Report to Adult Social Care Partnership Board

Evaluation of the Individual Budgets Pilot Programme

1. Purpose of the Report

The report presents to the Board the key messages to arise out of the Evaluation of the Individual Budgets Pilot Programme Final Report.

2. Introduction / Background

Local authorities were invited to bid to pilot individual budgets in July 2005 and as a result Sussex became the first pilot site. Subsequently, 12 other pilot sites were announced with the expectation that they start offering IBs by April 2006 until the end of 2007.

Clear principles underpinned the IB pilots:

- Pilot sites were to develop ways of enabling service users to play a greater role in the assessment of their needs
- Individuals should know the level of resources available to them before starting to plan how they wish their support needs to be met
- Sites were to test out the opportunities for integrating resources from several different funding streams into a single IB
- Individuals should be encouraged to identify the outcomes they wished to achieve and they ways in which, ideally, they wished to achieve these outcomes
- Sites were encouraged to experiment with a range of options for deploying IBs

With such profound potential implications for current care management and assessment processes; culture and professional roles and the expectations of service users, it was vital to know whether IBs offer better outcomes than conventional services and, if so, at what costs. Therefore the Department Health funded research for the evaluation of IBs which took place between April 2006 and March 2008. The report covers the activities carried out during the two year period. A separate, linked study of the impact on carers was due Autumn 2008.

The 13 pilot sites involved different groups of social care users and different combinations of funding streams, in addition to adult social care. The funding streams that were included were Access to Work; DFGs; Integrated Community Equipment Services; Supporting People and ILF.

3. Key Points

- IBs were typically used to purchase personal care, assistance with domestic chores and social, leisure and educational activities.

- People receiving an IB were more likely to feel in control of their daily lives, compared with those receiving conventional social care support; satisfaction was highest among mental health service users and physically disabled people and lowest among older people

- Little difference was found between the average cost of an IB and the costs of conventional social care support, although there were variations between user groups

- IBs appear cost effective in relation to social care outcomes, but with respect to psychological well-being there were differences in outcomes between user groups

- Staff encountered many challenges, including devising a process for determinng levels of individual IBs and establishing legitimate boundaries for how IBs are used, there were particular concerns about safeguarding vulnerable adults

- Despite the intention that IBs should include resources from different funding streams, staff experienced numerous legal and accountability barriers to integrating funding streams, at the same time there was frustration that NHS resources were not included in IBs

- IBs raise important issues for debate, including the appropriate principles underpinning the allocation of resources to individuals and the legitimate use of social care resources

4. Findings

4.1 Who got what from IBs?

To simplify implementation, most pilot sites started by offering IBs to only one user group, typically people with learning disabilities or physical disabilities/sensory impairments. By the end of the pilot period, all sites were offering IBs to a wider range of user groups. Across the 13 projects, IBs were piloted with older people, working age adults with physical, sensory and/or learning disabilities, people with mental health problems and young people in transition to adult services.

IB resources were typically used to pay for personal care, domestic help and social, leisure and educational activities. Although there were some examples of IBs being used in innovative ways, most people chose to purchase conventional forms of support. Few people understood how their IB had been calculated.

4.2 Outcomes

People receiving an IB were significantly more likely to report feeling in control of their daily lives, welcoming the support obtained and how it was delivered, compared to those receiving conventional social care services. However, there were differences between groups.

- Mental health service users reported significantly higher quality of life
- Physically disabled adults reported receiving higher quality care and were more satisfied with the help they received
- People with learning disabilities were more likely to feel they had control over their daily lives
- Older people reported lower psychological well-being with IBs, perhaps because they felt the processes of planning and managing their own support were burdens

People who had higher value IBs had better social care outcomes, but so did people receiving higher value conventional services. Overall, holding an IB was associated with better social care outcomes, including higher perceived levels of control, but not with overall psychological well-being in all groups. Further research will be undertaken in to the longer term costs and outcomes of IBs for older people.

4.3 Costs and cost effectiveness

Very little difference was found between the costs of IBs and a comparison group receiving conventional social care support. The average weekly cost of an IB was £280, compared to £300 for people receiving conventional social care.

However, average IB costs varied considerably between user groups. Costs were lowest for mental health service users (average £150 per week), middling for older people (£230) and physically disabled people (£310) and highest for people with learning disabilities (£360). Not surprisingly, the costs of IBs were higher for people with greater needs, whether because of problems with daily living activities or cognitive impairments. Costs were lower for people living with a family carer and those in paid work. IB holders also reported higher use of health services, and more contact with a social worker/care co-ordinator, reflecting the demands of support planning.

IBs appeared cost effective for social care outcomes i.e. they produced better outcomes for the costs incurred, compared with standard care, but not for psychological well-being outcomes. For people with learning disabilities, IBs were cost effective with respect only to social care. For older people, there was no difference in social care outcomes, but standard care arrangements remained slightly more cost-effective and people receiving these felt happier.

4.4 Eligibility, assessment and resource allocation

Formal eligibility criteria for social care support remained unchanged in the pilots, but care co-ordinators took other factors into account when offering IBs such as an individual's ability and willingness to make changes, manage money or understand new processes. Assessment processes did not necessarily change greatly, although there were greater emphasis on self assessment and outcomes.

Developing systems for assessing needs and deciding the resources to be allocated to IB holders went hand in hand. The former entailed integrating information from self assessments and professional led assessments. In most pilot sites, the sum of money allocated was determined through a Resource Allocation System (RAS). This itemised the help needed by an individual and resulted in a score that translated into a sum of money – the IB. The RAS was seen as clear and equitable by some staff, but too simplistic by others.

4.5 Planning Support arrangements with IB

Deciding how to use an IB was challenging for service users. Care co-ordinators helped individuals to set priorities and identify potential ways of meeting them. Support planning was often judged to be person focused and accessible. However, some concerns were raised over the amount and complexity of paperwork and the general slowness of the support planning process. External support planning organisations or advocates were sometimes involved. Common concerns of frontline staff were judging what expenditure could be viewed as legitimate or appropriate for social care and managing potential risks e.g. paying family members or neighbours (with no CRB checks) to provide support. Staff were also uneasy about potential harm or risks of financial exploitation arising from users' choices.

Social care staff experienced major shifts in their roles and responsibilities. Some welcomed these, though others felt their skills were being eroded. Supervision and training in implementing the new IB approach were considered essential.

4.6 Integrating funding streams

IBs were expected to include money from several funding streams to enhance flexibility and choice. Pilot site managers were enthusiastic about this, but the gains were very limited. Barriers included incompatible eligibility criteria, legal and other restrictions on how resources could be used and poor engagement between central and local government agencies.

Integrating into IBs the assessment process, resource allocation and review processes for other funding streams was thought by IB managers to have been most successful in respect of Supporting People. Integrated Community Equipment Services funding formed part of general social care expenditure rather than being separately identified and allocated. However, much less

progress was made in aligning or integrating Access to Work, Disabled Facilities Grants and the Indpendent Living Fund.

NHS funding was excluded from the IB pilots, despite the prevalence of joint commissioning and service delivery arrangements.

4.7 Implications for policy and practice

Devising new processes for allocating resources to individuals was particularly challenging and no consensus was reached on the best methods. Clarity is needed on the appropriate use of IBs and on the legitimate role of adult social care funding, given the twin pressures of responding to creativity to individual needs on one hand and safeguarding vulnerable adults on the other. Monitoring and review systems for support plans, both initially and on an ongoing basis will be required.

Implementing IBs required major shifts in staff and organisational culture, roles and responsibilities. Intensive support and extensive training will be needed, particularly in developing specialist support planning and brokerage skills. Greater capacity in managing budgets flexibly within care management will also be needed.

Changes to patterns of service provision during the pilots were limited by block contracts with service providers. Future changes in patterns of demand may have sizeable implications for local service providers, for the roles of councils in stimulating new types of services and for service costs if the bulk discounts of large block contracts disappear.

5. Recommendations

The Board are requested to receive this report for information.