



CordisPulse

July 2018

Welcome to the July 2018 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.

Adult Social Care along with the NHS turned 70 in July. With the benefit of hindsight, it is possible to see that many of the challenges we face today over the long-term funding of the service were effectively established with its launch. From the moment when 'health care' became a free service and social care chargeable barriers between these activities were effectively established.

In 1948 the average life expectancy for a man was just 66 years, bearing in mind retirement at that time was 65, the long-term funding of social care could hardly have seemed pressing. In the intervening years average life expectancy has vastly extended so that most people even with later formal retirement will expect many years of post-retirement living.

On the one hand It seems particularly ironic that in the year of its 70th birthday a government has again delayed work on how social care is to be funded into the future, but on the other it is actually entirely in line with how all previous governments have approached this issue. Deciding on how a society is to fund its social care appears to be just too difficult for the baby boomer generation and will probably be down to millennials to make the harder decisions that will be needed.



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 or 020 7330 9170.

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Cordis Bright News

Making Every Adult Matter (MEAM) Approach Evaluation: Year 1

Cordis Bright has recently published the Year 1 report for the longitudinal evaluation of the MEAM Approach. This is the first report of a five-year long evaluation between 2017 and 2022. MEAM is a coalition of three national charities (Clinks, Homeless Link and Mind) formed to improve policy and services for people facing multiple disadvantage. This first instalment draws upon a review of documentation and interviews with approximately 40 stakeholders from MEAM and local areas which are part of the MEAM Approach network. It provides baseline information on the current context and progress of the MEAM Approach in order to inform subsequent evaluation reports. This Year 1 report is accompanied by an evaluation framework, which outlines the key outcomes which the MEAM Approach is seeking to impact upon and is intended to guide the evaluation between 2018 and 2022. You can review the report [here](#).

Health and social care literature reviews – intermediate care

As an independent evaluator of seven NHS New Models of Care Vanguard projects, we have been sharing key learnings through our series of integrated health and social care literature reviews. This month we look at best practice in the delivery of intermediate care services and the key barriers to effective intermediate care delivery. You can review the report [here](#).

Adult Social Care and Health

Reports

Care Quality Commission, The state of care in urgent primary care services

The CQC have published a report on their inspection of urgent care services in the NHS including NHS 111 services, urgent care/walk-in centres, GP out-of-hours services and a minimal number of GP services which provide a walk-in service for those not registered with them. The overall ratings as of the 31st march 2018 showed that 90% of NHS 111 services were good whilst 10% 'requires improvement', for out-of-hours services 14% rated as 'outstanding', 75% were 'good' and 11% 'requires Improvement' and finally for urgent care centres 2% rated as 'outstanding', 83% were 'good', 11% 'requires improvement' and 5% were 'inadequate'. Their inspections outlined 6 key factors which contributed to urgent care services being 'good' or 'outstanding':



- Effective communication with staff
- Initial assessment of patients being timely
- Being responsive to the population
- Recruiting staff, i.e. recruitment of GP's in this sector is difficult. The urgent care services who performed well had adopted a multidisciplinary model of care rather than just depending on GPs
- Cooperating with the wider health and social care system
- Governance, i.e.the best organisations had a well-developed and independent system of audit and also used innovative tools to monitor quality of care

Joseph Rowntree Foundation, Destitution in the UK 2018

The JRF have published a report on destitution in the UK, finding that 1,550,000 people including 365,000 children, were destitute in the UK at some point during 2017. By 'destitution' they refer to the inability to afford bare essentials that we all need to eat, stay warm and dry, and keep clean. The report finds that people are normally pushed into destitution after sustained periods of poverty due to debt, benefit and health problems.



Destitution in the UK 2018

by Suzanne Propper, Glen Skelton, Pip Swales and Jane Widdows
with Jenny White, Sarah Johnson, Mary Lambert and Beth West,
© JRF 2018, Heriot-Watt University

This report identifies the number of people who were pushed into destitution during 2017, looking at the causes, solutions and context to destitution in the UK.

The Health Foundation, Listening to our Future: Early findings from the Young people's future health inquiry

This report investigates children's transition to adulthood, focussing on the years 12-24. It has been shown that during this time period, young people go through an intensive period of physical and brain development. Therefore, it is vital that in these years young people are given the building blocks to support their future life chances and ensure they lead healthy lives. The inquiry showed that what young people value most in supporting their development are appropriate skills and qualifications, personal connections, financial and practical support and emotional support.



National Audit Office, Developing new care models through NHS vanguards

At the end of June, the National Audit Office (NAO) published a report investigating whether the NHS is well placed to get value for money from its investment in developing new care models through vanguards. In particular, the report focuses upon the set up and management of the vanguard programme, national support and evaluation, the progress made by the vanguards and finally the readiness for the spread of these new care models. The overall conclusion regarding whether the programme is good value for money is non-conclusive due, in part, to the fact that short-term financial pressures have led to the diversion of much of the transformation funding. There is some evidence that individual vanguards have made progress in implementing new models of care and there are early signs of a positive impact on emergency admissions. However, the long-term impact and sustainability of vanguards is still not proven.

Briefings

The Kings Fund, The Health Foundation, The Institute of Fiscal Studies, The NHS at 70

The Kings Fund, The Health Foundation, the Nuffield Trust and the IFS were asked by the BBC to use their combined expertise to explore key topics, resulting in five reports covering [the strengths and weaknesses of the NHS](#), [the challenges facing social care](#), [NHS funding](#), [public perceptions and expectations of the NHS](#) and [the impact of new technologies in the NHS](#). These reports have been put together in preparation for the NHS turning 70 in July, in order to inform the national conversation about the past, present and future of the NHS.

- The main strengths are that the system protects people who become ill from heavy financial costs compared with other countries, waiting times are similar to comparable countries, the system is relatively efficient with low administration costs and a high use of cheap generic medicines.

- The main weakness is health care outcomes and the fact that the UK has markedly fewer doctors and nurses relative to the size of its population than comparable countries.
- The social care system is also turning 70, yet this will go largely unnoticed, epitomising the fact that the social care system is chronically underfunded and faces a funding gap of £18 billion by 2030/31.

Tools and Guidance

Department of Health and Social Care, **Childhood obesity: a plan for action: chapter 2**

Nearly a quarter of children in England are obese or overweight by time they start primary school at aged five, and this rises to one third by the time they leave primary school at 11 years old. As result, childhood obesity is one of the biggest health problems facing England. In reaction to this, the Department of Health and Social Care have published 'a plan of action' to tackle the problem. In 2016, [Chapter one](#) highlighted the scope of the problem and set out some key targets to reformulate the products that children eat and drink most. The latest instalment (chapter two) was published in June and continues the commitment to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. The focus will be on sugar reduction, calorie reduction, the way products are advertised and promoted and promoting local programmes and resources to support local authorities.

Care Quality Commission, **Driving improvement: Case Studies from 10 GP practices**

The CQC have gathered best practice examples from 10 General practices as a source of information to help other GPs drive improvement despite external pressures. Main findings from the case studies show that GP practices need to work effectively as a team this includes clinical, administrative and managerial staff. They also found that GP practices are more effective when the value of nurses is realised as this takes some of the clinical burden away from GPs. It is also not just about internal team work; GP practices need to work with other GP practices to learn and adopt best practice from one another. It has been shown that working in professional silos negatively effects ratings. Finally, whilst GPs provide clinical leadership, the practice manager is also a key player in ensuring the smooth running of the practice. The case studies chosen reflect practices whose ratings have moved from 'inadequate' or 'requires improvement' to 'Good' or 'Outstanding'. This sample effectively shows how practices have improved but also face similar challenges when trying to improve their practices.



Children and young people's services

Reports

Education Policy Institute, **School performance in Academy chains and local authorities – 2017**



The EPI has published a report which investigates differences in pupil performance between academy chains and local authorities. Overall, they concluded that the performance levels between academy chains and local authorities is not very variable meaning that the type of school is less important compared with being in a high performing school group. The EPI employed two main measures to establish differences in performance which included a measure based upon how well schools in a given chain or local authority are currently performing (based on current value-added scores) and how that improvement has changed over time by looking at improvement in value-added scores.

- At primary school (KS2), the difference in pupil improvement between the highest and lowest performing groups is well over two points on the new national curriculum assessments – the equivalent of over a full term's progress.
- At secondary (KS4), the difference in pupil improvement between the highest and lowest performing groups is equivalent to half a grade in each GCSE subject.

The Children's Society and Barnardo's, Factors affecting mental over time

This is a longitudinal study investigating which factors at age 10-11 were significantly related to subsequent mental health problems at ages 14-15. The study chose a number of exploratory factors such as family relationships, bullying, engagement with school, feelings about appearance, screen time and diet/exercise as well as a number of controls for household and personal characteristics. The regression analysis found that a number of factors (family relationships, bullying, engagement with school, and feelings about appearance) at age 10-11 were significantly related to subsequent mental health problems at age 14-15.

Department for Education, Evaluation of the Return to teaching pilot programme

This research report presents the findings from the evaluation of the 'Return to teaching pilot programme'. This programme was set up by the National College for Teaching and Leadership in 2015 to fund secondary schools facing recruitment shortfalls to attract qualified teachers, who were not teaching in the English public sector and support them to return to the profession. The pilot focused on recruiting teachers for [EBacc](#) subjects in secondary schools. The aim of the evaluation was thus to assess the impact of the pilot in securing additional 'returners' back into teaching and examined the aspects of the pilot that worked well, and why, to provide

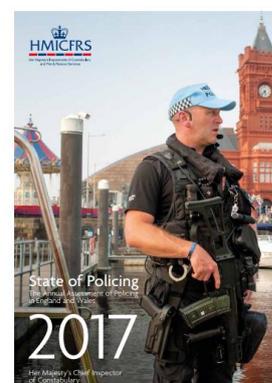
recommendations for the format of any future rollout of the programme. The evaluation found the pilot was successful in attracting people to register an interest in returning and supported some qualified teachers to return to teaching. However, the number of returners was low and the cost per additional returner was similar to that of training a new teacher. They concluded that the pilot was unlikely to represent good value for money. Nevertheless, they argue that encouraging qualified teachers back to work is a useful activity and that the programme provides useful knowledge for further policy developments in this area.

Criminal Justice

Reports

HMICFRS, *State of Policing: The Annual Assessment of Policing in England and Wales 2017*

This report details the results from the assessment of 43 police services in England and Wales in 2017. It is the third instalment of PEEL (police effectiveness, efficiency and legitimacy) inspections. In these inspections, they consider the effectiveness and efficiency of police forces and assess their legitimacy (how the police behave and treat people). The report also gives an overview of the findings from child protection and specialist inspections, including inspections of non-Home Office forces.



- The effectiveness pillar graded one force as outstanding (Durham), 30 as good, 12 as requiring improvement and none as inadequate. This pillar also produced the largest movement in grades compared with 2016 with nine forces being graded higher and five being graded lower.
- The efficiency pillar graded two forces as outstanding (Durham and Thames Valley), 30 as good, 10 as requiring improvement and none as inadequate. The legitimacy pillar graded one force as outstanding (Kent), 35 as good, six as requiring improvement and none as inadequate.
- The inspection finds that there is continual improvement in how the police treat children who may be experiencing mental health problems. However, there is still concern over how many children are being unnecessarily held in a police station when they haven't been charged with a criminal offence and denied bail.
- There is still concern with how police forces are dealing with children at risk, especially in complex cases. They argue that there is still a great need to focus on preventing domestic abuse of children.



Prison Reform Trust, What about Me? The impact on children when mothers are involved in the criminal justice system

This report looks into the effect on children when their mothers are in or have been to prison for a period of time. In short, the outlook for these children is not good. Five broad themes were identified: children with a mother in prison are often invisible within the systems that ought to protect them, life disruption, stigmatisation, they face many barriers to support but with the right support, children can be resilient and develop the skills to thrive.

Briefings

Revolving Doors Agency, Ministry of Justice Female Offender Strategy response

The Revolving Door Agency commented upon the Female Offender Strategy published by the Ministry of Justice (MOJ) which is summarised under tools and guidance below. They agree with the decision to implement shorter custodial sentences for female offenders arguing that short sentences are 'short sighted'. For example, those who go to prison for non-violent offences and serve short sentences reoffend at a rate of 71%. Revolving Doors agency therefore welcomes the commitment to reduce custodial sentencing and take a more holistic approach to non-violent offences.

Women in Prison, From Care to Custody

This briefing discusses why a disproportionate number of women in prison have been through the care sector, in fact 31% of women prisoners have spent a proportion of their childhood in care. There are a plethora of reasons why this might be the case including disrupted care placements, regularly changing schools and public perceptions that children who have been in care will automatically have worse life chances leading to stigmatisation and social isolation. It is also true that children in care who have poor relationships with their care workers, the police and social services in general are more likely to be reported to the criminal justice services for minor offences than their peers who live with their families. They argue that more time and attention must be given to vulnerable girls in care to help support them and meet their complex needs to avoid future contact with the criminal justice system.



Tools and Guidance

Ministry of Justice, Female Offender Strategy

Whilst only 5% of the prison population and 15% of offenders in the community are female, reoffending rates stand at 22.9% for the April to June cohort. Furthermore, Women in general tend to pose a much lower risk to the public compared with men. Evidence shows that those who end up offending are often the most vulnerable in society, this is especially true for women. Many experience turbulent lives including substance misuse, mental health problems, offending behaviour and homelessness which is often a product of abuse and trauma. These complex issues often mean that female offenders need to repeatedly use welfare services and have disrupted family lives. It has thus been predicted that the Government spent £1.7bn including an estimated police cost of c.£1bn in 2016/17. This excludes the wider social costs of female offending. For these reasons, the MOJ have argued that there is both a social and economic imperative to develop a Female Offender Strategy.

- Early intervention is key to reducing female offending. This is because a significant proportion of women who come into contact with the CJS commit offences that are low level risk to the public. These crimes could have been prevented if steps were taken to reduce vulnerabilities such as mental health problems or homelessness or if a greater effort by the police or local communities had been taken to tackle domestic abuse.
- Evidence suggests that good community management of offenders can be more effective and produce better reoffending outcomes than custodial sentences especially when custodial sentences are less than 12 months.
- Improving custody so that rehabilitation and reoffending rates decrease by focusing on better links with children and families, improving safety, becoming trauma-informed, improve Health and Wellbeing and offering comprehensive rehabilitative support by empowering the Prison Workforce and developing education and employment opportunities.
- Framework for Implementation will be holistic in nature and locally led.