

# Different perspectives on the appropriateness of care home entry: Evidence from a balance of care study of older people with mental health problems

(part of The North-West Balance of Care Study)

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# The Balance of care approach - illustration



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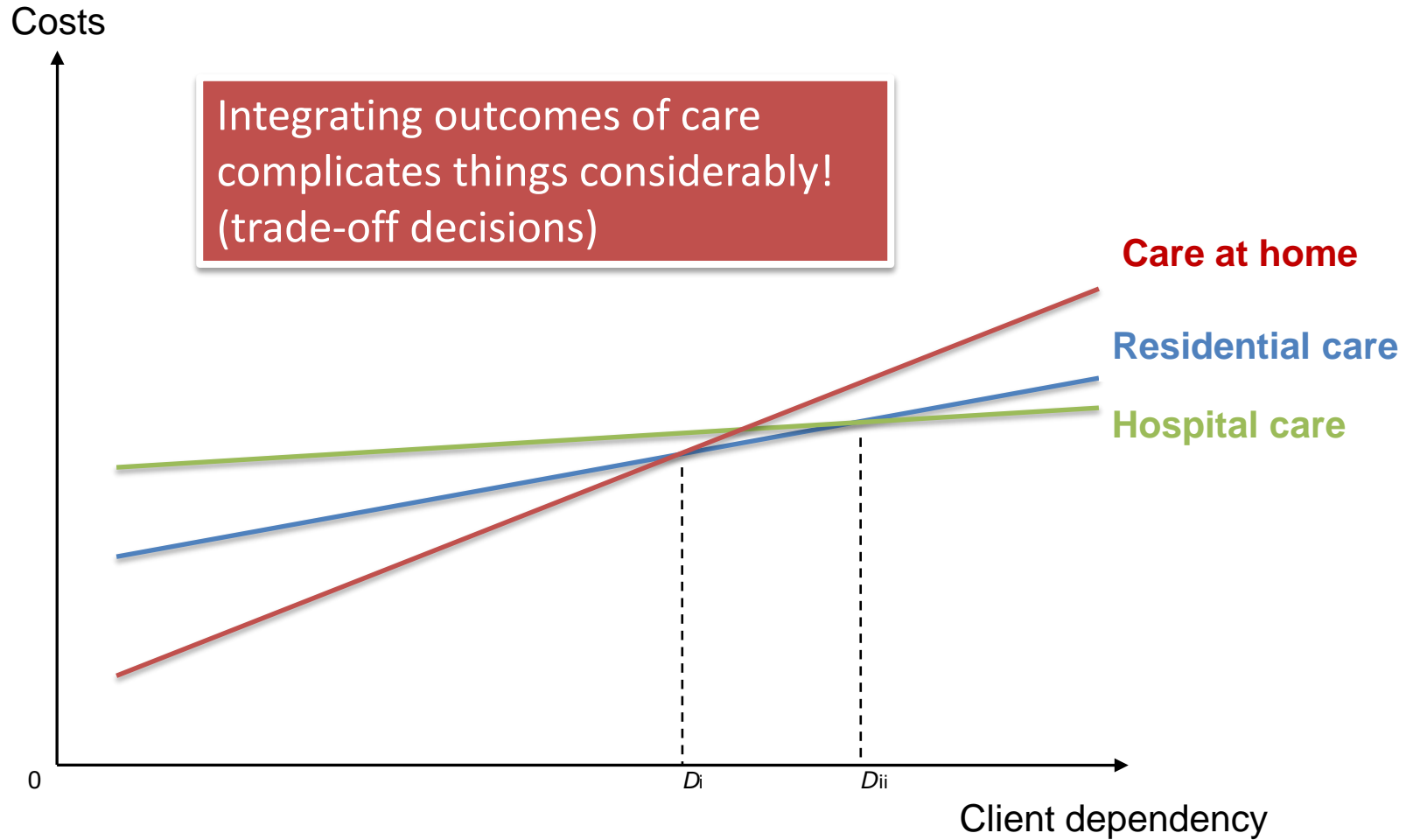
# The Balance of care approach - illustration



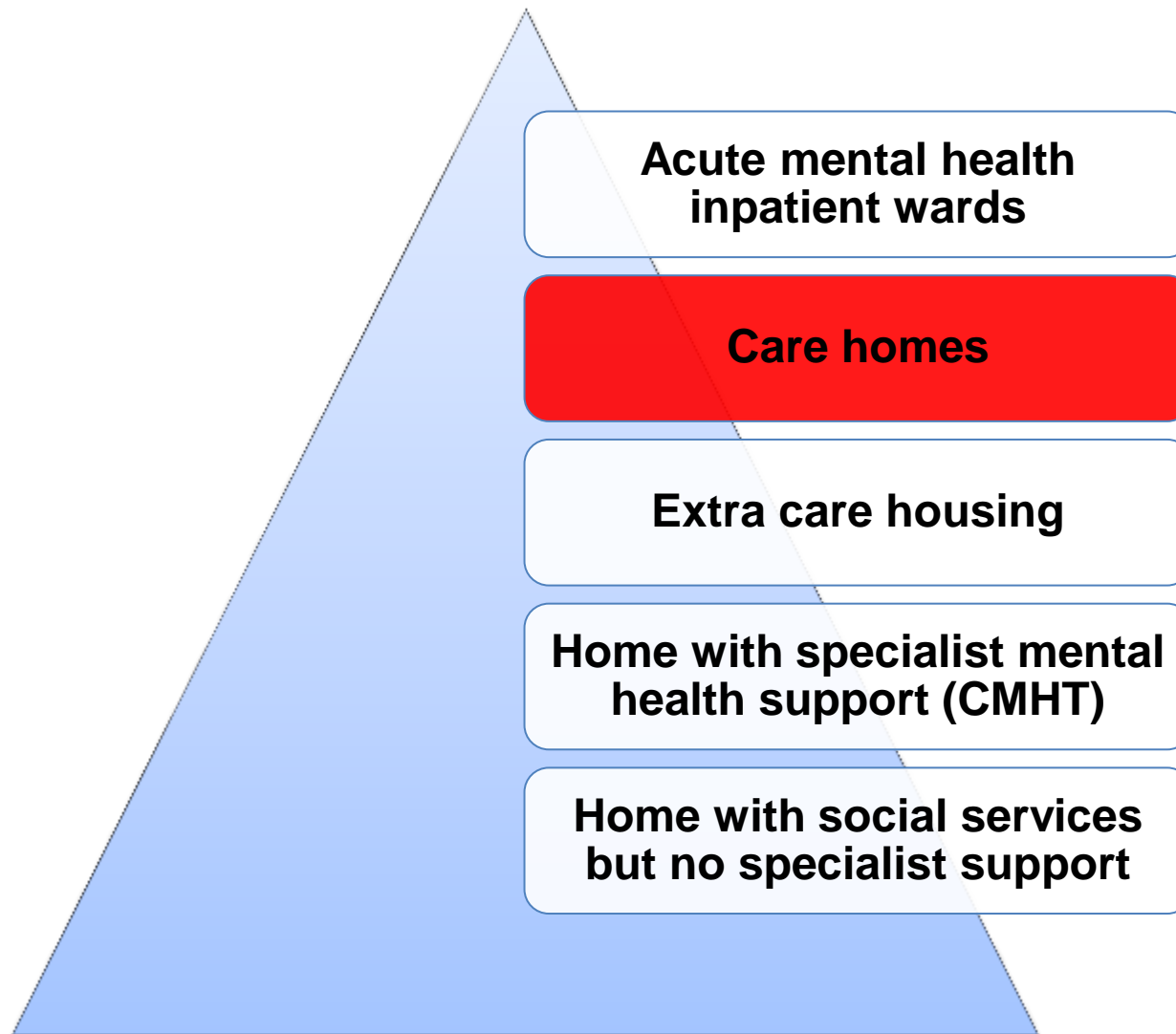
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# The Balance of care approach – basic economic model



# Settings of the North-West Balance of Care Study



# Development of care home case types

**27 possible case types (3x3x3)  
of which 23 were populated**

Physical dependency

Low

Medium

High

Cognitive impairment

Low

Medium

High

Challenging behaviour

Low

Medium

High

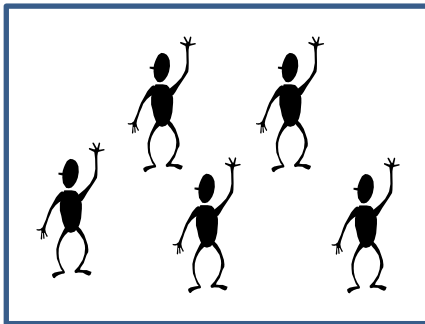
# Overview of settings in main location – case type distribution

				SSD	CMHT	ECH	Care home
	Physical	Cognition	Behaviour	%	%	%	%
1	Low	Low	Low	17.0	48.1	19.4	1.1
2	Low	Low	Medium	12.8	24.4	32.3	5.6
3	Low	Low	High	-	-	-	-
4	Low	Medium	Low	4.3	5.1	-	-
5	Low	Medium	Medium	8.5	10.5	6.5	6.7
6	Low	Medium	High	-	0.8	-	4.5
7	Low	High	Low	2.1	1.1	3.2	-
8	Low	High	Medium	6.4	3.4	6.5	2.3
9	Low	High	High	-	1.1	6.5	9.0
10	Medium	Low	Low	4.3	0.4	3.2	3.4
11	Medium	Low	Medium	2.1	0.4	3.2	4.5
13	Medium	Medium	Low	4.3	0.4	-	4.5
14	Medium	Medium	Medium	2.1	1.5	3.2	9.0
17	Medium	High	Medium	6.4	1.1	6.5	5.6
18	Medium	High	High	2.1	-	-	6.7
19	High	Low	Low	2.1	-	-	2.3
20	High	Low	Medium	2.1	-	-	4.5
22	High	Medium	Low	8.5	-	-	4.5
23	High	Medium	Medium	-	-	-	4.5
25	High	High	Low	-	-	-	4.5
26	High	High	Medium	8.5	0.8	3.2	6.7
27	High	High	High	4.3	0.4	-	4.5

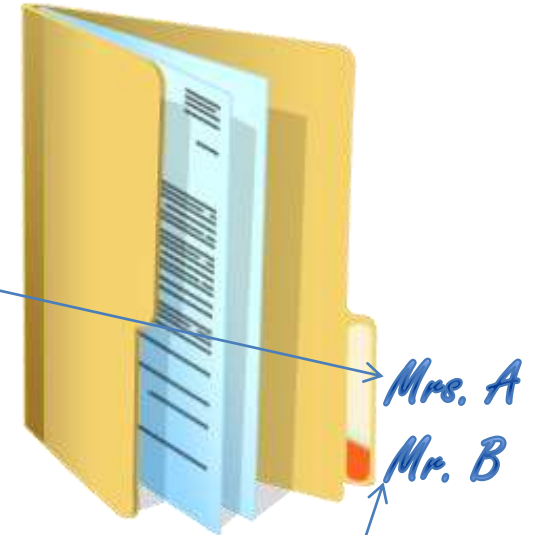
Possibly marginal?

# Development of case type vignettes

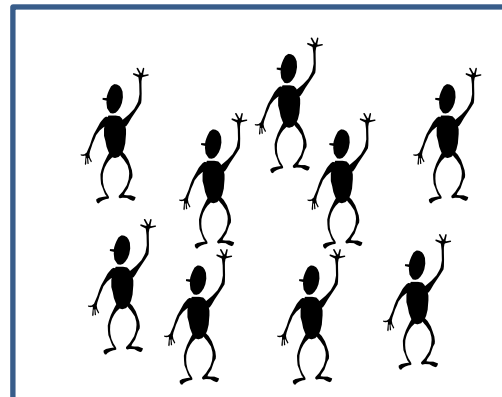
## Representative case description



e.g.  
Physical dependency: low  
Cognitive impairment: high  
Challenging behaviour: medium



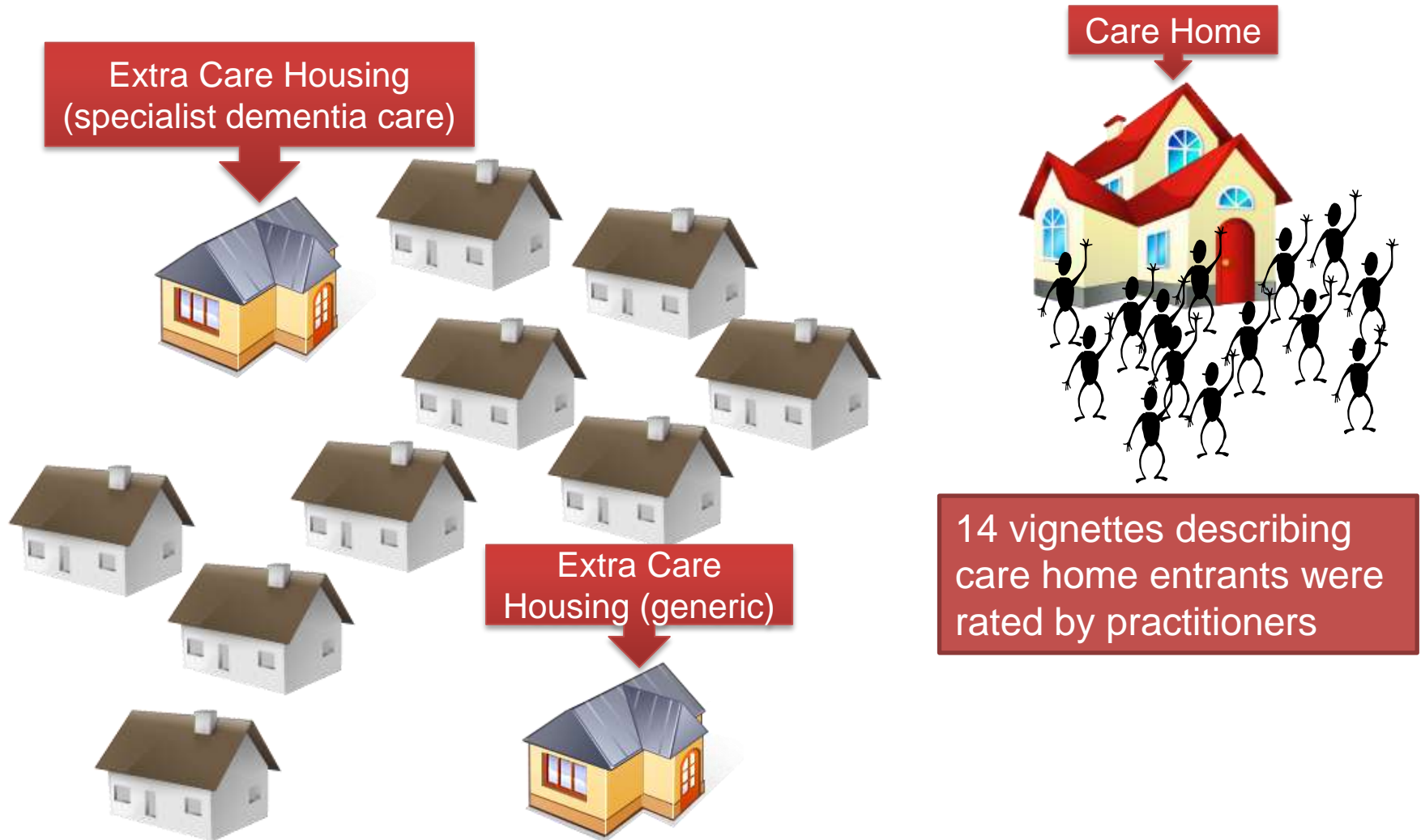
*Mrs. A*  
*Mr. B*



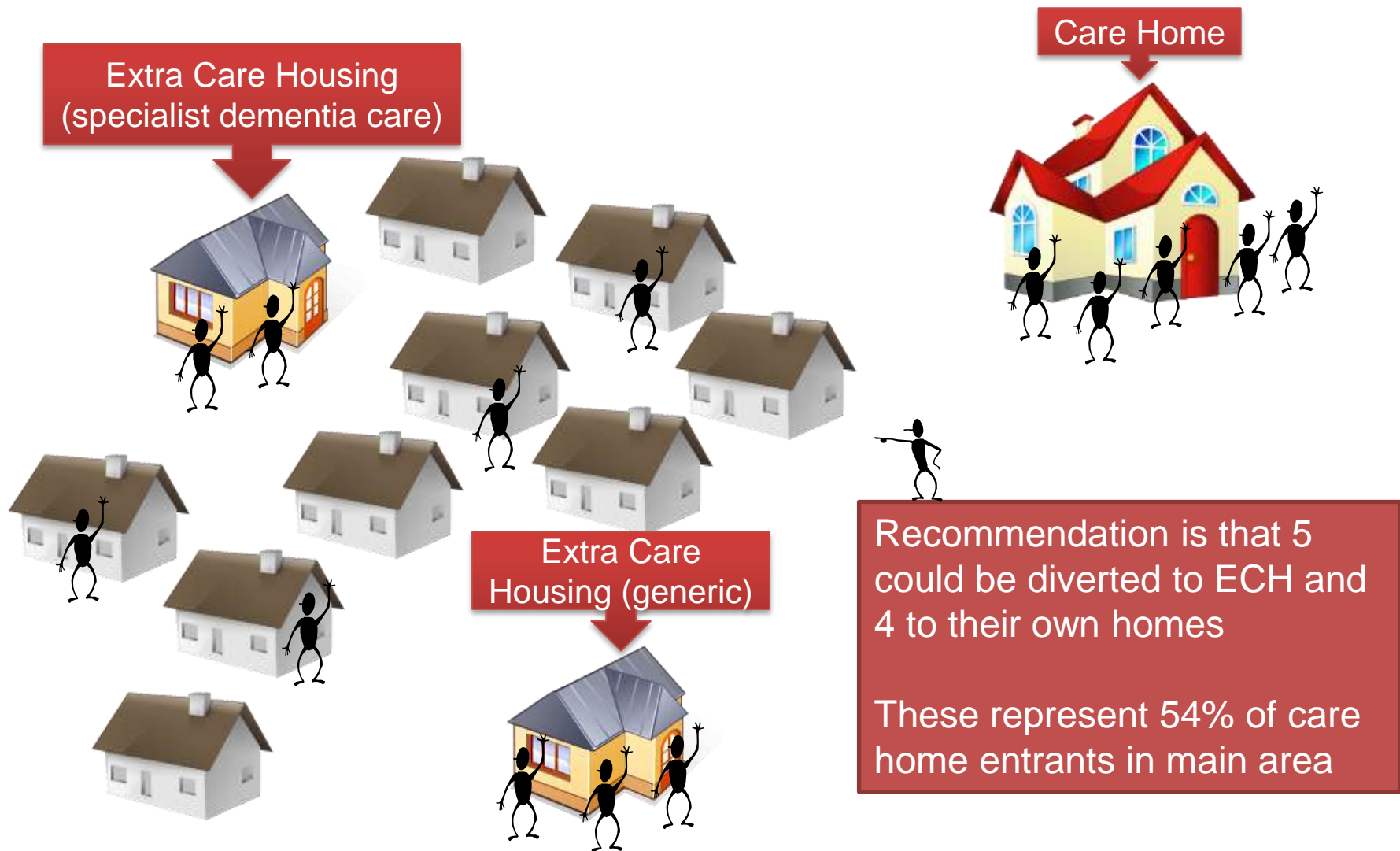
e.g.  
Physical dependency: medium  
Cognitive impairment: medium  
Challenging behaviour: high



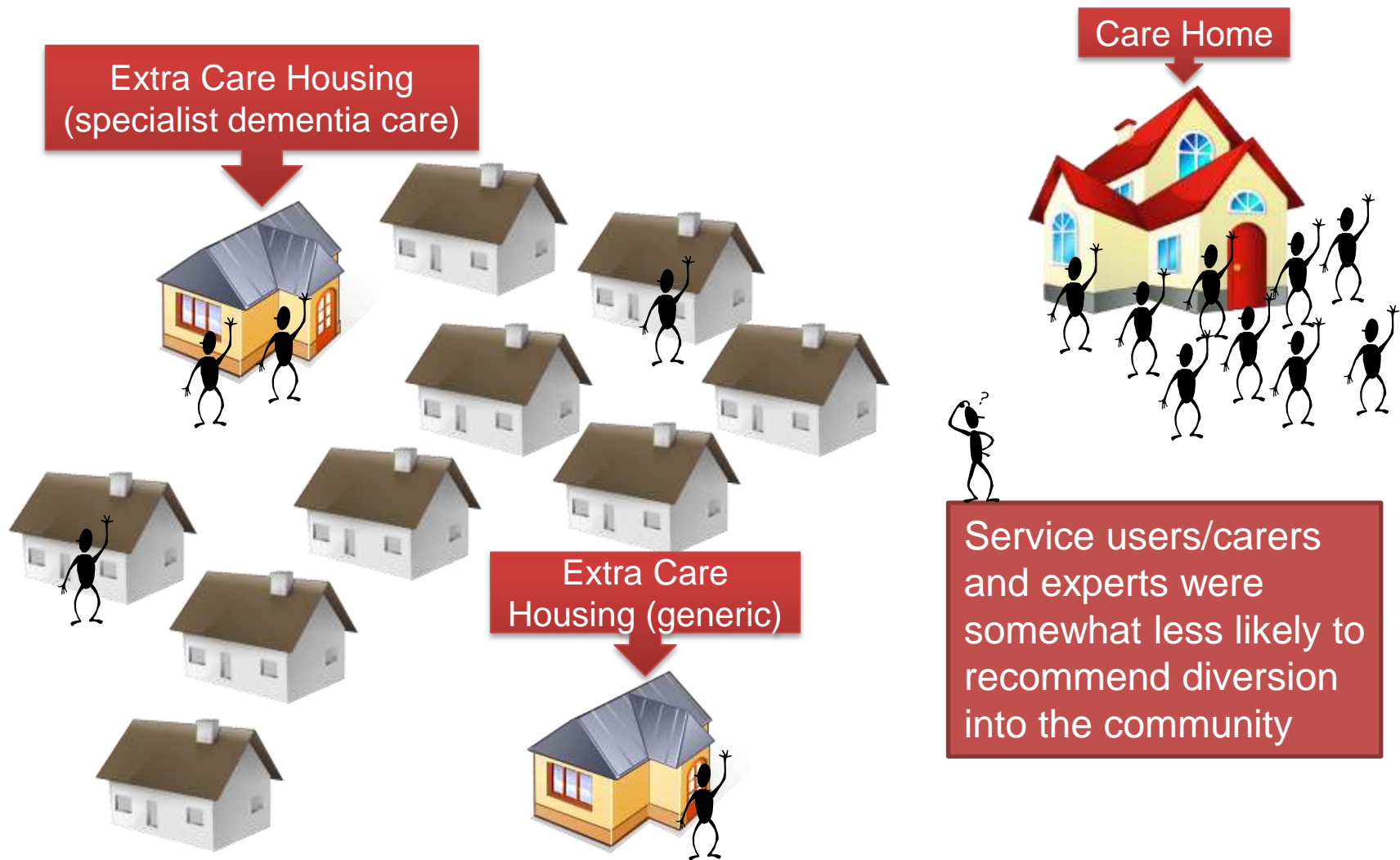
# The Balance of care – status quo vs. practitioner recommendations



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# The Balance of Care – status quo vs. practitioner recommendations



# Most appropriate setting: practitioners

Case type	Profile	Number in Site X sample	Most appropriate placement as identified by individual practitioners							Most appropriate placement as identified by small groups of practitioners
			Own home	ECH	Specialist ECH	Care home	Specialist care home	Care home with nursing	Specialist care home with nursing	
2	LLM	5	2	5	-	1	-	-	-	Specialist ECH
5	LMM	6	8	1	-	-	-	-	-	Own home
6	LMH	4	2	-	4	-	2	-	-	Own home
9	LHH	8	3	-	2	-	1	-	-	Specialist ECH
13	MML	4	3	4	-	-	-	-	-	Own home or ECH
14	MMM	8	6	1	1	-	-	-	-	Own home
17	MHM	5	2	1	3	-	-	-	-	ECH or specialist ECH
18	MHH	6	1	-	2	-	7	-	1	Some form of care home*
20	HLM	4	-	2	-	2	-	2	-	Some form of care home*
22	HML	4	-	6	-	1	-	-	-	ECH
23	HMM	4	2	3	1	-	-	-	-	ECH
25	HHL	4	-	-	1	1	-	3	2	Some form of care home*
26	HHM	6	2	-	-	-	-	2	3	Some form of care home*
27	HHH	4	-	-	-	-	2	-	4	Some form of care home*
2	LLM	26	4	-	-	-	-	-	-	Own home
5	LMM	25	3	-	3	-	-	-	-	Own home or specialist ECH
8	LHM	9	1	-	2	-	3	-	-	Own home

Intensive and diverse care packages were recommended to support 'marginal' service users at home – then modified by a simulated RAM panel.

What makes a care home admission appropriate?

The practitioners' view



# Logistic regression model of practitioner decisions

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Predictors	Coefficients (OR)	z	Robust SE (p)
Case type's physical dependency rating is high	4.87	2.83	2.72 <sup>(0.005)</sup>

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Model fit:

Wald  $\chi^2(4) = 54.40$  ( $p < 0.000$ )

Pseudo  $R^2 = 0.35$

Linktest  $p(\hat{\_}) < 0.000$ ,  $p(\hat{\_}^2) = 0.503$

n = 118

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Case type's physical dependency rating is high	4.87	2.83	2.72 <sup>(0.005)</sup>
Case type has at least two high ratings (physical dependency, cognition or behaviour score)	10.20	5.51	4.30 <sup>(&lt;0.000)</sup>

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Case type's reported age	1.08	2.34	0.035 <sup>(0.019)</sup>

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Case type's reported age	1.08	2.34	0.035 <sup>(0.019)</sup>
Case type's reported gender is male	4.00	2.22	2.50 <sup>(0.027)</sup>
Model fit:	Wald $\chi^2(4) = 54.40$ (p<0.000) Pseudo R <sup>2</sup> = 0.35 Linktest p(_hat)<0.000, p(_hatsq)=0.503		
n = 118			

## Validation of decisions by panel of national experts and older people/carers

Older people up to 5 times more likely to support care home placement than practitioners/managers

	Number of older people's groups who felt original care home placement was preferable	Number of older people's groups who felt suggested alternative care package was preferable	Number of experts who felt original care home placement was preferable	Number of experts who felt suggested alternative care package was preferable
	1	2	0	6
	1	3	1	4
	1	2	2	3
9 (LHH)	0	4	1	5
13 (MML)	1	3	1	3
14 (MMM)	2	2	1	5
17 (MHM)	1	2	2	3
22 (HML)	1	2	2	4
23 (HMM)	1	3	1	4

## Validation of decisions by panel of national experts and older people/carers

Case type	Number of older people's groups who felt original care home placement was preferable	Number of practitioners/managers	Number of experts who felt original care home placement was preferable	Number of experts who felt suggested alternative care package was preferable
2 (LLM)	1		0	6
5 (LMM)	1		1	4
6 (LMH)	1		2	3
9 (LHH)	0	4	1	5
13 (MML)	1	3	1	3
14 (MMM)	2	2	1	5
17 (MHM)	1	2	2	3
22 (HML)	1	2	2	4
23 (HMM)	1	3	1	4

Experts maybe twice as likely to support care home placement than practitioners/managers

# Concluding observations

There is a fair degree of 'empirical overlap' between care settings

General agreement that many care home entrants could be diverted (but with cost implications)

Tendency for recommended alternative services to exceed what is commonly provided! (managers acting as gatekeepers)

Experts highlight need for adequate assessment procedures and avoidance of frequent moves

Concerns of older people and carers somewhat different: financial implications & risks at home