BACKGROUND

The Department of Health has commissioned the Personal Social Services Research Unit to provide an evaluation of the different forms, types and models of care management which have emerged for the two major groups, older people and those with mental health problems. In the initial phase of this study, an overview questionnaire covering aspects of care management for all adult service user groups was sent to local authorities in spring 1997. Following this, separate questionnaires focusing on care management arrangements for people aged 65 and over and for people with mental health problems were sent out in autumn 1997. The material presented here focuses on a subset of items in the overview questionnaire, commissioned by the Social Services Inspectorate for a special study on care management. It is based on information supplied by 79 local authorities in England.

FINDINGS

There was considerable variability between authorities as a whole in the percentage of expenditure devoted to purchasing arrangements, although differences between types of authority were much less marked.

Assessment arrangements involved a wide range of staff groups, with London boroughs more likely to use care managers than other types of authorities. Occupational therapists were more commonly used in counties and health professionals co-ordinated assessments in about one third of authorities overall. Most authorities had two or more levels of assessment; these were most commonly defined by service user need, followed by cost of care package and number of agencies involved. Overall, more than half of the authorities used generic assessment documents for all adult service user groups.

The decision to purchase care packages was made at basic grade or the first tier...
level of management in over 80 per cent of authorities. Over three-quarters indicated that they had a ceiling on expenditure for at least one adult service user group, most commonly older people. Ceilings on expenditure for services for older people and people with mental health problems tended to be lower than for those with physical and learning disabilities.

Monitoring was nearly always the responsibility of care managers, with relatively little involvement by other agencies. Designated review officers were found in approximately one-fifth of authorities, and were employed more frequently in reviews in residential and nursing homes.

There were considerable differences in average active caseloads. Mental health services had the smallest caseloads, whereas older people’s services had the largest caseloads. London boroughs, in general, appeared to have smaller caseloads than elsewhere.

Since 1993 the main areas of change to care management arrangements were: structural changes, such as developing the purchaser/provider split, team organisation, and management arrangements (35 per cent of authorities); changes to the information and documentation associated with care management arrangements (22 per cent); and changes in assessment and care management arrangements (22 per cent).

The main aspects of care management judged to be working well were the promotion of inter-disciplinary working, and specific elements of the process of care management, such as assessment, hospital discharge and review. The reasons cited included an appropriate organisational structure and devolution of budgets.

Aspects of care management judged to be not working well included the performance of reviews and some specific operational issues, including problems of speed of response, a lack of flexibility and inequity of resource distribution. The most commonly cited reasons for these difficulties included the lack of appropriate care management infrastructure, including information systems, financial and resource constraints and increasing workload.

Overall, the findings suggest that the development of the key areas of targeting, assessment systems, review processes, budget devolution, purchaser/provider separation and the form or model of care management remain central to the effective implementation of care management. The subsequent phases of the PSSRU study will explore these issues in greater detail.

**FUTURE WORK**

A full report of the information collected in the overview questionnaire, and a more detailed examination of care management arrangements for older people and people with mental health problems will be available in 1998. Phase II of the study will collect more detailed information from a smaller number of local authorities, selected to represent the range of models identified in the first phase. Phase III will involved the comparative evaluation of the models identified previously by monitoring services received and outcomes for clients under the different models.

**FURTHER INFORMATION**

The PSSRU staff conducting this study are David Challis, Jane Hughes, Karen Stewart and Kate Weiner at PSSRU, University of Manchester (0161 275 5250) and Robin Darton at PSSRU, University of Kent (01227 823862). The project secretary is Glenys Harrison at PSSRU, University of Kent (01227 823862).