Mapping and Evaluation of Care Management Arrangements for Older People and those with Mental Health Problems

Research and Policy Update

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PSSRU
at the University of Kent at Canterbury,
the London School of Economics
and the University of Manchester

EDITORIAL

The Personal Social Services Research Unit undertakes research into social and health care issues, and receives its main funding from the Department of Health. The focus of the Unit's work is community-based and long-term care, particularly in relation to services for older people and people with mental health problems. Among its research programmes are the evaluation of services, including care management, costing, and the analysis of patterns of care provision. Increasingly, the research programme addresses issues relating to the interface between health and social care.

The Department of Health has commissioned the PSSRU to undertake the Mapping Study, to provide an evaluation of the different forms, types and models of care management which have emerged since the implementation of the NHS and Community Care Act in 1993, for the two major groups: older people and those with mental health problems.

Research and Policy Update is intended to provide information about the progress of the Mapping Study, and about related work undertaken by members of the PSSRU and elsewhere. In this issue we are pleased to include an article by John Woolham and his colleagues in Northamptonshire Social Services Department about the development of Northamptonshire's eligibility criteria.

We would like to include similar contributions from colleagues working in health and social services in future issues. We expect to publish three more issues of the *Update* at key stages in the progress of the study.

THE MAPPING STUDY

The study is designed to delineate the variations found in care management arrangements for older people and those with mental health problems, following the implementation of the Care Programme Approach in 1991 and the community care legislation in 1993. It will identify the distinctive characteristics of different care management arrangements and discriminate between them in terms of their structures, processes and outcomes, so as to identify differences in their relative costs and benefits.

The study is being undertaken at a time when organisational forms and arrangements for assessment and care management are becoming more established. It started in 1996 and will last five years, with three phases.

The aim of the first phase is to identify and categorise the emerging models of care management. This phase includes a review of literature, questionnaires sent to all local authorities concerning assessment and care management arrangements in general and detailed arrangements for older people and those with mental health problems, and analysis of the data collected.

The second phase will formulate and examine in detail the different arrangements identified in the first phase, and will involve the collection of information in only a small number of authorities. Interviews will be conducted with staff at different levels of the organisation. In addition, there will be special data collections to describe precisely the operation of the service, for example staff time use and case reviews.

The third phase will evaluate a small number of different models to provide comparative evidence of their relative efficiency and effectiveness. This will examine operational details of identified models, their outcomes and costs. A range of information will be collected, including data on discharge and re-referral and the tracking of cases through time to collect cost data. Interviews with service users and their carers will be undertaken to collect information on outcomes and on their experience of care.

THE RESEARCH TEAM

The PSSRU staff conducting this study are David Challis and Jane Hughes at PSSRU, University of Manchester, and Robin Darton, Karen Stewart and Kate Weiner at PSSRU, University of Kent. The project secretary is Glenys Harrison at PSSRU, University of Kent (01227 823862; e-mail G.Harrison@ukc.ac.uk).

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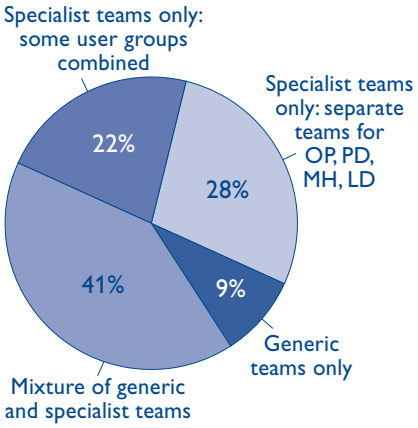
KEY FINDINGS TO DATE

As part of the first phase of the Mapping Study, an initial overview questionnaire on care management arrangements for all adult service user groups was sent to local authorities in England in spring 1997. Responses were received from 84%. This article presents some of the key findings.

How services are organised

Half of all authorities provided assessment and care management in the community to adult user groups through specialist teams only (figure 1), and the proportion was greatest in London authorities. The majority of the remaining authorities operated a mixture of generic and specialist teams. Overall, specialist teams were most common for mental health and for learning disabilities (in almost 90% and almost 70% of authorities respectively).

Figure 1. Service organisation



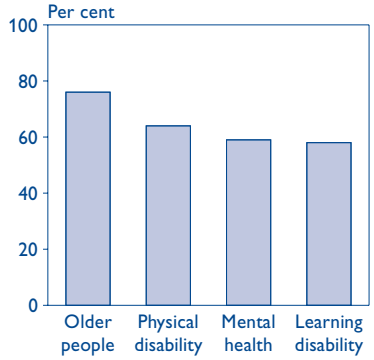
Managing demand

Authorities used a variety of methods for managing demand, including screening, eligibility criteria, ceilings on expenditure and providing a differentiated response such as using different levels of assessment or providing different types of care management.

Professional staff were involved in screening referrals in about 80% of authorities and managerial staff were involved in about half this proportion (figure 2). Involvement of administrative staff varied from 12% of authorities for mental health services to just under a quarter of authorities for services for older people.

Over three-quarters of authorities had weekly per case ceilings on expenditure for community-based care packages for at least one service user group. Ceilings were most likely to be in place in services to older people and least likely in mental health and learning disability services (figure 3). The majority of ceilings were based on the cost of an equivalent placement in residential or nursing home care.

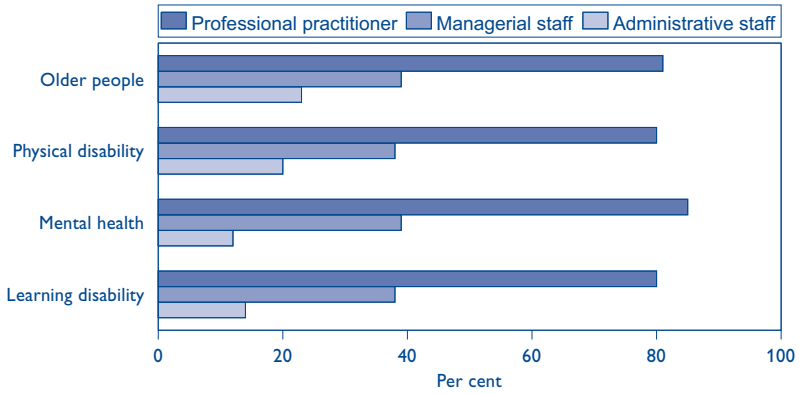
Figure 3. Per cent of authorities with expenditure ceiling



Across all user groups, a minority of authorities used only one level of assessment, about half had two levels and the remaining authorities used three or more levels. Most authorities defined the levels of assessment through the level of service user need. In addition, about 30% of authorities included the number of agencies involved or the cost or type of care package in the definition.

Less than a fifth of authorities provided, and less than a tenth of authorities purchased a specialist care management service working exclusively with people with high needs or who were at risk, and carried out by staff with small caseloads. The specialist services reported were mainly in drug and alcohol, HIV and AIDS, mental health and learning disability services.

Figure 2. Staff involved in screening



Reviews

About four-fifths of authorities had formal guidance on the review process, both for community-based care and for care in residential and nursing homes. In the majority of authorities the time at which the first and the subsequent reviews should take place was fixed for both settings. The figure ranged from about three-quarters of authorities to almost 90%, depending on the user group and the type of review.

A wide variety of staff were involved in reviews. Care managers, social workers and social work assistants were most likely to be responsible, but occupational therapists and home care managers also carried responsibilities for community-based reviews in over a third of authorities. Less than 10% of authorities reported that providers of care had responsibilities for reviewing.

Comments on service developments to date

A third of authorities reported specific aspects of the care management process which they judged to be working well, and just under a third reported satisfaction with the promotion of inter-disciplinary working. These successes were mainly attributed to appropriate organisational structures, levels of budgetary devolution, clarity of procedures and successful staff training.

The main areas judged not to be working well, both reported by about 30% of authorities, were reviews and a group of operational issues, including problems of speed of response, inequity of resource distribution and lack of flexibility. The problems were most often attributed to inappropriate infrastructure, including procedures, support systems, organisational structures and roles, and also to workload pressures and resource constraints.

THE DEVELOPMENT OF NORTHAMPTONSHIRE'S ELIGIBILITY CRITERIA

John Woolham, Senior Research Officer, Frank McMahon, Commissioning & Policy Manager (retired) and Pat McCarthy, Operations Manager

In the White Paper *Caring for People*, eligibility criteria were viewed as a means of ensuring more equitable access to services for those in greatest need. Subsequently the Audit Commission suggested that eligibility criteria provided a mechanism to assist in the process of budget management. Experience to date suggests that the development and application of eligibility criteria as a tool to assist in resource allocation is a complex and evolutionary process. This article provides an account of the development of eligibility criteria in one authority.

In Northamptonshire, the development of eligibility criteria was prompted by an urgent need to control spending due to a series of very tight spending settlements, and a widespread recognition of the need to provide services on an equitable basis which matched needs to resources.

The brief

A small project team was established to develop a set of eligibility criteria that would address these issues, be simple to use, be capable of being consistently applied, and provide a rigorous conceptual framework within which professional judgement could be fully exercised. We wanted to be able to identify more carefully where, and to what extent, we should intervene to augment or even substitute the informal care arrangements of the individual.

The starting point was a recognition that what was developed should be based upon:

- an understanding of human need
- the problems and risks for an individual if these needs are not met
- the legal responsibilities of the department

The inspiration

Maslow's hierarchy of human needs provided the basis for developing a framework for understanding and prioritising need, although what was eventually developed bore little relation to Maslow's work:

1 Physical care, safety and development
2 Psychological well-being
3 Overcoming barriers to independent living
4 Personal relationships
5 Participation in the wider community
6 Looking after dependent children

The first five *areas* of need were intended to be both global and hierarchical, while the sixth was included to make a link with criteria for accessing children's services. Within each of the areas defined, people seeking help would present with different *levels* of need, ranging from very high need, through high need, moderate need, low need, minimal need, to no need.

Developing a tool for professional staff

The first attempt to reconcile these two dimensions of need was a matrix (table 1). Each of the 36 cells represented a different level and area of need, and had an associated description. For example, for a very high level of need in the area of physical care and safety:

> *the individual will depend both day and night entirely on formal care services to ensure that their physical care needs are met*

These descriptions were vital to ensure standardisation of judgements by the care managers who were to 'plot' the assessed level of need against each area of need. A series of five cost 'bands' was developed alongside the matrix, which defined the financial ceiling of any package of care to meet identified needs.

Table 1. Levels and areas of need as a matrix

	Physical care and safety	Mental health needs	Independent living	Personal relationships	Participation in the wider community	Looking after dependent children
Very high need						
High need						
Moderate need						
Low need						
Minimal need						
No need						

Field testing

A series of 'peer review' exercises was carried out. Care managers were asked to review a sample of recent assessments and plot the level of need for each area of need. Then each member of a small team of reviewers was asked to undertake the same exercise for some of the sampled assessment documents.

The scores from these two tests varied substantially. The likely reasons for this include:

- variation in the quality and quantity of the written assessment information
- the layout of the matrix
- the order in which the areas of need were grouped
- the wording of the descriptions

As a result, several changes were made, which a third field test showed to have significantly improved the level of consistency. The matrix was removed from the process, although the six areas of need and the scoring of the level of risk or need for each area of need were retained in the assessment document.

A further field test was carried out several months after implementation. The results were similar to those of the previous exercise: in over 70% of cases the reviewer's scores were within plus or minus 1 level of need, and just under half were identical.

Although the eligibility criteria address all of the issues which led to their development, they are still not perfect. In part, the imperfections stem from a need to create a simple tool for complicated needs. A training programme is planned to improve further the reliability with which judgements are made.

Further information about our criteria, and the way in which they were developed, is available from the authors at: Northamptonshire County Council, Policy Division, Corporate Headquarters, County Hall, George Row, PO Box 93, Northampton NN1 1AN.

RELATED RESEARCH

THE VALUE OF MULTI-DISCIPLINARY ASSESSMENT OF VULNERABLE OLDER PEOPLE

The Department of Health has commissioned the Personal Social Services Research Unit in Manchester to evaluate the effect of multidisciplinary assessments of older people being considered for residential or nursing home placement by social services. The study began in February 1998 and will last for three years. The fieldwork is being carried out in conjunction with two contrasting local authorities.

Two hundred and seventy older people currently residing in the community and being considered for residential or nursing home placement will be randomly allocated into two groups. One group will receive the usual social services assessment; the other will also undergo a specialist medical assessment from either a geriatrician or old age psychiatrist. The medical assessment will be made available to care managers in a standardised and user-friendly format, to assist them and their team leaders in decisions about arrangements for the service user's long-term care. Additional information will be gathered from the service user and from their informal carer on their physical and psychological health and functioning, quality of life and satisfaction with the service. A follow-up interview at six months will repeat these measures to assess any changes. Data on placement rates, service use and costs for both groups will also be collected over twelve months and analysed to explain any patterns of variation.

The PSSRU staff conducting this study are David Challis, Jane Hughes, Ashley Weinberg and Janine Williamson at the PSSRU, University of Manchester, in conjunction with Professor Alastair Burns of the Department of Old Age Psychiatry, Withington Hospital, Manchester. For further details, please contact the project secretary, Melanie Nixon (0161 275 5391).

The Mapping Study team also undertakes work commissioned by social services departments. Current projects include:

ESTIMATING THE BALANCE OF CARE

This project was designed to assist a social services department in its strategic planning and service development to alter the balance between institutional and community-based care. Information was collected on a cohort of older people admitted to residential or nursing home care over a nine month period. This was used to produce categories of service users, into which the members of the study cohort were classified. A profile of a representative service user was randomly selected from each of the 16 most populated case types, and a group of practitioners was then asked to devise costed care packages for each of these service users. These were presented to senior managers for approval in the context of the department's current financial guidelines for the provision of community care packages and residential and nursing home care. Care at home was deemed feasible for the service users representing five case types, and the relative number of each of these case types formed the basis for projections of the effects of changes in the balance of care.

For further details, please contact the project secretary, Angela Worden (0161 275 5250).

CARE PROGRAMME APPROACH/ CARE MANAGEMENT

Another authority has commissioned a study of the degree of integration between their care management arrangements and the operation of the Care Programme Approach by providers of healthcare within their geographical boundary. The work is in two stages:

- identification of indicators of integrated systems of care
- assessment of the extent to which existing documentation and practice contain these measures

This work involves a review of relevant literature — both national and local — and interviews with key staff in health trusts and the social services department. The final report will be informed by the findings of the Mapping Study.

For further details, please contact the project secretary, Angela Worden (0161 275 5250).

FORTHCOMING PUBLICATIONS

Mapping and Evaluation of Care Management Arrangements for Older People and Those with Mental Health Problems: Report for the Social Services Inspectorate Care Management Study
David Challis, Robin Darton, Jane Hughes, Karen Stewart and Kate Weiner, Department of Health, London.

The overview questionnaire which provided the information presented on page 2 of this issue included questions commissioned by the Social Services Inspectorate for a special study on care management. This report presents the information commissioned, and discusses the results in the light of the key issues identified by the SSI.

Community Care, Secondary Health Care and Care Management
David Challis, Robin Darton and Karen Stewart (eds), Ashgate, Aldershot.

The development of care management has focused on generic models and short-term assessment, rather than on more intensive approaches for vulnerable and high-risk groups. However, specialist health care inputs are needed to meet complex needs. Furthermore, intensive care management may be likened to the provision of secondary health care services.

This book explores the potential for a closer relationship between secondary health services and care management, and how new forms of linkages between them may provide more effective community-based care and maintain access to specialist skills.

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