

Local evaluation of the BCF – some applied methods and approaches

BCST workshop

Prof. Julien Forder, James Caiels, Gintare Malisauskaite

20 November 2018, London

University of
Kent

LSE THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

 UNIVERSITY OF
OXFORD

Introduction

- The Better Care Fund (BCF) introduced in April 2015 as a new approach to the national funding of care and services for people using both NHS health care and local authority (LA) social care (long- term care)
- The Policy Research Unit on Quality and Outcomes (QORU) was commissioned to carry out a system level evaluation of the BCF, project lasting between beginning of 2016 to spring 2018
- Aims of the study:
 - I. Describe how sites were planning to configure and spend their BCF allocations;
 - II. Assess the impact of the BCF (in terms of the processes and mechanisms put in place);
 - III. Examine the effect of the BCF on two types of outcomes: delayed transfers of care (DTOCs) and non-elective emergency admissions
- All areas differ: in BCF expenditure per person and in funded activities.
- Our aim was to evaluate the overall BCF policy (average effect). We assessed its impact by looking at whether areas with more activity overall - i.e. greater BCF supported expenditure per person – produced better outcomes than areas with less BCF activity.

University of
Kent

LSE THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

 UNIVERSITY OF
OXFORD

Findings

- National (planned) expenditure for the BCF in 2015/16 - £5.34bn, comprising of 4,216 BCF schemes across England (mean spend of £1,267,000 per scheme)
- **Intermediate care** accounted for around 30% of classified spend, and the **protection of social care** at just under 25%. **Integrated care** schemes and **coordinated care** were the next biggest expenditure items, followed by **prevention**-focused schemes.
- BCF local impact:
 - I. Better communication and collaboration between health and social care providers in some areas;
 - II. Improved patient experience;
 - III. More opportunities to jointly commission services in some areas.
- Challenges: financial pressures, overlapping policy initiatives, national metrics not capturing local impact mentioned above
- The data analysis showed that areas with higher BCF expenditure per person (especially if recorded in the quarter before the effect on DTOCs) had lower DTOC (delayed days) rates than areas with lower BCF expenditure per person.
- No effect found of BCF expenditure on non-elective admissions.

Quantitative Evaluation Methods

- In order to conduct impact evaluation, it is necessary to estimate what would be the outcome(s) if the intervention was not carried out, i.e. – establish a counterfactual
- Possible methods:
 - I. Control group – a group which did not receive the program based on random assignment;
 - II. Difference-in-Difference – comparing a before and after difference for the group receiving the program to the before and after difference for those that did not;
 - III. Matched comparison – matching participants (individuals, hospitals, local authorities) with a non-participant on variables thought to be relevant;
 - IV. Regression discontinuity – comparing the outcomes just below the cut-off point (implementation) with those just above;
 - V. Use baseline as an estimate of the counterfactual;
 - VI. Asking experts to predict what would have happened without intervention.

Quantitative Evaluation Methods - data

- Outcome measures:
 - I. DTOC – in days or patients by hospital or geographical areas
 - II. Non-elective emergency admissions – by type and by hospital or geographical areas
 - III. Quality of services, outcomes for service users and carers, quality of life, well-being
- Intervention program measures:
 - I. BCF allocated or actual expenditure per person (all population or only aged 65+)
 - II. BCF supported schemes types
- Control variables:
 - I. Information about social care: expenditure per capita, available number of beds etc.
 - II. Information about health care: expenditure per capita, hospital beds etc.
 - III. Geographical information
 - IV. Population characteristics (proportion of people aged 65+, 85+, female ratio etc,)
 - V. Information on benefits claims: attendance allowance, job seeker's allowance, pension credit, carers allowance etc.
- Data sources:
 - I. Existing: NHS England, Nomis – Official Labour Market Statistics, CQC – Care Quality Commission
 - II. Collection via survey

Quantitative Evaluation Methods - analysis

- Panel data estimation:
 - I. Fixed effects – controlling for the individual or group specifics captured by control variables
 - II. Random effects – treating any individual or group specific information as random
 - III. Lagged treatment variable – allowing for a delay in the effectiveness of the treatment (intervention program) on outcome measures
- A key challenge is to identify the intervention in a complex setting – how it is captured, measured, timed

Process Evaluation

- **Aims:**
 - Understand how BCF programmes were implemented
 - to identify key factors that facilitate/inhibit the implementation process
- **Semi-structured interviews among organisational representatives**
 - BCF Project leads (9)
 - Commissioners (9)
 - Directors / Chief execs (6)
 - Senior managers (12)
 - Clinicians (3)
 - Middle managers (1)
- **Interviews conducted over 12 months between January 2017 to January 2018**

University of
Kent

LSE THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

 UNIVERSITY OF
OXFORD

Qualitative interviews

- **Ethical approval(s): Social Care Research Ethics Committee (SCREC); Research Governance (LA); CCG R&D.**
- **Interviews digitally audio-recorded and transcribed verbatim (personal / identifying features redacted)**
 - Bridge file to link to source.
- **BCF used a thematic framework approach**
 - Analysing by theme within an established framework
- **Different approaches to analysis – e.g. inductive / deductive.**
- **A combination of both is feasible – some themes will be pre-determined and some will emerge from the data.**

University of
Kent

LSE THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

 UNIVERSITY OF
OXFORD

Analysing interview data (framework approach)

- **Establish framework**

- Detailed review of transcripts leading to common themes (Tree nodes / sub nodes).
 - Resolve problems/issues (e.g. how to code certain features). Often dependent on the research question to be answered.

- **Coding interviews (NVivo)**

- Double coding
- Finalise framework

- **Looking for relationships between nodes / matrices, patterns or threads (across themes), explanations for phenomena etc.**

Questions?

University of
Kent

LSE THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

 UNIVERSITY OF
OXFORD

Groups discussion

- Describe/summarise your BCF
 - I. Main objectives (BCF schemes)
 - II. Specific emphasis (health / social care)
 - III. Priority groups (e.g. older people, mental health)
- Your current local monitoring data
 - I. Outcome measures; program measures; control variables; data sources
 - II. Frequency of data collections
- What do you want / need out of the evaluation.
 - I. What is its purpose (e.g. secure funding, improve co-ordination / care pathways).
 - II. Whole BCF or specific components
- Discussion: potential options for evaluation