



CordisPulse

September 2021

Welcome to September'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. This month, we're really pleased to have launched our new website which can be seen [here](#).

By clicking onto the website you can access a range of useful reports and resources which we have produced with our clients across: [children and families](#), [adult social care](#), [criminal justice](#), [integrated health and social care](#), [domestic abuse](#), and [mental health](#).

In addition, we're currently recruiting for a new Principal Consultant. For more information, please click [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 or email stephenboxford@cordisbright.co.uk.

Best wishes,

Dr Stephen Boxford

Director and 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

Join the Cordis Bright Team

We are looking to recruit a Principal Consultant who will specialise in process, impact, and economic evaluations. Experience must include a successful track record in leading and delivering high-quality mixed-methods, multi-stakeholder research and evaluation. Strong quantitative skills and an ability to advise on, contribute to and lead evaluations which take experimental approaches including randomised control trials and quasi-experimental designs is particularly advantageous. See here for more information: [Join us | Cordis Bright](#). The deadline for receipt of applications is midday on Monday, 11 October.

Management Consultancy Framework Three

We are pleased to announce that Cordis Bright and our [Sonder Group partners](#) have been awarded a consultancy framework agreement by the [Crown Commercial Service](#) covering the following areas: Health, Social Care and Community; Business; and Finance.

The [Crown Commercial Service RM6187 Management Consultancy Framework Three](#) (MCF3) replaces previous government consulting frameworks (MCF1 and MCF2) and is valid until 2025.

Adult Social Care and Health

Reports

Public Health England. NHS Weight Loss Plan: Better Health campaign evaluation



This evaluation focuses on the impact of the NHS Weight Loss Plan app to support weight management and health behaviours.

It explores the uptake and impact of the 12-week plan on weight, fruit and vegetable intake and minutes of physical activity.

Overall, the evaluation states that for the majority of users who started the 12-week plan, most reported a weight reduction. Nearly 1 in 5 starters (17.1%) and nearly two-thirds (64.2%) of completers reported clinically significant weight loss in line with NICE recommendations for weight management programmes. However, gender differences were noted, with males reporting higher levels of weight loss than females. In addition, one-third of users reported an increase in fruit and vegetable consumption and an increase in the amount of physical activity over the 12-week period.

Public Health England. Everybody active, everyday: 5 years on.

This report outlines progress made in the last 5 years as a consequence of Public Health England's (PHE) national physical activity framework, Everybody active, every day (EAED).

The review demonstrates that stakeholders received the EAED framework positively. Stakeholders referenced it setting 'a clear agenda for action', being 'based on a strong evidence base', and reported how valuable it is for organisations 'wanting to know how to focus on physical activity'. There was agreement that cross-sector and cross-departmental collaboration is crucial for continuing to embed the messaging on the importance of physical activity at a population level.

An illustrative example of this is the multidisciplinary partnership working increasingly found at the local authority level across planning, sport and leisure, education, and the third sector. However, stakeholders noted that an overall area for improvement is the necessity of more prominent physical activity integration into health policy.

SCIE. Resident-to-resident harm in care homes and other residential settings: a scoping review.

This report from Social Care Institute for Excellence (SCIE) explored resident-to-resident harm in care homes, also referred to as resident-to-resident abuse. However, there is an important distinction to be made between harm and abuse as abuse occurs within relationships where there is the expectation of trust. That expectation cannot be applied to the relationship between residents. Having



highlighted this key distinction, this report reflects the literature and so refers to resident-to-resident abuse (RRA) throughout.

Key messages from the report included:

- There is very little UK literature on resident-to-resident abuse or harm, with most being from the US. Of the UK literature that is available, much of it is policy or practice documents rather than empirical research.
- The focus of the literature on resident-to-resident harm has been on older adults, with less available about people with learning disabilities and other groups.
- Types of resident-to-resident abuse included: verbal (yelling, screaming), physical (hitting, kicking, pushing, throwing things), sexual (inappropriate touch, exposing themselves), violation of privacy and taking/damaging another's belongings. Linked to this was bullying, mainly highlighted in 'senior living facilities'.
- Abusive behaviour was rarely documented or reported in some settings, with evidence that some care managers consider it an inevitable or predictable part of living in a residential setting. Some services allow harmful behaviours to be accepted and unchallenged.
- Research regarding the prevalence of resident-to-resident abuse is limited, yet information from a variety of sources suggests it occurs fairly frequently. Prevalence data is hard to compare across studies and settings due to very different methods being used.
- Resident characteristics that are a risk factor for resident-to-resident abuse include dementia, mental illness, behavioural symptoms that may disrupt others and a history of aggressive or negative interactions with others.
- Environmental characteristics that are risk factors for resident-to-resident harm include a crowded environment, inadequate staffing levels, lack of staff training, high numbers of residents with dementia, a lack of meaningful activities, crowded common areas and excessive noise.
- Many incidents of resident-to-resident harm are not witnessed by staff.
- There is a significant overlap between interventions to prevent staff-to-resident abuse as for resident-to-resident harm. These include professional training, the development of person-centred care practices, and the use of a multidisciplinary approach.
- Interventions to reduce resident-to-resident harm include both environmental considerations (such as reducing crowding, noise and clutter, and prompting meaningful activities) and care practices (including care plans, staff training, identifying risk factors, consistent staffing to build relationships)
- There is a paucity of research into resident-to-resident harm, including prevalence data, detailed identification of perpetrator and victim characteristics,

developing/assessing environmental interventions, developing/assessing staff training interventions

Shelter. Everyone In: Where are they now?

During the COVID-19 pandemic, the Government had the ambition to get “Everyone in” to support people who were homeless and rough sleeping.

In February 2021, Shelter submitted Freedom of Information (FOI) requests to every local authority in England to get more detailed information about where the people that had been in emergency accommodation as part of Everyone In are now.



They found that:

- More than three-quarters (77%) of those initially accommodated had not moved into settled accommodation, equating to an estimated 29000 people.
- 23% of the total – and almost 1 in 3 (30%) of those not moved into settled accommodation – were no longer accommodated. This equates to an estimated 8,800 people.
- Over a fifth (22%) of people supported by Everyone In were still in emergency accommodation, including hostels and B&Bs.

To protect lives, both during the ongoing pandemic and beyond, Shelter recommends that Government learn lessons from ‘Everyone In’, including a thorough review of outcomes for those helped. They must set out a roadmap to end rough sleeping - to protect everyone at risk of the streets, prevent homelessness by tackling COVID-arrears and inadequate benefits, and build a new generation of social housing aimed at preventing homelessness.

The Health Foundation. Waiting for care: Understanding the pandemic’s effects on people’s health and quality of life

This analysis from The Health Foundation suggests that the effects of the pandemic should not be measured in mortality alone. The suspension of routine NHS care has affected people’s health and wellbeing – with the significance of this depending on the type of condition or treatment delayed.

For some conditions, a delay in care makes little or no difference. For others, a delay could lead to living longer in pain and/or a deterioration in their condition. This analysis explores the implications of this via two case studies – hip replacements and diabetes.

Briefings

LGA. Adult safeguarding and homelessness: experience informed practice

This briefing builds on an earlier publication that set out the evidence-base for positive adult safeguarding practice with people experiencing multiple exclusion homelessness. That earlier briefing summarised relevant law on adult safeguarding and homelessness and analysed the learning from safeguarding adult reviews (SARs). It then filtered effective practice through four domains – direct work with individuals, the team around the person, organisational support for the team, and governance. It concluded with a review of the impact of the legal, policy and financial context within which adult safeguarding and homelessness practice is located.



Funded by the [Care and Health Improvement Programme](#) (CHIP) and supported by an Expert Reference Group, the original intention had been to promote that briefing through a series of regional workshops. Instead, as a result of the COVID-19 pandemic, a sequence of eight virtual webinars, each with a thematic focus, was held between December 2020 and March 2021. Attendance at the webinars averaged 210 people, enabling a more extensive knowledge exchange than could have been achieved otherwise.

This briefing brings together the learning about practice, the management of practice, and the policy framework from those eight webinars. It also contains practice examples that those attending the webinars submitted afterwards. Once again, the learning is organised around the aforementioned four domains and the legal, policy and financial context that creates the overarching framework.

Department of Health and Social Care. Better Care Fund policy framework: 2021 to 2022

Better Care Fund plans are jointly developed by health and social care partners in every area in England and support integrated, person-centred care in communities.

The policy framework is intended for use by those responsible for delivering the Better Care Fund at a local level (such as clinical commissioning groups, local authorities, health and wellbeing boards) and NHS England.

MEAM. Reviewing the deaths of people facing multiple disadvantage

People experiencing multiple disadvantage are at higher risk of premature death than the general population. Despite this, there remains a limited focus, both locally and nationally, on investigating and reviewing premature deaths when they occur.



Reviewing the deaths of people facing multiple disadvantage.

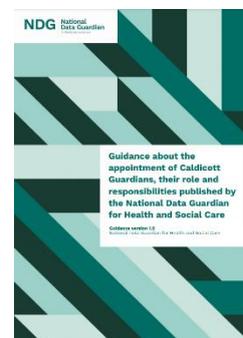
This briefing from Making Every Adult Matter (MEAM) encourages local areas to review all premature deaths of people facing multiple disadvantage and calls on the national government to require this and to collate learning from reviews to inform policy decisions.



Tools and guidance

National Data Guardian Guidance on the appointment of Caldicott Guardians, their roles and responsibilities

Caldicott Guardians are senior people within an organisation who protect the confidentiality of people's information by considering the ethical and legal aspects of data sharing. They play a vital role in ensuring that health and social care data is used responsibly to support the delivery of better care.



Previously, only NHS organisations and local authorities were required to have a Caldicott Guardian. This guidance changes that, by introducing a requirement that widens the type and number of organisations that are expected to have one. Now, organisations in the scope of the guidance are being asked to put in place a Caldicott Guardian, whether by appointing a member of their own staff or making other arrangements.

Department of Health and Social Care. SHARE: consent, confidentiality and information sharing in mental healthcare and suicide prevention

The SHARE resource has been developed by the Zero Suicide Alliance (ZSA). It is designed to support health and social care staff on how to use the [Department of Health and Social Care's \(DHSC\) consensus statement for information sharing and suicide prevention](#) and how to engage with patients when discussing confidentiality and consent to share information.



The DHSC consensus statement sets out how and when clinicians should share information about patients, within the legal framework, where this may help prevent suicide. The ZSA SHARE resource should be read alongside the consensus statement.

Children and Young People's Services

Reports

Institute for Fiscal Studies. The health effects of Sure Start

Over the last two decades, Sure Start Children's Centres have been one of the most important policy programmes in the early years in England. Despite Sure Start itself having seen its budget cut by more than 60% since 2010, the principles behind the programme continue to drive policy.



This report finds that access to Sure Start affects children's hospitalisations. In the earliest years of life, Sure Start increases hospitalisations as families get more support to use health services as children are exposed to a wider range of infectious illnesses. But after the first few years, Sure Start decisively reduces hospitalisations, with stronger immune systems, better disease management, safer home environments, and fewer behavioural problems all playing a role.

Sutton Trust. A Fair Start? Equalising access to early education

A child's early years play a significant role in determining their chances later on in life, including their social mobility. But access to quality early education in England is unfair, with most of the country's poorest children locked out of the government's flagship entitlement of 30 hours of funded early education and child-care for three- and four-year-olds.



In this report, Sutton Trust examines the 30 hours policy from a variety of different angles, with key contributions from experts in the field.

Early Intervention Foundation. Adverse childhood experiences: Building consensus on what should happen next

Building on their 2020 review of the evidence on adverse childhood experiences (ACEs), this report from Early Intervention Foundation presents the findings of a Delphi-style consensus-building exercise to understand key stakeholders' views about the research evidence, whether it has influenced their work with children and families, and how they think evidence can best be taken forward to inform policy and practice.



Tools and Guidance

Public Health England. Best Start in Life and Beyond.

Guidance to support commissioning of the Family Nurse Partnership programme.

This document has been updated and revised to reflect the new personalised delivery model, recent evidence from the Building Blocks 2 to 6 study, and to align with the guidance to support the commissioning of the Healthy Child programme 0 to 19.



LGA. Tackling child exploitation: resources pack

As local leaders and community representatives, councillors have responsibilities to help protect children in their area. Being aware of the signs of child exploitation, understanding what to do if you have concerns and knowing what questions to be asking of local services is key. This resources pack explores this and showcases innovative work going on around the country to prevent child exploitation.



NICE. Babies, children, and young people's experience of healthcare

This guideline from National Institute for Health and Care Excellence describes good patient experience for babies, children, and young people, and makes recommendations on how it can be delivered. It is for healthcare professionals, commissioners, and providers of NHS or local authority healthcare services, as well as non-clinical staff who come into contact with patients.

Criminal Justice

Reports

HMICFRS. A duty to protect: Police use of protective measures in cases involving violence against women and girls

In March 2019, the Centre for Women's Justice submitted a police super-complaint raising concerns that the police are failing to use protective measures in cases involving violence against women and girls.

Following a joint investigation, HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), the Independent Office for Police Conduct (IOPC), and the College of Policing found that there were good examples of the police using these measures.



At the same time, the report found a lack of understanding within the police forces over how and when to use protective measures, which means support for victims is sometimes not good enough.

Clinks. The challenges and needs of people serving long life sentences from a young age

In recent decades, a clear legislative trend has emerged towards increasingly long minimum tariffs for people serving life imprisonment in England and Wales. However, little is known about the short- and long-term effects of long periods of confinement in prison.

This evidence review provides an in-depth look at the specific challenges and needs of the significant number of people already serving long life sentences from a young age in England and Wales.

The challenges and needs of people serving long life sentences from a young age

