

Examining the economic case for adult social care interventions

Martin Knapp, Michela Tinelli, Annette Bauer,
Helen Weatherly, Ben Schlaepfer

NIHR SSCR Webinar, 26 May 2020

Structure

- The need for economic insights - Martin Knapp
- The ESSENCE project - Michela Tinelli
- ESSENCE case study: advance care planning – Annette Bauer
- Scoping review on social care economic evaluation methods – Helen Weatherly,
- Topline analytics – Ben Schlaepfer
- ESSENCE-2 – Martin Knapp

What does a good social care system look like?

- Meets needs
- Responds to personal preferences
- Respects individual rights, dignity, culture.
- Achieves equity (fairness) in terms of access to treatment, payments, outcomes etc.
- Safeguards
- Encourages social / community cohesion

And perhaps also...?

- **Efficient** (= cost-effective)
- **Affordable** in the short-term (i.e. with today's budget)
- **Financially sustainable** in the long-term
- Generates **cashable savings** ... as soon as possible

Decision-makers need economic evidence

Why?

- Because resources are **scarce**.
- So we – society – cannot meet every need, or agree to every request, or accommodate every preference.
- And so we – society – must **choose** how to get the best out of our available resources.

Consequently ...

- ... any new service or ‘intervention’ is looked at very carefully: Is it **effective**? Is it **affordable** and **sustainable**? Does it **save money**? And is it **cost-effective**?

Uses of 'economic evaluation' evidence

- a. **Comparison** – between providers, LAs etc.; e.g. for monitoring (policy) or mutual learning
- b. **Commissioning** of services (e.g. by public bodies)
- c. **Individual choices** – to find out if it worth paying for (self-funders)
- d. **Provision of services** - to improve delivery or quality
- e. **Marketing of products** – by manufacturers
- f. **Market management** – to understand how to improve performance of a market
- g. **Policy development** (generally) – by tiers of government
- h. **Lobbying** – by interest groups / advocacy bodies
- i. **Guideline development** – e.g. through 'technology appraisal' (NICE)
- j. **Regulation / inspection** of services

Note: Different uses could require different analyses

Main types of economic evaluation

Label	Outcome measures	Comments
Cost-minimisation analysis	None – assumed equivalent	Limited use unless outcome evidence convincing
Cost-effectiveness analysis	Single ('primary') outcome measured in 'natural' units	Limited by single outcome, but recommendation will be clear
Cost-consequences analysis	Multiple outcomes measured in 'natural' units	Recommendation not always straightforward regarding efficiency
Cost-utility analysis	Utility (generic); e.g. Quality Adjusted Life Years (QALYs)	QALYs/DALYs might miss nuances of intervention effects
Cost-benefit analysis	Monetary values (but not just 'savings')	Very difficult to monetize mental health outcomes
Wellbeing economic evaluation (?)	Subjective wellbeing	Generic indicator might miss nuances of intervention effects
Social return on investment	Monetary values (not just savings)	Difficult to monetise outcomes; arbitrary?

THE ESSENCE PROJECT
www.essenceproject.uk



HOME ABOUT WHO'S WHO ESSENCE TOOLKIT CONTACT US

Economics of
Social Care
Compendium

ESSENCE

Examining the
economic case for a
range of adult social
care interventions

[ACCESS COMPENDIUM](#)

[CURRENT WORKSHOPS](#)



NIHR School for
Social Care Research

FUNDED BY
NIHR | National Institute
for Health Research

Research Team:

Martin Knapp (principal investigator), Michela Tinelli,
Annette Bauer, Danielle Guy

The Economics of Social care Compendium (ESSENCE)

- **Aims:**
 - Gather economic evidence around adult social care
 - Make it available to decision-makers (in England) to inform their decisions
 - Improve understanding of it by providing training & learning materials
 - Identify adult social care interventions where currently not possible to examine the economic case but could be explored through modelling or new research
- **Beyond what is already around** (NICE guidelines, SCIE, PHE toolkit, etc)
 - Communicate evidence in accessible ways for everyone, not just researchers, with **quicker** turn around than NICE
 - Add **new** evidence, not currently mentioned in published guidance
 - Channel people to **relevant** source of updated economic evidence
- **Timeline:** 1 June 2017- March 2019

How did the ESSENCE project work? (i)

- Evidence searches were undertaken across a number of databases (e.g. SSCR projects, NICE guidelines, SCIE, etc).
- Evidence was selected through an iterative process with the support of our experts. It covers relevant previous research (or in progress) on adult care services.
- **Three components of the ESSENCE toolkit are available online:**
 1. **Individual case summaries** written in non-technical language;
 2. **Searchable database;**
 3. **Glossary of terms** and **other useful resources** (training, publications, etc).

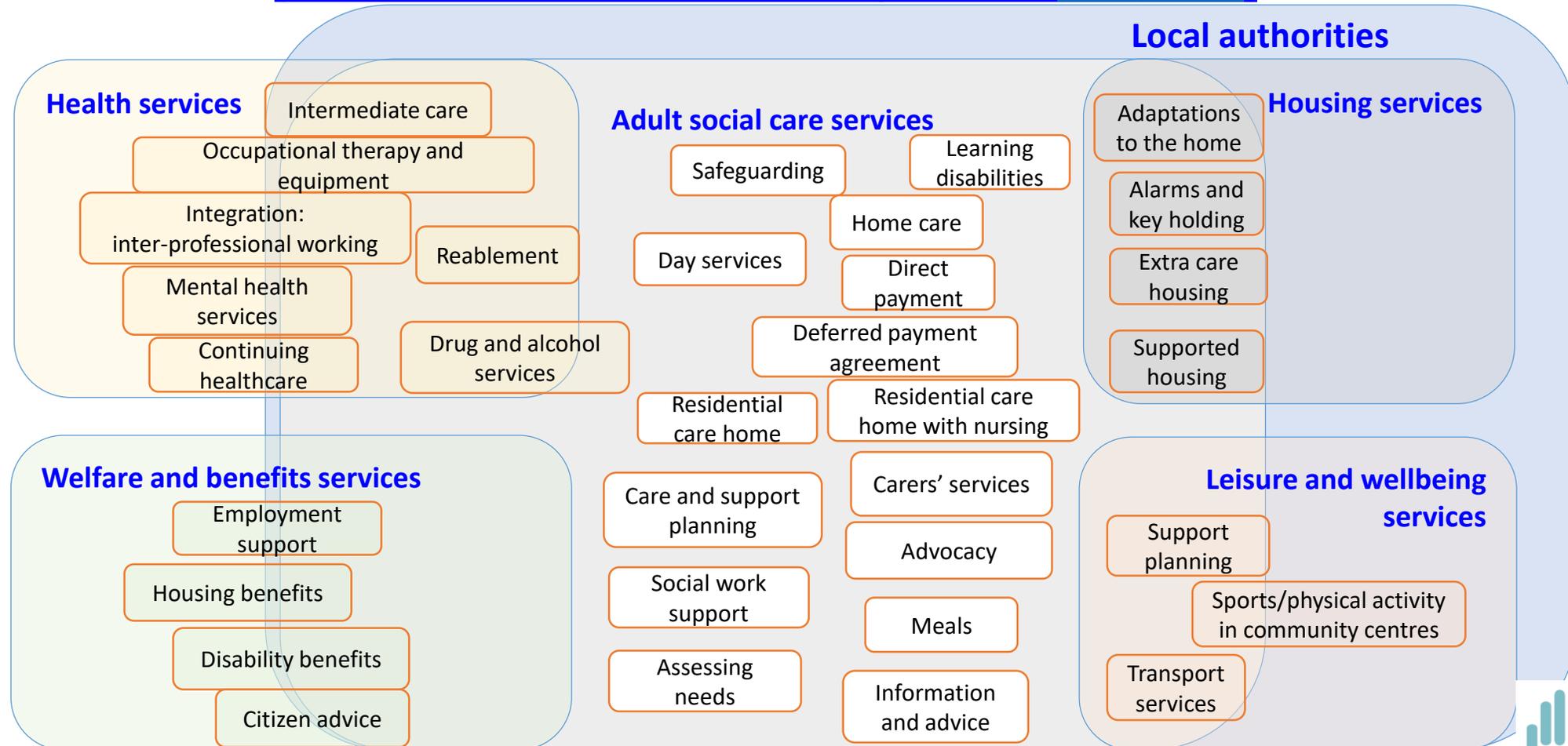
All the work was completed with support from experts

- Advisory group helped select interventions. This helps to understand the focus.

How did the ESSENCE project work? (ii)

Evidence was grouped according to a range of **33 adult care services**

(ORGANISATION FRAMEWORK adapted from NAO; 2018)



What do we mean by 'economic case'?

- We mean whether an intervention is cost-effective and affordable, paying particular attention to the spread of costs and outcomes (across budgets, sectors or systems) and over different time periods.
- We sought to identify
 - direct savings to various public budgets
 - savings to other stakeholders
 - cost-effectiveness gains
 - (Studies reporting purely on the cost of the intervention were not considered)

Structure:

- Cover page
- Context
- What is the intervention?
- Is the intervention effective?
- What do people say about it?
- Is the intervention cost-effective?
- What is the quality of evidence?
- How is the intervention implemented?
- Other information
- Contact person
- References

<https://essenceproject.uk/toolkit/>

THE ESSENCE PROJECT

ESSENCE TOOLKIT



The toolkit aims to help those planning and shaping services and treatments for adult people with social care needs and their carers make informed decisions about which services and treatments to provide and how much they cost.

The toolkit is available [here](#).

The ESSENCE toolkit has:

[VIEW TOOLKIT](#)

- A collection of case studies covering research findings for some of the main interventions identified with the help of the advisory group
- Information on relevant UK research studies on social care interventions
- Information on the type of evidence (published or forthcoming) across the array of social care interventions and population of interest

Each case study summary looks at:

[VIEW CASE STUDIES](#)

- Context
- Key points
- Intervention
- Effectiveness
- Cost-effectiveness
- Nature of evidence
- Other information (qualitative experiences; implementation knowledge)
- Key contact(s)

Case studies

- > A coping programme for family carers of people with dementia: economic evidence
- > Advance care planning: economic evidence
- > Cognitive stimulation therapy: economic evidence
- > Employment support for autistic adults: economic evidence
- > Help-at-home: economic evidence
- > Home care reablement for older people: economic evidence
- > Integrated housing with care and support for older people: economic evidence
- > Interventions beyond medicine for dementia: economic evidence
- > Person-centred support for people living with dementia in care homes: economic evidence
- > Providing debt advice: economic evidence
- > Short breaks for adults with learning disabilities and behaviour that challenges: economic evidence
- > Signposting and navigation services for older people: economic evidence
- > Support for unpaid carers: economic evidence
- > Telecare for older people
- > Transition into and from hospital for people with social care needs: economic evidence

... more (total of 20 case studies)

<https://essenceproject.uk/toolkit/>

THE ESSENCE PROJECT



HOME ABOUT WHO'S WHO ESSENCE TOOLKIT CONTACT US

ESSENCE TOOLKIT



The toolkit aims to help those planning and shaping services and treatments for adult people with social care needs and their carers make informed decisions about which services and treatments to provide and how much they cost.

The toolkit is available [here](#).

The ESSENCE toolkit has:

[VIEW TOOLKIT](#)

- A collection of case studies covering research findings for some of the main interventions identified with the help of the advisory group
- Information on relevant UK research studies on social care interventions
- Information on the type of evidence (published or forthcoming) across the array of social care interventions and population of interest

Each case study summary looks at:

[VIEW CASE STUDIES](#)

- Context
- Key points
- Intervention
- Effectiveness
- Cost-effectiveness
- Nature of evidence
- Other information (qualitative experiences; implementation knowledge)
- Key contact(s)

Current state of the database & next steps

- **First phase** completed last April 2019
- **New study (ESSENCE-2)** to start in June 2020 (duration: 3 years)
- **The team:** Martin Knapp (principal investigator), Michela Tinelli, Annette Bauer, Helen Weatherly, Ben Schlaepfer.
- **Aims:** to build on ESSENCE Toolkit and continue to help decision-makers to make better use of resources by doing 3 things:
 - Find economic evidence and make it available and accessible to inform decisions.
 - Support capacity building in adult social care
 - Identify gaps in the evidence base

Acknowledgments for the ESSENCE project

- This study was funded by NIHR School for Social Care Research
- Advisory group of experts (all elements of the project):
 - Jennifer Beecham, PSSRU Kent;
 - Aleksandra Blawat, Public Health England;
 - Mike Clark, NIHR School of Social Care;
 - Margaret Dangoor, Carer researcher PSSRU LSE;
 - Jen Francis, National Guideline Alliance, Royal College of Obstetricians and Gynaecologists;
 - Chris Hatton, Lancaster University;
 - Aija Kettunen, Diaconia University of Applied Sciences;
 - Jill Manthorpe, Kings College London;
 - Helen Weatherly, York University.
- Case summary, comments and revisions: in particular Dr Aija Kettunen; Dr John Woolham (KCL); and various **contacts** for individual case summaries.
- Website: Anji Mehta and colleagues, at the PSSRU, LSE.
- Funding disclaimer: This presentation summarises independent research funded by the National Institute for Health Research School for Social Care Research. The views expressed are those of the author(s) and not necessarily those of the NIHR SSCR, the National Institute for Health Research or the Department of Health and Social Care.

ESSENCE case study: advance care planning

THE ESSENCE PROJECT
Economics of Social Care Compendium



ESSENCE SUMMARY 10

Advance care planning: economic evidence

Annette Bauer, Danielle Guy



What is advance care planning?

Discussions with person and their family carer about their treatment wishes, which are *recorded*

Often leads to **advance decisions** (legally binding in England); appointment of **lasting power of attorney**; and **advance statements**

Goal:

To clarify (and adhere to) person's wishes, needs and preferences towards end-of-life

Principles:

Person-centred, longer-term, multi-disciplinary

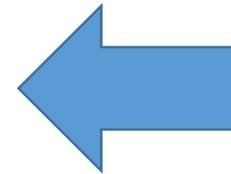
Context

Legally supported by Mental Capacity Act

Recommended by NICE

Relatively low uptake in practice

Provided very differently in different settings



Advance care planning: outcome evidence

What do people say about it?

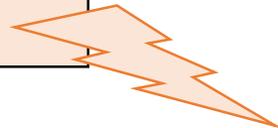
People reaching end-of-life & family carers

Most people want opportunity to discuss their preferences and wishes, and find the process challenging but useful



Practitioners

Ambivalent, lack of skills, unclear responsibilities and processes



Does it work? (Is it effective?)

Process outcomes



Increased adherence with wishes (fewer life-prolonging treatments & greater likelihood of preferred place of death)

People reaching end-of-life

Improved experience of death, better symptom control, reduced stress



Family carers

Reduced stress, few depression and anxiety including after person's death

Advance care planning: economic evidence

Is it good value for money
(cost-effective)?

Likely to be **cost-effective** from a family carer's perspective (based on our **England** model for NICE):

Costs health and social care (ACP vs. control group):
£3,748 vs. £3,072 (diff.: £676)

Quality adjusted life years (QALYs) gained: 0.03

Incremental cost-effectiveness ratio: £22,533 per QALY

Cost of the intervention: £214 to £1,874

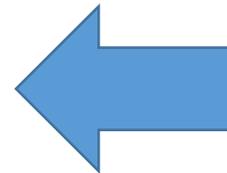


Interpretation

No economic study that includes ALL relevant costs and outcomes

Even by just including family-carer's outcomes, ACP has 55%-80% likelihood to be cost-effective

HOW it is implemented likely to have major influence on acceptance and (cost)-effectiveness



Scoping review on social care economic evaluation methods



Acknowledgements

Virtual Advisory Group

Funding disclaimer: Centre for Health Economics (CHE) received support from the Centre for Guidelines (NICE), with funding from the National Institute for Health and Care Excellence (NICE) for the Economic and Methodological Unit, York Health Economics Consortium (YHEC).

Disclaimer: This work was undertaken by the CHE at the University of York which received funding from the NICE. The views expressed in this publication are those of the authors and not necessarily those of NICE.

Why undertake the scoping review?

- Explore **which social care interventions** have been assessed in terms of cost-effectiveness, and in **what setting**.
- Assess the **findings** of the studies, focusing on the **methods** used to undertake the studies.
- **Draw lessons** as to how we might learn from the studies undertaken to date to inform future economic evaluations.

What did the review find?

- 30 economic evaluations of social care interventions. 19 (63%) from the UK context.
- Different types of EE were undertaken (from most common to least common) - CEA using natural units to measure outcomes, CEA using QALYs, CCA, CBA.
- Each study compared 2 interventions, mostly based on primary studies. Studies covered a range of methods and perspectives. These were reflected in the resource use, costs and outcomes assessed. Almost all studies focused on the service user. 10 (33%) studies included informal unpaid carer contributions. No studies explicitly explored equity.

What can we learn from the review?

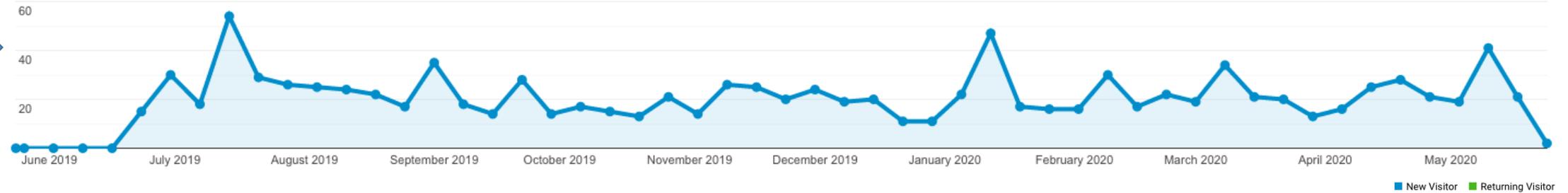
- Study set up
 - A **framework for EE** when costs/effects fall on **multiple sectors/decision makers**. Consideration of what is the **appropriate perspective(s)**.
 - Enhanced methods to identify **which interventions to compare** and how to better scope EE studies.
 - **Data collection** can be a challenge and is time and resource intensive and therefore requires investment.
 - Thoughtful **study design** is essential.
 - Additional support and development of **research capacity** may be warranted over and above evaluations in health care.
- Key methods research
 - Research is needed on the opportunity costs falling on local authority funded social care in the form of a **cost-effectiveness threshold**.
 - **Outcome instruments** to measure the effects/benefits of **social care** interventions.

Top-line web analytics since launch - USERS

(c. 1 July 2019 – 25 May 2020)

● Users

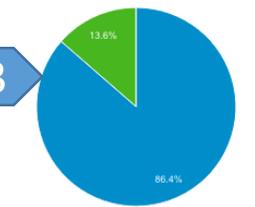
1



2



3



4

Rank	Country	Users	Percentage
1.	United Kingdom	484	54.57%
2.	United States	85	9.58%
3.	Australia	31	3.49%
4.	China	26	2.93%
5.	Germany	21	2.37%
6.	Canada	20	2.25%
7.	India	20	2.25%
8.	Hong Kong	19	2.14%
9.	Netherlands	17	1.92%
10.	Finland	16	1.80%

5

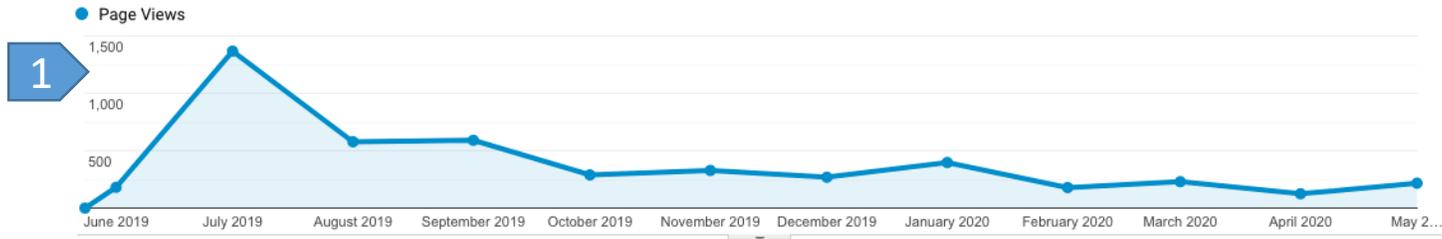
Rank	Source	Users	Percentage
1.	Organic Search	489	54.76%
2.	Direct	324	36.28%
3.	Social	38	4.26%
4.	Referral	36	4.03%
5.	Email	6	0.67%

6

Search Query	Clicks	Impressions	CTR
	129 <small>% of Total: 26.82% (481)</small>	8,680 <small>% of Total: 41.91% (20,712)</small>	1.49% <small>Avg for View: 2.32% (-36.00%)</small>
1. base case analysis	43 (33.33%)	643 (7.41%)	6.69%
2. net monetary benefit	32 (24.81%)	1,082 (12.47%)	2.96%
3. essence project	21 (16.28%)	189 (2.18%)	11.11%
4. the essence project	11 (8.53%)	122 (1.41%)	9.02%
5. base-case analysis	7 (5.43%)	139 (1.60%)	5.04%
6. project essence	3 (2.33%)	57 (0.66%)	5.26%

Top-line web analytics since launch - CONTENT

(c. 1 July 2019 – 25 May 2020)

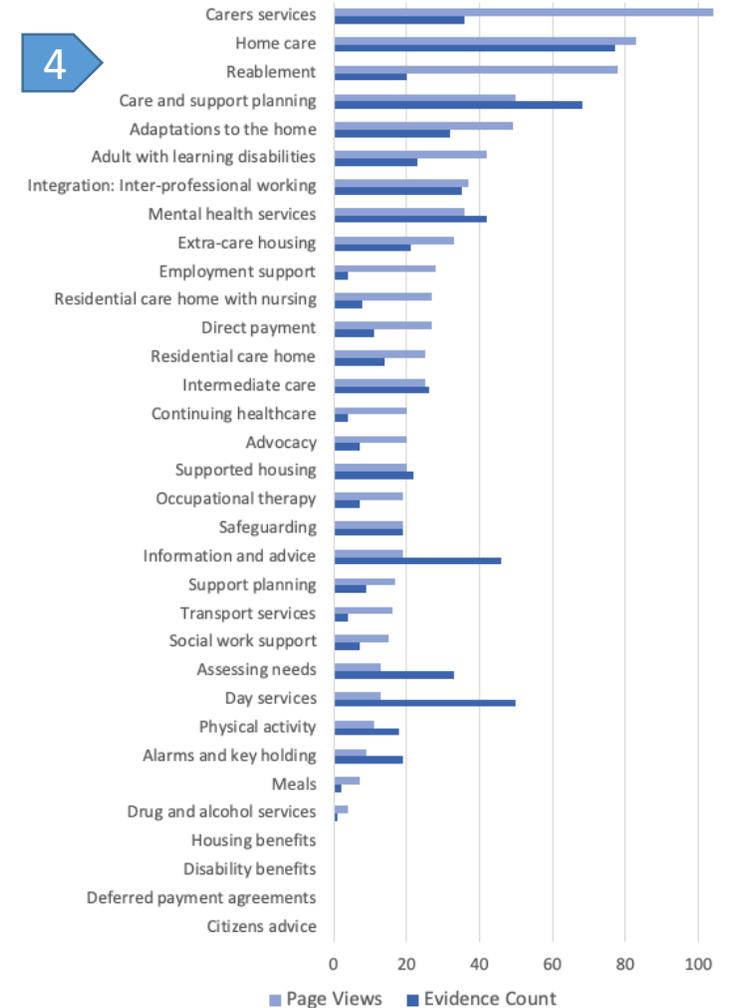


2

Page Title	Page Views
4,752 % of Total: 100.00% (4,752)	
1. Organisational framework The Essence Project	964 (20.29%)
2. The Essence Project	859 (18.08%)
3. Essence Toolkit The Essence Project	535 (11.26%)
4. About The Essence Project	281 (5.91%)
5. Who's Who The Essence Project	201 (4.23%)
6. Case Studies The Essence Project	186 (3.91%)
7. Net Monetary Benefit (NMB) or net benefit The Essence Project	127 (2.67%)
8. Base Case Analysis The Essence Project	107 (2.25%)
9. Carers services NAO Keywords The Essence Project	104 (2.19%)
10. Home care NAO Keywords The Essence Project	88 (1.85%)
11. Reablement NAO Keywords The Essence Project	80 (1.68%)
12. Data Sources The Essence Project	56 (1.18%)
13. Evidence List The Essence Project	55 (1.16%)
14. Care and support planning NAO Keywords The Essence Project	50 (1.05%)
15. Adaptations to the home NAO Keywords The Essence Project	49 (1.03%)

3

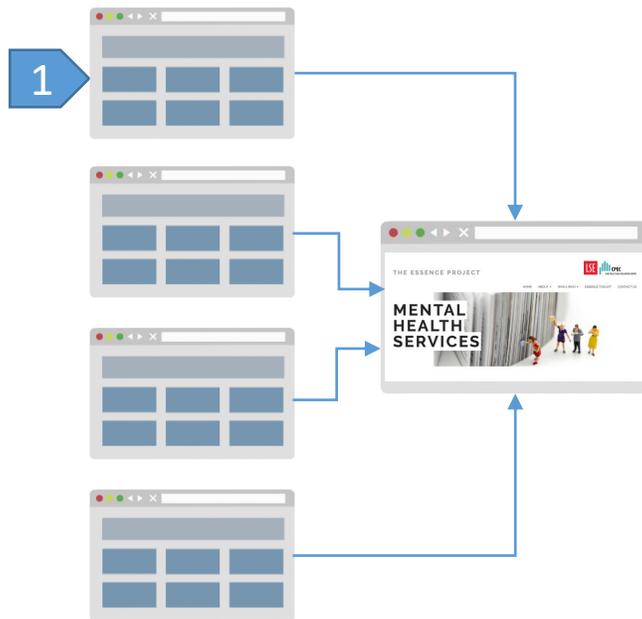
Page Title	Page Views
885 % of Total: 18.62% (4,752)	
1. Carers services NAO Keywords The Essence Project	104 (11.75%)
2. Home care NAO Keywords The Essence Project	88 (9.94%)
3. Reablement NAO Keywords The Essence Project	80 (9.04%)
4. Care and support planning NAO Keywords The Essence Project	50 (5.65%)
5. Adaptations to the home NAO Keywords The Essence Project	49 (5.54%)
6. Adult with learning disabilities NAO Keywords The Essence Project	42 (4.75%)
7. Integration: Inter-professional working NAO Keywords The Essence Project	39 (4.41%)
8. Extra-care housing NAO Keywords The Essence Project	37 (4.18%)
9. Mental health services NAO Keywords The Essence Project	36 (4.07%)
10. Employment support NAO Keywords The Essence Project	28 (3.16%)
11. Residential care home NAO Keywords The Essence Project	28 (3.16%)
12. Direct payment NAO Keywords The Essence Project	27 (3.05%)
13. Intermediate care NAO Keywords The Essence Project	27 (3.05%)
14. Residential care home with nursing NAO Keywords The Essence Project	25 (2.82%)
15. Supported housing NAO Keywords The Essence Project	21 (2.37%)



Increasing site traffic & user experience

(potential initiatives)

Increase inbound links



Invite suggestions / input

2

Suggest a resource

Resource details

Link to resource *

Type in the web address of your suggested resource

Resource summary *

Add a brief explanation of the resource

Primary language of resource

English

Resource topic(s)

- Home / community-based care
- People with intellectual disabilities
- Residential and nursing care homes
- Supported living
- Workforce and training resources
- Palliative care
- People living with dementia
- Support for unpaid carers
- Whole long-term care sector

Your details

Name *

First / last

Email *

Organisation

Country

United Kingdom

Tick here if you are able / willing to contribute further to this website

SUBMIT

Translate >

Maintain contact

3

Subscribe to updates

Enter your email below to receive a daily digest of latest posts.

Email

SUBSCRIBE

This week's round-up

Dementia Researcher <dementiaresearcher@lhr.ac.uk>

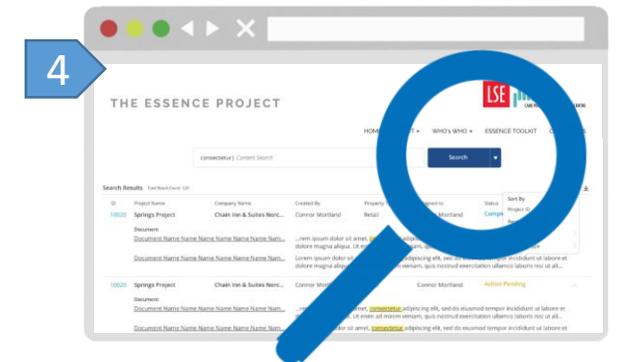
NIHR | National Institute for Health Research

New Webinar Register Today - Adapting the Australian Environmental Assessment Tool - High Care (EAT-HC)

Register now - Wednesday 27th May - 2.15 pm - Joanna Sun, PhD Student from the University of Wollongong, Australia.

Twitter YouTube Facebook LinkedIn

Increase site tools e.g. search



Reminder: ESSENCE-2 starts next week...

- Look for economic evidence and make it available & accessible to inform discussions & decisions:
 - Add new evidence & new case summaries where relevant
 - Update existing case summaries
 - Potentially model
- Support capacity-building:
 - Freely available training & learning materials, downloadable from the website
 - Webinars
- Identify gaps in the evidence base:
 - Adult interventions where currently not possible to examine economic case
 - ... and hence signpost new research needs & opportunities

... please get involved!

Disclaimer

This presentation summarises independent research funded by the National Institute for Health Research School for Social Care Research. The views expressed are those of the author(s) and not necessarily those of the NIHR SSCR, the National Institute for Health Research or the Department of Health and Social Care.

