Conference Abstract

A wing and a prayer? Evidence for integration within social care prevention services

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Abstract:

Purpose: This research explores the extent to which integration is central to the commissioning and delivery of prevention services, and the evidence that informs a decision to invest in an integrated approach.

Objectives: Working with a case study sample of Local Authorities in England to consider—
• Which types of prevention services are considered to be the most effective with each locality;
• The role of integration within the commissioning and funding;
• How local authorities rationalize their investment decisions;
• What local evidence exists around outcomes and benefits

Background: Preventing older people from requiring intensive long-term support from adult social care services is commonly seen as a potential means to respond to demographic changes and to maintain older people’s quality of life. The most efficient way(s) of achieving prevention in practice are not yet established however, and this leads to English Local Authorities investing in services which are seen as having at least an emerging evidence base (such as telecare and reablement). Beyond these two interventions there is considerable variation with local commissioners reaching different conclusions both on the potential effectiveness of other interventions with their population and contexts.

Conclusions: This study found that integration between health and social care agencies was a feature of many of the top 3 prevention interventions. Variation in the approach to using integration within the same intervention was in part due to local history and contexts, but also reflected a lack of a robust evidence base. National government could support local decisions through funding and sharing relevant research and good practice guidance, and Local Authorities could add considerably to the evidence base through better evaluation processes and a clearer and consistent focus on outcomes for older people and their families.
Keywords

older people, prevention services, integration, evidence

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