

CONFERENCE ABSTRACT

Flexible funding for effective, individualised, integrated care.

4th World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

Jennifer Smith-Merry^{1,3}, James Gillespie^{2,3}

1: Centre for Disability Research and Policy, Faculty of Health Sciences, University of Sydney, Australia;

2: School of Public Health, University of Sydney; 3: Menzies Centre for Health Policy, University of Sydney, Australia;

Introduction: Integrated care in the context of individualised care can be complex and costly to implement in services. This is because individualisation can mean that for services there are a multitude of pathways which must be understood and negotiated in order to meet an individual's needs.

Partners in Recovery (PIR) is a national scheme funded by the Australian Federal Government and implemented in local regions designed to provide integrated, individualised care to individuals with severe and complex mental ill-health. The program is run by local consortia of NGOs and Primary Health Networks. It is structured around a 'support facilitator' who works with clients to understand their needs, map a route through the system and join up services and supports to meet their needs. This is supported by a centralised (not personalised) PIR budget termed 'flexible funding'. Flexible funding offers a way to target budgets according to need rather than a standardised allocation. Within PIR flexible funding is used to fund specific individualised needs, or at a group level, where groups of clients have the same needs.

Method: We use the results of two large-scale evaluations of PIR in Western Sydney to examine the way that flexible funding has been utilised for individuals and groups of clients. We analysed data collected on the use of flexible funds for the 2100 clients accepted into PIR in both areas according to type of funding (individual or group) and project. These data were then mapped on stated client needs measured through CANSAS.

Results and Discussion: We describe the funding model in detail and identify the types of services and items most often purchased for clients and the larger scale programs funded.

We find that flexible funding is drawn on by support facilitators to purchase items and services to meet widely variable client needs, including purchasing furniture, groceries, dentistry, counselling and other health or social services. Consortia also use flexible funding to fund larger programs which meet the needs of clients are shared, such as hoarding and squalor, art-therapy programs and housing collaborative schemes.

We found improvements in consumer self-rated needs in areas associated with the use of flexible funding.

In Australia the National Disability Insurance Scheme (NDIS) has been developed in order to meet the needs of individuals with a life-long functional disability (including mental ill-health). We use our

reflections on the use of flexible funding within PIR to understand how flexible funding might work in the context of the NDIS and potential structural and process barriers to doing so.

Conclusion: Flexible funding is demonstrated to have been an effective tool for meeting client need in PIR. However its use in subsequent individualised integrated care programs will be limited by the overarching funding structure in place.

Limitations: Findings are limited by incomplete data collected in one of the research sites for one of the indicators used.

Future Research: Future research should track the use of flexible funding in similar programs, particularly the NDIS, which many PIR clients are now transitioning to.

Keywords: funding; mental health; disability
