

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

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EDITORIAL

There has been a long-standing concern to develop more integrated and coordinated services for older people. This issue has been addressed by a range of policy initiatives during the last decade, the most recent being the White Paper *Modernising Social Services* (Cm 4169). One of its key themes is that consistency in the provision of social services should be given greater priority. For older people's services this finds expression in the planned development of a National Service Framework, and the working group on Fair Access to

Care. Related to these, the Mapping Study being conducted by the PSSRU provides unique evidence from the first national overview of care management arrangements.

The study is providing information relating to the interface between health and social care, in terms of the development and provision of services to meet the needs of vulnerable and frail older people. This demonstrates the importance of aspects of joint working detailed in the consultative document *Partnership in Action*

— strategic planning, service commissioning and service provision.

Another key theme of the White Paper was the development of means of improving the delivery and efficiency of social services. In this issue of *Research and Policy Update* we are pleased to include an article by John Webb and David Whyte about the development of performance measurement in social services for older people.

THE MAPPING STUDY AND THE PSSRU

The PSSRU 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. Increasingly, the research programme addresses issues relating to the interface between health and social care.

The Mapping Study was commissioned by the Department of Health to evaluate 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.

The study started in 1996 and will have three phases:

- In the first phase, three questionnaires relating to assessment and care management were sent to all local authorities in England. 85% returned the overview questionnaire for all adult service user groups, and 77% returned the separate questionnaires for older people and those with mental health problems.
- In the second phase, more detailed data will be collected in a small subset of authorities representative of the different care management types for the two service user groups.
- In the third phase, a small number of different sets of arrangements for

these two service user groups will be evaluated, to examine their relative efficiency and effectiveness.

Information collected in the overview questionnaire contributed to a special study on care management by the Social Services Inspectorate, a report of which is available (see page 4). A summary of the results from the overview questionnaire was included in the first issue of *Research and Policy Update*, and a summary of the results from the old age services questionnaire appears in this issue. Results from the mental health services questionnaire will be presented in the next issue. We expect to publish two more issues of the *Update* at key stages in the progress of the study.

THE RESEARCH TEAM

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

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KEY FINDINGS ON CARE MANAGEMENT ARRANGEMENTS FOR OLDER PEOPLE

This article presents some of the key findings from the Mapping Study questionnaire on old age services. This questionnaire was sent out in autumn 1997 to 111 local authorities in England who had responded to the initial overview questionnaire on care management arrangements for the main adult service user groups. Responses to the old age services questionnaire were received from 101 authorities. Key findings from the overview questionnaire were described in Issue 1 of *Research and Policy Update*.

Risk assessment

In 76% of authorities, assessment documents for older people included a section on risk. Risk areas were detailed as: accidental self harm, deliberate self harm, danger to others, abuse/exploitation and falling. The risk area included by least authorities was deliberate self harm, explicitly covered by 43% of these authorities, or only one-third of all authorities. The other areas were covered by between 55-59% of these authorities, or between 42-45% of all authorities.

Decision making

Without consultation with a more senior staff member, care managers were able to commit finance to all in-house services in only 12% of authorities, and to some services in 26% of authorities. This was lower for external services, and in two-thirds of authorities care managers were unable to commit finance to any external service.

Authorities utilised a variety of methods to authorise entry into residential

and nursing home care. The first line manager budget formed the basis for authorisation in 46% of authorities. In 28% of authorities senior managers authorised entry into care. However, around a third reported that a panel, either of social services staff alone or including health staff, was used for authorisation.

Information requirements

Computerised client record systems for assessment and care management for old age services were used by 92% of authorities. The availability of such systems varied for staff working in different locations. In 91% of authorities a system was available for care managers in social services offices. This was followed by hospital settings in 80%, multidisciplinary teams in 37% and GP practices in 16% of authorities. Figure 1 shows the type of information on individual service users held on the computerised systems. Unsurprisingly, the majority of authorities, 92%, held personal details of service users. This was followed by details of services received in 78%, and information on reviews in two-thirds of authorities. Only about a quarter of authorities reported their systems held medical information and even less, 18%, user diagnoses. The amount of detail held on the systems varied greatly from minimal information, such as the date a review was held, to more comprehensive information, such as detailed content of a review.

A computerised directory of services for older people was maintained by 49% of authorities. Of these, 39% reported that it included unit costs of all services and 35% that it included unit

costs of some services. These figures equate to 19% and 17% respectively of all authorities.

Joint working

Authorities were asked about the extent to which care plans for community-based support of older people specify detailed inputs from the health service. 37% of authorities reported that up to 20% of care plans specified health inputs and 33% reported that 21-40% of care plans did so. Only 4% of authorities reported that detailed inputs were specified in more than four-fifths of care plans.

Three-quarters of authorities had formal arrangements for sharing information with NHS colleagues in all the trusts with which they worked, and 18% with some trusts. The most common method was via an exchange of written documentation, in 87% of authorities, and the least common was through joint access to computerised information systems, in 12% of authorities (figure 2).

The most common tools for joint commissioning were joint plans and planning processes: 93% of authorities. A third of authorities undertook joint specification and overseeing of contracts and a fifth had some jointly managed services, but in only 4% were total agency budgets pooled for old age services. The most common jointly commissioned services were hospital discharge schemes, in 60% of authorities, followed by rehabilitation schemes, carer support and home care, in just over 40% of authorities.

Figure 1. Information held on computerised systems

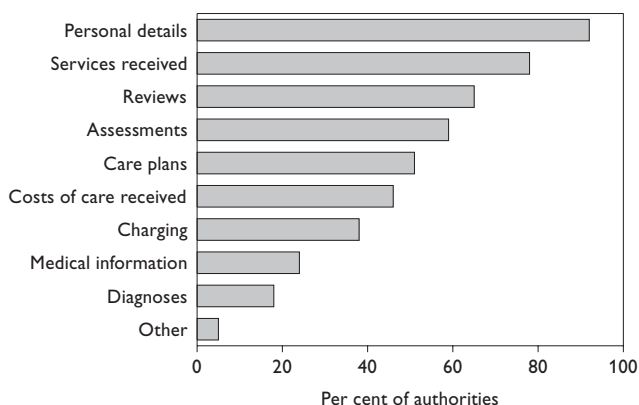
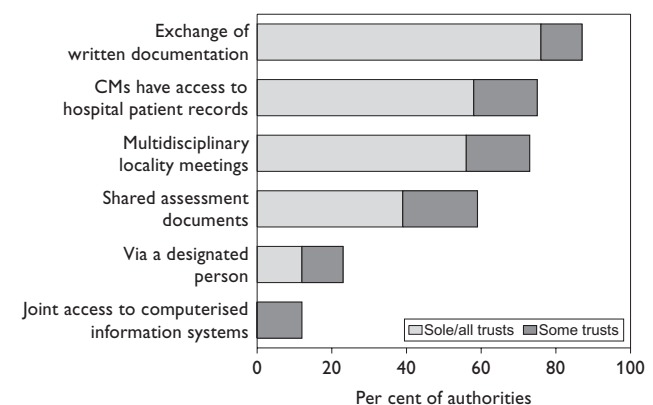


Figure 2. Arrangements for sharing information



FROM PERFORMANCE MEASUREMENT TO PERFORMANCE MANAGEMENT — EARLY EXPERIENCES IN COMMUNITY CARE

David Whyte, Assistant Director, Warrington Borough Council Social Services and John Webb, Assistant Director, Halton Borough Council Social Services (both formerly of Cheshire County Council Social Services)

The need for good performance management in social services has increased, not only as the political and management climate has changed, but also as greater levels of community care funding have had to be balanced with rising demand and expectations. This article outlines our experiences in developing performance management mechanisms in a large social services department between 1995 and 1998.

Making performance measurement systematic

A performance management system is a tool of general management practice. It must be linked to organisational objectives and owned by managers throughout the department. Ownership by the most senior of managers was a significant building block in implementing our approach.

Performance information needed to be presented and used in a systematic way. In the past, pieces of interesting information had sometimes surfaced, but collection had often not been repeated or made routine, and comparison over time was impossible. To counter this, information was standardised, agreed with a wide range of managers and then presented and re-presented on a routine, regular, predictable basis, always in the same format. Thus, managers knew when and where they could find the information most relevant to them, and comparison over time became much easier.

Information was also 'nested', that is, the same information was presented in different formats appropriate to its different uses. For example, senior managers received aggregate reports while care managers received team-specific information. The provision of different reports from the same information

enabled findings at the macro, departmental level to be linked to actions at the micro, care management level.

Choosing and using performance measurement information

It was particularly important to have some overall model, underpinned by the department's business processes, within which to fit performance management information. As a result of collaboration with the PSSRU, the Performance Information Analytical Framework (PIAF) was adopted.¹

Any performance management information system must enable managers to measure the three components of organisational activity: *inputs* (resources expended), *outputs* (quantitative results), and *impact* (effects or outcomes for service recipients). It is then possible to begin to look at *efficiency* (the relationship between inputs and outputs), *effectiveness* (the relationship between outputs and impact), and *economy* (the cost relationship between the last two). Initially, our work centred on building a performance management information system from quite a small core of indicators. Proxy outcomes were often the key to making the process more understandable and accessible to all parties.

In choosing which information to use, we had to focus on what was *meaningful* rather than simply reporting on the *measurable*. The continuous and routine collection of these core data meant that the department accumulated a longitudinal database of community care of significant value in understanding its operations. Moreover, once practitioners and managers began to receive information that was useful and could inform their practice, the overall quality of data input was improved.

Making performance measurement efficient

Performance measurement, and the processes underpinning it, can too often be seen as an incidental adjunct to good management practice. Three strategies can be built into the process to protect against worker alienation:

- Use routine data where possible
- Make special studies when needed
- Use a variety of approaches

Turning performance measurement into performance management

If information were to be *presented* in a systematic way, there needed to be a systematic way in which it would be *used*. There are many management models for how these processes work, but we found that the simplest was:

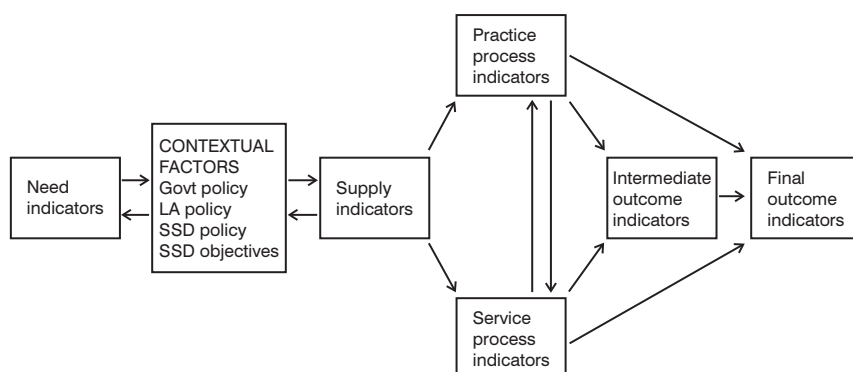
- **What** does the information say? (Did we understand it? Did it fit with our experience? Is it what we expected?)
- **So what?** (What did the information tell us about our performance?)
- **Now what?** (What did we need to do next to change/maintain our performance along the desired path?)

Its introduction into the department was underpinned by staff workshops, which began with a review of the action plans (the *What?*) made at the previous workshop. These workshops enabled care managers and their supervisors in different parts of the authority to compare notes, and identify and explain variation (*So what?*), ending up with fresh action planning (*Now what?*). In addition to reporting the standardised areas of activity, special studies were commissioned for reporting to the next workshop. These studies were often initiated and undertaken by practitioners rather than specialised information staff.

Conclusion

Careful implementation of performance management information became an important component in the wider management of the department's response to community care legislation. A key feature was making its production and use systematic throughout the department.

Performance Indicators Analytical Framework



¹ Challis, D. and Warburton, R., Performance indicators for community-based social care: from theory to practice, *Care Plan*, June 1996, 2, 4, 32-34.

RELATED RESEARCH

PERFORMANCE INDICATORS IN SOCIAL CARE FOR OLDER PEOPLE

This work was commissioned by a social services department, with assistance from the Social Services Inspectorate, to develop, implement and monitor a set of performance indicators for services to older people. The study was in four parts. First, the social services department's existing management information system was reviewed. Then a set of performance measures was derived within the Performance Indicator Analytical Framework (PIAF), which could integrate the activities in social care of older people with relevant indicators, directives and policy guidance. The efficacy of this system was reviewed and revised over a period of time in a series of focus groups involving staff from PSSRU and the social services department. The final part of this study involves the production of a monograph to set the work in a national context.

The work has provided the social services department with a set of indicators and information, which has been incorporated in the department's local appraisal systems. It is anticipated that some of the indicators will be employed in phase II of the Mapping Study. More generally, this work is seen as addressing the more macro aspects of care management and coordinated care such as quality assurance.

This study is being conducted by Paul Clarkson and David Challis at the PSSRU, University of Manchester, with assistance from Raymond Warburton at the Department of Health. For further details, please contact Paul Clarkson (0161 275 5674).

CARE MANAGEMENT IN AN INTEGRATED HEALTH AND SOCIAL SERVICES SYSTEM

The Mapping Study is being extended to evaluate care management in Northern Ireland, in collaboration with the Health and Social Care Research Unit (HSCRU), Queens University, Belfast. The comparative study will examine the different forms of care management in Northern Ireland and assess their relative costs and their impact on service users. Northern Ireland has an integrated health and social services structure administered by the Department of Health and Social Services (DHSS), and the study will compare this system with the separate arrangements in England.

The study will replicate the Mapping Study research programme, modified to reflect the different organisational framework and differences in mental health policy in Northern Ireland. Phase one will identify and categorise care management arrangements through three postal questionnaires sent to all HSS Trusts providing community services. The second phase will collect more detailed information from a small number of HSS Trusts, to help to formulate and draw out in detail the different arrangements identified in the first phase. Phase three will involve the evaluation of the models formulated in Northern Ireland by monitoring services received and outcomes for service users.

This study is being conducted by the Mapping Study staff, and Michael Donnelly at HSCRU, Queen's University, Belfast. For further details, please contact the project secretary, Gemma Fox (01232 331463).

SURVEY OF PRIVATELY-FUNDED ADMISSIONS TO RESIDENTIAL AND NURSING HOMES

The PSSRU is currently undertaking a longitudinal study of elderly people who were admitted to residential or nursing home care in 1995 with financial support from local authorities. However, little is known about people who fund their own care, and the Department of Social Security has commissioned the Unit to carry out a similar study of such people.

Fieldwork for the survey began in July 1999 in a nationally representative sample of 500 homes in England, Scotland and Wales. Homes were asked to supply basic information about the home and about self-funded residents who had been admitted during the previous six months. Information is also being collected about residents admitted during the subsequent six months. Where possible, information is being collected from relatives about the circumstances surrounding the admission.

The survey will estimate expected length of stay; investigate the factors affecting the decision to enter a home and the choice of home; compare privately-funded residents with those in private households; and determine the level of receipt of social security benefits among residents of homes.

This study is being conducted by Robin Darton, Kate Miles and Ann Netten at the PSSRU, University of Kent. The survey is being undertaken by the National Centre for Social Research (formerly SCPR). For further details, please contact the project secretary, Lesley Banks (01227 823963).

RECENT AND FORTHCOMING PUBLICATIONS

Care Management Study: Report on National Data. Mapping and Evaluation of Care Management Arrangements for Older People and Those with Mental Health Problems

David Challis, Robin Darton, Jane Hughes, Karen Stewart and Kate Weiner, Department of Health, London, 1998. (Available from the Department of Health, PO Box 777, London SE1 6XH, reference C1(98)15.)

Community Care, Secondary Health Care and Care Management

David Challis, Robin Darton and Karen Stewart (eds), Ashgate, Aldershot, 1998. (ISBN 1 84014 581 1)

Integrating Health and Social Care: Problems, Opportunities and Possibilities

David Challis, *Research, Policy and Planning*, 1998, 16, 2, 7-12.

Care management, dementia care and specialist mental health services: an evaluation

David Challis et al., *International Journal of Geriatric Psychiatry* (in press).

Dependency in older people recently admitted to care homes

David Challis et al., *Age and Ageing* (in press).

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