

Commissioning Brief (11/1021)
Call for proposals: The NHS and Care Homes
Closing date: 1.00pm on 15 September 2011

1. Introduction

This call focuses on the delivery of health services in care homes. Its main purpose is the generation of primary research into the organisation of NHS support for residents of the care home sector. This commissioning brief builds on past NHS and social care research. This has highlighted the need to address specific knowledge gaps in relation to the patient journey particularly at the different stages of pre-hospital discharge planning, post-discharge rehabilitation and long term continuing care. These three specific stages, which exclude the more intensively researched stage of palliative care (1;2), provide the three sub themes for the remit of this call, as set out in detail at Section 3 below. The context is the need to address pressures on hospital inpatient places while still ensuring appropriate and timely NHS provision for care home residents; and how to do so in ways that both enhance NHS standards of quality and contain institutional costs. The findings of the commissioned research will inform decision-making by the NHS in its relationship with care homes that are mostly in private and voluntary ownership.

Section 4 of this call for proposals offers general guidance to applicants on what makes a successful application to the SDO programme, while section 5 sets out our expectations in relation to research outputs and knowledge mobilisation, and section 6 explains how applications are assessed. Please note that sections 4 and 5 of this call for proposals providing the SDO programme's general guidance on research applications and knowledge mobilisation have been extensively revised and researchers are advised to note the changes.

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from NISCHR in Wales. Researchers from Scotland and Northern Ireland should contact NETSCC to discuss their eligibility to apply.

The NIHR SDO programme improves health outcomes for people by:

- Commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and
- Building research capability and capacity amongst those who manage, organise and deliver services – improving their understanding of the research literature and how to use research evidence.

The primary audience for SDO commissioned research is decision makers in the NHS in England and Wales – particularly managers and leaders in health and social care. We focus our research commissioning on topics and areas where we think research evidence can make a significant contribution to improving decision making, and so to improving the organisation and delivery of care services.

Further information on the NIHR SDO programme, including a list of past, current and recently commissioned projects, can be found on the SDO website: www.sdo.nihr.ac.uk

2. Background to this call

Over 18,300 registered care homes currently provide places for more than 450,000 people in England (3), with numbers growing as the population profile ages. Half of care home residents currently receive financial support from local authorities, and NHS expenditure on adult services support is expected to increase by £1 billion by 2015 (4;5). This growth is reflected in the recent profile of increased research activity. An overarching framework is for inter-disciplinary and inter-agency collaboration with care homes is provided through the strategy of the Lifelong and Wellbeing Programme led by the Medical Research Council with Department of Health support (6). Relevant recent research projects have been undertaken with financial support from Age UK, BUPA, and the Joseph Rowntree Foundation (7-9). Much of this recent research has concentrated on the patient experience of end of life care, medication arrangements, and mental health problems including dementia. These three topics are covered, for example, in six research projects elsewhere in the NIHR portfolio¹ and in a joint-funded research initiative between the Department of Health and Comic Relief in 2008².

A major literature review in 2009 highlighted several broad areas where there are gaps in UK based research (10). Three specific knowledge deficits were identified: 'inter – institutional transfers', the workforce requirements of 'partnership working between (NHS) nurses and care home staff', and 'medical cover for care homes'. These interface subjects have not previously been the focus of commissioned research by the SDO programme, although applicants may find it helpful to refer to the recently published literature review by the York Social Policy Research Unit (11). The conceptual framework articulated in this review usefully corresponds to the revised budgetary responsibilities for funding social care by independent sector providers through NHS financial support for local authorities.

Past research has clearly demonstrated the importance of a structured planning approach at the pre-hospital discharge stage (11;12). One meta-analysis study indicates that re-admission levels may be directly related to the effective organisation of pre-discharge plans (13), and the importance of a named care manager with overall responsibility for these is a consistent research finding (14;15). Past research has, however, also pointed to particular shortfalls in service delivery and planning at the pre-discharge stage which are pertinent to the changing organisational environment of the NHS, and where evidence is now required. A number of studies, for example, point to a lack of appropriate multidisciplinary and external involvement in hospital based decision making structures, which can lead to such negative consequences as the dominance of a medical model on the one hand and the isolation of the named care manager on the other (16;17). Recent research has also highlighted specific shortfalls in terms of the inclusion of both the primary care team and the care home at the pre-discharge stage, so that care packages are not satisfactorily tailored to either the receiving locality or agencies (10;18;19). One report from Help the Aged suggests that such shortfalls may stem from a fundamental lack of mutual understanding between hospitals and care homes of their different organisational cultures and business requirements (20).

¹ CCF funded projects : RP DG 0709 10141 [Development and testing of strategies to enhance physical activity in care homes: a feasibility study](#) RP PG 0606 1067 [Management of Challenging Behaviour in dementia at home and in care homes](#) PB PG 0808 16065 [Multi-professional clinical medication reviews in care homes for the elderly. A randomised controlled trial with cost-effectiveness study](#) PB PG 0906 11387 [The experiences and expectations of older people resident in care homes, their carers and professionals of end of life care and symptom relief needs: a prospective study.](#) RP-PG-0608-10133 [An Optimized Person Centred Intervention to Improve Mental Health and Reduce Antipsychotics amongst People with Dementia in Care Homes](#) PS/025 [Care Home Use of Medicines Study \(CHUMS\)](#)

² The Prevention of Abuse and Neglect in the Institutional Care of Older Adults (PANICOA). Studies available at <http://www.panicoa.org.uk/studies>

For the post-hospital discharge stage of rehabilitation, research has been largely specific to individual clinical conditions and patient pathways (21-23). A number of local case studies have explored the cost benefits of intensive support programmes during the initial periods after discharge (21). Of these, however, most have only included care homes as a secondary subject with the principal focus of study being the interface between residential and domiciliary care, and the contribution of homes to intermediate care (24-26). There is a lack of knowledge in relation to service delivery models for rehabilitation in respect of people for whom the residential setting is home. This deficit coincides with the opportunities for applied learning that arise from the introduction of Evercare and other nurse practitioner led service initiatives into the NHS from international sources (10;27;28).

In terms of research on, and understanding of the NHS role in relation to the maintenance stage of long term continuing care in residential settings, the gaps are significant. An important recent study recommended a radical shift in the working practices and sites of hospital based clinicians as a prerequisite for a reduction in (re) admissions (8). This recommendation tallies with research findings that primary care support for care homes is variable, and a growing recognition of the need for more flexible care packages for residents, and improved skills levels amongst care home staff (29-32). The role the NHS plays in workforce development and programmes of care in residential settings requires thorough and multi-faceted investigation. Research will help underpin the future management of NHS contributions that can range from appropriately incentivised general practices, nurses and pharmacies to vocational training courses.

Over the long term, the growing demand for residential and nursing home care and funding constraints together indicate increased pressures for more flexible models of service delivery and efficient resource management.

3. Remit of this call: main topic areas identified

Outline proposals are expected to demonstrate engagement for the proposed project from a relevant representative association, either local or national (e.g. s, National Care Association or Forum, English Community Care Association). This includes private and voluntary care home members. Applicants should bear in mind that as financial accountability at this interface is with both the NHS and local government, it would be appropriate for proposals to be prepared in consultation with local authorities. .

The overall remit of this call is for primary research on the organisation of NHS support to care homes, so that the management of resources can effectively prevent untimely discharges and unnecessary (re) admissions. Extended longitudinal comparative studies are the preferred methodological approach. However other study designs will be considered, including for short term research projects.

Within the overall remit there are three themes that must be addressed by applicants either individually or collectively. These are set out below with research questions that are derived from the kinds of knowledge deficits and research gaps described above in Section 2. Although not designed to be exclusive these illustrative questions do, therefore, indicate SDO priorities for investigation, and proposals should ensure that their own research questions are similarly robust.

3.1 Pre-discharge service planning and delivery for actual and prospective care home residents

- What are the characteristics of the assessment processes that effectively address the full range of needs of patients requiring care home placements?
- How do the different organisational cultures of care homes impact upon NHS performance requirements?

3.2 Post –discharge rehabilitation of residents in care homes

- Which service delivery models of rehabilitation coordinate effectively the contribution of NHS community nurses, allied health professionals, care home staff and volunteers?
- What is the relationship between skill mix profiles and patient outcomes, particularly in relation to the cost effectiveness of alternative teams and readmission rates?

3.3 Maintenance of continuing care in the residential setting of care homes

- Which models of primary care most successfully access appropriate clinical support to sustain local care home residents in the community?
- How can funding mechanisms promote effective joint decision making by NHS organisations and local authorities for care home residents with complex conditions?

The above questions under the three themes are illustrative and alternatives will be welcomed which build similarly on the research deficits and operational imperatives identified in Section 2. Research proposals which are not directly related to one or more of the three themes outlined above will be regarded as out of remit for this call, and will not be considered by the SDO panel.

Applicants should demonstrate how their proposed research would contribute to one or more of the themes through the narrative sections of the outline proposal. Substantial and extended research is anticipated in response to this call and no specific financial or time limits apply. However proposals will be judged on justification of costs and value for money.

4. General guidance for applicants

NB: This is general guidance and not all the sections will apply to the specific call

Our main concern is to commission research which is well designed; will be effectively carried out by the research team; will provide findings which meet the needs of the NIHR SDO programme and the management and leadership community it serves; and will be used to improve health services. With these aims in mind, we offer the following general guidance to applicants. We do not prescribe or prohibit particular approaches to research, but we encourage applicants to take account of this guidance in their project proposals, and point out that the SDO Panels and Commissioning Board will take account of this guidance when they assess and select proposals.

Research team makeup and expertise

Our key concern is that projects should have a research team with the right skills to undertake the research. It is important that the team has the necessary expertise, but is not so large that project management will be difficult. Projects are likely to use a team with significant input from diverse disciplines appropriate to the content and methods of the project. All applicants need to show that they will commit appropriate time and effort to the project, and the use of large teams of applicants with little or no apparent time commitment

to the project is discouraged. Full proposals should make it clear what responsibilities and roles will be fulfilled within the project by each team member.

The chief investigator or principal applicant should generally be the person who has contributed most to the intellectual and practical development of the proposal, and who will take lead responsibility for its implementation. This is not necessarily the most senior investigator in the research team. Where the principal applicant has a limited past track record in holding grants, we will look for evidence that they will be supported and mentored by more experienced co-applicants.

NHS management engagement

Our key concern is that relevant health and social care managers should be directly engaged or involved with SDO research projects because this will produce research that is more closely grounded in and reflective of their concerns and makes the subsequent uptake and application of research findings more likely.

We particularly welcome project proposals in which there is an appropriate management membership of the project team including as co-applicant(s), and in which they play a significant part in the project. Their contribution may be to facilitate or enable research access to organisations, to be directly involved in research fieldwork, to comment on and contribute to emerging findings, and to be involved in knowledge mobilisation (see below). The time of NHS manager(s) as co-applicants can be costed into the proposal, as part of the NHS Support Costs.

There are other ways in which management support for the proposed research can be demonstrated, such as co-opting managers to project advisory or steering groups, and, in this case, the inclusion with full proposals of a letter or statement of support from senior leaders in relevant NHS and independent sector organisations.

Gains for the service

Not all research will individually result in potential savings or direct gains for the service. However it may lead to a better understanding of organisations, systems or services and contribute to that body of knowledge. Where it is appropriate, studies should include a cost-effectiveness component with a view to helping managers and service providers make decisions and identify potential for savings. As a publicly funded programme in a time of restraint, researchers should look to demonstrate potential savings and gains for the service, where appropriate. This includes setting out in broad terms the likely impact and implications of this work for the wider service at outline stage.

Research methods

Our key concern is that the research proposed is well designed, will be well conducted, and will add to knowledge in the area. It is not our intention here to specify particular research methods, but to highlight areas where we have found common weaknesses in the past.

Proposals need to make proper use of relevant theory and of the findings in the existing literature to frame their research questions. Although at outline stage, comprehensive referencing is not required, illustrative sources and indication of the grounding in a body of literature should be given. Theoretical, descriptive evaluations, proposals which appear not to be informed by the existing literature and projects which appear to replicate rather than add to existing research are unlikely to be funded. Research questions need to be very clearly stated and framed – in terms which are sufficiently detailed and specific. This includes a clear description of the intervention which is being assessed (where relevant) and articulating the objectives and aims of the research.

The research methods proposed must be appropriate to the nature of the research questions and to the theoretical framework for the project. It is important that the proposal makes a clear link between the research questions and the intended empirical approach and fieldwork, showing what data will be gathered and how it will be used. The approach to data analysis must be clearly explained. The proposal needs to show that the research team has considered and addressed the logistics and practical realities of undertaking the research – gaining ethical and research governance approval, securing access, recruitment, data collection and management, etc. Studies should be realistically costed to take account of these activities.

Researchers should be mindful of the need for generalisability of results and the relevance of the outputs for the service as a whole. This may affect the study design – for instance, single case studies are only likely to be supported only exceptionally.

The plan of investigation should set out clearly and in some detail the proposed methodology. It should include a Gantt chart or project timetable showing clearly the planned dates of different project phases and of project outputs.

Public involvement

It is a core concern of the SDO programme that all commissioned projects should pay appropriate attention to the needs and experiences of all relevant stakeholders (including local communities, lay people, service users, carers and minority ethnic communities as well as healthcare practitioners and managers) during the design, execution and communication of the research. Proposed projects should be explicit in describing their arrangements for public and patient involvement and in communicating how the proposed work has potential implications for service delivery that could lead to enhanced public and community engagement. The application includes a section for the non-expert and care should be given to ‘pitching’ the proposal at a lay audience, avoiding jargon and explaining clearly the expected benefits of the research.

Research governance

Applicants should show that they understand and that their proposal complies with the Research Governance Framework for the NHS. Successful applicants will be required to provide proof of research ethics committee approval for their project, if it is required, before funding commences. The project plan should take realistic account of the time required to secure ethics and governance approval.

Costs and value for money

Project costs will be carefully scrutinised and must always be well justified and demonstrate value for money. NIHR programmes currently fund Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NIHR may fund 100% of costs. However, the NIHR SDO programme reserves the right to award a grant for less than this maximum and for less than the amount sought by applicants.

5. Research outputs and knowledge mobilisation

Our key concern is to ensure that projects funded by the SDO programme are designed from the outset to produce useful, timely and relevant research findings which are then used. Experience suggests that this is most likely if researchers collaborate with managers throughout the life of a project, and aim to produce a variety of research outputs – not just a final report and one or more papers for academic peer reviewed journals.

All full proposals submitted to the SDO programme must include a detailed section on research outputs and knowledge mobilisation in the full plan of investigation which is attached to the proposal when it is submitted. We would expect to see that section and the project plan detailing the outputs and knowledge mobilisation activities which are planned across the life of the project, and the resources section of the proposal showing that sufficient resources have been allocated within the project budget to undertake these knowledge mobilisation activities. Projects which are longer than 12 months are expected to produce some interim outputs during the life of the project as well as those at the end of the project.

The outputs and knowledge mobilisation activities shown in the project proposal are likely to include some or all of the following:

- A final and full research report detailing all the work undertaken and supporting technical appendices (up to a maximum 50,000 words), an abstract and an executive summary (up to 2000 words). This is a required output. The executive summary must be focused on results/findings and suitable for use separately from the report as a briefing for NHS managers. Care should be given to using appropriate language and tone, so that results are compelling and clear. The report must use the layout template provided. Following scientific peer review and editing/revision, the report will be made available on the SDO programme website. This is a required output from all projects.
- A set of Powerpoint slides (up to 10 maximum) which present the main findings from the research and are designed for use by the research team or others in disseminating the research findings to the NHS. The slides must use the template provided. They will be made available alongside the report on the SDO programme website. This is a required output from all projects.
- Journal papers for appropriate academic peer reviewed journals, designed to ensure the research forms part of the scientific literature and is available to other researchers.
- Articles for professional journals which are read by the NHS management community and which will be helpful in raising wider awareness of the research findings.
- Seminars, workshops, conferences or other interactive events at which the research team will present and discuss the research and its findings with NHS managers
- Guidelines, toolkits, measurement instruments or other practical methods or systems designed to enable NHS managers to use the research findings in practice. We are looking for practical, innovative ideas – such as questions arising from the research that non-executive directors could raise at Board meetings or similar.

This list is illustrative rather than comprehensive, and we will welcome project proposals which include other forms of output and knowledge mobilisation activities. All projects are encouraged to collaborate in knowledge mobilisation with the SDO Network, which is hosted by the NHS Confederation and exists to enable managers to improve and develop the services they manage by facilitating their access to and use of the latest health services research. (<http://www.nhsconfed.org/networks/sdonet/Pages/SDONetwork.aspx>).

6. Process for proposal selection

The NIHR Service Delivery and Organisation programme is funded by the NIHR, with contributions from NISCHR in Wales. Researchers from Scotland and Northern Ireland should contact NETSCC to discuss their eligibility to apply.

Whilst we have not set a maximum duration or cost for projects, value for money will be scrutinised and all costs must be justified. Applicants should be aware that changes of costs between outline and full proposal will have to be fully explained, and we therefore encourage applicants to be as realistic as possible when costing their outline proposals. Realistic costs are also very important at commissioning as the SDO programme does not normally accept requests for variations to contracts for additional time or funding once projects have been contracted.

Applications for this call will be assessed in two stages. Firstly, outline proposals will be sought. Once remit and competitiveness checks³ have been made, they will then be reviewed by the Priority Areas Panel. The primary criterion against which the Panel assesses outline proposals is that of **NHS need for the research** – in other words, whether the proposed research will be useful to research users in the NHS, and is likely to contribute to improving decision making. It will use four main criteria to make this judgement:

- Relevance of the proposed research to the themes set out in this call for proposals
- Relevance of the proposed research to the needs, interests and current and future challenges for the management community in the NHS.
- Likelihood that the proposed research will produce findings which are timely, useful to and capable of application by the management community in the NHS
- Likelihood that the proposed research will promote the greater engagement between the academic research community and the health management community in the NHS, and will encourage development of links between academic institutions and NHS organisations.

Applicants whose proposals are shortlisted will be asked to develop a full proposal for assessment by the SDO Commissioning Board meeting. This board's primary concern is the **quality of the proposed research**. It uses two main criteria to make this judgement:

- Scientific rigour and quality of the proposed research, and the expertise and track record of the research team.
- Value for money of the proposed research, taking into account the overall cost and the scale, scope and duration of the work involved.

7. Application process and timetable

Should you have any questions or require any further clarification please refer to the NETSCC FAQs at <http://www.sdo.nihr.ac.uk/faqsnetssc.html>, if the answer to your question cannot be found please email your query to sdofund@southampton.ac.uk with the reference number (11/1021) and title for the call for proposals as the email header. Applicants should

³ **'Non-Competitive'** means that a proposal is not of a *sufficiently high* standard to be taken forward for further assessment in comparison with other proposals received and funded by the SDO programme because it has little or no realistic prospect of funding. This may be because of scientific quality, cost, scale/duration, or the makeup of the project team.

be aware that while every effort will be made to respond to enquiries in a timely fashion, **these should be received at least two weeks before the call closing date.**

The process of commissioning will be in **two stages** and applicants should submit **outline proposals** via the SDO website by **1pm** on the 15 September 2011. No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their outline application in November 2011. Shortlisted applicants will be invited to submit a full proposal via the SDO website (a link will be sent to shortlisted applicants). Applicants will be notified of the outcome of their full proposal application in April 2012. Please note that these dates may be subject to change.

Transparency agenda

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

<http://transparency.number10.gov.uk/>

http://www.ogc.gov.uk/policy_and_standards_framework_transparency.asp

<http://www.contractsfinder.businesslink.gov.uk/>

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