
Evaluation of the Individual Budgets Pilot Programme

Summary

The evaluation of the 13 Individual Budget pilot projects was published on 21 October 2008. The study looked at the implementation of this form of personalised approach and its impact on the individuals involved, as well as the workforce, providers, support and commissioning processes.

The paper summarises the study's findings and offers a response for the Board's agreement.

Recommendations

That the Board endorses the draft response to the findings of this evaluation

Action

As the Board directs

Evaluation of the Individual Budgets Pilot Programme

Background

1. *This evaluation was published on 21 October 2008. Its major findings are summarised below.*

The evaluation and its findings:

The pilot sites

2. *Thirteen local authorities were selected as pilot sites. They covered a range of authority types (two London boroughs, five metropolitan boroughs, four counties and two unitary authorities), spread across England. The sites varied widely in their demographic and socio-economic characteristics, adult social care activity and overall performance. As a group, however, there were no overall differences from the average in England. The only measure on which the sites appeared atypical was that, overall, they had higher than average take-up of direct payments. Significant innovations in social care organisation and practice were required, as well as in the partner agencies contributing funding streams to Individual Budgets.*
3. *The evaluation was carried out as a randomised control trial, over the first two years of the sites setting up Individual Budgets. Over 1000 service users were interviewed. The sites themselves did not initially offer Individual Budgets to all client groups, nor did they attempt to include all of the 5 additional funding streams (Access to Work, Independent Living Fund, Supporting People, Community Equipment Services and Supporting People) which could potentially be added to adult social care funding within the Individual Budget.*

Headline findings:

4. *The major findings were:*
 - *There was very little success at including funding streams beyond adult social care in the Individual Budgets*
 - *Over half of the people with Individual Budgets used them to purchase conventional services, so the impact on local services was slow*
 - *Over half of the people with Individual Budgets employed a personal assistant*
 - *About a third of the people with Individual Budgets used some of their budget for "leisure activities", which allowed them to socialise and participate in ways more acceptable to them than current day services.*

Outcomes

5. *The pilots took much longer to set up than expected so there was only six months follow up of participants and some of those may only have had their support plan set up for a very small proportion of that time. But the researchers did see:*
 - *A significantly improved quality of life for people with mental health problems*

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- *Physically disabled adults reported a significantly better quality of care following putting their own support plan in place*
- *Results for people with learning disabilities were mixed, they were more likely to report feeling in control of their lives and being occupied in activities of their own choosing, but the small numbers made it difficult to draw definite conclusions*
- *A lack of improvement for older people. This seems to be due to increased anxiety associated with having an Individual Budget, and was mostly reported by their relatives. Also older people were more likely to be content with their existing arrangements and less likely to see any scope for change. In addition they are likely to become eligible for social care funding at times of crisis, when they are most likely to find planning particularly stressful.*

Costs

6. *Again the results around cost were not straightforward and this is why the results have been summarised as showing “the potential to be more cost effective than conventional approaches”.*
 - *The costs of the support packages were slightly lower than conventional services, but not significantly.*
 - *People with more complex needs and higher costs were less likely to choose an Individual Budget, or if they did it took longer to set up and so they were less likely to be included in the follow up.*
 - *The average cost of care coordination was higher for people with Individual Budgets - £18 per week compared to £11 per week (however this increase is less than the non-significant decrease in costs of the budgets themselves).*
 - *If cost-effectiveness was measured in terms of better outcomes and increased psychological wellbeing:*
 - *For mental health service users and people with a physical disability Individual Budgets were more cost-effective on both measures*
 - *For people with a learning disability Individual Budgets were more cost effective for social care outcomes but conventional services were more cost effective for psychological well being*
 - *For older people there was no difference on outcomes, but conventional services were more cost effective for psychological well being.*

All these findings on cost (particularly cost effectiveness) are tentative because of the very short time the Individual Budgets were in place.

Inclusion of other funding schemes

7. *Very little progress was made with this – in fact no Individual Budget included funding from the Disabled Facilities Grant. This seems to have been due to the difficulties of including funding streams with different eligibilities, financial assessments and reporting mechanisms. It could be argued that there was little commitment from the national/central bodies which administer these funds to removing the barriers and allowing the flexibility to be part of an Individual Budget. However most of the pilot sites reported frustration at the fact that NHS funding could not be part of the Individual Budget, perhaps reflecting the fact that staff could more readily see the advantages of combining health funding into the Individual Budget.*

Risk

8. *Both in this study and in other commentaries there is comment on the culture change that personalisation requires in the way that staff and service users regard acceptable risk. A number of pilot sites developed “risk panels” to support care coordinators make decisions about the risks involved in support plans.*

Additional information about older people using Individual Budgets

9. *One pilot site, Essex County Council, showed that to make personal budgets work well for older people, efforts should concentrate on:*
 - *Careful and sensitive introduction of change to older people.*
 - *Focusing on well-being.*
 - *Prior development of the market to ensure availability of options.*
 - *Understanding the challenges for frail older people and responding accordingly.*
 - *Explaining the range of options available for people to direct their care and the support to use them.*
 - *Effective explanation of the advantages the changes could bring for people.*

Conclusions

10. *It is recommended that the LGA’s response to this evaluation should be:*
 - *Bearing in mind the short follow up period in this evaluation and evidence from other areas of the transforming effect of the personalised approach to social care, the LGA is convinced that personalisation of services and support for individuals to take control of their own care and support continues to be the right aim for the future of social care.*
 - *The results for older people show that the development of an individual budget alone is not sufficient to give people the benefit of improved quality of life and psychological well-being. Personal budgets must be one part of a transformation which includes continuing support, advice and advocacy for individuals; confidence in the benefits of transformation for people using services, families and staff; and development of good quality local services and capacity to enable change to take place. Performance indicators for transformation of adult social care should bear this in mind.*
 - *The lack of progress in involving other funding streams in these budgets should be addressed as part of the debate on the future of care and support. The fact that a strong case has been made for the involvement of NHS funding demonstrates the need for central government’s commitment to removing barriers to the full alignment of other sources of public funding within an individual’s plan for care and support. Full commitment is necessary to gain the full benefits of this approach for both individuals and public finances.*

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Financial Implications

11. The transformation of adult social care is funded through the Social Care Reform Grant, 2008 -11.

Implications for Wales

12. The Putting People First concordat and social Care reform Grant apply to England only, but the results of this evaluation and the overall move to personalised care and support services are of interest and relevance to services in Wales.

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