

PSSRU

Personal Social Services
Research Unit

www.ukc.ac.uk/PSSRU/

Downloaded publication in Acrobat format

The PSSRU retains the copyright in this publication.

It may be freely distributed as an Acrobat file and on paper, but all quotations must be acknowledged and permission for use of longer excerpts must be obtained in advance.

We welcome comments about PSSRU publications. We would particularly appreciate being told of any problems experienced with electronic versions as otherwise we may remain unaware of them.

Email: pssru_library@ukc.ac.uk

Costing intensive home care packages for older people

**Linda Bauld
and Roshni Mangalore**

PSSRU discussion paper 1427
April 1998

The **PERSONAL SOCIAL SERVICES RESEARCH UNIT** undertakes social and health care research, supported mainly by the United Kingdom Department of Health, and focusing particularly on policy research and analysis of equity and efficiency in community care, long-term care and related areas — including services for elderly people, people with mental health problems and children in care. The PSSRU was established at the University of Kent at Canterbury in 1974, and from 1996 it has operated from three sites:

Cornwallis Building, University of Kent at Canterbury, Canterbury, Kent, CT2 7NF, UK

London School of Economics, Houghton Street, London, WC2A 2AE, UK

University of Manchester, Dover Street Building, Oxford Road, Manchester, M13 9PL, UK

The PSSRU Bulletin and publication lists can be viewed and downloaded from the Unit's website and are available free from the unit librarian in Canterbury (+44 (0)1227 837773; email pssru_library@ukc.ac.uk).

Introduction

The amount and type of health and social care services received by older people living in the community varies considerably. A variety of factors influence provision, such as service availability, spending limits, care management arrangements and local relationships between providers. Perhaps the most significant determinant of service receipt however is the needs-related circumstances of older people themselves. The Personal Social Services Research Unit (PSSRU) has examined the relationship between user's needs, service receipt and the cost of care packages in a series of studies spanning several decades (Davies and Knapp, 1981, Challis and Davies, 1986, Davies, Bebbington and Charnley 1990, Challis et al, 1994, Bauld et al, 1998).

User characteristics which influence the cost of care are many. Physical health and dependency play an important role, with factors such as functional limitations, visual and hearing impairment, and urinary and faecal incontinence having important implications for the amount of assistance required. Mental health also affects the cost of care. Cognitive impairment and behavioural problems, as well as the user's morale and the presence or absence of depression are all significant factors. Personal environmental factors including the quality of housing, accessibility of transport and adequacy of heating affect package costs. Perhaps most significantly, the availability of informal care is a crucial determinant of the amount of formal services required. The assistance that carers provide reduces the need for formal intervention, and therefore lowers service costs. In many cases, assistance provided by a carer is the key factor in preventing entry to institutional care.

Knowledge regarding the needs-related circumstances of users is necessary if package costs are to be compared between individual users or groups of older people, or if the costs of community care services are to be compared with those in other care settings. This report therefore describes the circumstances of older people living in the community, and then outlines the weekly cost of services they are receiving. Twelve case studies are presented. These case studies are drawn from a longitudinal study currently being conducted by the PSSRU at the University of Kent at Canterbury and the London School of Economics. The project is entitled *Evaluating Community Care for Elderly People* (ECCEP) and is funded by the Department of Health. A brief description of the study and concepts used therein provides the background for the cases presented in this report¹.

¹ The authors would like to extend their thanks to colleagues in the PSSRU at Kent and the London School of Economics who offered advice and comment, or provided data used in this report: Dr. Ann Netten, Professor Ken Judge, Professor Bleddyn Davies, Dr. John Chesterman, Mrs. Sheila Kesby, Mr. Robin Saunders, and particularly Mr. Jose Fernandez and Mr. Bulent Nomer, who conducted a previous ECCP costing exercise with 1995 data.

ECCEP

ECCEP is part of a before and after evaluation of the community care reforms for older people. The 'before' portion of the study was the Domiciliary Care Project, which took place in the mid 1980's (Davies, Bebbington and Charnley, 1990). In both portions of the research, data was collected in ten local authorities in England and Wales. The aims of ECCEP are described below.

Aims of ECCEP

Quantitative description and estimation, across contrasting areas, of:

which elderly service users...
living in what kind of circumstances...
with what kind of support networks...
are helped by how much of what type of help...
from what source...
at what cost...
at what impact on whom

'How' explanation

The processes which link proximate causes to patterns

'Why' explanation

The reasons why the causal factors differ between local systems

ECCEP data collection consisted of interviews with users, their principal informal carers², and care managers. The sampling process began with users, and was designed to provide a representative selection of the caseloads of care managers working with older people in each of the ten authorities. As the study is longitudinal, users were only eligible for inclusion if care managers believed that their service package would last more than two months. Users taking part in the project were divided into two main groups. The larger group consisted of those who were new referrals or review cases for services in the community, with initial assessment taking place either in the community or prior to discharge from hospital. The second, smaller group of users were those who had entered a care home, either from their own homes or from hospital. This report presents material relating to the first group of users, those receiving services in the community.

Several concepts and classifications are employed in ECCEP which have been used in this report and require definition. These are: interval need, functional ability and cognitive impairment

² 'Principal informal carers' were defined as individuals who provided the older person with assistance on a regular basis, at least once a week.

Interval Need

Interval need is a concept devised originally by Isaacs and Neville (1976). It consists of three levels of need classification - critical, short and long interval need - based on the extent of functional dependency. Dependency amongst the ECCEP user sample was measured according to the frequency with which the user needed help performing a number of daily activities. The table below illustrates the basis for this classification.

<i>Interval need</i>				
ADLs & IADLs	TYPE OF INTERVIEW*			
	User	Carer	Proxy	Care Manager
Needs help getting into/out of bed/chair	✓	✓	✓	
Needs help getting to/using toilet	✓	✓	✓	
Loses control of bladder at least once a day	✓			✓
Loses control of bowels at least once a day	✓			✓
Inappropriate/anti-social/violent/risky behaviour				✓
Needs help getting complete wash/bath/shower	x	x	x	
Needs help preparing, cooking or serving a main meal	x	x	x	
Needs help preparing a light snack	x	x	x	

Note

* Information is taken from other respondents only if a user response is not available.

- Critical interval need users have the highest level of dependency and are identified as such if **any** of the *ticked* cells apply.
- Short interval need users are those with the characteristics indicated by the *crossed* cells **provided** that none of the ticked cells apply.
- Long interval need users are a residual category representing the least dependent users.

Functional Ability

Functional ability is most commonly described in terms of activities of daily living (ADLs - such as bathing, dressing and transferring) and instrumental activities of daily living (IADLs - such as shopping, housework and preparing meals). ECCEP users, their carers and care managers were all asked about the user's ability to perform ADLs and IADLs. Responses were used to determine interval need, as seen in the table above. In the case studies presented in this report, ability to perform ADLS and IADLS is also broken down by task, and users are described as being able to perform each task in one of four ways:

Able Unaided: Can perform the task without assistance from others.

Able with difficulty: Can perform the task, but may require some limited assistance.

Needs help with: Cannot perform the task alone, and requires assistance.

Not done: This is an ambiguous category. In some cases it means that the user cannot perform the task under any circumstances and therefore it is not done. Alternatively, a carer or worker may be doing the task for the user, such as heavy housework. The user may in some cases be able to perform the task to a limited extent, but has no need to do so because others are providing help.

Cognitive Impairment

A well validated instrument was used to assess the level of cognitive impairment amongst users. This was the Katzman scale, which is used to measure organic mental disorder. A Katzman score between 11 and 21 indicates moderate cognitive impairment, and a score of 22 or above indicates severe cognitive impairment. In the case studies presented, cognitive impairment is either described as 'none', 'moderate' or 'severe' based on Katzman scores.

Methodology

As the aim of this report was to describe the cost of *intensive* home care packages, data was extracted from the ECCEP data base which related to more dependent users, whose care packages were likely to include more than one type of service. Thus selection was restricted to users who were either in the short or critical interval need category, and who then satisfied *one or more* of the following criteria, which previous research has identified as indicators of need for a higher level of support: living alone, no principal informal carer, discharged from hospital, three health problems or more and/or cognitively impaired. From the resulting list of eligible cases, twelve cases were selected which represented a range of needs-related circumstances.

Each case study describes the circumstances of users in 1995, when the initial data collection for ECCEP took place. No attempt is made to report service changes over time. Thus each case study is a 'snapshot' of that user in 1995, and of the formal and informal support they were then receiving. However, the service costs presented are in 1996-1997 prices, and thus represent what weekly package costs would be for an equivalent level of service today.

Information regarding the provider of the service and the frequency and duration of visits was extracted from user and care manager interviews, as well as carer interviews where available. Unit costs for the relevant services were then obtained from one main source, the Unit Costs series published by each year by the PSSRU and authored by Ann Netten and Jane Dennet. Unit Costs is a Department of Health funded programme of work aiming to improve cost estimates for both health and social care services. Costs are presented each year for local authority and NHS services, as well as some private and voluntary sector services. An account of the unit cost used for each service in this report can be found in Appendix 1.

Not all costing is straightforward, and several issues should be highlighted before interpreting the package costs for the 12 case studies estimated in this report. Knapp (1993) has identified several basic principles of applied costs research, three of which are particularly relevant to this report and which help to illustrate some of the complexities. These are: comprehensiveness, ensuring that like is compared with like; and identifying and exploring cost variations.

Comprehensiveness involves identifying all relevant resources and using unit costs that take into account factors that may affect the cost of service in addition to 'core' costs such as face-to face contact between practitioner and user. Transport, for instance, needs to be included in the unit cost of a service. This has been done in this report for domiciliary visit unit costs (for GPs or District Nurses, for instance), but not for out-patient or day hospital visits, where the user could have been taken by a carer, a taxi, or by ambulance. An additional cost which is not included in these case summaries - but should be considered if costing is to be fully comprehensive - is social work input. Each of the care packages described has been set up by a care manager, whose contribution in terms of time, travel and other associated costs has involved an expenditure of resources *at the beginning* of the user's contact with social services, and an ongoing, much lower cost in terms of monitoring and reassessment once services are in place. The more complex the care package, the more care manager time is involved.

Comprehensiveness also involved insuring that costs are accurately distributed across the period of service receipt. Thus in calculating weekly costs, it is important to include services that are received on a short-term basis, as well as those received every week. Respite care is the best example of this type of service. In this report, the weekly costs of respite care has been obtained by dividing the total cost of the service by the number of weeks between (re) referral to social services and the ECCEP interview. This means that a user who had one fourteen day stay in a residential care home between (re) referral and the interview six months later, would have the cost of that service distributed over the twenty-four week period involved.

The second basic principle of applied costs research, comparing like with like, is particularly relevant to the weekly service costs presented in this report. If these package costs were to be compared with weekly costs for residential, nursing home or in-patient care, it would be important to take into account two factors which have not been costed here. These are the living expenses of users (housing, food and heating costs) and input from informal carers. Costing informal care is an area which the PSSRU is investigating through another, related stream of work³. A good account of the costs associated with living expenses and their relationship with service costs can be found in recent work done by the PSSRU for the National Institute of Social Work (Netten, Hallam and Knight, 1997).

Finally, cost variations should be considered when interpreting the weekly package costs presented for each user in this report. The unit costs used are national figures, and do not reflect regional variations (although the Unit costs series does give an account of higher costs associated with the provision of care in London). Perhaps

³ Work is being undertaken by the PSSRU branch at the London School of Economics regarding the future cost of *Financing Long Term Care*. Part of the project addresses the input of informal carers, the opportunity and other costs involved, and the future availability of informal care.

more significantly, the figures used and the case studies presented apply to England and Wales. There may be regional variations which are particularly pertinent to care packages in Scotland that have not been considered here. Despite these caveats, the information in this report does offer insight into the current price of community based health and social care packages for older people. The case studies provide an accurate description of the circumstances of 12 older people, the services they receive, and the associated weekly costs.

The Case Studies

Case No: 1

Age: 79

Gender: Male

Living arrangements: Lives with wife

Housing: Owner occupied bungalow

Carer: Spouse

Extent of carer input: Intensive. Changes continence pads, helps with toileting and transfers, washes soiled linen as well as household washing, prepares meals, shops, collects pension and other errands, liaises with services, helps with medication and offers companionship. Carer worried about her own health, particularly in relation to lifting the user, which she finds particularly difficult.

Discharged from hospital: Yes.

Cause of admission: General medical problems following a stroke.

Health problems: Stroke, urinary incontinence.

Functional Ability:

"Able Unaided": washing, feeding, telephoning, making a snack or drink, light housework.

"Able with difficulty": bathing, dressing, toileting, transferring, general mobility, stairs

"Needs help with": making meals, transport, managing medication and money.

"Not done": shopping, errands, heavy housework.

Cognitive impairment: None.

Interval Need: Critical

Services received, level of service:

Homecare: Monday to Friday before 5 pm: visits total 5.75 hours per week.

Weekends: visits total 1.50 hours per week. 6 day service, provided by SSD.

Nursing visits: 2 visits per week (each 45 minutes) by a District Nurse.

Weekly cost of services:

Homecare: £64.13

Nursing visits: £52.50

*Total weekly package cost: **£116.63***

Case No: 2

Age: 81

Gender: Female (Widow)

Living arrangements: Lives alone

Housing: House with mortgage

Carer: Daughter, who lives separately

Extent of carer input: Daughter is employed three days per week. However, she provides a high level of assistance; with personal care, medical and toileting, and housework.

Discharged from hospital: Yes

Cause of admission: Stroke

Health problems: Stroke, visual impairment, dementia, coronary problems, urinary incontinence, fits/convulsions.

Functional Ability:

"Able Unaided": None

"Able with difficulty": telephoning.

"Needs help with": bathing, washing, toileting, transferring, feeding, mobility, stairs, pills.

"Not done": transport, shopping, errands, meals, snacks, drinks, heavy housework, light housework, managing money.

Cognitive impairment: Moderate

Interval Need: Critical

Services received, level of service:

Home care: Monday to Friday before 5 pm: visits total 7.00 hours per week. Monday to Friday after 5 pm: visits total 2.50 hours. Weekends: visits total 1.00 hour. 6 day service, provided by SSD.

Nursing: One visit per month from an NHS health visitor.

Hotmeals: 5 meals delivered per week, all on weekdays.

Weekly service costs:

Homecare: £97.23

Nursing: £13.75

Meals: £15.00

Total Weekly package Cost: £125.98

Case No: 3

Age: 85

Gender: Female

Living arrangements: Lives alone

Housing: Lives in sheltered housing owned by the local authority

Carer: Daughter

Extent of carer input: Moderate level of support. Carer is employed part-time in sales. Carer assists with housework, shopping, errands, transport and provides companionship.

Discharged from hospital: No. Community referral.

Health problems: Senile dementia.

Functional Ability:

"Able Unaided": wash, dress, transfer, toileting, bathing, feeding, general mobility, telephoning, stairs, making a meal, drink or snack, light housework.

"Able with difficulty": None.

"Needs help with": None.

"Not done": transport, shopping, errands, heavy housework, managing money and medication.

Cognitive impairment: Moderate

Interval Need: Short

Services received, level of service:

Homecare: Monday to Friday before 5pm: visits total 2.50 hours per week, provided in short visits over 5 days, all provided by the SSD.

Nursing visits: 1 visits per quarter from a District Nurse.

Daycare: 2 visits per week to an SSD day centre.

Chiropodist: 1 visit per quarter.

Respite: Two visits since referral to an SSD residential care home. First visit lasted 7 days, the second visit 14 days. Total weeks from referral to interview: 23.

Voluntary services: Attends a church lunch club twice a week.

Weekly service costs:

Homecare: £20.42

Nursing visits: £2.92

Daycare: £72.00

Chiropodist: £1.25

Respite: £46.69

*Total Weekly Package Cost: **£143.28***

Case No: 4

Age: 81

Gender: Female

Living arrangements: Lives with husband

Housing: Lives in a privately rented house

Carer: Husband

Extent of carer input: assists with personal care, meals and housework, on average 7 hours per week.

Discharged from hospital: No. Community referral.

Health problems: Senile dementia, urinary incontinence, faecal incontinence.

Functional Ability:

"Able Unaided": None

"Able with difficulty": transfer, general mobility, transport

"Needs help with": Bathing, washing, dressing, toileting, feeding, pills.

"Not done": Stairs, shopping, errands, meals, snacks, drinks, heavy housework, light housework, managing money.

Cognitive impairment: Severe.

Interval Need: Critical

Services received and level of service:

Homecare: Monday to Friday before 5 pm: visits total 5.00 hours per week.

Weekends: visits total 2.00 hours. 7 day service, provided by SSD.

Sitting services: 2 days per week Monday to Friday, 8 hours in total (all SSD).

Respite care: 3 periods of respite since referral, each in a local authority residential care home, and each 7 days long. 28 weeks since referral.

Weekly cost of services:

Homecare: £63.73

Sitting services: £52.00

Respite: £38.35

Total Weekly Package Cost: £ 154.08

Case No: 5

Age: 81

Gender: Male

Living arrangements: Lives with wife.

Housing: Home owned jointly by user and spouse.

Carer: Wife

Extent of carer input: Intensive involvement. Assists with medical and toileting, personal care, housework and meal preparation. Does not do the shopping, heavy housework or provide transport however, as carer also has health problems.

Discharged from hospital: Yes

Cause of admission: Stroke

Health problems: Stroke, dementia, hypertension.

Functional Ability:

"Able Unaided": None

"Able with difficulty": stairs, general mobility

"Needs help with": bathing, washing, dressing, toileting, transferring, feeding, transport, pills.

"Not done": telephoning, shopping, errands, meal preparation, snacks, drinks, heavy housework, light housework.

Cognitive impairment: Severe.

Interval Need: Critical

Services received, level of service:

Homecare: Monday to Friday before 5 pm: visits total 3.75 hours per week.

Weekends: visits total 0.75 hours. 6 day service, provided by SSD.

Nursing visits: 1 visit per week (30 minutes) from a District nurse.

Day hospital: 2 visits per week to an NHS day hospital.

Weekly cost of services:

Homecare: £39.22

Nursing visits: £17.50

Day hospital: £100.08

Total weekly package cost: **£156.80**

Case No: 6

Age: 80

Gender: Female (Widow)

Living arrangements: Lives alone

Housing: Lives in a privately rented house

Carer: None

Discharged from hospital: No. Community based

Health problems: visual impairment, bronchitis, hypertension, arthritis.

Functional Ability:

"Able Unaided": washing, dressing, toileting, transferring, feeding, telephoning, making meals, snacks and drinks.

"Able with difficulty": stairs, general mobility

"Needs help with": bathing, transport, errands, pills.

"Not done": shopping, heavy housework, light housework, managing money.

Cognitive impairment: None.

Interval need: Short

Services received and level of service:

Homecare: Monday to Friday before 5 pm: visits total 5.00 hours per week. Weekend: visits total 1.50 hours. 7 day service, provided by the SSD.

Respite care: One 21 day admission to SSD residential care home since referral. Time since referral: 5 months.

Weekly service costs:

Home care: £121.74

Respite care: £53.70

Total Package Cost: **£175.44**

Case No: 7

Age: 82

Gender: Female (widow)

Living arrangements: Lives alone

Housing: Council bungalow

Carer: Daughter who lives separately

Extent of carer input: Fairly high. Helps with continence pads and other aspects of personal care, housework, collecting pensions and other errands, providing companionship.

Discharged from hospital: No. Community referral

Health problems: Urinary incontinence, arthritis, hip fracture and other unspecified health problems.

Functional Ability:

"Able Unaided": None

"Able with difficulty": None

"Needs help with": bathing, washing, dressing, transferring, toileting, feeding, general mobility, stairs, telephone, transport, pills, money

"Not done": shopping, errands, making a meal, snack, drink, heavy housework, light housework

Cognitive impairment: None

Interval Need: Critical

Services received, level of service:

Homecare: Monday to Friday before 5 pm: visits total 10.00 hours per week. Monday to Friday after five pm: visits total 2.5 hours. Weekends: visits total 5.00 hours. 7 day service, provided by SSD.

Hot meals: 7 hot meals delivered per week, each day, by SSD.

Weekly cost of services:

Homecare: £ 167.27

Meals on Wheels: £21.00

*Total weekly package cost: **£188.27***

Case No: 8

Age: 93

Gender: Female (widow)

Living arrangements: Lives with daughter.

Housing: Owns bungalow where they live.

Carer: Daughter

Extent of carer input: Although the daughter is not employed, her level of input is low. She provides companionship and leisure, and takes her mother to appointments. However, she does not assist with personal care or housework.

Discharged from hospital: No. community referral

Health problems: Visual impairment, cancer.

Functional Ability:

"Able Unaided": wash, transfer, feeding, telephoning, snack, drink, pills.

"Able with difficulty": dressing, toileting, general mobility, stairs, money.

"Needs help with": bathing, transport, shopping, errands, meals, heavy housework, light housework.

"Not done": None.

Cognitive impairment: None.

Interval Need: Short.

Services received and level of service.

Homecare: Monday to Friday before 5pm: visits total 1.00 hour per week. Weekends: visits total 4.00 hours. 3 day service, provided by SSD.

Sitting services: one night weekdays, two nights weekends per month. So three nights per month (SSD).

Day Care: 2 days Monday to Friday each week; two days weekends, once per month (all SSD).

Out-patients appointments: One visit per quarter.

GP: Regular, ongoing contact, 2 visits per quarter.

Frozen meals: One frozen meal delivered per month, by SSD.

Weekly cost of services:

Homecare: £53.96

Sitting: £36.00

Daycare: £90.00

Out-patients: £7.58

GP: £5.00

Frozen meals: £0.78

Total Weekly Package Cost: £196.29

Case No: 9

Age: 81

Gender: Female (Single)

Living arrangements: Lives alone.

Housing: Lives in a house which she owns

Carer: No carer

Discharged from hospital: No. Community referral

Health problems: Arthritis and urinary incontinence

Functional Ability:

"Able Unaided": Feeding, telephoning, pills, money management.

"Able with difficulty": Washing, toileting, transferring, general mobility.

"Needs help with": bathing, dressing, shopping, errands, meals, snack, drink.

"Not done": Stairs, heavy housework, light housework.

Cognitive impairment: None.

Interval Need: Short

Services received and level of service:

Home Care: Monday to Friday before 5 pm: visits total 9.5 hours per week. Monday to Friday after 5 pm: visits total 3.75 hours. Weekends: visits total 4.50 hours. 7 day service, provided by the SSD.

Nursing visits: One visit per week (30 minutes) from a District Nurse.

Day Care: One day per week (mid week) at an Age Concern day centre.

Chiropody: One visit per quarter.

Weekly cost of services:

Home care: £171.99

Nursing: £17.50

Daycare: £36.00

Chiropody: £1.25

Total Weekly Package Cost: **£226.74**

Case No: 10

Age: 85

Gender: Female

Living arrangements: Lives alone.

Housing: Lives in council flat.

Carer: No carer

Discharged from hospital: No. community referral

Health problems: Arthritis, diabetes, hypertension, incontinent of urine, ulcerated legs.

Functional Ability:

"Able Unaided": wash, dress, transfer, feeding, general mobility, telephoning, making a drink, pills.

"Able with difficulty": toileting, managing money.

"Needs help with": bathing, stairs.

"Not done": transport, shopping, errands, making meals, heavy housework.

Cognitive impairment: None.

Interval need: Short

Services received and level of service:

Homecare: Monday to Friday before 5 pm: visits total 7.50 hours per week. Monday to Friday after 5 pm: visits total 2.50 hours. Weekends: visits total 4.00 hours. 7 day service, provided by SSD.

Nursing visits: 5 visits per week by a District Nurse. Visits total 3 hours per week.

Meals: 7 frozen meals delivered each week by the SSD. 7 day service.

Chiropodist: One visit per quarter.

Community physiotherapy: One visit per week.

Weekly cost of services:

Homecare: £135.63

Nursing visits: £105.00

Frozen meals: £18.20

Chiropodist: £1.25

Physiotherapy: £24.00

Total weekly package cost: **£284.08**

NB: This user was also receiving an SSD laundry service once per week (necessary because of her incontinence) which was not costed.

Case No: 11

Age: 75

Gender: Female

Living arrangements: Lives with husband

Housing: Own their own bungalow in a sheltered housing complex

Carer: Husband

Extent of carer input: Carer has health problems. Despite these, he helps with light housework, dressing the user, managing finances and providing companionship. The services the user receives are however targeted at the couple rather than the user alone. Thus home care and meals also specifically benefit the spouse carer.

Discharged from hospital: Yes.

Cause of admission: Multiple sclerosis and bronchitis

Health problems: MS, coronary artery disease, pressure sores.

Functional Ability:

"Able Unaided": None

"Able with difficulty": None

"Needs help with": All ADLs and IADLs

"Not done": None

Cognitive impairment: Severe.

Interval Need: Critical

Services received, level of service:

Homecare: Monday to Friday before 5: visits total 15.00 hours per week. Monday to Friday after 5pm: visits total 5.00 hours. Weekends: visits total 6.00 hours. 7 day service, provided by SSD.

Private homecare: Monday to Friday before 5pm: visits total 5.00 hours per week. Monday to Friday after 5 pm: visits total 5.00 hours. Weekends: visits total 4.00 hours. 7 day service.

Nursing visits: Three visits per week (each 30 minutes) by a District Nurse.

Hot meals: 7 meals delivered per week by the SSD.

Weekly cost of services:

Homecare: £369.80 (SSD and private combined)

Nursing visits: £52.50

Hot meals: £21.00

*Total weekly package cost: **£443.30***

Case No: 12

Age: 76

Gender: Female

Living arrangements: Lives with husband

Housing: Council bungalow

Carer: Husband

Extent of carer input: Assists with some personal care activities, such as changing continence pads and toileting. Also prepares meals, runs errands, manages finances and medication, takes the user to appointments and offers companionship. Care managers report that part of the care package is to relieve the carer, who is under significant stress and has a poor relationship with his wife, who is severely cognitively impaired.

Discharged from hospital: No. community referral.

Health problems: Senile dementia, stroke, visual and hearing impairments, urinary and faecal incontinence, arthritis, pressure sores.

Functional Ability:

"Able Unaided": None.

"Able with difficulty": General mobility.

"Needs help with": Bathing, washing, dressing, toileting, transferring, feeding, stairs, telephone, transport.

"Not done": Shopping, errands, making meals, snacks and drinks, heavy and light housework, managing pills and money.

Cognitive impairment: Severe.

Interval Need: Critical.

Services received, level of service:

Homecare: 1 hour at weekends from SSD; 2 hours Monday to Fridays before 5 pm from a voluntary organisation; 5 hours Monday to Friday before 5 pm and 2 hours at weekends from a private organisation.

Nursing: 7 visits per week from a District Nurse, one each day. Visits total 4.5 hours per week.

Day care: 5 visits per week. 4 to a private day care centre, 1 to an NHS day centre.

GP: One visit per week.

Chiropodist: Two visits per quarter

Out-patients: One visit per quarter.

Respite care: Regular respite in an SSD residential care home. 4 stays, each 7 days in duration, since referral. Time since referral: 8 months.

User also receives two visits per week from a voluntary visiting service.

Weekly cost of services:

Homecare: £91.51

Nursing: £157.50

Day care: £180.00

GP: £30.00

Chiropodist: £1.25

Out-patients: £7.58

Respite care: £44.75

*Total Weekly Package cost: **£512.59***

Appendix 1. Unit Costs, 1996-1997 Prices

Social Care Services

Service	Cost	Notes
Home Care ⁴	£8.17 per hour £11.44 per hour	Monday to Friday before 5 pm (SSD) Evenings and Weekends (SSD)
Day Care	£36.00 per day	based on SSD unit price
Hot meals	£3.00 per meal	
Frozen meals	£2.60 per meal	
Sitting services ⁵	£6.00 per hour	same SSD unit price used for daytime and evening
Respite care ⁶	£358 per week in a residential care home	Unit cost includes cost of care, building and oncosts, and addition of 5% to account for overhead cost of other services provided by the facility.

Health Care Services

Service	Cost	Notes
District Nurse ⁷	£35 per hour	domiciliary visit
NHS Health Visitor	£55 per hour	domiciliary visit
Day hospital ⁸	£50.40 per attendance	transport costs not included
Out-patient clinic	£90.98 per attendance	transport costs not included
General Practitioner ⁹	£30 per visit	domiciliary visit
Chiropodist	£15 per visit	domiciliary visit
NHS Physiotherapist	£24 per visit	domiciliary visit

References

Notes:

Unit Costs obtained from Netten and Dennet (1997)

⁴ Home Care daytime unit cost based on Netten and Dennet (1997), price for SSD homecare. Evening and weekend costs are estimated as 40% above daytime costs, based on other costing exercises in three local authorities in England (Hallam and Netten, 1996).

⁵ Sitting service costs were estimated based on previous ECCEP costing exercises (1994/1995 prices, 1996/1997 cost estimated using inflation indices); and on work by Hallam and Netten (1996).

⁶ Short stay residential care unit cost was obtained from Netten et al, 1998.

⁷ District nursing and health visitor domiciliary visits were costed per hour. When visits were shorter than an hour, this is indicated in the case study.

⁸ Transport costs to day hospital and out-patient clinics was not included in the unit cost. Netten and Dennet (1997) provide an average cost per patient journey, by ambulance (patient transport service) of £33.59.

⁹ GP costs were only included if there was *regular, ongoing* contact with a GP; for example every two months. This may underestimate the overall level of GP involvement, as many older people see their GP only when required, on an irregular basis.

Bauld, L., Chesterman, J., Judge, K., and Mangalore, R. (1998) *Needs-related Circumstances of Users and Carers*. Discussion paper 1410, Personal Social Services Research Unit, University of Kent at Canterbury.

Challis, D. and Davies, B (1986) *Case Management in Community Care*. Ashgate: Aldershot.

Challis, D., Darton, R., Johnson, L., Stone, M., and Traske, K. (1994) *Care Management and the Health Care of Older People: The Darlington Community Care Project*. Arena: Aldershot.

Davies, B and Knapp, M (1981) *Old People's Homes and the Production of Welfare*. Routledge and Kegan Paul: London.

Davies, B., Bebbington, A., and Charnley, H (1990) *Resources, Needs and Outcomes in Community-based Care*. Avebury: Aldershot.

Hallam, A. and Netten, A. (1996) *Costs Methodology for an Evaluation of Community Care Arrangements for Older People with Dementia*. Discussion Paper 1119, Personal Social Services Research Unit, University of Kent at Canterbury.

Isaacs, B. and Neville, Y. (1976) The needs of old people: the 'interval' as a method of measurement. *British Journal of Preventive and Social Medicine*, 30, 79-85.

Knapp, M (1993) Principles of Applied Costs Research in A. Netten and J. Beecham (eds) *Costing Community Care: Theory and Practice*. Ashgate: Aldershot.

Netten, A. and Dennet, J. (1997) *Unit Costs of Health and Social Care*, Personal Social Services Research Unit, University of Kent at Canterbury.

Netten, A., Hallam, A. and Knight, J. (1997) Costings in J. Moriarty and S. Webb, *Part of their Lives: An evaluation of Community Care Arrangements for People with Dementia*. NISW Research Unit: London.

Netten, A., Bebbington, A., Darton, R., Forder, J and Miles, K (1998) *Cross-sectional survey of residential and nursing homes for elderly people*. Discussion paper 1423, Personal Social Services Research Unit, University of Kent at Canterbury.