

#2 INDICATOR NAME: "The average change in care package cost per person per week per review"

RATIONALE

This indicator measures for **known people only** the average change in long-term care costs per person (per week, per review). The purpose of it is to show the cost impact of interventions with known people ("reviews") by calculating an average result, taking into account all the increases, decreases and review with no changes. In a single number, the indicators shows whether review conversations are cost-neutral, leading to savings or a lower rate of increase in expenditure.

It excludes any spend during the conversation (intervention) itself, for example if a temporary increase in support was provided as part of Conversation 2 but no changes were made to the ongoing long-term support. The idea is that any increases in long-term costs will greatly exceed any expenditure made in Conversation 2 that results in no long-term change being needed.

Net reductions in expenditure here are difficult to achieve, so it may be a lower rate or lower level of increase that demonstrates success against a comparison group (which might be the same team working in the old way over the same period of time).

ASSUMPTION: the change in package cost following a review is lower under 3Cs than under old practice

NUMERATOR

The net total change in weekly costs of the ongoing (long-term) support for each intervention with known people (each person reviewed). All the changes in weekly costs are added up - positive, negative and no change. The costs are checked one week prior to the innovation (the prior period could vary but should be at least one day before the innovation starts) and four weeks after the innovation ends (again, the period could be changed but should be long enough for any changes to have been implemented on the system but not so long that other, unrelated changes may have occurred such as inflationary uplifts – see Data Quality section below). Shouldn't matter if you always value at current cost.

Changes in costs where the amount appears to start at £0 (i.e. the cost of care before review is apparently zero) or where the amount is measured as £0 after the review are often excluded. This usually happens if the person dies during the follow-up period or where the person is in hospital with a suspended care package before or after review.

Zero cost care will be excluded when it is because of;

- Deceased people (based on date of death)
- Continuing Care or another body taking on funding
- Person in hospital

Where care costs have dropped to zero because someone has been supported to become more independent, these instances will be included.

DENOMINATOR

The total number of interventions with known people (reviews of existing clients) completed during the period where there was a definite cost measurement (all ambiguous records with zero costs are removed).

WORKED EXAMPLE

With 10 reviews taking place in our innovation site, the following changes in weekly costs were observed;

0 (no change)

+£150

+£50

-£200

0

0

-£150

0

0

-£75

The sum of these changes is -£225

There were 10 interventions, so the average change in weekly cost per person per review is

-£22.50

In other words, the average review done by innovators results in a reduction of £22.50 to the long-term costs of care per week. This should be compared to a baseline, which may reveal there was previously a net cost increase per review. Large numbers of reviews completed using Three Conversations may add up to large savings, or lesser increases in expenditure over time.

To fully interpret this result, it should be compared against a baseline. Taking the same period of time (suggested 4+ months) for the same team working pre/post introduction of Three Conversations may give a very good comparison if it's largely the same people working with the same sorts of people with similar social care needs.

DATA QUALITY

If a large percentage of reviews have zero costs associated with them, the result may be less representative. Typically, people moving in and out of hospital may affect the system's reporting of the actual costs of care prior to the review. Removing the zero cost packages will possibly cause an issue for innovation sites based at a hospital or who support people coming out of hospital. Manual checking of package costs may be needed to support these sites, or the cost of care checks made before the review starts may need to be extended so that for the majority of people their care package was active prior to their admission to hospital. In all cases reviews where people subsequently die or move to NHS Continuing Care should not be included as a "saving" (because we want to discover whether 3Cs is helping people become more independent – deaths and Continuing Care would have happened anyway, without 3Cs)

VISUALS

There are a number of ways this could be visualised, showing the relative rates of increase in care package costs between different innovation sites.

