

DEVELOPING MORE FLEXIBLE AND CONSUMER CENTRED SERVICES: IMPLICATIONS FOR DIFFERENT STAKEHOLDERS. LESSONS FROM RECENT UK RESEARCH

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Background to Individual Budgets

- Longstanding commitment to flexible, person-centred care in policy from 1980s
- Existing development of direct payments, but low take up by older people
- Increasing focus upon personalisation and greater choice in many jurisdictions; 2006 White Paper confirmed
- July 2005 – invitation to English Local Authorities to be Individual Budget pilots - 13 selected

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General Principles of Individual Budgets

- 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).
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Evaluation elements

- Randomised trial – IB and comparison groups in 13 local authorities
- Follow-up interviews with users after 6 months
- 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

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Stakeholder Perspectives

- 959 Service users (all user groups – LD, PD, MH, OP)
- 153 carers
- 91 Care Coordinators/care managers and first tier managers
- 14 Adult Protection Officers
- 16 Providers
- 7 Commissioning Managers
- 13 Individual Budget Leads

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Providing Support through Individual Budgets

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Identifying Need/ Assessment

- Processes not greatly changed in pilots but growing use of additional self assessment
- 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
- Concerns about sensitivity and validity of such tools, despite apparently greater clarity. May also give inappropriate incentives (“points mean pounds”)

Who received what?

- Based on sample of 285 support plans:
- Average annual gross cost - £11,450
- User group differences in IB level:
 - LD - £18,610
 - PD - £11,150
 - MH - £5,530
 - OP - £7,860

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Method of Budget Deployment

- 67% IB managed as a Direct Payment (Cash)
 - MH (89%) DP more likely
 - OP (56%) DP 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

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Deployment of Budget Options

Room for considerable local and individual flexibility, but only Direct Payment common:

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

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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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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	

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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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Outcomes and Cost Effectiveness

Outcome Data: available on 924 people of whom there were 261 older people followed up

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Care Related Outcome Dimensions

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

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Care Related Outcomes

- Overall sample
 - No significant difference in summary measure between IB and existing services
 - Higher levels of 'control' in IB group
- Older People
 - No significant difference on the measures between IB and existing services

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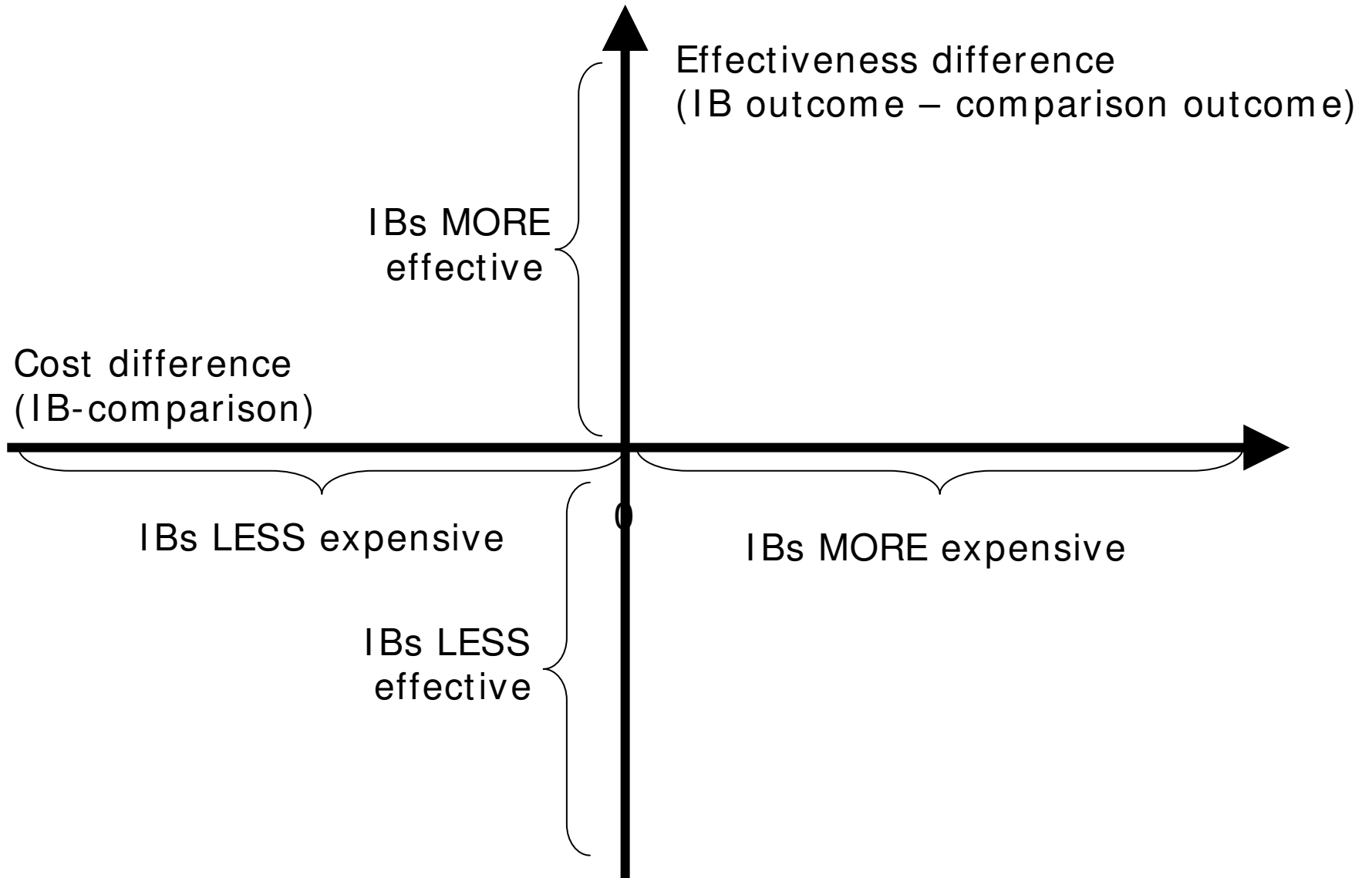
Psychological Well Being Outcomes GHQ 12

- Overall sample no significant difference between IB and existing services
- **Older People** – IB group lower well-being than those receiving usual services

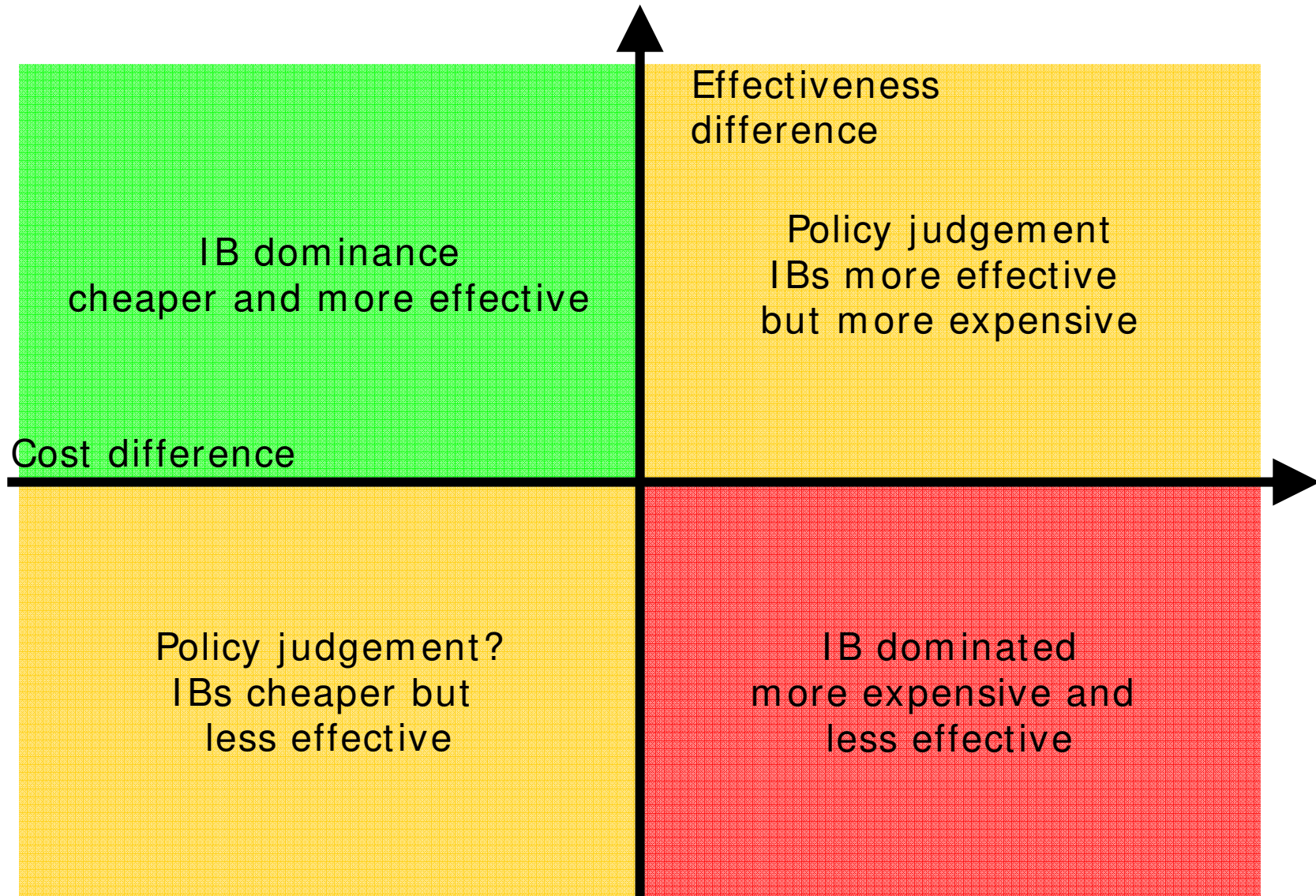
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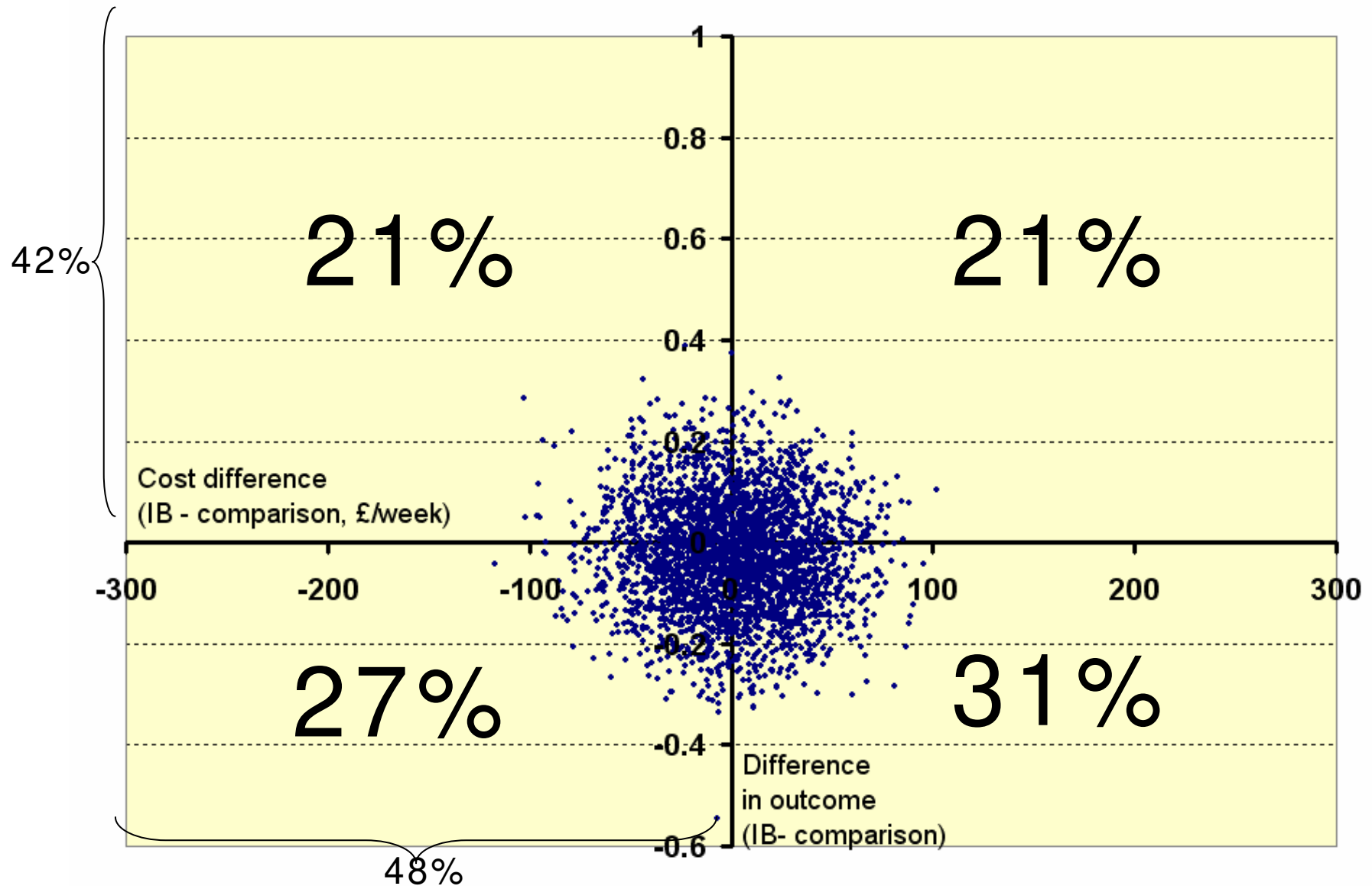
The cost-effectiveness plane



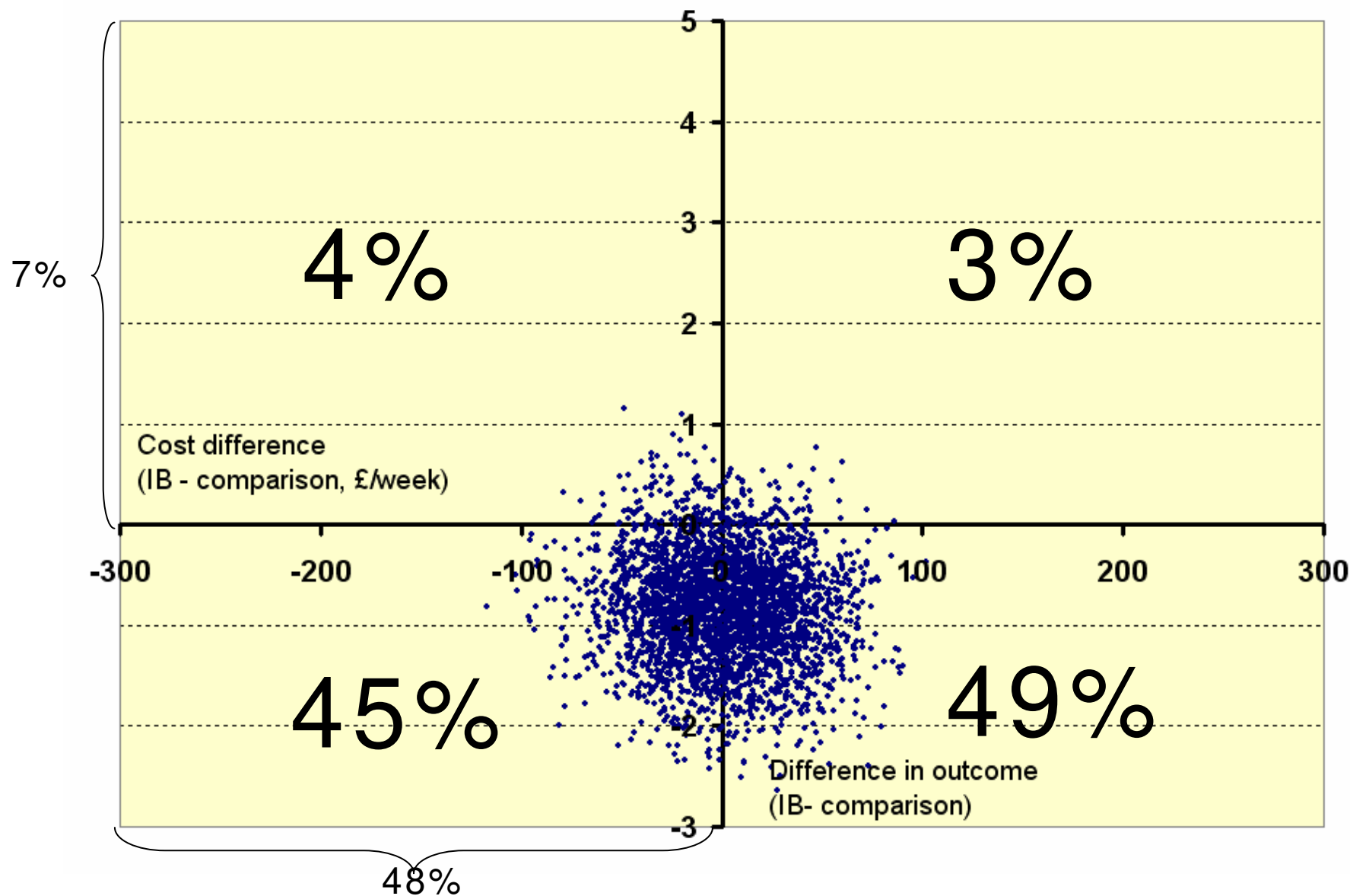
The cost-effectiveness plane



Cost effectiveness: Social Care Outcomes – Older People



Cost Effectiveness: Psychological Well Being - Older People



Overall Cost Effectiveness Patterns

- Limited evidence of cost-effectiveness in the overall sample with respect to social care outcomes
- Weaker evidence of cost-effectiveness with respect to psychological well-being

But picture varies significantly by user group:

No evidence of cost-effectiveness for older people

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Views of Providers and Commissioning Managers

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Method

- Interviews with 16 providers
 - chosen as having **most engagement in the pilots**
 - Mix of provider type and characteristics
- Commissioning managers from 7 sites.
- Data collected is a mix of actual experience and expectations for future.

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Impact on providers – current service levels

Evidence of clients leaving through Personal Assistants being recruited

- But some reported new opportunities
 - Personal budgets good for quality providers
 - Prospects for new business
- Generally confident of market position: ‘it’s a false worry’

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Impact on providers – new types of care

- Not just personal care anymore
- ‘Banking’ hours for special activities
- Short-notice care and choice of carers
- Some found little change. Why?
 - Takes time for people to ask for new things
 - IB amount insufficient without sacrificing very basic care
 - Flexible care already provided without IBs

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The challenges for providers

- Rostering
- Recruitment and retention of staff
 - Losing staff to PA opportunities
 - But more rewarding job?
- Training
 - Risk management
 - Harder to plan ahead
- Invoicing and non-payment

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‘We have spent year after year after year brainwashing our carers. “Stick to the Care Plan, don’t do this, don’t go outside this, do this,” ...

... this is a totally different, almost alien way of working’

Provider, homecare agency

‘The administration costs will be terrible... chasing a hundred different invoices for payment...a nightmare from their point of view’

Commissioning manager

Conclusions I: Costs, Service Content and Structures

- Loss of block contracts could **increase costs**
- Instability for providers could **increase costs**
- Multiple contracts could **increase admin costs**
- Certain types of provision affected – risks to day care seen as greater
- **Demand for services** often not contracted by Local Authorities - cleaning and domestic assistance; gardening; transport and shopping.
- **Changes may be at margin** more than core services (Challis et al, 1995, 2002)
- Variable effects by service user group

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Conclusions II: Funding Responsibilities

- **Eligibility assessment and resource allocation** – probably retained Local Authority function as in some insurance systems (eg Japan)
- **Support planning and brokerage costs** not clearly apportioned currently – an equity concern (see also A. Howe, 2003)
- **Hard to reach groups access** to services often developed by local community groups financially supported by Local Authorities. Will this be lost?
- **Local Authorities supporting providers** through change?

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Conclusions III: Roles and Responsibilities

- In UK **new roles for providers** taking on roles – eg case management, support planning - previously undertaken by LA
- **Providers offering more adaptable and flexible services** irrespective of budgets
- **Providers acting as HR managers** for Personal Assistants appointed by service users
- **Dilemma** - Efficiency vs personalisation?

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Some Key Issues

- Findings raise need for **greater variety of what is called “Consumer Directed Care”**. Flexible deployment of personal budgets within care management can provide benefits for older people – a good evidence base (Challis et al., 1995, 2002a,b) See also J. Tilly and G. Rees, 2007, and AHFFAA, 2009)
- 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)

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A Grandstand View of a Complex Issue