# Older people's prevention services: Comparing perspectives of local authorities and the third sector

## **KEY POINTS FROM THE RESEARCH**

- Overall TSOs and their local commissioners enjoyed positive relationships. They demonstrated shared understandings of their respective roles and largely met each other's expectations throughout the commissioning process.
- Differences can be identified in commissioner and TSO provider perspectives of the main purpose of prevention. While local authorities tended to focus on preventing older people needing social care services in the future, TSO's emphasis was on improved quality of life for individual older people.
- TSOs had holistic and wide ranging notions of what can constitute a preventative service for older people.
- Both TSOs and commissioners found it difficult to set outcomes for preventative services and to understand how best to measure performance in achieving these.
- TSOs stressed the importance of their relationship with the individual leading on the commissioning of their service area within the local authority.
- TSOs displayed a strong interest in developing better outcome evidence, especially in an insecure funding environment. Sometimes with limited capacity and resources, they would welcome the potential of dialogue with commissioners and researchers to developing relevant frameworks.

Third Sector Organisations (TSOs) have historically played a significant role in the delivery of adult social care. Often seen to be associated with qualities such as strong community links, access to disadvantaged groups and innovative practice, TSOs remain a popular choice with local authority commissioners as providers of preventative services.

This study explored the views of both locally commissioned TSOs and national organisations providing preventative services for older people.

The research identifies positive aspects within the current arrangements but also gaps in respect of setting and understanding of outcomes and a reliance on personal relationships within the commissioning process. These shortfalls must be addressed if local authorities and TSOs are to ensure that they effectively work together to maintain older people's quality of life and prevent reliance on acute or long term care.

# **BACKGROUND**

Third sector organisations (TSOs) continue to be substantially engaged in all aspects of social care delivery, including residential care and domiciliary care, in advocacy and representation, and in supporting people manage their personal budgets<sup>1</sup>. A previous SSCR-funded study of social care services<sup>2</sup> identified that local commissioners sought little evidence around outcomes from TSOs who were providers of preventative

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National Institute for Health Research services. TSOs were instead encouraged to develop their own ways of monitoring services and measuring impact. This contrasted to the arrangements for reablement services. These were seen as one of the top investments in prevention services by all the local authorities within the initial study and were largely directly provided by local authorities. Unlike the TSOs, reablement services had clear outcome targets based on the reduction of service use and improvements in the older person's quality of life.

In light of these findings this added value study set out to explore in more depth the commissioning of preventative services from TSOs by the public sector. It examined how the public and third sector understood the aims of such services and the extent to which their relationship helped or hindered these being achieved.

An overview of the preventative services provided by the TSOs in the study is provided in Table 1.

# What is the purpose of preventative services?

Both parties recognised the important role of preventative services in maintaining or improving the quality of life of older people. However, there were differences of emphasis regarding the main purpose of preventative services. Local authorities viewed reduction in use of public sector (and in particular local authority social care) funded resources as the priority. For TSOs the most important impact was maintaining or improving the older people's physical and mental wellbeing and . reflected the TSOs' missions and organisational values:

We work with commissioners all the time so I know that what they're looking at is – we've got reduction in beds; how do we keep people out of hospital? But I think there is a quality argument as well, which is that whatever country we're citizens of, then we should be enabled to have the best experience of being a citizen of that country, regardless of age (TSO).

### What led to TSO services being developed?

Approximately half of the preventative services had been initiated by the TSOs and then funding obtained from the public sector.

The need for a service arose from gaps in provision being identified through TSOs' engagement with older people who participated in their networks and / or accessed existing services, with the TSO then developing a response to address this need (see Table 1). This was often approached in an emergent and iterative process in which the service response was refined and improved:

As part of that meeting with the service users, we used that to talk about the kinds of things that we were trying to develop and what services they wanted to see. We did that face to face. People also come into our offices through the restaurant, and they used to have flyers on the tables and things for people to come in to talk about if they were interested. So there's a number of different ways of finding out about people's want and then trialling them, piloting them (TSO).

This differed from the way that the local authority-based interventions, such as reablement and telecare, had developed. Although local factors were taken into consideration, managers of this type of intervention described a much quicker and less user-led process. National level guidance and funding processes were identified as having a much stronger influence in shaping the initiation, timing and model of these services.

The remainder of the services had been initiated by the local authority and then TSOs funded (sometimes through competitive tender) to provide this service. While the initial vision may have come from the local authority, the TSOs still had considerable flexibility in how these were actually delivered and integrated with their other service offers.

# What was the relationship between local authority commissioner and TSO?

Expectations of local authorities and TSOs regarding their respective roles were largely shared. The overall relationship reflected the aspiration of third-public sector partnership outlined in 'intelligent commissioning' models, which emphasise the importance of TSOs being seen as partners and not just as contracted providers<sup>3</sup>. For instance, as hoped by commissioners, the TSOs appeared to be focussed primarily on benefits to older people rather than their own organisational growth,

**Table 1 Preventive services provided by TSOs** 

TSO	Preventative service provided by the TSO	How was this initiated?	How is it currently funded?
A	Befriending through volunteers	From community development work	Largely local authority with occasional grants from other organisations
В	Befriending through paid worker	From community development work	Local authority funded.
С	Dementia cafes and support workers	Collaboration between local group and local authority	Local authority funded
D	Disabled facilities grants, handy man service, advice and information on repairs, organise and supervise building work, moving from large to smaller housing options	Local authority tender opportunity	Local authority with direct charging of older people for some services
E	Floating support and social groups	Local authority tender opportunity	Local authority
F	Older people led exercise and support groups	From consultations with older people	NHS
G	Information and advice, exercise classes, social groups, visiting service	Through consultations with older people	Local authority and income from insurance business run by the TSO
Н	Advice, information and assessment in relation to assistive technology	Originally in-house local authority service and won tender	Local authority
I	Domestic work, shopping and gardening	Local authority approached TSO to deliver service	Local authority

engaged older people in order to understand service gaps, tried to respond flexibly and holistically, and were willing to openly share information on their performance with their commissioners.

Local authorities were generally not prescriptive about what was expected in terms of outcomes or overbearing in terms of required performance data, and seemed willing to give the TSOs the space to respond as they thought best to the needs of the older people concerned. All of the TSOs were delivering services that they saw as in line with

their core mission and which were funded by local authorities. Rather than forcing the 'mission drift' that has been associated with TSOs being reliant on public sector funding<sup>4</sup>, the commissioners were supporting them towards 'mission accomplished'. TSOs placed considerable value on the autonomy they had been granted to develop and deliver their services.

The relationship with the individual undertaking the commissioning role was seen as vital. TSOs were concerned about the overall funding for preventative services being

reduced or lost altogether, and the potential of competition from private and other third sector providers. Adding to this anxiety were changes in the key individuals through recent local authority restructurings which were thought to be putting their key commissioning relationships at risk:

...lots of people have left [the] council and there are no longer people there with knowledge of our organisation. This means we are trying to get time to explain what we do as they are not now aware (TSO).

# What outcomes were being measured?

TSOs identified a desire for assistance in working out how to best measure the outcomes and impacts of their services. Some felt that despite having an intuitive understanding that they provided valuable services for older people, they were failing to capture the full impact.

In particular, interviewees reflected on the danger of assuming that if a service had been provided then the desired outcome, such as prevention of admission to residential care, had been achieved. To strengthen their approaches many TSOs were using externally produced tools and working with external evaluators. They would welcome greater guidance from their commissioners about what was expected from preventative services and from researchers regarding outcome frameworks for preventative services.

#### **CONCLUSION**

The relationship between local authority commissioners and TSOs appears to be principally one of trust and flexibility which has been developed through contact between individuals. However, both lack a shared understanding of how to set outcomes and

### **ABOUT THE STUDY**

This study explored the views of nine locally commissioned TSOs and two national organisations, which provide preventative services for older people. Senior managers were interviewed about their views of the purpose of such services, how the TSO understood their impacts, and their experience of being commissioned by the public sector.

The results were added to previous research with local authorities to build a picture of the local authority and third sector relationship.

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measure impact on beneficiaries. This limits commissioners' capacity to understand the preventative work of individual TSOs and may lead to missed opportunities to shape and improve the local health and social care system.

Within a financially pressured and turbulent policy context many TSOs in this study would welcome assistance in developing evidence about their outcomes, along with clearer direction about local commissioners' expectations.

A challenge remains in how best to help TSOs to set clear objectives and demonstrate their impact, without stifling their holistic and needs-driven approach to development and delivery.

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