

Direct Payments in Residential Care: Evaluation of Trailblazers

International Health Policy Conference
17th February 2017

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Disclaimer

The Policy Research Unit for Policy Innovation Research is funded by the Department of Health. The views expressed in this presentation are those of the researchers alone and do not necessarily represent those of the Department of Health.

Outline

- Background
 - Funding residential care
 - Direct payments in residential care
- Key findings from evaluation
- Reasons for low take-up
- Final thoughts



Background: residential care funding

- In England funding for adult social care is means-tested by local authority and calculated to meet assessed needs
 - If qualifying for **residential care**, LA will directly commission services from care home providers able to **meet assessed need** and **accept local authority rate**. Top-up payments to care home by third party may be agreed.
 - Those over threshold for support (currently £23,250 pa) will be required to pay for care privately (often at higher than LA rate) – ‘self funders’
- Dominance of private (for-profit) care homes - with mix of **self** and **local authority funded** residents (40:60) and level of cross-subsidy high (self-funders subsidizing rates paid by local authorities).
- Care home fees comprise basic ‘package’ of personal care, hotel and activities
- Most care homes cater for older people with high care needs and cognitive impairment

Background: Direct payments



- Recent policy moves towards personalization of services through greater choice and control - introduction of individual/personal budgets and direct payments/'cash for care' schemes.
- Current choice in residential care largely restricted to choice of care home (package deal)
- A direct payment (DP) is 'a payment of money from the local authority to either the person needing care and support, or to someone else acting on their behalf, to pay for the cost of arranging **all** or **part** of their own support'
- DPs not available for long-term residential care - Law Commission (2011) asked government to consider extending provision for reasons of equity.

Background: direct payment trailblazers



- In 2013 UK Department of Health (DH) invited councils to volunteer to pilot the programme. 20 selected in England (14 of which have remained in the programme throughout). Scoping study (2013) estimated **430-500 DPs**
- A robust process and impact evaluation was carried out by the Policy Innovation Research Unit (PIRU) from Jan 2014 – June 2016:
 - surveys of users and family members, and providers informed of scheme
 - Interviews with users and family members, council and care home staff and representatives of national stakeholder organisations

Key findings

- **Only 29 active direct payments** at end of programme across 9 of 14 remaining trailblazers (March 2016)
 - **Full DP:** covering whole care home fee n= **19**
 - **Part DP:** to fund day activities/services (with remainder of care home fee paid direct to care home by council) n = **10**
- Monetary amounts varied - **£8pw** (part payment DP) to **£1,250pw** (full DP covering whole care home fee)
- Low uptake limited ability to collect interpretable quantitative data on outcomes and quality of life
- Interviews revealed **some benefit to some service users/family members** but often **at a cost:**
 - Full DP increased sense of control (for family members) but less likely to offer greater choice
 - Part DP offered some choice but more difficult to set up



Why was there low take-up of DPs in residential care despite high anticipation and support?

Interview data* suggest 4 themes relating to reasons for low take-up:

- Lack of information and clarity (benefits of DP)
- Unclear demand for choice and control
- Uncertain supply of options to choose from
- Contextual factors – social care funding constraints

**Total 112 (trailblazer project leads (26), service users (10) family members/advocates (25) council frontline staff (21), care home staff (20) national stakeholder organisations (7) non-participating councils (2))*

Lack of sufficient information to promote DP in residential care

- DPs in residential care new and untested – leading to lack of staff confidence promoting/selling the DP to users/providers

“ It is really difficult to promote...we don't really know enough about [direct payments in residential care]” (Social worker)

- Some users and families reported insufficient information on DPs to make a decision
- *No established positive narrative* (unlike domiciliary care)

Lack of clarity on benefit of DPs for some user groups

Whilst opportunity of personalisation welcomed, some council and care home staff/family members unsure about how DPs would work for certain user groups – those with high level of needs affecting ability to exercise and benefit from types of choices with DPs:

“..[my daughter] couldn't honestly make an informed choice....one could almost get her to do or say whatever you wanted to, depending on how you presented something...she has limited understanding”

(family member declining DP)

*“It wouldn't really benefit my client... she would not be able to voice an opinion to say, well, actually, I'd like to try that activity or that one, or I'd like to go to a different day centre, ...and therefore her advocate at the end of the day said, well, really, **what would be the point [of a DP]?**”*

(social worker of client whose advocate declined a DP)

Unclear demand for choice and control through DP

- High care needs and cognitive impairments of residents (e.g. advanced dementia in older people)
- ‘Decliners’
 - happy with current care
 - unwilling to take on responsibility of managing budget/”too complicated”
 - not wanting to ‘rock the boat’ with current provider
- Elements of personalisation (within residential care) can be achieved without a DP

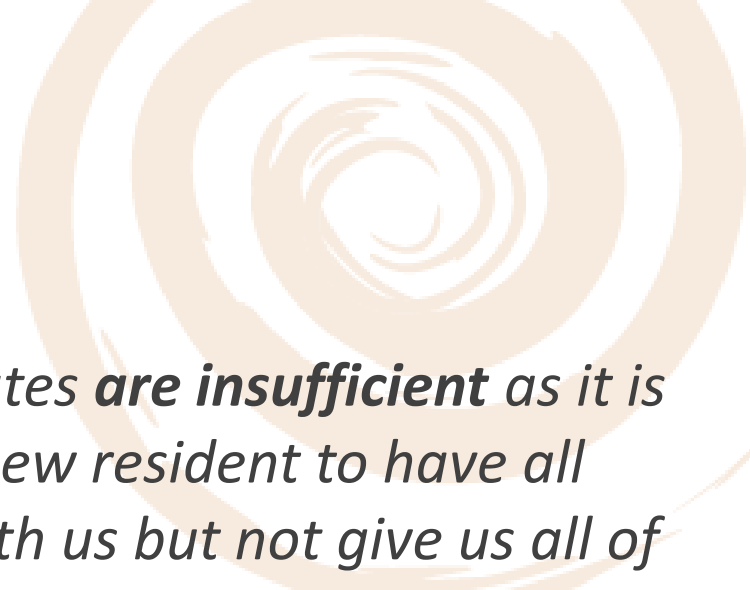
Uncertain supply of options to choose from

What were the options/choice with a DP?

- **Full DP** = current whole care home fee package – **no extra options/choice**
- **Part DP** = day services/**activities/trips** outside care home (group or individual) – easiest where day activities are separately calculated (↓65)
- Fewer additional options in older people care services (resource constraints) – care home fee covering ‘needs’ not ‘wants’
- Practical issues of organising support to enable individualised activities in some care homes
- Council leads noting care home market not ready to support DPs (offering more diverse services/costing approach in place)

Likely or perceived impact on resources and funding

- **Most councils implemented DPs ‘cost neutrally’**
 - Any flexibility of use of DPs has to come from the existing care home fee
- **Service user/family member concerns:**
 - Taking funding away from providers *“robbing Peter to pay Paul”* (through part DP) may reduce quality of care / disadvantage others
 - Uncertainty - may financially disadvantage users in future if care costs rose and part DP committed to other things – ‘destabilise sense of security’
- **Provider concerns:**
 - Financial risk of both full DPs (defaulting) and part DPs (loss of fees)
 - Poor fit for current business model (pooling income) to more individualised costing
 - Short-term (austerity) and long term resource constraint in sector



*“...the anxiety is...the local authority rates **are insufficient** as it is now. If you’re giving the option for a new resident to have all that money and then come and live with us but not give us all of that money because they want to spend some money elsewhere, then **we’re still providing services** to the resident; we’ve still got to have the right numbers of carers in the building to make it safe for our duty of care..”*

(Care home owner for older people)

Final thoughts



- Example of aspirational policy implemented in unfavourable context of austerity/financial constraints/'fragile' residential care market.
- Pilot involved a lot of effort for limited outputs/outcomes – loss of momentum - important to have all parties supportive
- Not altogether surprising (low take-up of DPs for home/domiciliary care – 15% (NAO 2016))
- DH announced in 2016 that roll-out postponed to 2020

References

Law Commission (2011) Adult social Care.

NAO (2016) Personal commissioning in adult social care. National Audit Office

Reports from this evaluation:

Ettelt, S.; Wittenberg, R.; Williams, L.; Perkins, M.; Lombard, D.; Damant, J.; Mays, N.; (2015) Evaluation of the Direct Payments in Residential Care Trailblazers. Interim Report: Policy Innovation Research Unit, London School of Hygiene and Tropical Medicine (London) 2015

Ettelt, S.; Perkins, M.; Wittenberg, R.; Mays, N.; (2013) Direct Payments in Residential Care Trailblazer Programme Evaluation. Preliminary Report. Policy Innovation Research Unit, London School of Hygiene and Tropical Medicine (London) 2013

Final report to be published by PIRU early 2016

Publications:

Williams, L., Ettelt, S., Perkins, M., Wittenberg, R., Lombard, D., Damant, J., & Mays, N. (2016) *Will direct payments make adult residential care more personalized? Views and experiences of social care staff in the direct payments in residential care trailblazers*. Social Policy and Administration.