Research findings

How far do managed personal budgets offer choice and control for older people using home care services?

KEY POINTS FROM THE RESEARCH

- Most older people using personal budgets (PBs) have these managed by their council. They are generally used to buy council-commissioned home care services.
- Councils were moving from block contracts with home care providers to framework agreements. However, the numbers of framework providers were initially limited to maintain market stability; capacity may be particularly restricted in rural areas.
- Council brokers advertised new referrals to framework-approved providers; this could improve the efficient operation of local care markets, but risked introducing new communication barriers between council support planners and home care providers.
- Council support planners experienced challenges in balancing creative support planning against their knowledge of limited capacity in local home care services and restrictions on local providers.
- Providers' responsiveness was constrained by having to seek approval for changes to care plans and by council restrictions on the flexible use of unspent PBs.
- Individual Service Funds (ISFs), budgets held by home care agencies and managed in direct negotiation with users, may offer greater flexibility but were not fully operational in the councils in this study.

Based in three English councils (two unitary boroughs and one shire county), this study explored factors affecting the delivery of personalised home care to older people who opt for council-managed personal budgets rather than cash direct payments.

BACKGROUND

Personalised services should reflect users' preferences. PBs should make it easier to arrange services that best meet individual preferences. PBs can be:

- Given to the service user as a cash direct payment (often used to employ personal assistants or carers) – the government's preferred option for allocating PBs;
- Held by the local council and used to purchase council-commissioned services;
- Held by a service provider under a contract with the council, with day-to-day arrangements agreed directly with the service user (ISFs).

Historically older people have not been keen to use direct payments[1,2]; two-thirds of older people still have their PB managed by their council[3]. However, those taking their PBs as a direct payment may experience significantly better outcomes than those with council-managed budgets[4]. We therefore investigated what opportunities for personalised services are available to older people using council-managed PBs to fund home care support. What changes

The study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR). The views expressed are those of the authors and not necessarily those of the NIHR, SSCR, Department of Health, or NHS.

have councils made to commissioning and front-line practice; how have service providers responded; and how satisfied are older managed PB holders?

FINDINGS

Commissioning and contracting services

Previously councils used block contracts to buy home care services in bulk, with each provider covering a specific locality. The three study councils were replacing these with Framework agreements (contracts to provide services at an agreed price but with no guarantee of clients). These agreements aim to increase both competition between providers and choice of provider for managed PB holders. To avoid destabilising local markets, Framework agreements initially involved relatively few providers. Where some block contracts remained, these had priority in the allocation of new clients.

Council support planners anticipated future increases in choice, capacity and quality of home care services as more agencies were included in Framework agreements. However, in rural areas distance and travel times still limited the numbers of providers who could deliver services.

Agency managers appreciated being able to select clients from a wide geographical area, although this reduced efficiency by reducing opportunities to employ locally-based staff or group visits to people living near each other and increased travel costs.

Council brokers

Brokers identified Framework agencies with capacity to deliver the care needed by each service user – a role considered particularly helpful in emergency referrals. Providers also valued freedom to choose whether to take a new client in the light of other workload pressures. However, brokers were less knowledgeable about potential clients than council support planners; some support planners reported making informal arrangements directly with agency managers and subsequently asking brokers to formalise these. Agency managers also found this more effective.

Support planning

Support planning can shape the demands made on home care services and thus influence local market provision. In the study authorities, council support planners drew up basic plans (e.g. number and timing of visits); these were advertised to Framework agencies by brokers. Once a provider was identified, agency managers/supervisors devised detailed support plans with service users.

Council support planning

Support planners reported encouraging potential budget-holders to think ‘outside the box’, but could not guarantee preferences would be met. Planners in all three councils reported that often only one provider was able to respond to a referral. Some questioned the value of imaginative support planning because of the limited capacity of Framework providers: “It’s not choice, it’s about what’s available”.

Agency support planning

Following referral, agency managers/supervisors would add details (e.g. actual tasks/content of visits) to the support plan. However, some agency managers reported restrictions because of the low levels of many older people’s PBs, or the tasks that councils would fund through a PB. Moreover, agency managers in two study councils reported the council had to approve any changes to their basic support plan. ISFs could offer more flexibility for agencies to change support plans in agreement with users.

Knowledge of PB level

PB holders should know the budget amount so they can plan how to use it. However, council support planners, home care agency managers and older people were usually all unaware of the level of PBs. The exceptions were support planners and agency managers working with ISFs.

ISFs

Two study councils offered ISFs or an equivalent. For example in one, all older people with council-managed PBs were given ISFs. However, these remained as indicative allocations held by the council on behalf of Framework providers, but with greater flexibility for providers to review service

inputs. Not all provider managers knew the amount of ISFs and some felt unable to change support plans without council consent.

Time banking

Time banking allows time to be saved from routine visits for later use. A few study agencies offered this, but opportunities were limited as PBs usually only covered essential personal care. Other reported barriers included: payments per visit rather than actual time (so shorter visits involved no savings); beliefs that older people preferred routine rather than flexibility; and fears that councils would reduce PBs if there was spare capacity that could be banked. Agency managers advocated contracts stipulating that any saved time would be retained in the individual's PB.

Reviews

Council support planners typically conducted reviews three to six weeks after service use started and then annually; service users were encouraged to discuss problems directly with the agency in the meantime. However, agencies were reported to be slow in responding to users' concerns and this could mean that they received unsatisfactory services for some weeks.

Agencies carried out their own reviews in the first few weeks and at regular intervals thereafter. However, any changes arising from agency reviews typically needed council approval; agency managers considered the bureaucracy involved in gaining approval hindered flexibility and responsiveness.

Service users' experiences

Service users reported some choice and flexibility in their home care. Most reported no choice of provider, but were not concerned as they felt ill-equipped or were too unwell to make this choice. Choice and control over care workers was more important; some reported having changed workers they were not happy with. Almost all reported having a small team of carers during the week; the close relationships they were able to develop allowed them to request (or workers to offer) extra 'off-care plan' tasks informally. On the other hand, close relationships could inhibit users from making complaints. Ethnic minority older people felt home care agencies accommodated their religious and cultural preferences.

Not all people using agencies offering time banking were aware of this option. However, others reported shortening visits to save time for an outing or to have a shower instead of a wash. Nevertheless, they confirmed that the short duration of visits limited opportunities for time banking. Several interviewees would have liked to cancel occasional visits so as to release a few extra hours each month for flexible use: "I could just tell the agency … I don't want them on Monday and use the 45 minutes for them to do a bit of ironing".

Market development

In one study council, market development officers were employed to ascertain what services were wanted but not available to PB holders and pass this information to providers. In another, an innovation fund was available for new and existing providers to support new service developments. According to support planners and agency managers, neither initiative was well publicised but both were thought potentially helpful.

CONCLUSIONS AND RECOMMENDATIONS

Council priorities are to promote cash direct payments of PBs. Most older people choose council-managed PBs instead, but there appear only minor increases in opportunities for personalisation and choice through these.

The new Framework and brokerage arrangements promote greater efficiency in local care markets. However, benefits may be limited so long as councils restrict numbers of Framework providers; this may need to be balanced against the new risks to provider viability. Brokerage may add new communication challenges between council support planners, providers and potential PB holders. Maximising speed and accuracy of communication is vital.

Previous practices of commissioning 'time and task'-specified services gave agencies little autonomy. Even though providers now undertook detailed support planning, changes to councils' outline support plans still generally required approval, as did subsequent changes. ISFs were not fully implemented in

the councils in this study; even when responsibilities for support planning were delegated to providers, budgets remained with councils. Multiple efforts may be required to overcome this:

- Incentives may be needed for providers to break away from 'time and task'-led approaches they were accustomed to;
- Providers should have greater autonomy to amend care plans without needing council authorisation and to manage the resources in ISFs, in consultation with users;
- Both council and provider support planners may need further training to shift away from service-led planning. In this respect the new council brokers are helpful in that initial support plans can be drawn up without specific providers in mind.

Some of the difficulties revealed by this study may stem from the difficult financial situation facing councils. Older people's PBs generally covered just essential personal care, allowing little flexibility over the use of time. Some councils proscribed using PBs for anything other than personal care, further restricting choice. Time banking was also limited; agency managers and users feared unspent time would be clawed back and some councils required the cost of cancelled visits to be returned. Greater freedom is needed for users to decide how and when to use their PBs, even within the confines of the smaller budgets usually allocated to older people.

The impact of market development initiatives need evaluating, particularly on services used by managed PB holders, otherwise discrepancies in outcomes between these groups will increase further. Council brokers have a unique overview of the supply and demand for home care services in their localities and could contribute this to local market development initiatives.

ABOUT THE STUDY

The study was conducted between January 2011 and December 2012 by the Social Policy Research Unit, University of York in three councils that had large older populations, large proportions of people using managed personal budgets and had made changes to increase choice for people using managed PBs.

- Stage 1: interviews with commissioning managers about changes in commissioning and contracting home care services.
- Stage 2: focus groups with local authority support planners/care managers who helped people plan how to use their PB, about how they shaped the choices of older people using managed PBs and the factors affecting opportunities for personalised home care.
- Stage 3: interviews with home care agency managers about their experiences of commissioning and contracting changes; agencies' roles in planning with older people how to use managed PBs; and factors perceived to enhance or restrict personalised home care.
- Stage 4: face-to-face interviews with older people using managed PBs about their experiences and satisfaction.

An Advisory Group including local authority commissioners, home care providers and academics met throughout the study. The study was approved by the Social Care Research Ethics Committee.

For further information contact Parvaneh Rabiee parvaneh.rabiee@york.ac.uk.

The study took place in three councils thought to be innovative in approach. However, the findings may have limited generalisability, particularly in current fast-moving practice environments. Further change is likely with the new market development responsibilities anticipated in the 2013 Care Bill.

REFERENCES

1. Davey V et al (2007) *Direct Payments: a National Survey of Direct Payments Policy and Practice*, Personal Social Services Research Unit, London.

2. Moran N et al. (2012) Older people's experiences of cash-for-care schemes; evidence from the English individual budget pilot projects, *Ageing and Society,* Published online April 2012.

3. Association of Directors of Adult Social Services (2010) *Personal Budgets: Council Commissioned Services.* Advice Note (Putting People First).

4. Hatton C, Waters J (2010) *The National Personal Budgets Survey*, In Control and University of Lancaster.