

Supporting the spread of effective integration models for older people living in care homes in England: A mixed-method approach

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Registration date 08/11/2021	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 05/11/2021	Condition category Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Challenged by increasing demand and financial pressures, local authorities are struggling to provide person-centred care to older people. This can lead to service users' needs not being met. It may also have knock-on effects on NHS services, care worker shortages and increase dissatisfaction.

The NHS Long Term Plan promised to introduce inventive ways to bring social care and NHS care together across England, working with the private and voluntary sector, and users and carers. Emphasis is placed on initiatives, already tested, which focus upon care home residents.

The recent COVID-19 pandemic is showing us how important it is to have joined-up ("integrated") care and health services, especially for caring for the vulnerable people living in care homes. We do not know the best way of integrating services or what factors lead to successful integration. There is no detailed review of locally implemented integration policies to enable people to compare them. We need this to understand what works best and why, to identify areas for improvement and encourage good practice nationally. Although the NHS Long Term Plan says we should have a measure of integration, to date we do not.

This project aims to identify the barriers and facilitators to successful integration of health and social care services for older people living in care homes. Through a team of people with expertise in different fields, we will build research capacity in social care. We will collect data using smart computer programs and analyse them using advanced methods. We will gather stakeholders' perceptions of our findings and use these to help co-produce outputs.

The project will:

1. Describe ('map') the types of integrated care for care homes that exist across England (piloted initially in Greater Manchester);
2. Classify these different types of policies and bring data to produce a measure of the extent of integration (the 'dose' of integration);
3. Identify things that may help or hinder integration, understanding whether these are associated with how local authorities agree terms and tender for care home contracts;

4. Examine how 'dose' of integration could relate to aspects of care such as staff retention, resident satisfaction, hospital activity and management of end-of-life care. We will present the results in way that helps potential/current care-users, policymakers, commissioners and providers of care with their decision-making. Two carers, with lived experience of organising and supporting parents in care homes, have reviewed our application. They recommended dissemination of findings in accessible ways. We will continue consulting the public and a wide stakeholder group to help us with producing and spreading knowledge from the results.

Who can participate?

Policymakers, academic expert and PPI/E representatives from local authorities and clinical commissioning groups

What does the study involve?

All participants will be asked to fill in a survey. A subset of participants will also be asked to attend panel discussions.

What are the possible benefits and risks of participating?

None

Where is the study run from?

University of Manchester (UK)

When is the study starting and how long is it expected to run for?

April 2021 to March 2023

Who is funding the study?

National Institute for Health Research (NIHR) Research for Patient Benefit Programme (UK).

Who is the main contact?

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Contact information

Type(s)

Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

NIHR201872, CPMS 49279

Study information

Scientific Title

Supporting the spread of effective integration models for older people living in care homes: A mixed-method approach. [Mapping Local Care Home Integration Policies (ML-Chip)]

Acronym

ML-Chip

Study objectives

The project seeks to identify, classify and compare the types and extent of locally-implemented integrated care policies in relation to care homes in England.

Effective integration policies aimed at improving the quality and the coordination of social care, health and the third sector are seen as strategies to improve service users' and carers' satisfaction and wellbeing. They may also be cost-effective and replicable if we understand how, why and under what circumstances they work.

Ethics approval required

Old ethics approval format

Ethics approval(s)

This study does not require ethical approval as it does not involve the direct recruitment of participants, it involves a survey being administered to local authorities and potentially (depending on their existence) Clinical Commissioning Groups. The (online) national survey will be about local policymaker activity with information held in their systems/documents.

Study design

Observational ecological study

Primary study design

Observational

Study type(s)

Other

Health condition(s) or problem(s) studied

Locally-implemented integrated care policies for care home residents in England

Interventions

This project requires the development and application of innovative methods and a substantial collaboration between the research team, PPI/E partners and policymakers. It will therefore be piloted locally before being extended nationally. The pilot will take place in Greater Manchester (GM), an area where involved researchers have existing strong PPI/E relationships accumulated over similar previous policy-mapping pilots across the ten GM LAs. This research project comprises four related, mixed methods work packages (WPs).

We will identify integration interventions referenced in official documents by customising and using existing artificial intelligence methods (text mining and machine learning) [WP1]. The information we collect will be synthesised in a 'policy map' (grid of interventions by locality and year), validated by researchers during piloting, and by a national survey about local policymaker activity.

We will implement nudging techniques (piloted previously in Greater Manchester) to maximise response rate in the survey. This includes:

1. weekly reminder emails;
2. sharing updates on completion rates of other local authorities with non-responders; and
3. sharing examples of 'best-practice' completed maps from other localities with non-responders.

The survey will be sent electronically to named roles (e.g. LA policymakers) instead of named individuals to avoid non-response associated with some (potential) staff turnover. The on-line survey will mitigate the risk associated with the current/perspective situation with the limited possibility of face-to-face interviews. Consent will be obtained as part of the response of the electronic survey.

The online survey will be administered to policymakers in GM in months 5 and 6 of the study; rolled-out at national level in months 7 – 12, with further validation until months 14.

It is important to note that we do not need a complete response to our survey. Any responses received will inform the extent our AI algorithms have captured/missed relevant data. This will allow us to re-train and improve the AI (improving also the data for non-survey response sites), to simplify the theoretical extraction framework appropriately, if necessary, and give us a subgroup with 'full' data points in order to run sensitivity analyses to assess the robustness of our findings.

We will construct a 'diagnostic' index of integration using latent factor structural equation models, validated by panel discussions with experts and PPI/E representatives [WP2] to achieve the following objectives:

1. Identify issues around health and social care integration that are important from a service users' and evidence users' perspective. This would help us in developing and prioritising our research topics and dissemination strategies.
2. Test our integration index, taking into account diversity and equality issues;
3. Develop and test the clarity and effectiveness of our reporting and dissemination activities.

To achieve objective 1 we will set up three advisory group meetings each involving around 10 service user's and evidence user's at the beginning, during and at the end of the research to help

us identify issues around health and social care integration that are important from a service user's and evidence user's perspective. NIHR-ARC-GM will co-ordinate recruitment.

To achieve objective 2 we will set up four focus groups each consisting of 8-12 contributors. One focus group will be composed of service users' representatives; A second focus group will be composed of evidence users' representatives. A third focus group will be composed of academics. A fourth focus group will be composed by care providers and health and care workers. NIHR-ARC-GM will co-ordinate recruitment with the support of NIHR-CRN(ENRICH), GM Ageing Hub, MACC and GMOPN networks.

To achieve objective 3 we will set up eleven meetings with five service users and five evidence users' representatives. NIHR-ARC-GM will coordinate and facilitate theme specific meetings in which we will discuss approaches to developing and testing the clarity and effectiveness of our reporting and dissemination activities. Activities would involve the review of plain English summaries, research documents, infographics, etc. to test the material accessibility from an equalities and inclusion standpoint. These meetings will be held around specific themes to best support the production of the outputs for each Work Package.

We will investigate the relationships between local contextual and care market factors [WP3], the extent of integration and key social care and health systems performance indicators using multivariate regression models [WP4].

Intervention Type

Other

Primary outcome(s)

1. Data on implemented policies, collected through an online survey to policymakers at a single timepoint.
2. Issues around health and social care integration that are important from a service users' and evidence users' perspective measured using panel discussions at a single timepoint.

Key secondary outcome(s)

Measured using the Care Quality Commission (CQC) and Hospital Episode Statistics (HES) databases at a single timepoint:

1. Health system performance will be measured using gender and age-specific volumes of A&E attendances, emergency admissions and total inpatient bed days from Hospital Episode Statistics.
2. Delayed Transfers of Care data will be used to measure days of delayed transfer with specific social care causes plausibly attributable to awaiting long-term placement in care homes.
3. Care home staff satisfaction will be proxied using turnover rates and days of sickness absence derived from the Adult Social Care Workforce dataset.
4. Good management of the end-of-life will be measured by the percentage of care home residents dying in/out of hospital.
5. Supply of residential and nursing beds (relative to population), average prices for LA-funded care home residents, and quality of care home places across multiple domains.

Completion date

31/03/2023

Eligibility

Key inclusion criteria

The online survey will be administered to CCGs/LAS representatives. Discussion groups will be defined by taking into account diversity and equality issues, thanks to the NIHR ARC-GM Public and Community Involvement and Engagement specialists. NIHR-ARC-GM will co-ordinate recruitment with the support of NIHR-CRN(ENRICH), GM Ageing Hub, MACC and GMOPN networks.

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

01/09/2021

Date of final enrolment

01/06/2022

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of Manchester

Centre for Primary Care and Health Services Research

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Sponsor information

Organisation

University of Manchester

ROR

<https://ror.org/027m9bs27>

Funder(s)

Funder type

Government

Funder Name

Research for Patient Benefit Programme

Alternative Name(s)

NIHR Research for Patient Benefit Programme, Research for Patient Benefit (RfPB), The NIHR Research for Patient Benefit (RfPB), RfPB

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

All data generated or analysed during this study will be included in the subsequent results publication.

IPD sharing plan summary

Other