

THE PERSONALISATION PILOTS – RESULTS AND OUTCOMES OF INDIVIDUAL BUDGETS IN SOCIAL CARE

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Individual budgets (IBs)

- Central to the government's ambition to **'modernise'** social care ...
- ... at the heart of the **'personalisation'** agenda ...
- ... to promote **choice**
- 2005 – Cabinet Office Strategy Unit report; and Social Care Green Paper
- July 2005 – invitation to English LAs to be pilots - 13 selected
- What did we find from the evaluation of the pilots? What can we learn?

Principles underlying IBs



- A greater role for service users in **assessment** of their needs.
- Individuals should know the **resources** available to them for before their support needs.
- Test opportunities to integrate resources from several **funding streams** into a single IB.
- Simplify and integrate/align multiple **assessment processes and eligibility criteria**. But adult social care should be the gateway to an IB.
- Encourage individuals with an IB to identify the **outcomes** they wish to achieve and the ways to achieve them.
- **Support individuals** as they plan how to use their IBs – including information on costs and availability of service options.
- Experiment with different options for **deploying IBs** (ways of managing and using the money).

Evaluation elements

- Randomised trial – IB and comparison groups in 13 local authorities
- Follow-up interviews with users after 6 months → some challenges
- In-depth user interviews – support planning process
- Interviews with IB leads, providers, funding stream lead officers, other managers
- Interviews and diaries, front-line staff and first-tier managers

Stakeholder Perspectives

- 959 Service users
- 153 carers
- 91 Care Coordinators/care managers and first tier managers
- 14 Adult Protection Officers
- 16 Providers
- 7 Commissioning Managers
- 13 Individual Budget Leads

Providing Support through Individual Budgets

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Eligibility and Access

- Formal eligibility criteria remained in place in relation to access to social care
- No real impact on FACS
- Decisions whether to offer an IB determined by factors such as ability to manage money, capacity, understand arrangements
- Some increased uptake by some people in mental health services

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Identifying Need/ Assessment

- Processes not greatly changed in pilots but growing use of self assessment and outcomes focus
- Assessment frequently involved self/mediated assessment as well as community care assessments.
- Mediated assessments often through family, care managers and other professionals
- Integration of information from several different sources (SA, CCA, carers, other agencies) increased

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Allocating Resources

- In most (not all) sites Resource Allocation System (RAS) tool was developed
- RAS itemised different kinds of help/need and translated into a sum of money for the budget
- RAS and Assessment information often subject to panel scrutiny to make final decision
- Some concerns about sensitivity and validity of such tools, despite apparently greater clarity. May also give inappropriate incentives (“points mean pounds”)

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Budget Deployment options

- 67% IB managed as a DP
 - MH (89%) more likely
 - OP (56%) less likely
- 20% managed by local authority
- 13% managed by an agent
- 1 IB administered through a Trust
- 4 had services organised through a provider

Support planning and arrangements

- IB frequently offered as a direct payment, other approaches less evident.
- Often involved considerable input from care managers given opportunity for greater flexibility of response. Assist in setting priorities and identifying solutions
- Limited role of external agencies, used more for service arrangement than support planning
- Very limited integration of funding from other sources than social care in to budgets (Like personal budgets). Only Supporting People funding integrated to any extent.

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Support Planning Content

- Much of expenditure was directed to meet personal care needs
- Differing views as to what were boundaries of legitimacy and acceptability in use of social care funds
- Balance between care needs and leisure needs was a concern

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Who Got What

- Sample of 285 support plans
- The average annual gross cost - £11,450
- User group differences in IB level
 - LD - £18,610
 - PD - £11,150
 - MH - £5,530
 - OP - £7,860

Patterns of Expenditure



	Direct payments		Managed budgets	
	%	Mean annual expenditure	%	Mean annual expenditure
Personal assistant	64	£8,940	47	£7,420
Home care	20	£7,140	40	£7,480
Leisure activities	43	£2,020	24	£1,750
Planned short breaks**	24	£1,750	15	£5,460
Other	23	£930	21	£270

Examples of wider activity



Accommodation (N=24)	Employment and occupation (N=16)	Health-related (N=3)
Cleaning service	Going out: trips/cinema etc	Private health care
Decorating service	Classes/arts and crafts	Massage for carer
Gardening service	Gym membership/swimming	Alternative therapy
	Computer maintenance	
	Admission fees for service user and PA	

Use of mainstream services

- IB seen as inadequate to purchase much else given primacy of basic needs
- Fear of losing hard won services
- Security and continuity of care
- More shopping around
- More flexibility over use of agency hours

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Monitoring and Review

Monitoring and review systems in most sites were no different to those for people receiving conventional social care support, and these varied.

Differences lay in a focus on:

- a) whether the support was being delivered as intended (rather than the quality of outcomes), or
- b) as a means of reviewing resource allocation in the light of outcomes

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Deployment of Budget options

Room for considerable local and individual flexibility, though not common

- Cash direct payment
- Care manager-held 'virtual budget'
- Service provider-held 'individual service account'
- Third-party individuals and trusts

Some Key Issues

- Findings raise need for flexible deployment of personal budgets within care management; a challenge for Las. But good evidence base for older people's services (Challis et al., 1995, 2002a,b).
- Need for clarification of the boundaries of legitimacy in spending and use of budgets
- Further work needed on methods of determining resource allocation which meets criteria of equity, sensitivity, specificity, reliability and validity (simple tools not yet validated)
- Potential developing roles of new care management and brokerage agencies

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Outcomes and Cost Effectiveness

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Funding streams



- Funding stream integration
 - 99% support plans contained social service funding
 - 11% of support plans contained SP funding
 - 8% of support plans contained ILF monies
 - 1 support plan contained Access to Work funding
 - No support plans contained funding from DFG
- Very limited in integration

Measuring outcomes (1)

Overall RCT design

- 2521 randomised: IB offered & comparison groups
- 1594 people (63%) consented

Final sample of 959 people:

- 34% physically disabled
- 28% older people
- 25% with learning disabilities
- 14% using mental health services

Baseline data

- Wide variations in age, functional need and FACS level
- IB and comparison groups not different

Measuring outcomes (2)

- Interviews at 6 months
- Measures:
 - Quality of life indicator (7 point scale)
 - Psychological well-being (GHQ12)
 - Social care outcomes (ASCOT)
 - Level of satisfaction (7 point scale)
- Differences between IB & comparison groups
 - Overall sample & by user group
- Multivariate analyses
 - Allowing for if support plan in place/ proxies etc

Quality of life



- Overall sample no significant difference between IB and existing services
- MH – IB group reported better QoL

Psychological Well Being - GHQ-12



- Overall sample no significant difference between IB and existing services

- OP – IB group lower well-being

Social care outcomes (ASCOT) domains



- Personal cleanliness and comfort
- Food and nutrition
- Safety
- Clean and comfortable accommodation
- Occupation
- Social participation and involvement
- Control over daily living

Social care outcomes (ASCOT)



- Overall sample
 - No significant difference in ASCOT measure between IB and existing services
 - Higher levels of 'control' in IB group
- People with learning disability
 - Higher levels of 'control' in IB group
 - Lower social participation in IB group

What about cost-effectiveness?

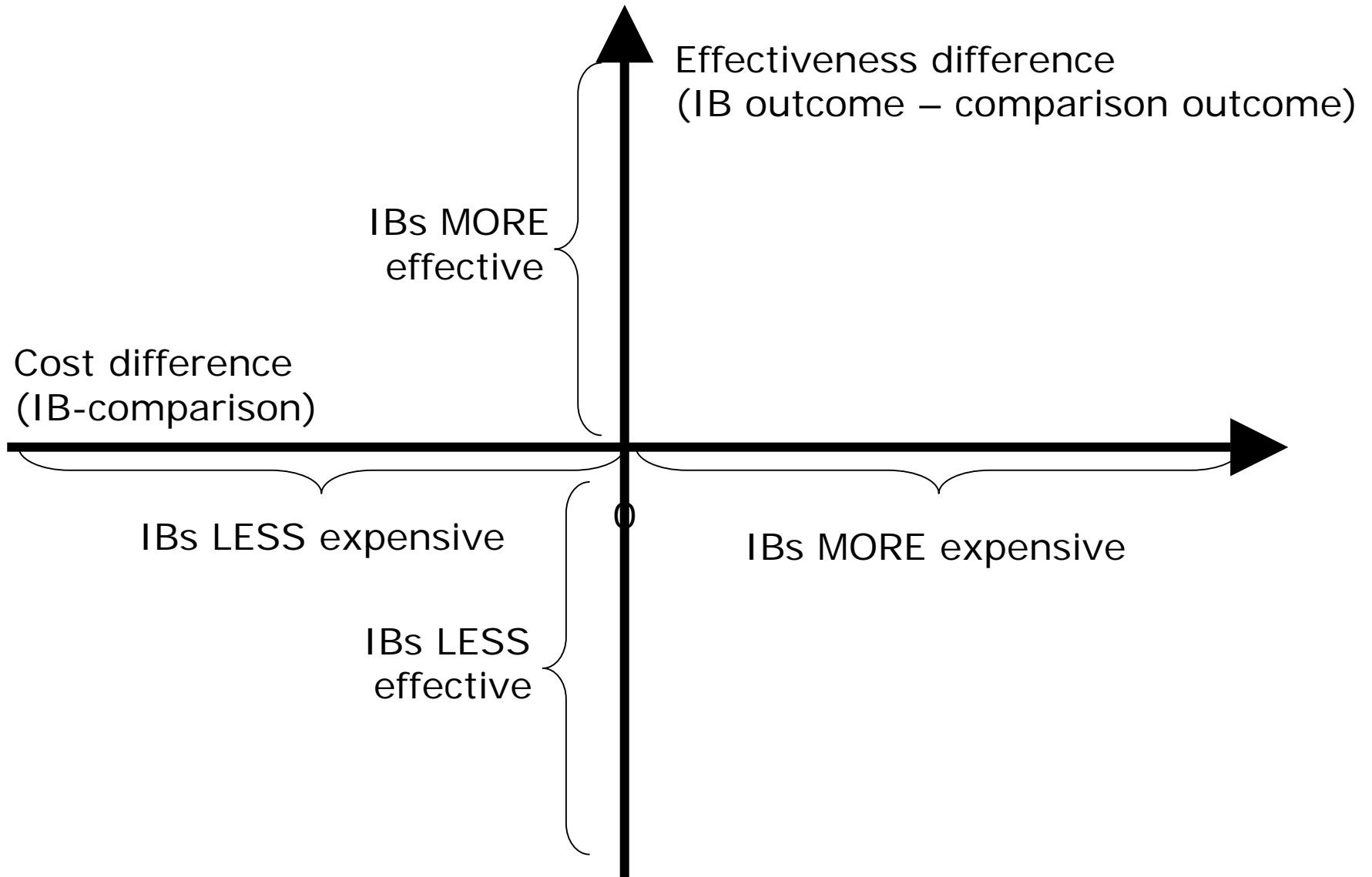


- Importance of combining costs and outcomes
 - evaluation of the cost implications of the changes in outcomes brought about by IBs
- Improvements in outcomes a good thing, but are they justifiable in terms of their costs?
 - Evaluation in the context of scarce resources
 - The question is not whether something works, but whether it represents the best use of resources

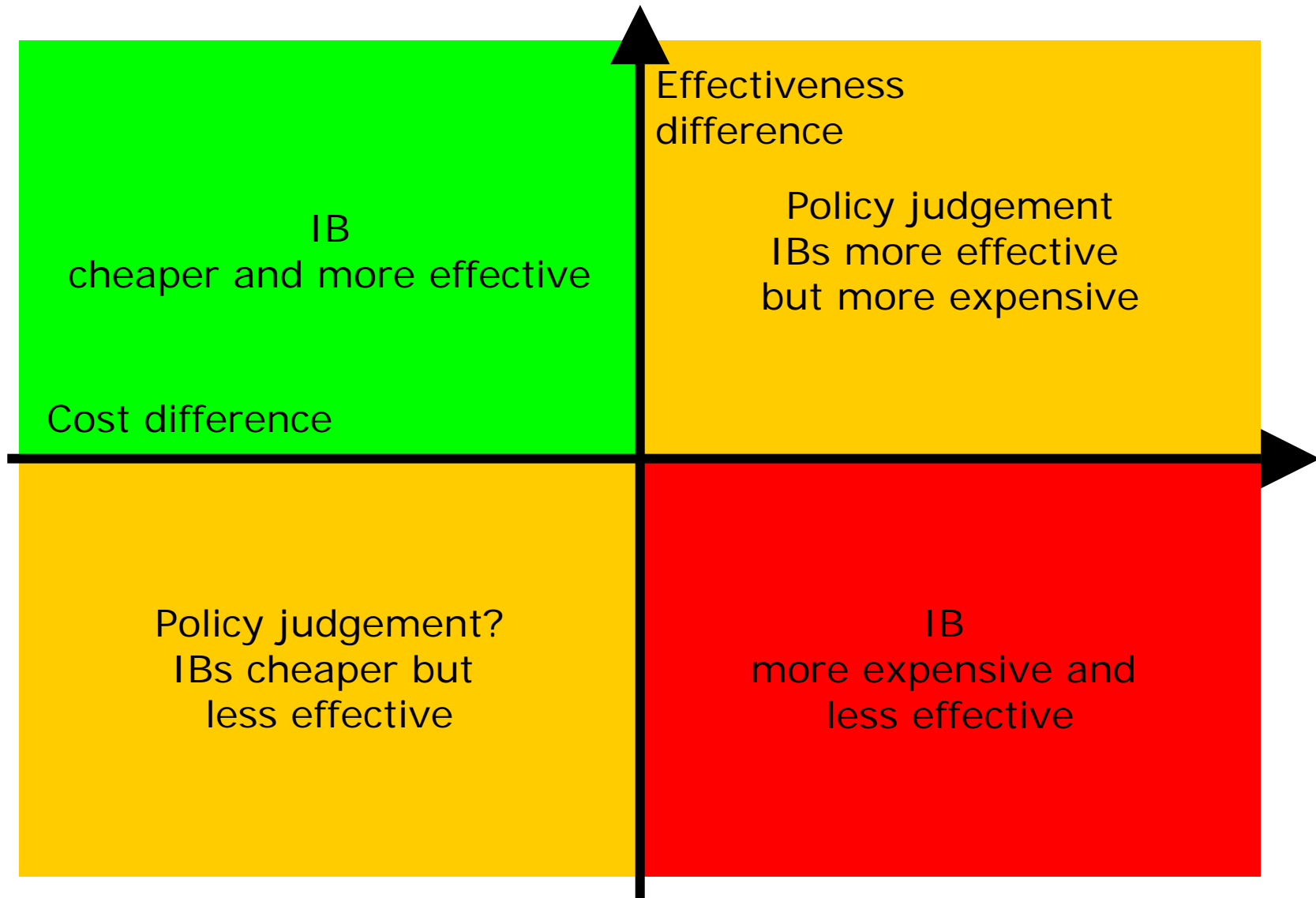
The cost-effectiveness plane

- allows the visual juxtaposition of the impact of the intervention on costs and outcomes
 - two axes: differences in costs; and differences in outcomes
- allows analysis to reflect uncertainty of average estimates
 - specification of alternative analysis samples through bootstrapping methods

The cost-effectiveness plane



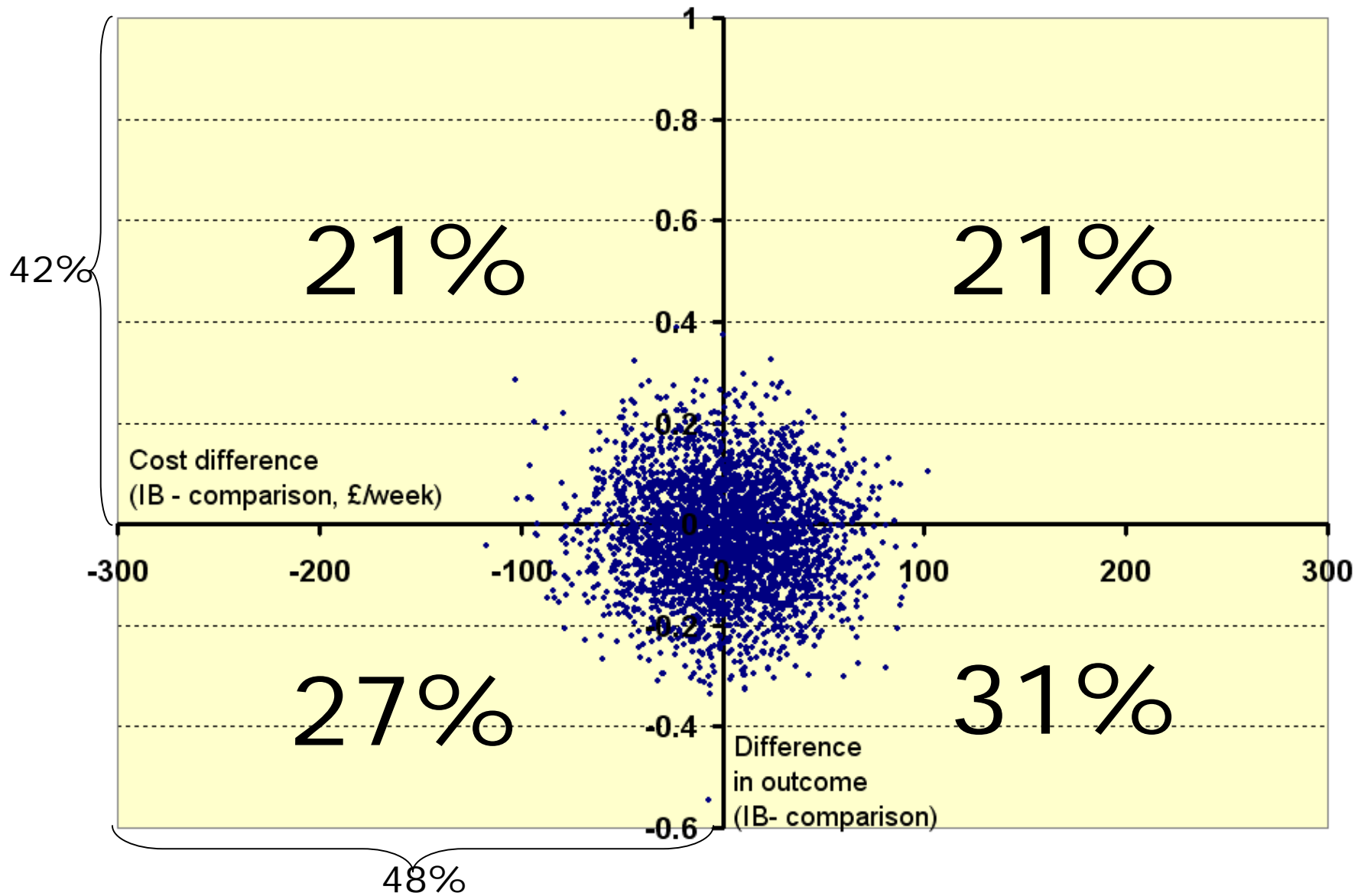
The cost-effectiveness plane



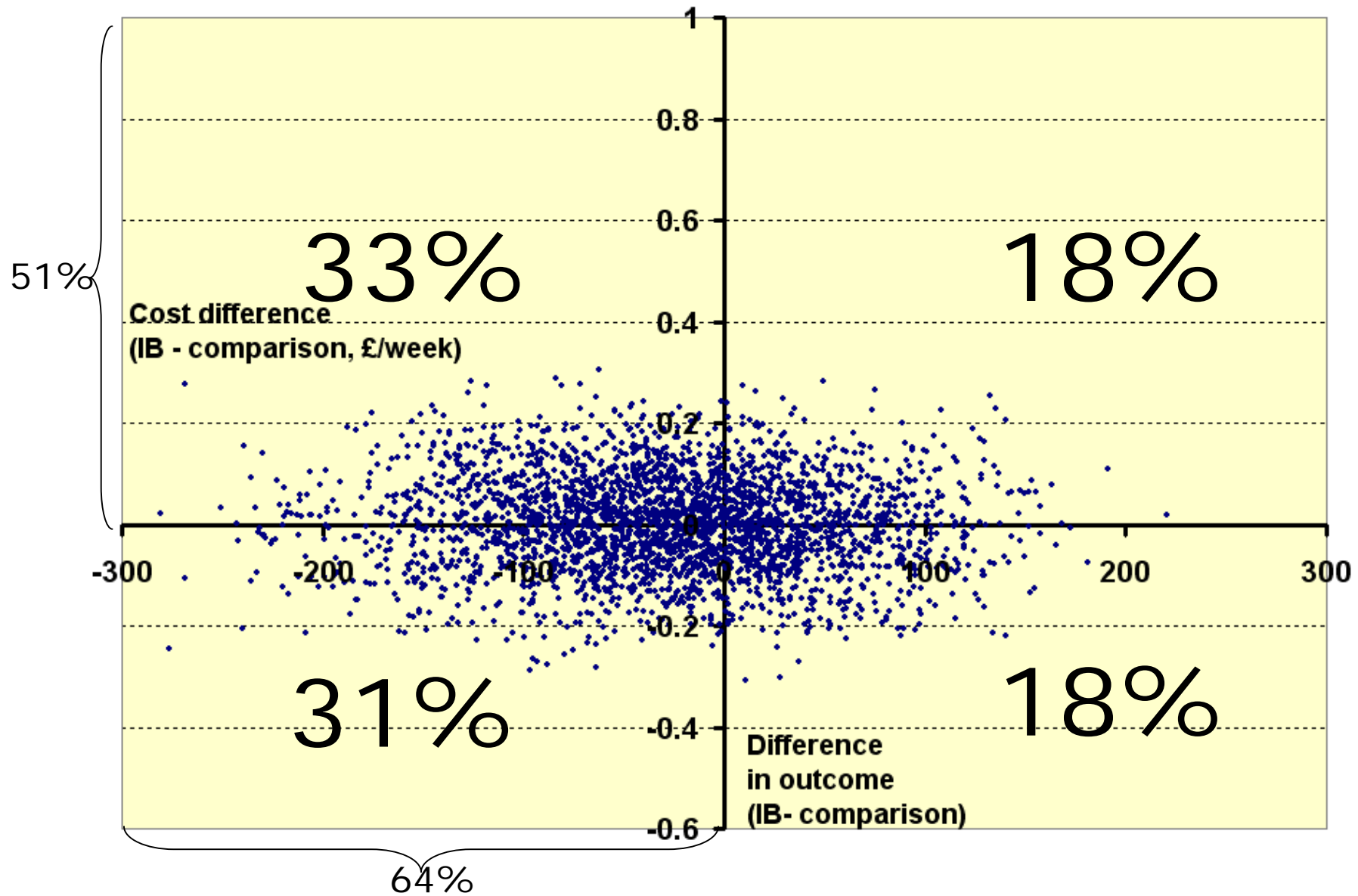
Cost effectiveness: social care outcomes

- Older people
- People with learning disabilities
- People with physical disabilities
- People with mental health problems

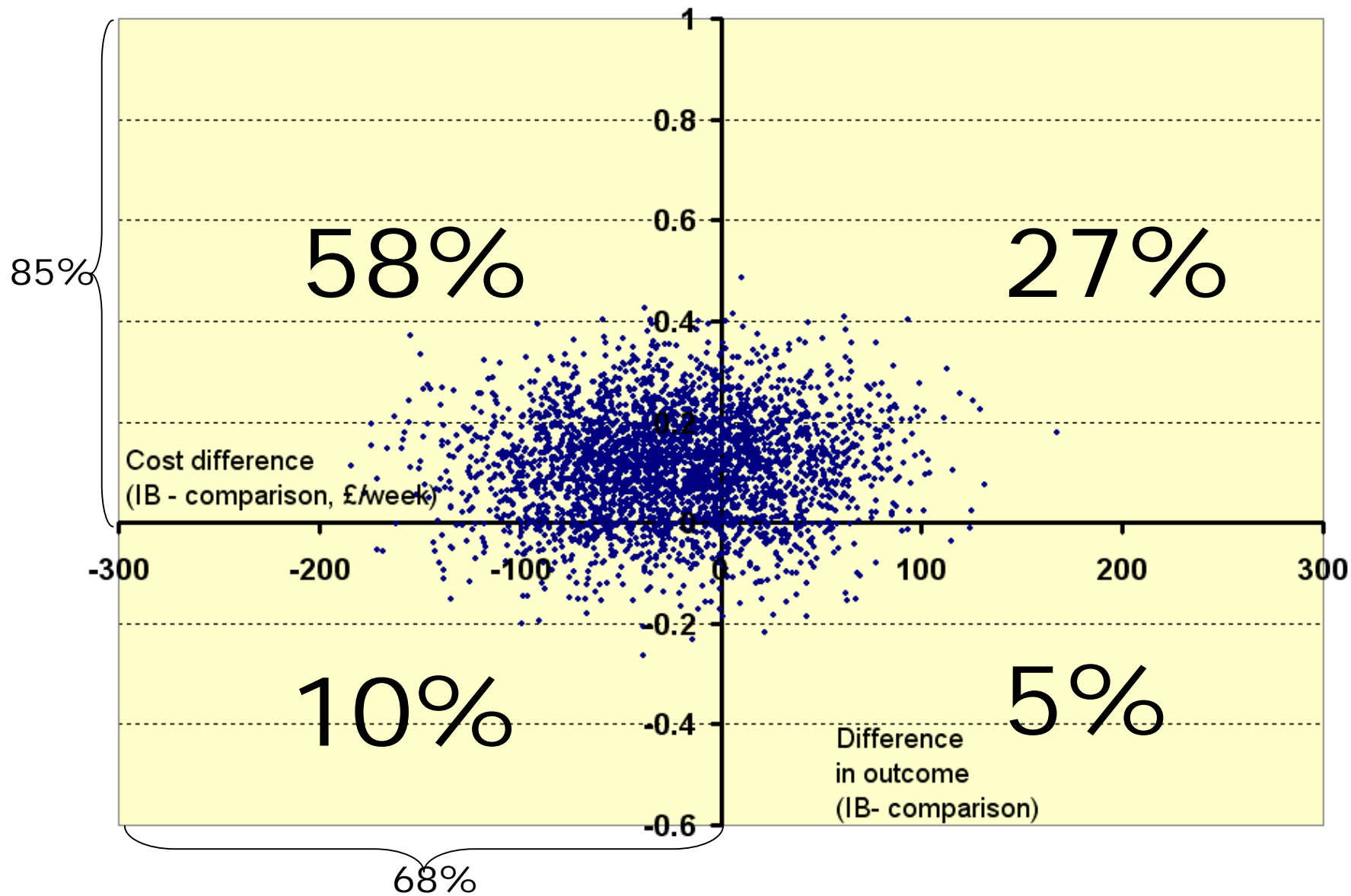
Cost-effectiveness: social care outcomes – older people



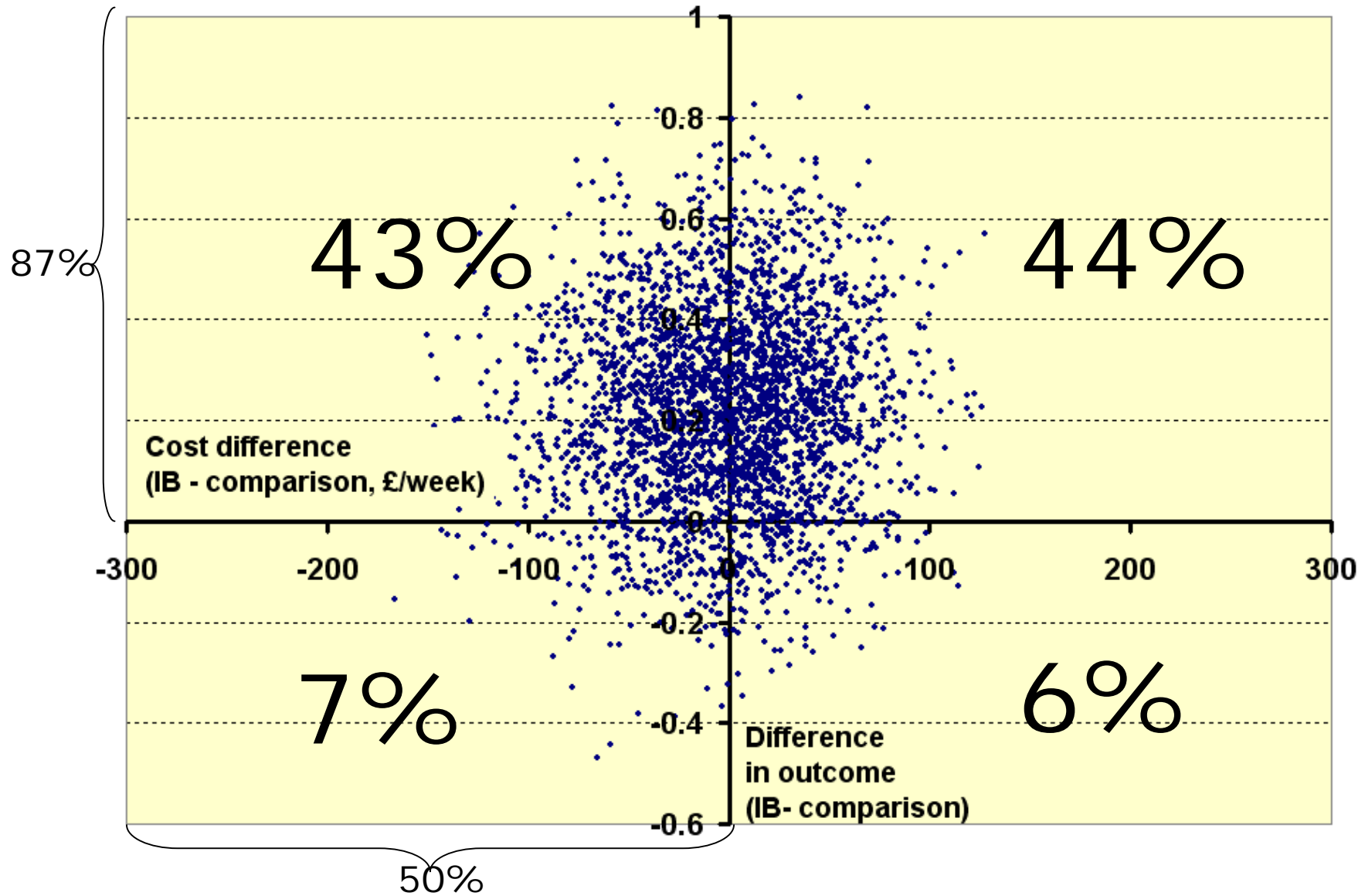
Cost-effectiveness: social care outcomes - people with learning disabilities



Cost-effectiveness: social care outcomes - people with physical disabilities



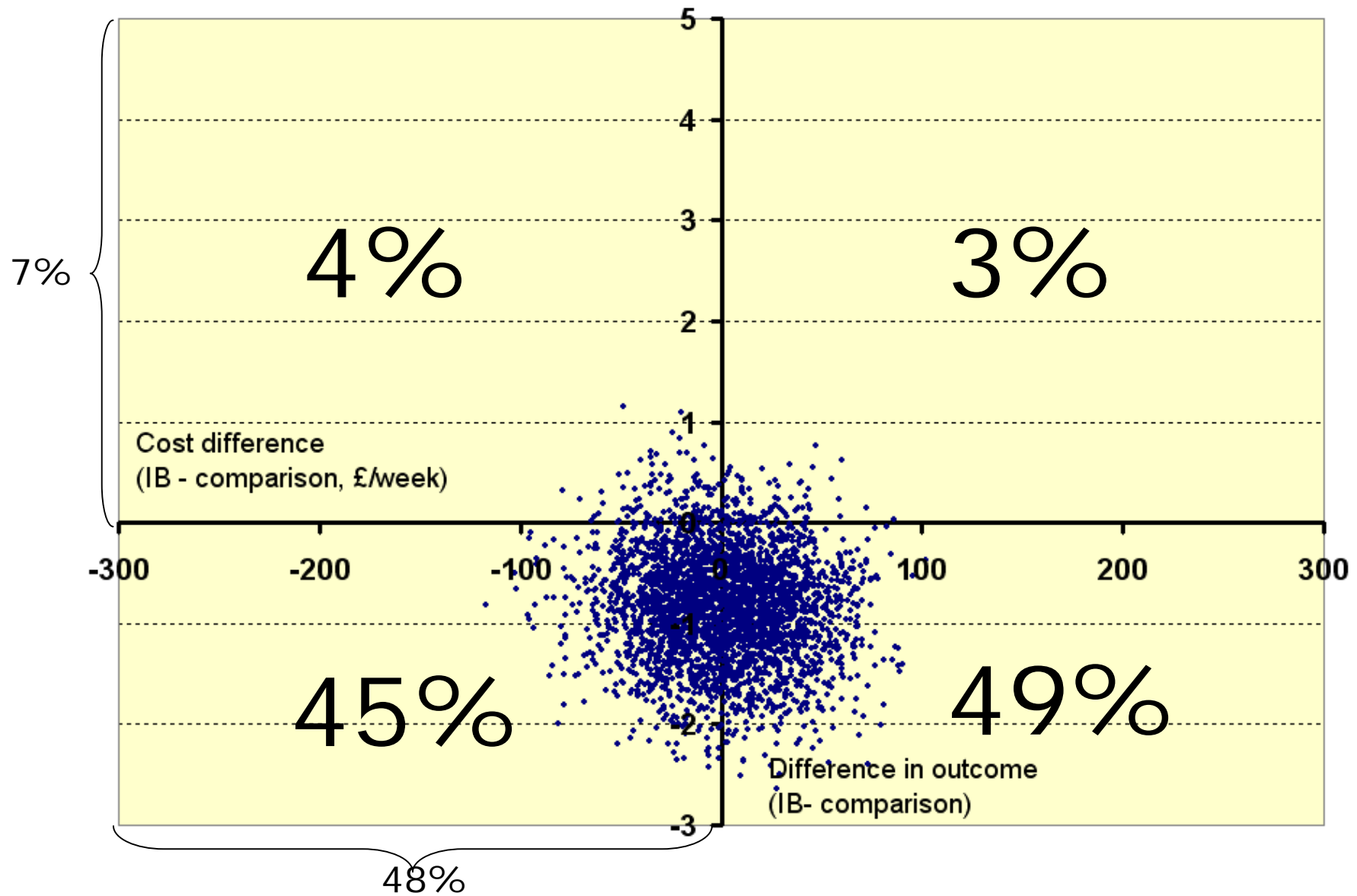
Cost-effectiveness: social care outcomes - people with mental health problems



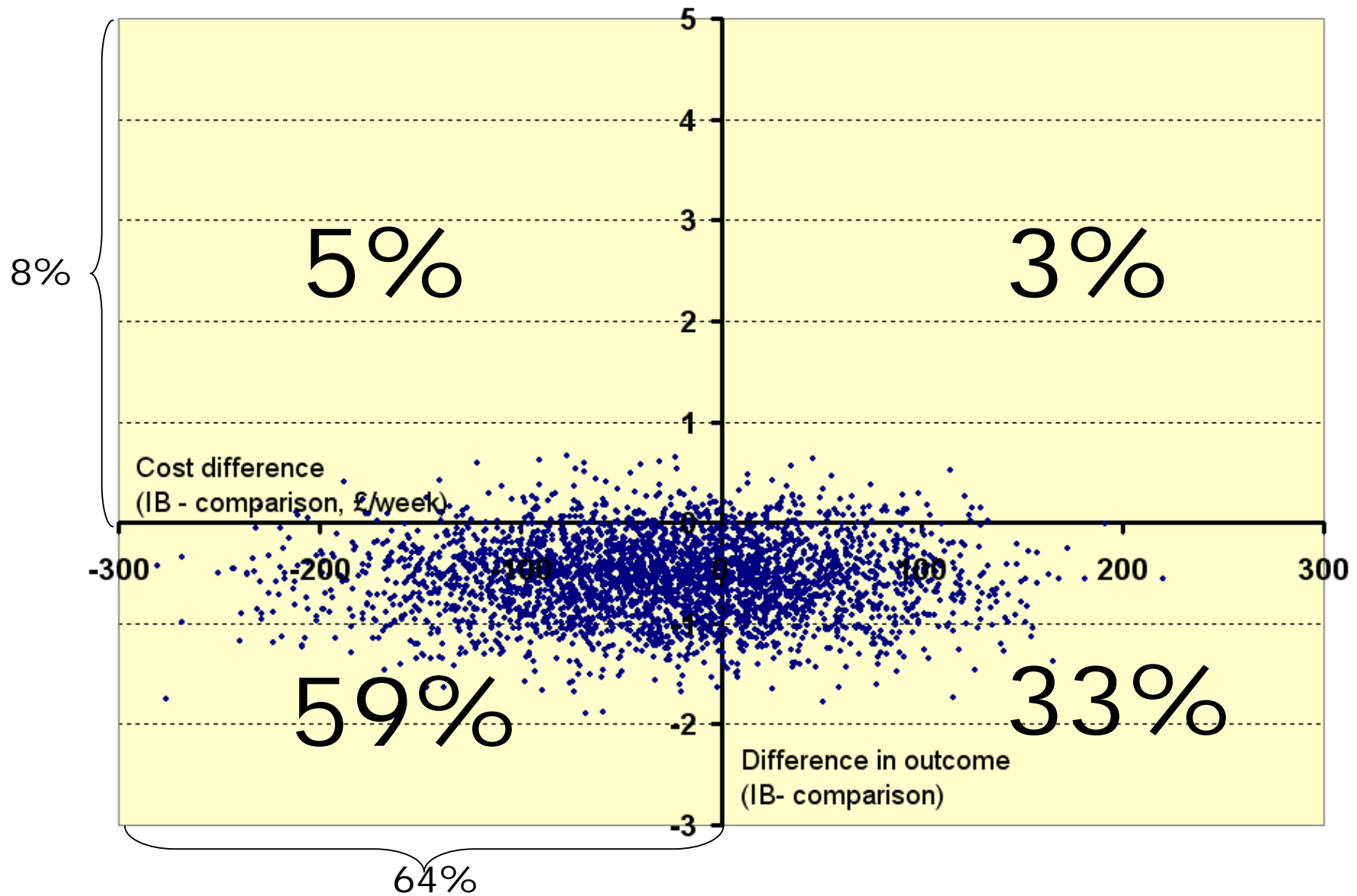
Cost effectiveness: psychological well-being

- Older people
- People with learning disabilities
- People with physical disabilities
- People with mental health problems

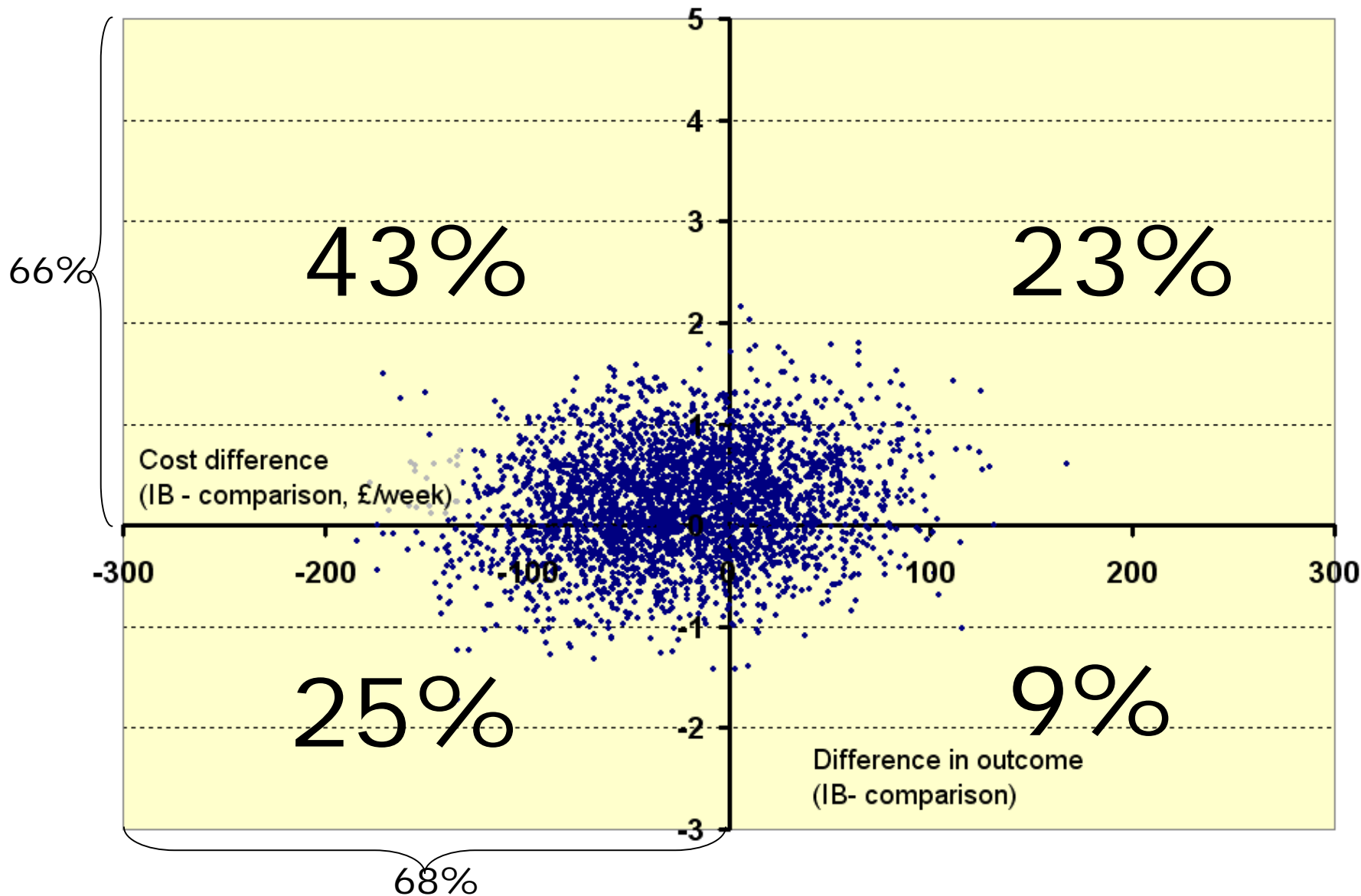
Cost-effectiveness: psychological well-being – older people



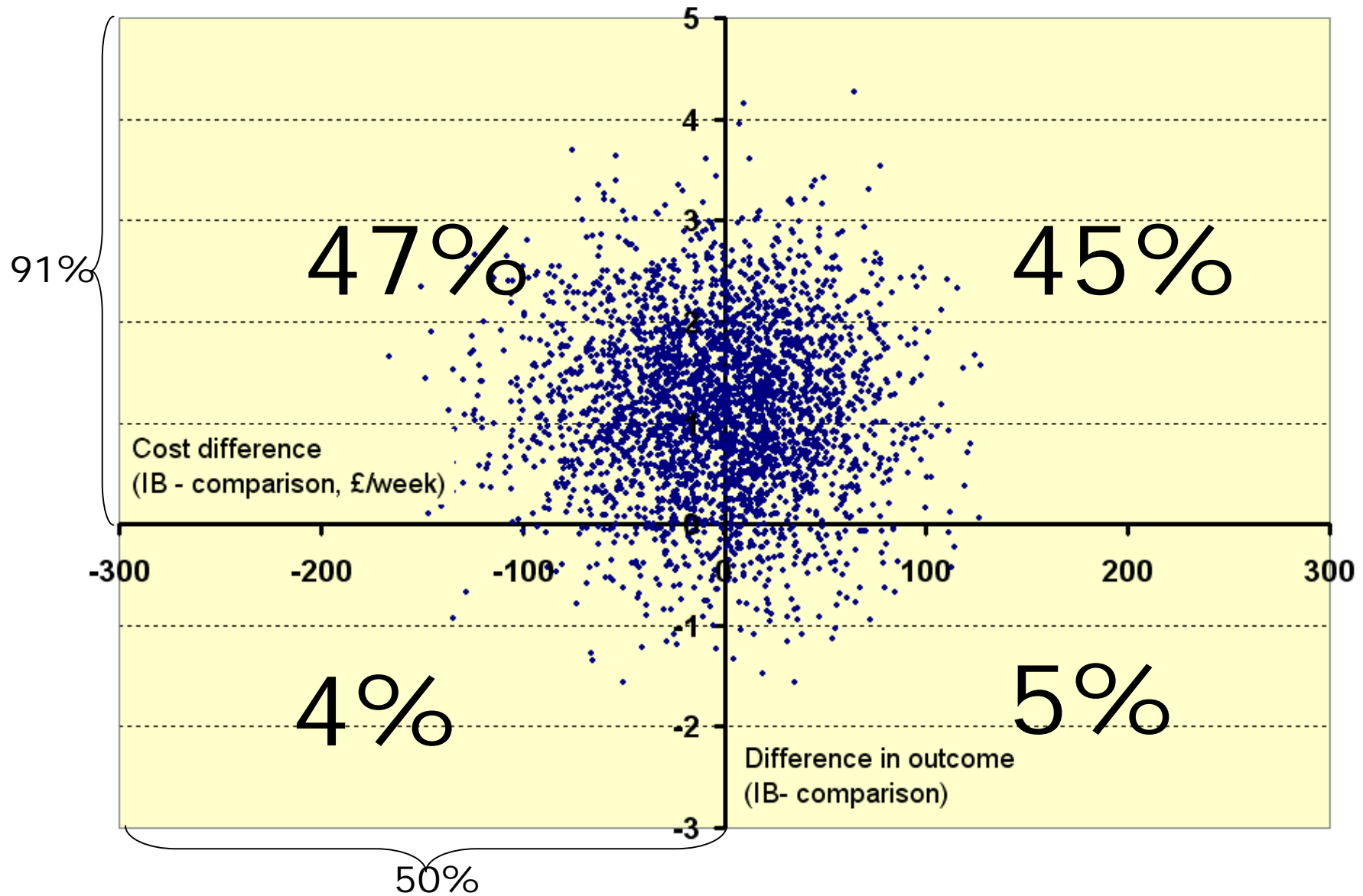
Cost-effectiveness: psychological well-being - people with learning disabilities



Cost-effectiveness: psychological well-being - people with physical disabilities



Cost-effectiveness: psychological well-being - people with mental health problems



Overall patterns

- Some evidence of cost-effectiveness in certain groups with respect to social care outcomes
- Weaker evidence of cost-effectiveness with respect to psychological well-being
- But picture varies significantly by user group
 - IBs appear more cost-effective for PD and MH groups (but need to define which sub groups therein)
 - No evidence of cost-effectiveness for older people

