Coordinated Care, Care Management, Service Integration and Partnerships

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Within this programme of work, PSSRU in Manchester has explored a number of issues relating to the care of vulnerable adults and older people relevant to policy makers, 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 long standing tradition of research within PSSRU at Manchester into coordinated care for vulnerable adults and older people finds expression in the publications listed below. 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, more tailored to individual choices and preferences, together with measures of integration between providers of health and social care.

PSSRU at Manchester is also investigating 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 will also provide a national overview of case management services for people with long term conditions and thereby contribute 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 upon the balance and mix of care and services, and the effective working of community mental health teams for older people. Each area of work involves detailed evaluations alongside the collection of national data to benchmark services.

Recently there have been proposals for change in the care environment relating to the delivery of services for vulnerable older people. These require a more user-oriented style of care service 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


Evaluating the Implementation of Active Case Management in Greater Manchester

Patients who have long-term conditions and complex health and social care needs may require case management to deliver and coordinate their care from a range of agencies. Case management has the broad aim of identifying these patients and actively managing their care to enable them to remain at home longer and use less unplanned reactive care from specialist services. This approach, known in Greater Manchester as active case management (ACM), is expected to contribute significantly to delivering the Public Service Agreement target of reducing bed days by five per cent by 2008.

Our study evaluated the implementation and impact of ACM in ten Primary Care Trusts (PCTs) in Greater Manchester. A key element of this work was linking the collection of primary data from PCTs with routine data collected through the day-to-day operation of services. This was made possible as a result of our close collaboration with the Tactical Information Service, funded by all Greater Manchester Trusts, and the evaluation as a whole was undertaken in conjunction with the Association of Primary Care Trusts in Greater Manchester. This study is linked to the larger survey of arrangements for improving care for people with long-term conditions referred to on the previous page, in that learning from each informed the other.

The implementation of services was described using a cross sectional postal survey and in depth interviews with managers with lead responsibility for ACM services in each PCT. The impact of these services was measured using a retrospective cohort analysis of patients enrolled to ACM with longitudinal routinely collected admission data for the nine months prior to and nine months post ACM. The Tactical Information Service transferred individual patient data to the PSSRU in a pseudonymised format.

The majority of ACM patients were white (88%), female (63%) and over 75 years of age (65%). Around half resided in the most deprived areas of the locality (49%) (measured by the Index of Multiple Deprivation). The most prevalent primary diagnosis groups (WHO ICD-10 chapter headings) were: ‘symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified’ (37%); ‘diseases of the circulatory system’ (28%) and ‘diseases of the respiratory system’ (26%).

The mean number of emergency hospital admissions and associate length of stay reduced significantly in the nine months post ACM registration (mean reduction 0.3 emergency hospital admissions and 2.9 days in length of stay; p.001). The simultaneous effect of diagnosis and features of ACM service provision upon admission patterns were explored using multivariate models. There were a number of fairly robust positive and negative influences on these outcome measures in the regression analysis. Most patients with a history of emergency admissions experienced a marked improvement over time. On the other hand, most of those without any or with few admissions experienced an increase in admissions and corresponding length of stay. Furthermore, a proportion of frequent service users with particular diagnoses also experienced an increase or remained at a high level. A very modest effect was shown with regard to case management arrangement features.

This study has shed relatively little light on the impact of different approaches to case management upon outcomes, due in part to the relative homogeneity of the methods of working across Greater Manchester. Policymakers and managers would benefit from further research articulating different models and measuring their relative effectiveness and cost-effectiveness.