern and Caroline Sutcliffe at the University of Manchester. Judith Unell was involved in the survey of users' experience. For further information please contact pssru@manchester.ac.uk. This Update was edited by Michele Abendstern and Paul Clarkson and typeset and printed by Craftprint Ltd.

RELATED RESEARCH

ENHANCING THE EFFICIENCY AND EFFECTIVENESS OF ASSESSMENT IN COMMUNITY CARE

The SAP was introduced to address the shortcomings and inefficiencies found in the assessment of older people with health and social care needs. However, since its introduction in England, concerns have continued to be raised about the amount of administration and paperwork associated with it. One means of addressing this issue was the development of ways of working which incorporate self-assessment. The Department of Health has provided funding to a number of local authorities to stimulate innovations in self-assessment practice, designed to improve efficiency and effectiveness in the delivery of care to service users, and has commissioned the PSSRU in Manchester to evaluate these pilot projects. These innovations are set in the context of recognition of the importance of involving users as fully as possible in their own assessments and longstanding concerns about the efficiency of the assessment process.

The research explores the extent to which changes in approaches to assessment can allow the process to be undertaken in a more streamlined way with associated reductions in the bureaucracy and commensurate improved user satisfaction. This is a two year study which began in the autumn of 2006. Fieldwork has been undertaken in all the sites hosting the self assessment pilot projects. A range of methods, designed to capture the impact of the new modes of working were identified, addressing change in three aspects of service: occupational therapy, care management and prevention. Different research strategies, tailored to the content of the interventions developed, have been employed to assess the costs, effectiveness and efficiency of new assessment approaches which emerge. Factors influencing the sustainability of new modes of working were also considered.

This study is being undertaken by David Challis, Michele Abendstern, Paul Clarkson, Jane Hughes, Susan O'Shea and Sue Tucker at PSSRU, University of Manchester. For further information please contact Jane Hughes (Jane.Hughes@manchester.ac.uk).

SELF CARE AND CASE MANAGEMENT IN LONG TERM CONDITIONS: THE EFFECTIVE MANAGEMENT OF CRITICAL INTERFACES

This project investigates the role of self care in case management for people with long term conditions and is funded by the Department of Health through the NHS Service Delivery and Organisation Research and Development Programme. It is being carried out by the PSSRU in Manchester and has four aims. The first is to map current provision of NHS case management services in primary care for people with long term conditions. The second is to identify the extent and nature of self care initiatives available to these people. The third is to classify programmes on observable features of case management implementation. The fourth is to investigate the role of self care initiatives as determinants of entry and, particularly, exit to the services.

The study employs a mixed method approach and will incorporate four phases of research:

- A review of the relevant literature, interviews with case management lead managers and consultation with user advisors will identify key attributes of case management arrangements and the role of self care.
- A national postal questionnaire survey of long term condition leads from all Primary Care Trusts in England to establish how case management and self care support arrangements have been implemented.
- A series of analyses to identify: the form and range of variation; potential inequalities in access to case management arrangements; and clarify links with self care for people with long term conditions.
- A detailed investigation of modes of working in up to six different sites with distinctly different forms of case management arrangements, particularly in relation to self care.

The staff conducting the study are: David Challis, Jessica Abell, Kathryn Berzins, Jane Hughes and Siobhan Reilly at PSSRU, University of Manchester; Ian Bowns, formally NHS East Midlands; and Jackie Oldham, Centre for Rehabilitation Science, Manchester Royal Infirmary. For further information please contact Kathryn Berzins (Kathryn.Berzins@manchester.ac.uk).

THE DESIGN AND USE OF LOCAL METRICS TO EVALUATE PERFORMANCE: A COMPARATIVE ANALYSIS OF SOCIAL CARE ORGANISATIONS

The PSSRU in Manchester has been funded by the Economic and Social Research Council's Public Services Quality, Performance and Delivery Programme to investigate the measurement of local performance in social care organisations in England and Northern Ireland and how this relates to national performance. The programme has funded several projects which are evaluating how the situation across the UK compares with other countries and the issues this raises for future performance monitoring.

The project aims to: identify variations in the way local social care organisations monitor their performance; examine relationships between how measures are used in organisations and how these organisations are rated in national performance reporting; explore the influences on the level of performance of organisations, as rated in national data; and observe what can be learned from other countries about the construction and use of measures to monitor local performance. The study has four stages:

- A national survey of those responsible for performance monitoring in all local authority social care organisations in England and health and social services trusts in Northern Ireland.
- An enquiry into the way in which patterns of local data use and approaches to performance monitoring relate to whether the organisations are rated as high or low performers nationally.
- An examination of the extent to which the performance of organisations are associated with organisational and cultural factors.
- An investigation of how the UK top-down approach to measuring performance compares with the more 'bottom-up' Japanese approach – monitoring the care provided in municipalities (local governments).

The staff conducting the study are: David Challis, Paul Clarkson, and Sue Davies at PSSRU, University of Manchester; Roger Beech at the Centre for Health Planning and Management, Keele University; and Michael Donnelly at the School of Medicine, Queen's University, Belfast. For further information please contact Paul Clarkson (Paul.C.Clarkson@manchester.ac.uk).

RECENT AND FORTHCOMING PUBLICATIONS

Abendstern, M., Clarkson, P., Challis, D., Hughes, J. and Caroline Sutcliffe. Implementing the Single Assessment Process for older people in England: lessons from the literature. Research Policy and Planning. Forthcoming.

Challis, D., Hughes, J., Jacobs, S., Stewart, K. and Weiner, K. (2007) Are different forms of care management for older people in England associated with variations in case-mix, service use and care managers' time use? Ageing and Society, 27: 25-48.

Tucker, S., Baldwin, R., Hughes, Benbow, S., Barker, A., Burns, A. and Challis, D. (2007) Old Age Mental Health Services in England: Implementing the National Service Framework for Older People International Journal of Geriatric Psychiatry, 22: 211-217.

Venables, D., Clarkson, P., Hughes, J., Burns, A. and Challis, D. (2006) Specialist clinical assessment of vulnerable older people: outcomes for carers from a randomised controlled trial. Ageing and Society, 26: 867-882.

KEY FINDINGS FROM THE NATIONAL SURVEY OF SAP LEAD OFFICERS

Introduction

This survey provides the first national picture of the development of the SAP in England approximately two years after its formal introduction. A cross-sectional survey method was used to capture service level data from lead officers in all 150 local authorities in England. One hundred and twenty two authorities completed the questionnaire, a response rate of 82 per cent. A number of findings from this survey are summarised below. They focus in particular on the pace of implementation with reference to professional contributions and tools; training; and issues identified by managers as being paramount to successful implementation.

The development of the SAP

The original SAP guidance specified four different levels and types of assessment, ranging from the contact assessment at one end of the process to the comprehensive assessment at the other. The current data suggests an uneven development across these processes with the contact and overview assessment having achieved widespread use, whilst the comprehensive assessment and current summary record were only being used to a limited degree.

Professional contributions to the SAP were also found to vary. Social workers/care managers, district nurses and occupational therapists were reported as being the professional groups most involved. Medical professionals appeared to have only a limited role. Table 1 shows the extent to which a range of professional groups involved in the assessment of older people contributed to the overview assessment.

Of the formal tools available to support SAP, FACE (Elzinga, 2001) was the tool reported to be in use by most participants (25% of respondents) with EASY-Care (Philp, 2000) following closely behind (24% of respondents). However, two thirds of localities reported using locally developed assessment tools. It is possible that a high degree of agreement exists between different locally developed tools suggesting more standardisation than would first appear to be the case. Further work is being undertaken to explore this.

Training

Respondents were asked to identify the main training priorities in their localities in relation to the implementation of the SAP. The five training priorities most fre-

quently reported by respondents were: use of specific tools (41%), information technology (39%), multidisciplinary working (36%), person-centred care and assessment (35%) and general awareness (31%).

Table 2 describes training priorities in three of the areas noted above, and the staff groups who had attended such events, at the time the questionnaire was completed. In all three areas, the professionals most likely to have attended were care managers based in the local authority, district nurses and occupational therapists. Housing officers, geriatricians, old age psychiatrists, and GPs had a far lower attendance record.

Paramount implementation issues

Respondents were asked to prioritise from a given list the issues that had been the most important during the implementation process to date, whether resolved or not. Table 3 shows their responses.

Conclusion

These findings indicate that the implementation of the SAP to date has been uneven and suggests that the process of implementation will be a long one. It appears that some progress has been made in achieving a greater degree of standardisation, reflected in the percentage of local authorities using the same tools. Training content largely reflected the guidance issued by the Department of Health in 2002 (Department of Health, 2002) and would appear to be in line with the degree of engagement of different professional groups noted above. Managers indicated a range of paramount issues which were key to the successful implementation of the SAP, not least the support of senior management and a commitment to a shared vision by professionals across agency boundaries. The extent to which this has been achieved is not yet clear.

References

Department of Health (2002) Guidance on the Single Assessment Process for Older People. HSC 2002/001: LAC(2002)1. London: Department of Health.

Elzinga, R., Meredith, F. and Clifford, P. (2001) International mental health outcomes and benchmarking using the FACE (functional analysis of care environments) approach. Australian Health Review, 24, 105-17.

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Table 1: Professional contributions to overview assessments

	Overview assessment	
	No.	%
Social worker/care manager (n=114)	103	90
District nurse (n=114)	94	82
Occupational therapist (LA) (n=114)	77	67
Hospital nurse (n=100)	39	39
Community psychiatric nurse (n=100)	36	36
Geriatrician (n=100)	14	14
Old age psychiatrist (n=100)	11	11
GP (n=114)	10	9

Table 2: Training - content and staff group (n=122)

	General awareness	Using assessment tools	Developing person-centre practice
	%	%	%
Care managers (LA/CSSR)	88	85	59
District nurses	87	84	52
Occupational therapists	83	73	47
Acute/foundation NHS trust nurses	76	51	29
Community psychiatric nurses	64	45	29
GPs	37	5	4
Housing officers	29	15	7
Geriatricians 28		5	4
Old age psychiatrists	23	3	4

Table 3: Implementation issues (n=111)

	Most significant	
	No.	%
Engaging senior management	23	21
Achieving a shared vision and commitment	20	18
Obtaining appropriate IT systems	17	15
Getting professionals to trust each other's assessments	10	9
Introducing/rolling out new documentation	10	9
Linking SAP with other existing operational procedures	8	7
Designing new documentation	5	5
Effectively operating appropriate IT systems	5	4
Introducing new roles	4	4
Other	3	3

USING SERVICE USER FEEDBACK ON THE SAP: SOME MANAGEMENT RESPONSES

The fifth element of the second stage of the PSSRU evaluation of the implementation of the SAP focused on the views of service users of their experiences as recipients of this policy. This research is reported in full elsewhere (Challis et al. 2007). However, the issue of how the findings of this survey would be used by local authorities was not part of the main report. This is the focus of the following discussion and is based on the comments of two SAP lead officers working in North West England. The views expressed therefore represent personal accounts. They are reported here as being of potential interest to other managers and practitioners. This small piece of work also demonstrates how the link between research findings and practice development, often reported to be lacking (e.g. Hutchinson and Johnston, 2004), might be made.

In total four local authorities participated in the collection of data on the extent of service user satisfaction with the SAP: Manchester, St. Helens, Trafford and Wigan. In addition Age Concern, agents for the administration of direct payments to older people in Cheshire, gathered data for the study. Information was collected in a variety of ways designed to match the circumstances of the older people targeted for this research and to ensure as high a response rate as possible within the time and resource constraints of the research overall. In Manchester older people with high levels of dependency were asked to complete a satisfaction questionnaire in the presence of a researcher, with help being provided where this was required. In Cheshire, Age Concern workers took on the role of interviewer with a group of older people who were considering direct payments. People who were identified as accessing services for the first time were sent satisfaction questionnaires by post in Trafford, whilst in Wigan and St. Helens these were distributed by hand by care managers to this group of older people. It is probable that some of these respondents had lower level needs and were consequently identified as being the most likely to be able to complete a postal questionnaire (Bowns et al., 1991). One hundred and ten satisfaction questionnaires were completed in Manchester and 28 in Cheshire. In total, approximately 275 questionnaires were distributed in Trafford, St. Helens and Wigan, with a response rate of

twenty per cent. Although this may be regarded as low, it is fairly representative of many postal survey responses (Geron, 1998).

In the three authorities where postal questionnaires were used an undertaking was made to provide managers with individual authority level data. It is with these authorities and the responses received from two of them to this feedback that we now turn. A member of the PSSRU research team (JH) conducted short telephone interviews with two managers, one from Trafford and one from St. Helens. Their comments are outlined below.

The questionnaire covered both process and content issues within the assessment interview and follow up documentation. Both managers reported that they had found the data useful and that, by and large, service user responses were what they would have expected to find. In St. Helens it had provided evidence and 'food for thought' in terms of what appeared to be working well and what they could do better. In Trafford it was thought to have reaffirmed views of good practice, confirmed their hypothesis about the importance of not duplicating information, and provided evidence of the need for further engagement with partners with SAP IT systems.

St. Helens reported that the data had already been presented at their Old Age Partnership Board meeting, providing information for this discussion and raising the issue of how representative the results were given the low response rate. Trafford commented that the data will form part of their performance management information in the future.

Both managers intended to continue to use the tool, with St. Helens reporting that it would be incorporated into routine monitoring of user satisfaction. It was felt to be both relevant and to have provided useful data. A key aspect of this was simply that it reflected users views directly rather than those of organisations or professionals.

All too often a gap is seen to exist between practice and research. Our aim in collecting and reporting these findings

is to demonstrate, in a small way, the extent to which research tools and findings can relate to real life practice. If the assessment experience is to improve for the service user, it is important that research is relevant to their situation and concerns are grounded in the reality of professional practice. In turn, research findings and relevant tools must be made accessible to practitioners in order that they might inform their work and to service users to provide evidence to support their pressure for change.

References

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