

# Do Individual Budgets work, and at what price?

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# Background



- IBs aim to align assessment from different funding streams
- IB deployment options
  - Cash payment
  - Managed
    - Local authority
    - Service provider
    - Trust fund
    - Third party
- IBs encourage innovation

# Who Got What



- 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

# 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

# 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

# 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 Innovation



<b>Accommodation (N=24)</b>	<b>Employment and occupation (N=16)</b>	<b>Health-related (N=3)</b>
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	

# IB Process



- 45% IB services in place at interview
  - 10% for less than one month
  - 51% for more than 3 months
  - 11% not all in place
  
- Do IBs impact on outcomes?

# 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
- MH – IB group reported better QoL
- Higher QoL:
  - Functional ability
  - Employed/student
  - LD user group
  - Age
  - More expenditure on support

# GHQ-12

- Overall sample no significant difference
- OP – IB group lower well-being
- Higher well-being:
  - Functional ability
  - LD user group
  - *Not* MH user group
  - Age
  - More expenditure on support

# 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
  - Higher levels of 'control' in IB group
- People with learning disability
  - Higher levels of 'control' in IB group
  - Lower social participation in IB group (proxy effect?)

# Better social care outcomes if..



- In IB group
  - If support plan in place
- Employed
- Impairment
  - Higher functional ability
  - LD user group
  - *Not* MH user group
  - No evidence of cognitive impairment
- Age (older)
- More expenditure on support

# More control over daily life if..



- In IB group
- Impairment
  - Higher functional ability
  - LD user group
  - PD user group
  - No evidence of cognitive impairment
- Age (older)
- Does not live with partner

# Satisfaction

- IB group more satisfied overall
- PD – IB group more satisfied
- Higher satisfaction:
  - IB group
  - Higher functional ability
  - Has informal carer
  - Age (older)
  - White

# Limitations on identifying outcomes

- Level of implementation
- Diverse groups
- Use of proxies
- Sample sizes

# Overall picture

- Positive effects of IBs
  - QoL, social care outcomes and satisfaction
- Older people
  - Concerns about managing budgets
  - Early stages in the process
- Levels of support influence on outcomes
- Implications for cost-effectiveness?

# What about cost-effectiveness?

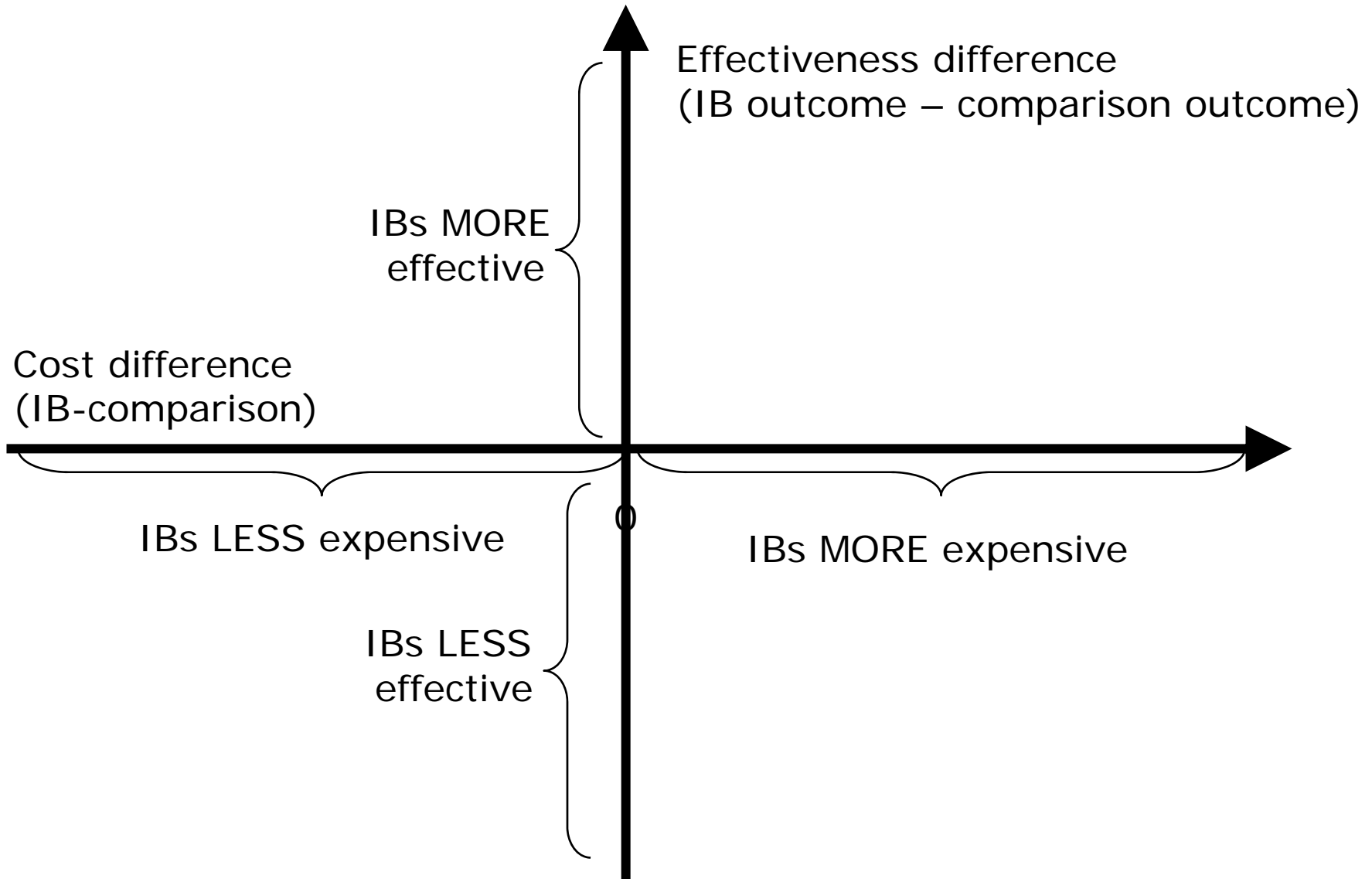


- Importance of combining costs and outcomes
  - evaluation of the cost implications of the changes in outcomes brought about by IBs
- Improvements in outcomes a good thing, but are they justifiable in terms of their costs?
  - Evaluation in the context of scarce resources
  - The question is not whether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

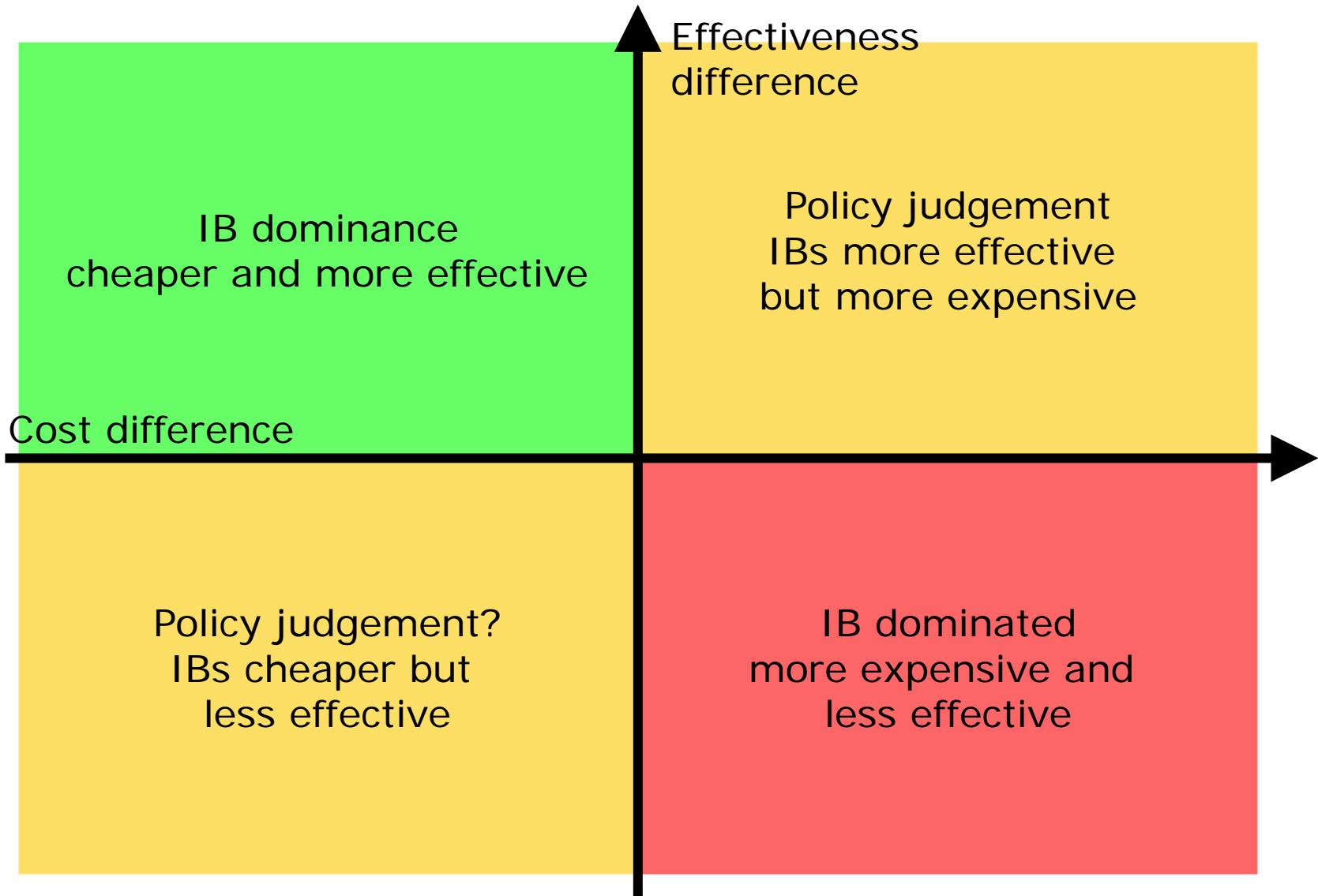
# The cost-effectiveness plane

- 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



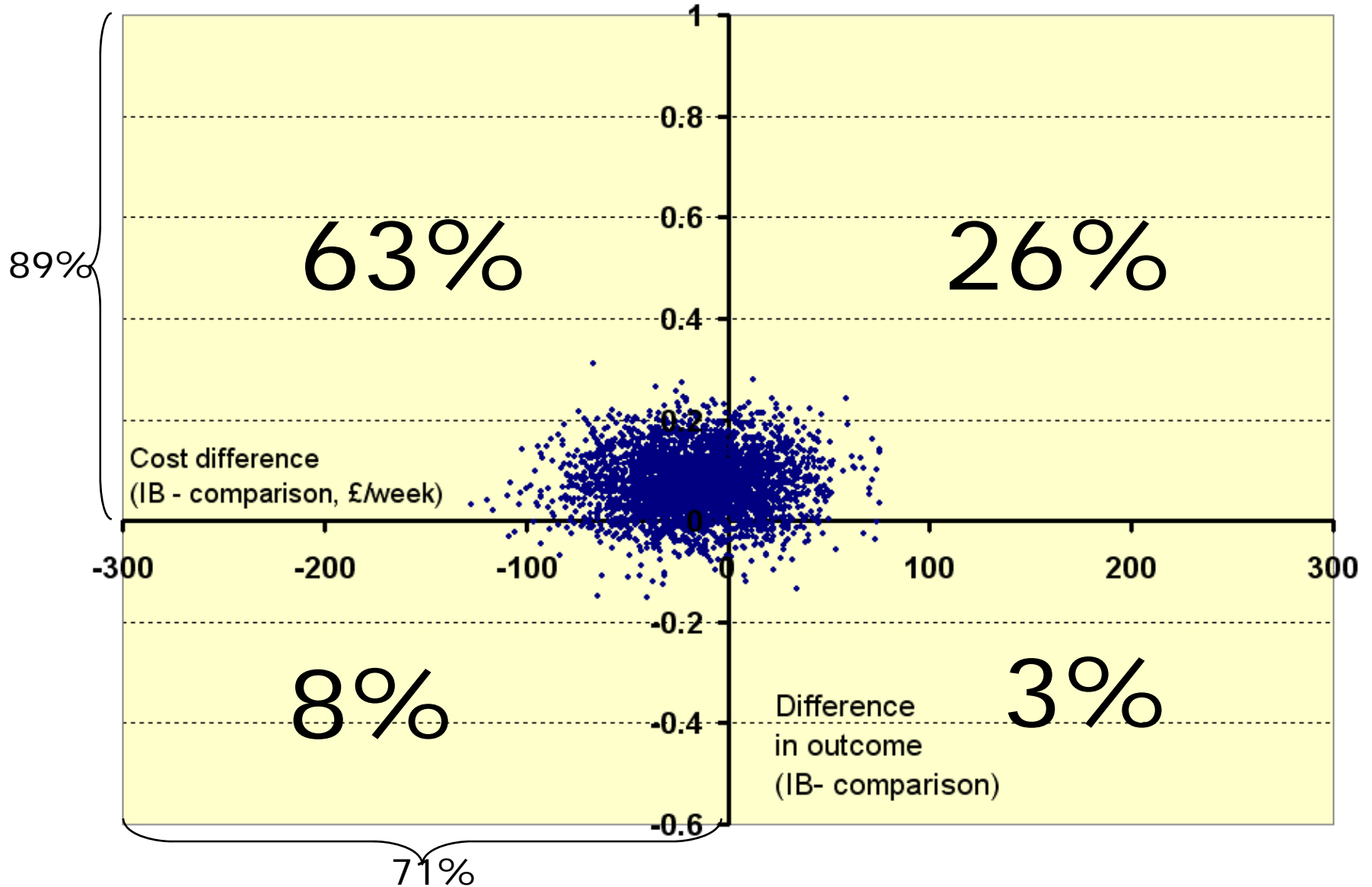
# The cost-effectiveness plane



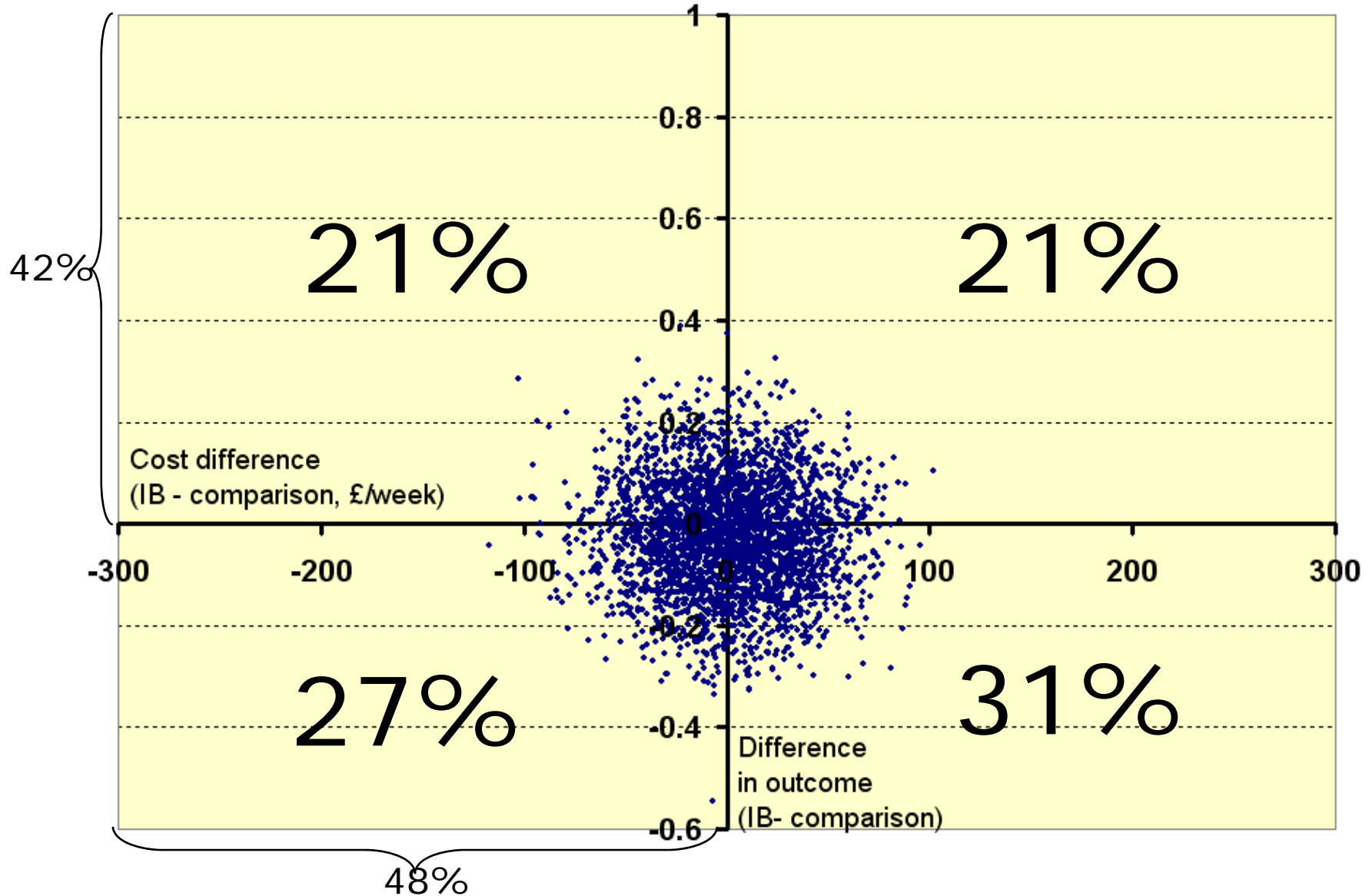
# Cost effectiveness: social care outcomes

- All user groups
- Older people
- People with learning disabilities
- People with physical disabilities
- People with mental health problems

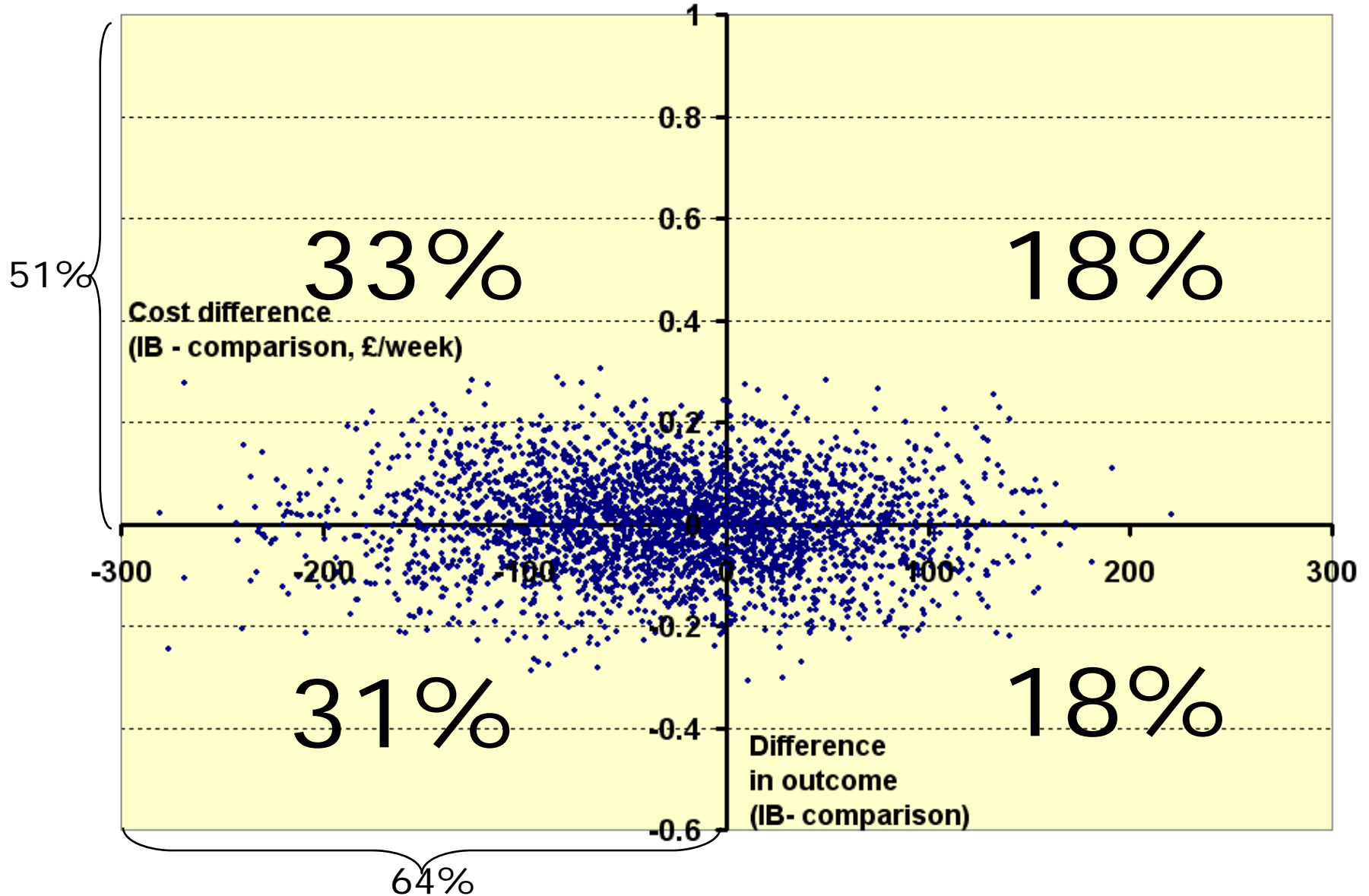
# Cost-effectiveness: social care outcomes - all user groups



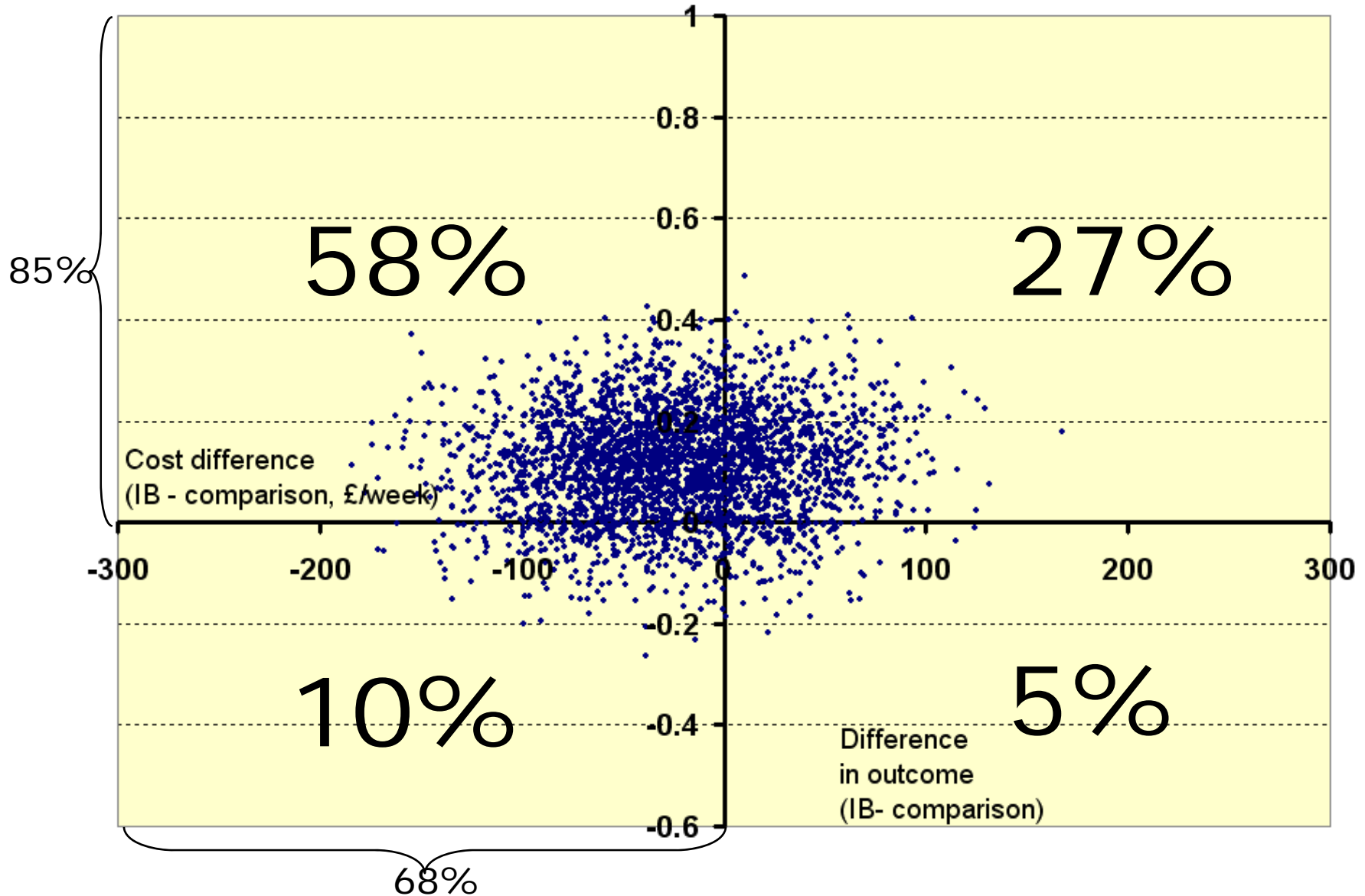
# Cost-effectiveness: social care outcomes – older people



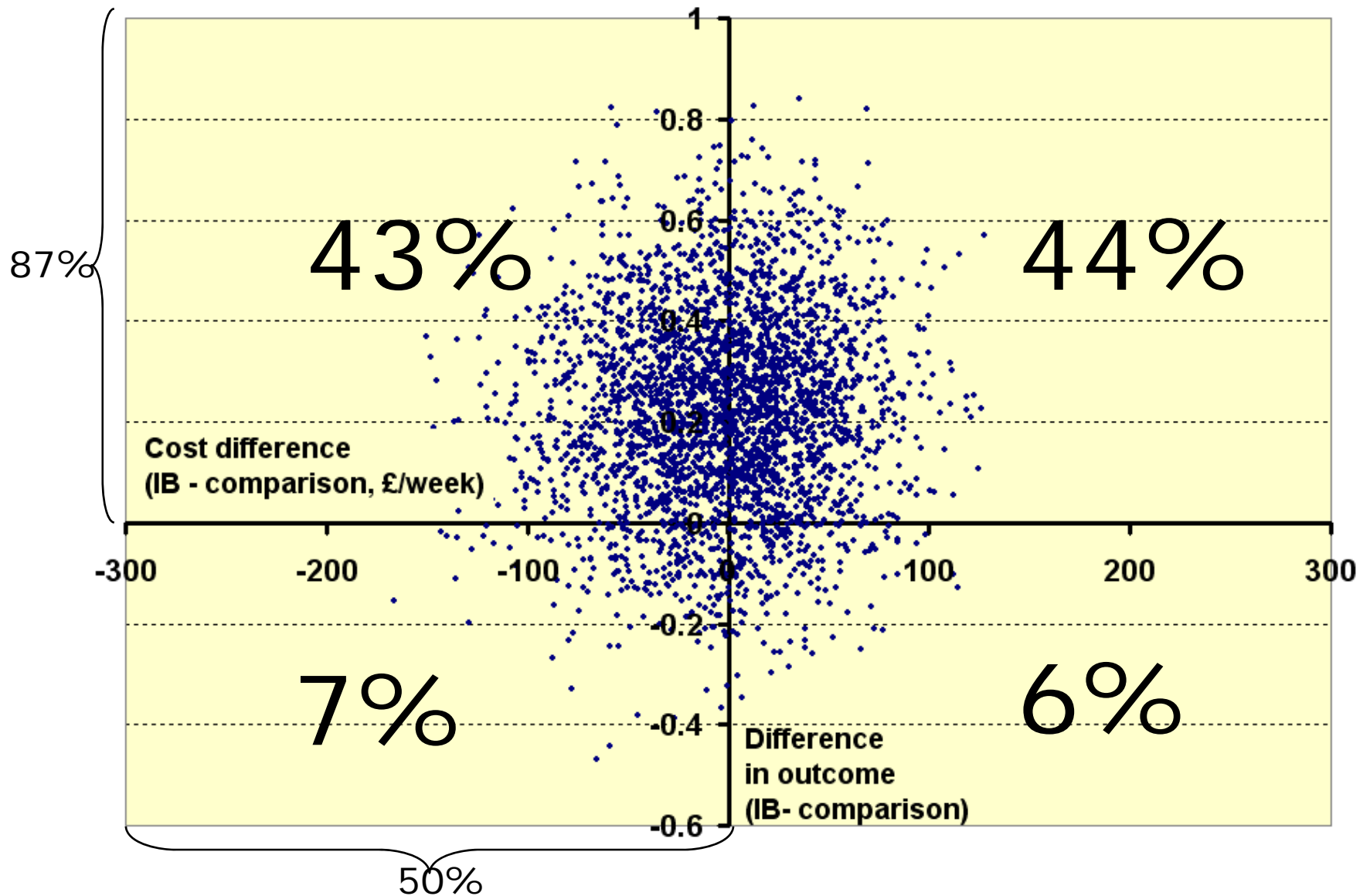
# Cost-effectiveness: social care outcomes - people with learning disabilities



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



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

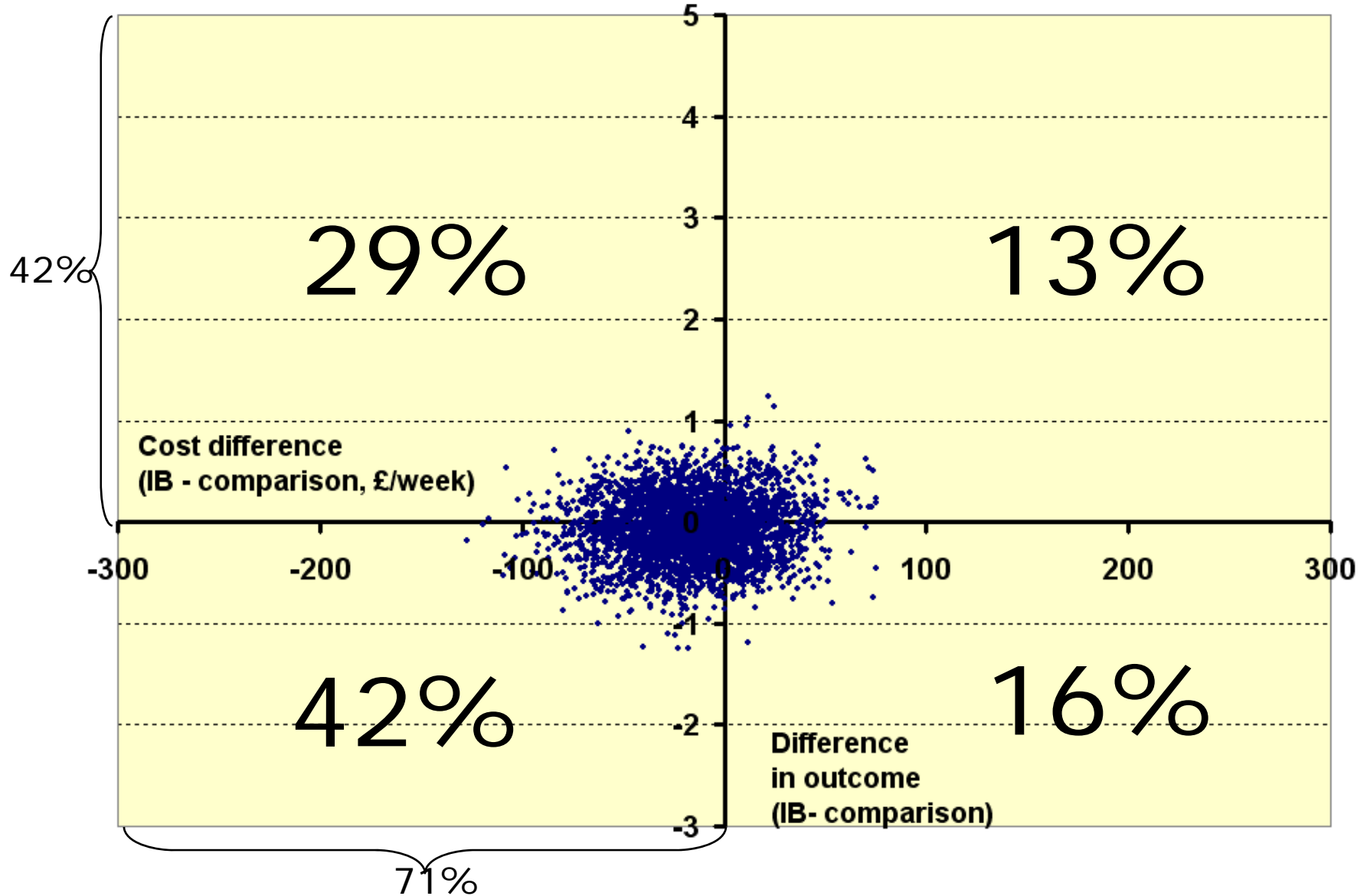


# Cost effectiveness: psychological well-being

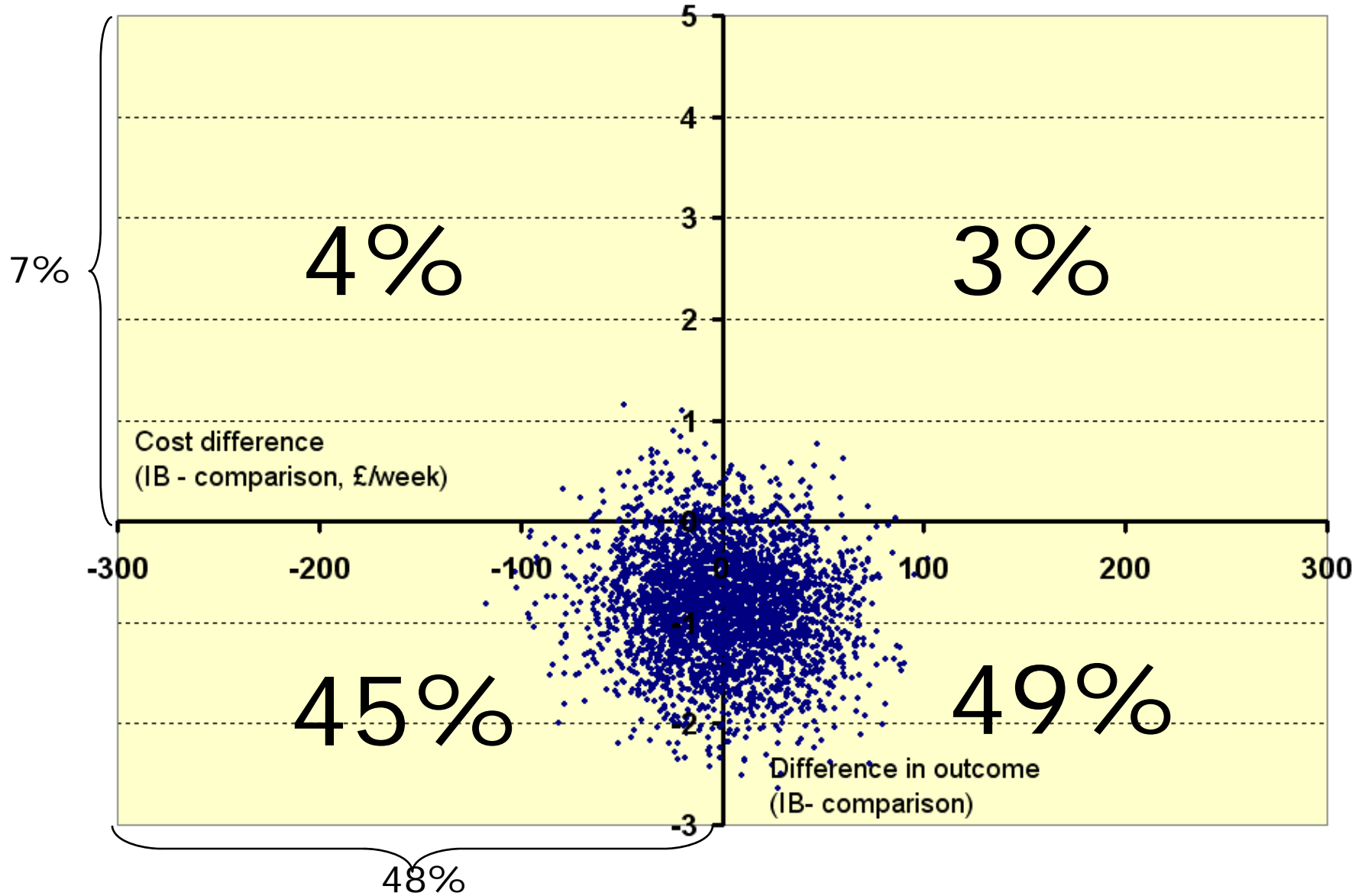


- All user groups
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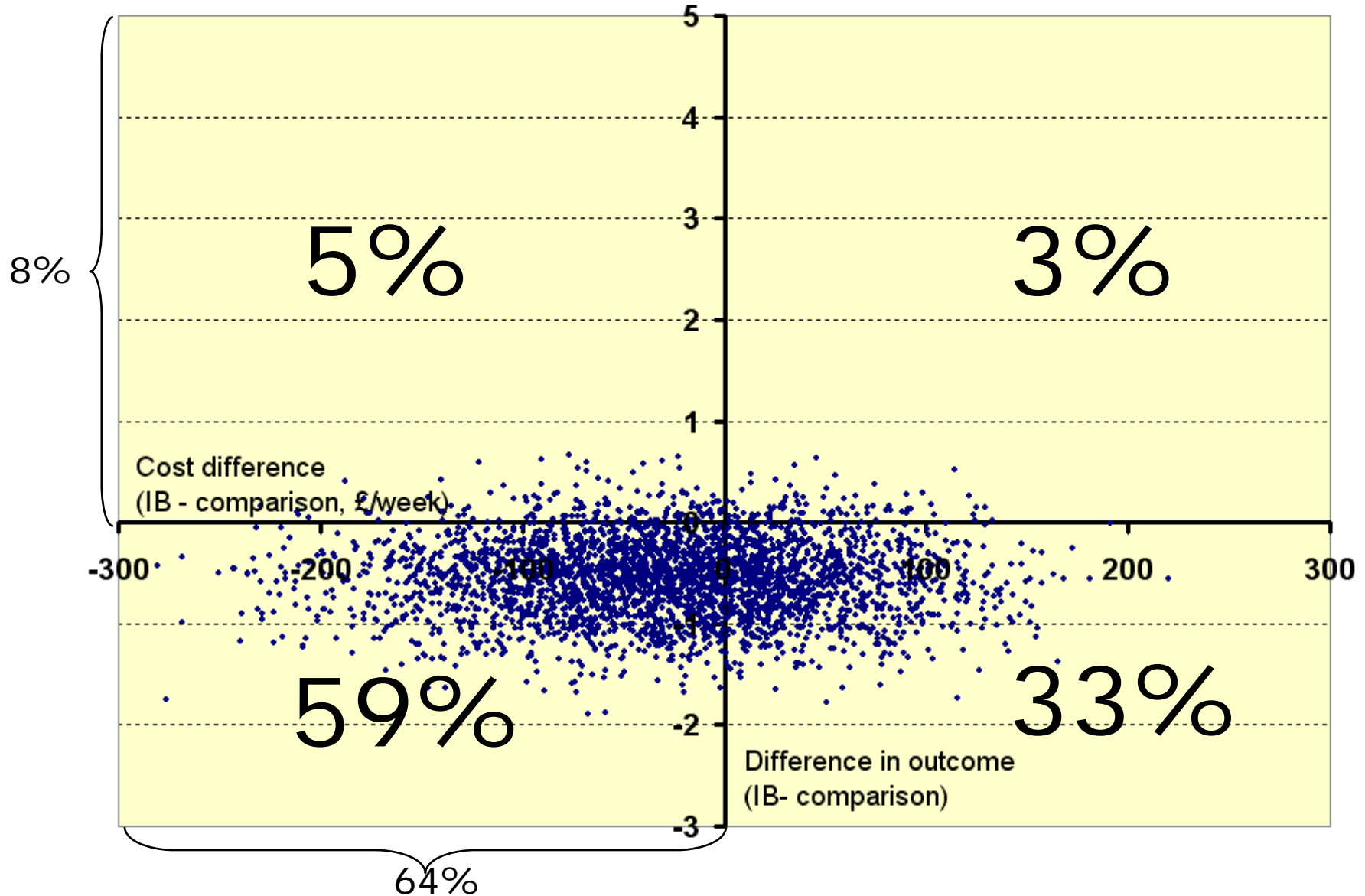
# Cost-effectiveness: psychological well-being - all user groups



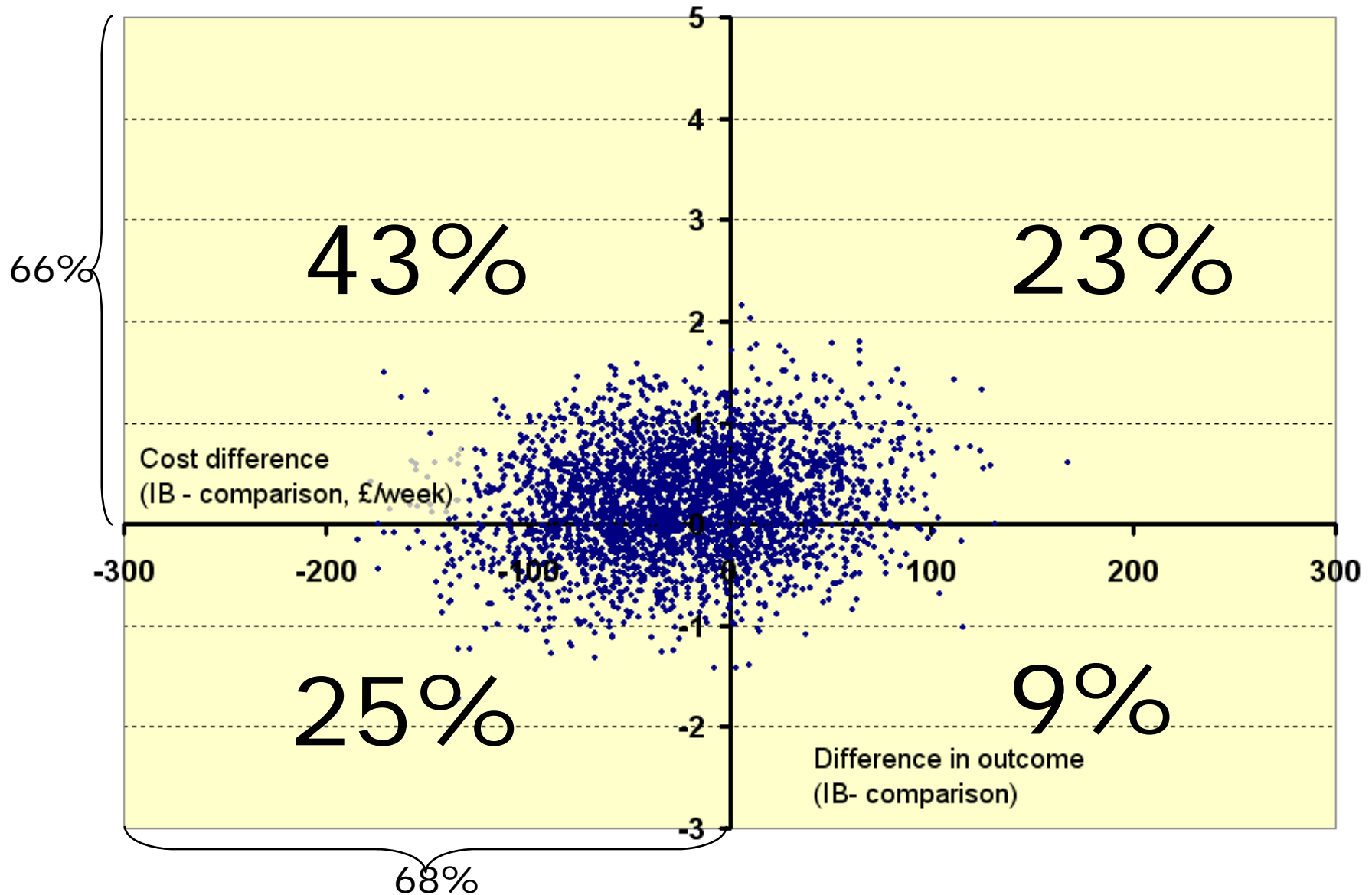
# Cost-effectiveness: psychological well-being – older people



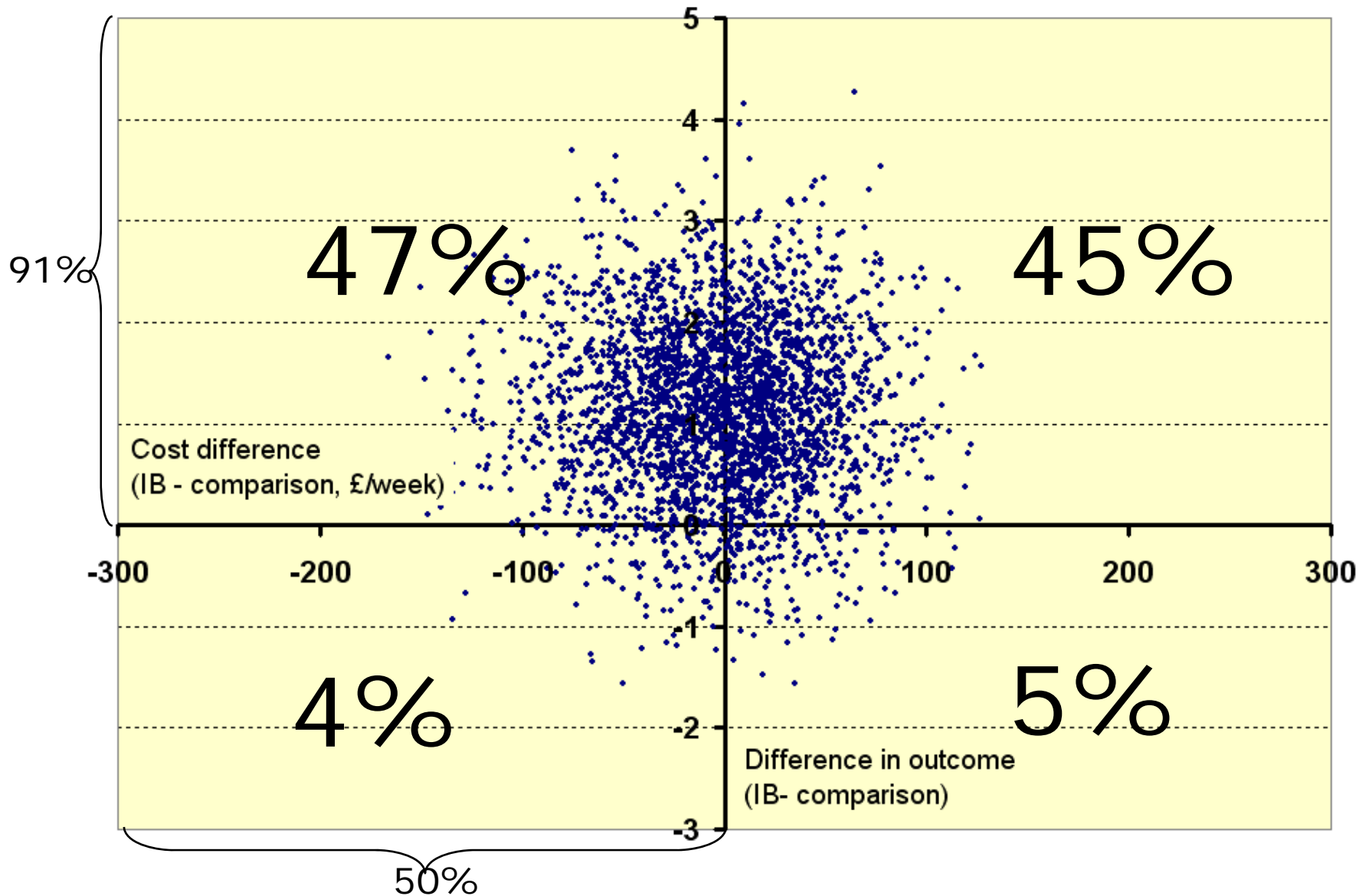
# Cost-effectiveness: psychological well-being - people with learning disabilities



# 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 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
  - IBs appear more cost-effective for PD and MH groups
  - No evidence of cost-effectiveness for older people