Coordinated Care, Care Management, Service Integration and Partnerships

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This programme of work, at PSSRU Manchester, has explored issues relating to the care of vulnerable adults and older people relevant to policymakers, managers and practitioners. The key elements of these are summarised below, together with details of relevant publications. A brief report of one of the research studies appears opposite.

- The longstanding tradition of research within PSSRU at Manchester into coordinated care for vulnerable adults and older people is evident throughout these studies. They provide insights into many of the challenges highlighted in the current transformation agenda for social care – including the introduction of personal budgets and the provision of better support which is more tailored to individual choices and preferences, the role of the third sector in care coordination, and the issue of integration between providers of health and social care.
- The introduction of arrangements for improving care for people with long-term conditions by exploring the links between case management and self-care services in primary care and support provided by local authorities. This study provides a national overview of case management services for people with long-term conditions and thereby contributes to the evaluation of this major policy initiative designed to reduce inappropriate hospital admissions.
- Demands for health and social care services will be amplified by a disproportionate increase in the number of older people with mental health problems. Our studies of old age mental health care aim to identify more cost-effective ways of structuring and delivering services for older people with mental health problems. The focus is on the balance and mix of care and services, and the effective working of community mental health teams for older people. Our recent national study of community teams had an 88% response rate and offers important insights into the nature of these services. Each area of work involves detailed evaluations alongside the collection of national data to benchmark services.
- The development of the personalisation agenda has important implications for the provision of support for vulnerable older people. A more user-oriented style of care service is required with increasing attention being placed on the processes of commissioning and contracting. To inform this development a national survey of local authorities has been undertaken which has permitted the identification and categorisation of different approaches to commissioning and contracting with respect to services for older people.

Selected Publications

Long-Term Care Coordination for Older People At Home – Exploring the flexible use of budgets
David Challis, Caroline Sutcliffe, Chengqiu Xie, Jane Hughes, Helen Chester and Siobhan Reilly

This is one of two studies within the care coordination research programme to explore recent developments in care coordination arrangements in the light of the personalisation agenda by examining the flexible use of budgets by local authorities. Surveys undertaken in 2006 and 2008 revealed that some authorities had implemented arrangements for the flexible use of budgets in older people’s services in advance of this agenda.

First, information from these surveys identified authorities that had arrangements for the flexible use of budgets, regarded as ‘early adopters’ of this approach. This group was compared with the remaining authorities on aspects of their care management arrangements. Second, telephone interviews were conducted with representatives from these authorities to identify salient factors in the development of flexibility in service provision. The information gathered in the interview included the characteristics of the service, budget expenditure and audit.

Twenty-five authorities were identified as having arrangements for the flexible use of budgets. There were few differences between these and the remaining authorities particularly in respect of a differentiated response to care management. However there was an indication that the former were more likely to have devolved budgets and a more integrated approach to care (particularly in terms of documentation) and were significantly more likely to have introduced a Direct Payments scheme for older people.

Representatives from 22 authorities completed telephone interviews. The majority of flexible schemes were for carers, usually voucher schemes to purchase services or respite care. Older people were the main recipients of schemes for adult service users and most were in the form of grant payments for personal care or one-off purchases. A number of authorities are replacing voucher schemes with pre-paid card systems and transferring existing schemes into Individual Budgets. Further analysis of the data is being undertaken to provide information about the processes and services emerging in local authorities.

The study explored how local authorities are developing arrangements to permit more flexible resources use as part of the process of the personalisation of social care services. It was clear that carers’ services were a major area where flexibility of resource use within the local authority has developed. However, the national evaluation of Individual Budgets (Glendinning et al., 2008) suggested that there was a need for local authorities to develop a wider range of flexible budget approaches to address the requirements of older people using personal budgets. These included alternatives to direct payments such as a ‘virtual budget’ held within the local authority. For such a budget to work effectively requires the local authority to develop considerable creativity and flexibility as to how internally held funding may be spent, to address a variety of solutions to the needs and wishes of people using services. If early adopters indicate that such flexible budgets are predominantly evident in carers services and less in mainstream services then there is considerable work remaining. Flexible budget case management projects have developed such internally flexible budgets in the localities where they were undertaken but the procedural effort and organisational commitment required to produce such flexibility in local authority social services, finance and HR departments in the should not be underestimated.

Reference