

# The Treasury

## Budget 2017 Information Release

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In preparing this Information Release, the Treasury has considered the public interest considerations in section 9(1) and section 18 of the Official Information Act.

# Cost Benefit Analysis Template

## Section A Descriptive Information

<b>Vote</b>	Health
<b>Responsible Minister</b>	Hon Dr Jonathan Coleman
<b>Initiative title</b>	Transforming DSS – Enabling Good Lives

Funding Sought (\$m)	2016/17	2017/18	2018/19	2019/20	2021/22 & out years	4 year TOTAL
Operating	-	7.693	9.744	9.705	-	27.142
Capital	-	-	-	-	-	-
<b>TOTAL</b>	-	<b>7.693</b>	<b>9.744</b>	<b>9.705</b>	-	<b>27.142</b>

### Problem Definition

*A description of the problem or opportunity that this proposal seeks to address, and the counterfactual.*

#### Problem

For more than 10 years, there have been two main issues affecting the cross-government disability support system:

- a. First, the strongly held concern within the disability community that the current system, which is based on the DSS framework, unnecessarily limits disabled people's choice and control over their support and their lives. These concerns were reflected in the 2008 Report of the Social Services Select Committee on its "Inquiry into the Quality of Care and Services Provision for Disabled People". Those concerns were acknowledged by the Government in its response to the Select Committee's report.
  - Examples of the issues people are concerned about include:
    - multiple eligibility, assessment and planning processes for accessing different types of support from several government agencies;
    - being allocated existing contracted services, not necessarily what works best for them; and
    - disability services becoming the 'hub' of their lives, rather than helping them to connect to support available to everyone in the community.
- b. Second, the ongoing increases in cost of disability support. DSS' appropriation has increased by more than 4% a year (from \$775 million in 2006/07 to \$1.2 billion in 2016/17). Improved management has enabled MOH to maintain a rate of growth below 3% in the past five years. Despite the lower rate of growth - a significant proportion of which reflects the impact of Court decisions - Ministers continue to be concerned about the rate of increase, which has not been associated with improvements in disabled people's lives.

There have also been ongoing increases in the Ministry of Education's Ongoing Resourcing Scheme (\$190 million in 2016/17) and the non-employment related parts of MSD's Community Participation appropriation (\$61 million in 2016/17). Community participation services are only partially funded, and the contribution has not been adjusted for inflation in more than 10 years. This has created challenges for providers to continually provide more individualised services. It has led to dissatisfaction within the disability community and placed pressure on DSS' costs.

#### Changes in the disability support system

The disability support system has undergone significant changes in recent years towards more choice, control and flexibility. These changes were designed to address issues that a number of reports on the disability system, including the 2008 Select Committee Review, indicated that the system is not delivering good outcomes for disabled people.

Since 2008, there has been incremental changes in the disability system to:

- Transform the system to be client focussed, permissive, localised and aligned with Enabling Good Lives principles (see Annex A);
- Streamline and release resources to do things differently, moving from a service and input focus to an outcomes focus;
- Shift disability services to being more responsive to contributing or achieving good life outcomes for disabled people and afford them choice and control;
- Maximise and maintain natural supports;
- Manage demand and costs drivers so that people receive the right supports early on, that independence is maintained and maximised, and that more costly and least preferable outcomes (such as entry into residential care) are avoided.

### **Current State**

A number of demonstrations to test new approaches to supporting people with disabilities have been underway, particularly the Enabling Good Lives demonstration in Christchurch and Waikato, and the New Model demonstrations in the Bay of Plenty.

These demonstrations are now nearing completion. We have synthesised what has been learnt and Cabinet will be provided with a paper in early 2017 setting out the proposed next steps to transform the disability system, including national rollout of the access framework to disability supports which is fit for purpose, and has the appropriate levers and pricing model to ensure the system delivers better outcomes for people within a sustainable spending trajectory.

A review of international evidence, the New Model and EGL demonstrations have shown that disabled people and their families typically live better lives when changes that give disabled people more choice and control than the current DSS framework are implemented. Achieving those improvements typically requires up-front investment in building people's capacity, capability and their natural networks. In some cases, the up-front investment is likely to be considerable if the person is to build a life in the community. This was the case, for example, for young school leavers in Christchurch where there had been involvement of Child Youth and Family Services (CYFS). The alternative for many of those young people, however, is residential care, which is generally very expensive and tends to limit disabled people's choice and control.

A working group of people from the disability community, supported by officials, reviewed the available evidence. The Working Group's view is that some core elements must be present if the disability support system is to improve disabled people's lives:

- The Enabling Good Lives (EGL) vision and principles be at the centre of any decisions about the design, implementation, evaluation and monitoring of a transformed system. Achieving this involves a 'culture change' in which people shift from thinking about the system using the DSS framework (with its emphasis on meeting people's needs) to the EGL vision and principles (with its emphasis on people living good lives and building on strengths).
- The transformation should be led by a dedicated entity that reports directly to a senior Government Minister.
- Local, regional and national leadership of the transformed system by disabled people, their families / whānau, and disability-related organisations should be supported through capacity and capability building.
- Independent facilitators (who are not linked to service provision and funding allocation) should be available to support disabled people to identify what they want for their life.
- Disabled people identify their own outcomes, and these are the measures of success, and the basis of accountability for funding.
- Disabled people have a personal budget focused on 'disability support' not just 'impairment support.'
- Personal budgets be financed from funds that are currently within multiple government agencies.
- There should be a range of options for managing a personal budget, and changing those management arrangements should be straightforward.
- Disabled people (with assistance from others where necessary) will be accountable for spending their personal budget based on the proposal they develop, with the accountability arrangements commensurate with the level of funding.

- The transformed system should be able to respond to the degree / level the individual wants to use the system, and recognise that this will change over time.

To date, the evidence on costs has tended to focus solely on disability support related costs. The international evidence is that the costs of supporting people to live improved lives tends to be no higher – and, in some cases, may be lower – than under approaches similar to the DSS framework.

## Initiative Description

This initiative proposes building the fundamental framework to help deliver a transformed disability system and improve outcomes for disabled people.

The proposed approach to transformation is to begin in one region for people in DSS' usual client group, and incorporate the supports and services that can feasibly be incorporated immediately. Once that initial transformation has been tested and implemented, it will be rolled out to other regions over a period of 10 years, and considered as part of future Budgets.

This first step to transformation proposes the roll-out a new system in the mid-Central region (based in Palmerston North) between July 2017 and July 2020. The new system will support the current cohort eligible for DSS services in the region (currently around 1,520).

Based on what has been learnt from the New Model and EGL, the transformed system will include:

- Access to independent facilitators who walk alongside disabled people and their families to live everyday lives, strengthen their connections with their communities and receive the supports they need, including mainstream supports (such as the sorts of services and supports anyone else in society might need to access in their daily lives).
- A new single point of entry for funded support, which involves transforming the Needs Assessment and Service Coordination (NASC) and Disability Information and Advisory Services (DIAS) functions. This will involve investing in the service capacity and capability of NASC and DIAS. It will also require a re-branding and culture change process within the NASC structure, to ensure NASC practice can deliver a system based on the Enabling Good Lives principles of client-centred choice and control and mainstream first.
- Allocation of a personal budget by the new single point of entry for funded support based on a strengths-based assessment. The personal budget will include all funding the person is eligible for from the Vote Health: National Disability Support Services and the Vote Social Development: Community Participation Services non-departmental appropriations.
- A provider development fund to ensure the service delivery framework of disability providers can adapt to a transformed system, where individuals choose to purchase their services, and providers can provide the sort of flexible supports people might be looking for.
- A capacity building fund to lift the capacity and capability of providers, families, community so they can participate and engage in a new system and take advantage of the opportunities it can provide them.

The new service framework will enable more choice and control over the supports provided, including in the form of personalised budgets to allow disabled people to purchase the supports they need to live a good life. It is likely that with greater flexibility in being able to purchase the supports they require, rather than being allocated services according to externally assessed need, people will utilise a greater proportion of their allocation. This initiative assumes that people will use up to 90% of their allocated funding. Currently people only use around 80% of their allocated services, and 82% of funding allocated through individualised funding.

Funding is also sought to undertake a feasibility study scoping opportunities to strengthen information sharing arrangements between agencies, as part of moving to a single assessment process across Health, Education and Social Development.

Subject to the monitoring and evaluation findings, and decisions in subsequent budgets, we anticipate that the transformation will be rolled out to other regions around the country beginning in 2019. The first of those regions are expected to be Waikato, Christchurch and the Bay of Plenty. These regions have had the most significant EGL and New Model demonstrations to date. The transformation will subsequently be rolled out to other regions, with the intention that all regions

are transformed by 2027.

This initiative is informed by evidence gathered from the New Model and EGL demonstrations, which have shown the positive outcomes that can be achieved for people from greater flexibility, pooled funding, greater integration across services, and the support of an independent facilitator.

### Alternative Options Considered

This initiative is part of the overall transformation of the disability support system. As such, it is already scaled to a single region. The proposed approach to the transformation is to begin in one region for people in DSS' usual client group who seek support from it, and incorporate the supports and services that can feasibly be incorporated immediately.

The alternative is to do nothing or to change the implementation due to regions. Deferring or not undertaking the transformation is unlikely to deliver significantly improved outcomes for disabled people, or lift the system's ability to ensure people have choice and control over their supports.

The alternative option could include selecting an alternative region in which to rollout a new system.

The mid-Central region (based in Palmerston North) offers a diverse mix of rural and urban areas, has a strong Māori presence, a disability community that is keen to support change and offers 'clean' baseline data as it has not had any transformation initiatives to date. A clean baseline means that the impacts of the transformation on people's lives, fiscal costs and system infrastructure will be easier to determine, something which has not happened to date.

It was decided to proceed with transformation on a regional basis as it allows for ongoing monitoring, testing and refinements to the system. It also allows for ongoing consideration of opportunities to expand the system to other groups of disabled people and/or extend to a wider range of services. This approach reflects international evidence on the most effective way to transforming systems.

## Section B Impact Analysis

### Impact Analysis

The benefits of this proposal are an increase in life outcomes and quality of life for disabled people, and a reduction in ongoing government expenditure. The most likely savings are will be as a result of:

- People increasing their paid employment and reducing their reliance on a benefit
- People remaining in the community and not entering residential care

The initial evaluation of the Christchurch demonstration indicated that disabled people report improved outcomes in terms of wellbeing, greater choice and control over their lives. Examples include using their personal allocation to employ caregivers to come into the home rather than using respite care, young people doing what their peers are doing like leaving school at a similar age, attending courses, planning to live away from home, increasing social networks, gaining work experiences and becoming more involved in their community.<sup>1</sup>

- Families will be better supported, particularly where there is multiple and complex family stressors, and therefore reducing family breakdown and need for out of home support for children and young people
- Reduced need for publicly funded health care services.

In 2011 the Ministry of Health published research documenting the health outcomes of people with intellectual/learning disabilities using a range of indicators, compared to the general population<sup>2</sup>. It found that the average life expectancy for people with intellectual/learning disabilities was 18 and 23 year less than all New Zealanders for men and women

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<sup>1</sup> <http://thehub.superu.govt.nz/project/enabling-good-lives-progress-and-evaluation-reports>

<sup>2</sup> <http://www.health.govt.nz/publication/health-indicators-new-zealanders-intellectual-disability>

respectively. It also found that people with intellectual disabilities were:

- 1.5 times more likely to go to the GP
- 2 times more likely to take medications
- 2.5 times more likely to use the emergency department
- 3 times more likely to receive acute medical treatment
- 4 times more likely to be admitted to hospital.

The full anticipated impacts are set out in the table below.

In order to demonstrate the full value of the transformation of the mid-Central region we have modelled the intervention to be on a continuing basis despite the time-limited nature of this bid. This is because we have assumed that once the initiative is proven to work effectively, additional funding will be sought through subsequent budgets to complete the transformation.

## Impact Summary Table: New Access Framework to Support Rollout of Transformation of Disability Support Services

Impact Summary Table				
<i>All monetised and non-monetised impacts should be listed.</i>				
Impacts - Identify and list \$m present value, for monetised impacts	Option/scenario		Assumptions and evidence (quantify if possible, and use ranges where appropriate)	Evidence certainty <sup>3</sup>
	1	2		
<b>Estimated impact on key outcomes</b>				
Increased independence, use of mainstream rather than disability specific supports. Increased choice and control of supports increases quality of life.				Low
<b>Cost of the Initiative</b>				
Fiscal operating and capital costs of the initiative	(156)	(253)	2,448 supported by transformed system in first two years of the initiative, rising to 11,515 in fourth year after rolling out to 4 regions.	Low
<b>Government Benefits/(Costs)</b>				
<b>Impact 2:</b> Additional tax revenue	4	6	We assume that after 2 years, 5% of the working age DSS clients in the region will be in some form of employment and will be for 5 years. Currently 77% of DSS working age clients are on a benefit and only 5% receive their main income from work). With 5% of the population moving from the benefit to some form of income there will be an increase in tax revenue (5 year benefit).	Low
<b>Impact 3:</b> Reduction in cost of residential care	75	132	5% of adults in the target population (22%) will avoid / leave residential care within 2 years. This impact will last for five years.	Low
<b>Impact 4:</b> Reduction in foster care allowance	8	14	10% of children who are expected to be placed in foster care will avoid being placed in foster care as a result of this initiative. This impact will last for 4 years.	Low
<b>Impact 5:</b> Reduction in CYF paid care	3	4	The initiative is expected to help 10% of children aged 0-17 out of CYF paid care. This impact will last for 4 years.	Low
<b>Impact 6:</b> Reduction in number of GP visits	5	8	We expect that the support framework will result in a 50% likelihood of a reduction in the number of GP visits from 4.5 visits per person to 3.25 visits per person per annum for 95% of the target population. <sup>4</sup>	Low
<b>Impact 7:</b> Reduction in emergency room visits	4	6	We assume that the support framework will result in a 50% likelihood of a reduction in the number of Emergency Department visits from 0.5 to 0.35 per person per annum for 95% of the target population. <sup>5</sup>	Low
<b>Impact 9:</b> Reduction in Supported Living Payment	38	66	Currently 56% of the target population are currently on supported living benefits. 5% of these are expected to move into work and off the benefit as a result of this initiative.	Low

<sup>4</sup> People with an intellectual disability are 1.5% more likely to go to the GP and 2.5 time more likely to use the emergency department. <http://www.health.govt.nz/publication/health-indicators-new-zealanders-intellectual-disability>

<sup>5</sup> People with an intellectual disability are 1.5% more likely to go to the GP and 2.5 time more likely to use the emergency department. <http://www.health.govt.nz/publication/health-indicators-new-zealanders-intellectual-disability>

<b>Total Quantified Government Impact</b>	137	236		
<b>Wider Societal Benefits/(Costs)</b>				
<b>Impact 1:</b> Increased number of people in employment (minimum wage)	19	33	We assume that after 2 years, 5% of the working age DSS clients in the region will be in some form of employment and will be for 5 years. Currently 77% of DSS working age clients are on a benefit and only 5% receive their main income from work).	Low
<b>Impact 8:</b> People feel more control in life	267	450	We assume that 40% of adults who don't currently feel in control of their life will have greater choice and control as a result of this initiative and this benefit last for 3 years. <sup>6</sup>	Medium
<b>Total Quantified Wider Societal Impact</b>	286	483		Low
<b>Net Present Value of Total Quantified Societal Impacts</b>	423	719		Low

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<sup>6</sup> Evaluations of the New Model and Enabling Good Lives demonstrations, plus international evidence, indicates that individual budgets and an Independent Facilitation function, combined with a principles approach to choice, control and client-centric approaches increases choice, control, independence and quality of life outcomes. See bibliography.

## Section C Conclusions

### Conclusions

This initiative recommends that the following investment in establishing the underlying framework required to support transformation of the disability support system. Key components of this initiative are:

- Building an access framework that can deliver transformed services and support for disabled people by investing in the capacity and capability of the NASC and expanding the Local Area Coordination function. This will commence in one region in the first year (Mid-Central) and expand to a further 3 regions in the third year.
- Investing in flexibility of a new support system by introducing a social investment approach and establishing a social investment fund for upfront investments, a capability fund to improve provider, family and community capability, and a provider development fund to help providers make the changes required to function in the transformed system.

### Overall Ratings

Value for Money <sup>7</sup>	Strategic Alignment <sup>8</sup>
3	5

## Building the Access Framework to Support a Transformed Disability Support System

### Summary of monetised results

Assuming a 50-year NPV

Use ranges for values where appropriate	Discount Rate	
	6% real (default)	3% real (sensitivity)
Net Present Value (NPV) <sup>9</sup>	\$265m	\$468m
Benefit Cost Ratio (BCR) <sup>10</sup>	2.7	2.8
Return on Investment (ROI) – Societal Total <sup>11</sup>	2.7	2.8
Return on Investment (ROI) – Government <sup>12</sup>	0.9	0.9

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## Ex-post Impact Evaluation Plan

**How will you evaluate (after the programme has been rolled out) what the effect of the programme was, particularly on the impacts listed in Section B?<sup>13</sup>**

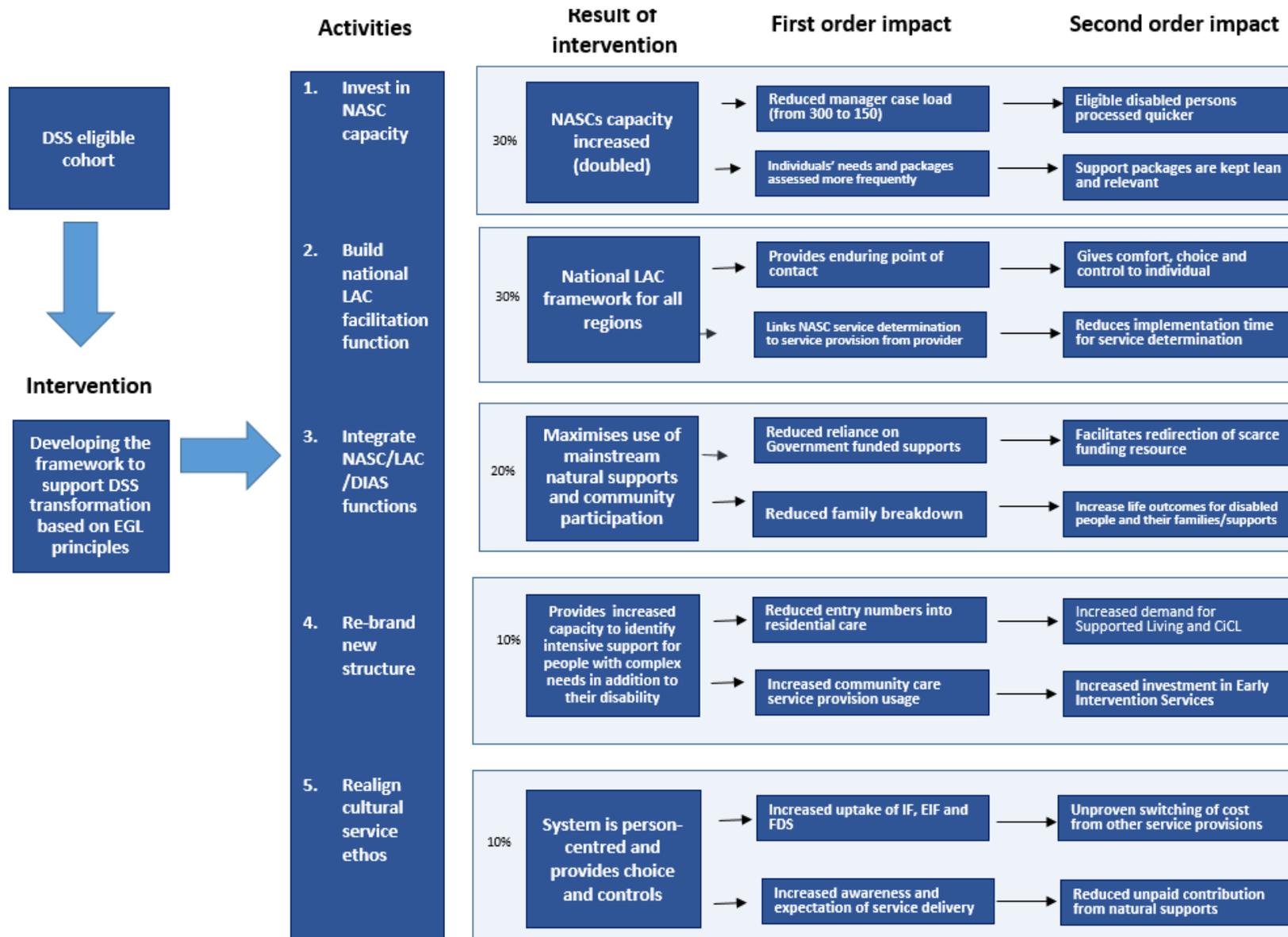
A detailed evaluation will be undertaken in relation to the initiative in 2018. This will allow for decisions relation to the wider transformation to take place.

Monitoring and evaluation is central to providing assurance that the transformation is meeting its overall goals and making ongoing refinements to its design and implementation. It is envisaged that a monitoring and evaluation strategy will be developed, and carried out with the disability community, that provides information on how the following are tracking against the previously developed baseline:

- the impacts on disabled people and their whānau quality of life;
- current and expected future fiscal costs; and
- the transformation process and how the transformed system is operating in practice.

Officials will report regularly to the Minister with delegated responsibility for Disability Support Services within Vote Health and the Minister for Disability Issues on progress with the transformation and the outcomes that are being achieved. These Ministers will keep the Ministers of Health, Social Development, Education and Finance informed about progress.

Appendix 1 One-page Intervention Logic



# Enabling Good Lives Principles

**Self-determination:** disabled people are in control of their lives.

**Beginning early:** invest early in families and whānau to support them; to be aspirational for their disabled child; to build community and natural supports; and to support disabled children to become independent, rather than waiting for a crisis before support is available.

**Person-centred:** disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach rather than being split across programmes.

**Ordinary life outcomes:** disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation - like others at similar stages of life.

**Mainstream first:** disabled people are supported to access mainstream services before specialist disability services.

**Mana enhancing:** the abilities and contributions of disabled people and their families are recognised and respected.

**Easy to use:** disabled people have supports that are simple to use and flexible.

**Relationship building:** supports build and strengthen relationships between disabled people, their whānau and community.