

Empowering Social Care Decisions with Economic Evidence

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CPEC LSE Webinar,
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THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE



Structure

5 mins	Welcome and introduction	Michela Tinelli (M.Tinelli@lse.ac.uk)
10 mins	The importance of economic evidence	Martin Knapp (M.Knapp@lse.ac.uk)
10 mins	Overview of the ESSENCE toolkit	Magdalena Walbaum (M.Walbaum@lse.ac.uk) & Shari Jadoolal (S.Jadoolal@lse.ac.uk)
15 mins	ESSENCE adults: homelessness case study	Michela Tinelli
	Perspective of a practitioner	Peter Moore (PMOORE@oxford.gov.uk)
10 mins	Autism – evidence use	Adam Micklethwaite (adam@autismalliance.org.uk)
10 mins	Discussion	All

The importance of economic evidence

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, payment for care, outcomes etc.
- Safeguards people
- Encourages social / community cohesion

And perhaps also...?

- **Efficient** in use of scarce resources (= cost-effective)
- **Affordable** in the short term (i.e., with today's budget)
- **Financially sustainable** in the long term
- Perhaps even generates **cashable savings** ... if so, 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 therefore, 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, local authorities etc.; e.g., for monitoring (of policy) or mutual learning
- b. **Commissioning** of services (e.g., by public bodies)
- c. **Individual choices** – to find out if it something is worth paying for (self-funders)
- d. **Provision of services** - to improve delivery or quality
- e. **Marketing of products** – by manufacturers
- f. **Market management** – to try to improve market performance
- 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 to be equivalent	Limited use unless outcome evidence is 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?

Overview of the ESSENCE toolkit

Magdalena Walbaum & Shari Jadoolal

Aims of the ESSENCE toolkit

THE ESSENCE PROJECT



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[Economics of Social Care Compendium](#)

ESSENCE

Examining the economic case for a range of adult
and children's social care interventions

[NEW: CHILDREN'S SOCIAL CARE EVIDENCE](#)

[ACCESS THE ESSENCE TOOLKIT](#)

[READ CASE STUDIES](#)

[CONTRIBUTE EVIDENCE \(published/underway\)](#)

[GIVE FEEDBACK ON THE ESSENCE TOOLKIT](#)



1. Gather economic evidence for adult *and children's* social care.
2. Make it available in a form that supports decision making.
3. Improve understanding of economic evaluation through training and learning materials.
4. Identify adult and children's social care interventions where new economic evidence might be generated.

www.essenceproject.uk

ESSENCE-2

- **First phase** completed April 2019.
- **New study (ESSENCE-2)** started June 2020 (carry on until March 24).
- **Current team:** Martin Knapp (PI; LSE), Michela Tinelli (LSE), Annette Bauer (LSE), Helen Weatherly (York), Ben Schlaepfer (LSE), Magdalena Walbaum (LSE), Shari Jadoolal (LSE).
- **Aims:** to continue to build on the ESSENCE Toolkit to help decision-makers make better use of resources in three ways:
 - to find economic evidence and make it available and accessible
 - to support capacity-building in adult social care
 - to identify gaps in the evidence base (and maybe fill some of them)

What do we mean by 'economic case'?

- Is an intervention 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 aim to identify
 - direct (immediate or longer-term) savings to various public budgets,
 - savings to other stakeholders (e.g., employers, people using services or families)
 - cost-effectiveness gains where there are no savings as such, but additional costs are seen by decision-makers to be justified by improved outcomes
- Studies reporting purely on the cost of the intervention were not considered.

How does the ESSENCE project work?

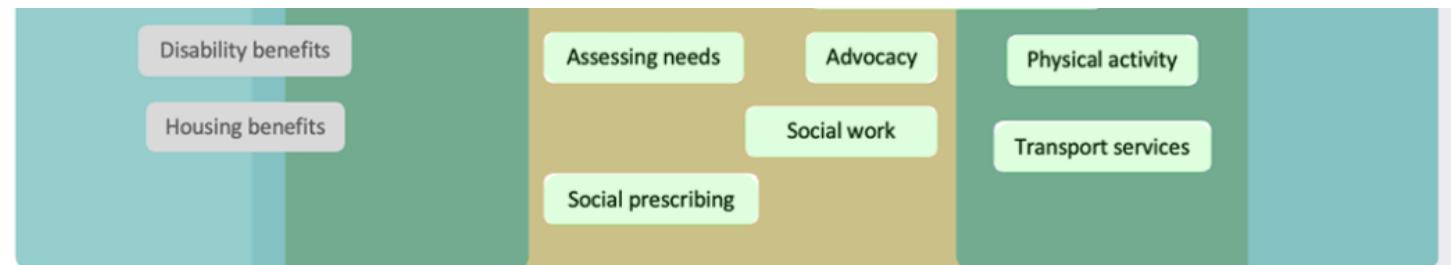
- Evidence searches are undertaken across a number of databases (e.g. Medline, SSCR projects, NICE guidelines, SCIE, etc).
- Evidence is selected for inclusion through an iterative process with the support of our experts.
- **Three components of the ESSENCE toolkit are available online:**
 1. **Individual case summaries** written in non-technical language;
 2. **Searchable database** with published evidence;
 3. **Glossary of terms and other useful resources** (training, publications, etc).

All the work is completed with support from experts, particularly the Advisory Group.

Case summaries

- Planned: 28+
- Already published: 24

So far, we published case summaries on adult social care ...



... But more work is underway on children social care.

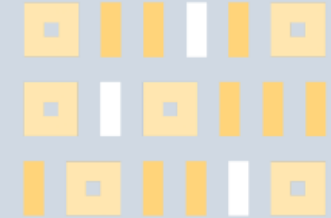
Structure:

- 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)

ESSENCE toolkit: Example of case summary

- Accessible at a glance (5 min reading on the website)
- **If you want to know more** – print and download full case summary (as pdf)
- **Full case summary is also short and written in non-technical language way (accessible as well)**

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

THE ESSENCE PROJECT



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ESSENCE CASE STUDY

Hearing dogs for people with severe and profound hearing loss: economic evidence

Author(s):	Helen Weatherly ² ;
Institution(s):	² Centre for Health Economics, University of York;
Production date:	February 2023
Acknowledgements:	Lucy Stuttard, Francesco Longo, Simon Walker
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BACKGROUND

In the UK, more than 800,000 people are severely or profoundly deaf, that is 1.32% of the total population.¹ Health and social care workers and care professionals need robust evidence to provide information and advice for people with hearing loss. Hearing loss, particularly when acquired in adulthood, is associated with adverse outcomes across a range of life domains including reduced quality of life, social networks, social inclusion, work, mental and physical health, and cognitive decline.²⁻⁸ Hearing dogs are a type of assistance dog and they may benefit recipients by reducing their reliance on ongoing care as well as supporting independence in the community. This summary reports evidence from Stuttard et al, 2021.⁹

KEY POINTS

CONTENTS

Background
Key Points
Context
What are hearing dogs for people with severe and profound hearing loss?
Are hearing dogs effective?
What do people say about hearing dogs?
Are hearing dogs cost-effective?
What is the quality of evidence on hearing dogs?
How is the intervention implemented?
Other information
Key Contact
References
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How the ESSENCE toolkit could help you

Search for evidence and map where service provision is supported by economic evidence

- Seek to cover as many social care interventions as possible, and for all groups of people who draw on social care support.
- Quality of evidence 'broadly' covered

Identify gaps in evidence to

- Fill in gaps possibly with new research

Disseminate your work

Current state and next steps

The ESSENCE numbers



Bundles of evidence
[comprising (1) + (2)]

26



(1) Case summaries
including those under
production

28+



(2) Searchable database
with individual
publications

1300+

Presentations, conferences, papers 10+

Next steps





- More on capacity building and awareness
- More on strength of the evidence
- Reflect more on the generalisability of the CEA results and settings of studies included (beyond England)
- Identify gaps in the evidence base (and maybe fill some of them)
- Evaluation of the ESSENCE toolkit
- Expand to child social care
- Extension to carry on with the project for longer (beyond March 2024?)
- For the future: maybe continued updating and expansion of the toolkit?

ESSENCE adults: homelessness case study

Michela Tinelli

ESSENCE CASE STUDY

Hospital discharge and intermediate care services for people who are homeless: economic evidence

Author(s):	Michela Tinelli ^a ; Michelle Cornes ^b ;
Institution(s):	^a CPEC, London School of Economics and Political Science; ^b NIHR Policy Research Unit in Health and Social Care Workforce, King's College London;
Production date:	February 2023
Acknowledgements:	We are grateful to the ESSENCE project advisory group for their helpful comments on earlier versions of this case summary.
Share this case study:	   

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BACKGROUND

The overall level of core homelessness in England (number of homeless people on a typical night) has risen from 120,000 in 2010 to 153,000 in 2017, an increase of 28%.¹ Compared to people who are not homeless, people who are homeless are likely to attend hospital Accident and Emergency departments (A&E) six times as often, be admitted three times as often and stay in hospital three times as long, have unscheduled care costs that are 8 times higher and experience poor care (70% discharged back onto the street).²

In 2013, the Department of Health (DH) funded 52 homeless hospital discharge projects across England at a cost of £10million. A study commissioned by the National Institute for Health Research from 2015-2019, compared the effectiveness and cost-effectiveness of these 52 new hospital discharge arrangements for homeless people in England.

KEY POINTS

- There is strong evidence to support the commissioning of specialist homeless hospital discharge schemes, as they are consistently more effective and cost-effective than 'standard care'. Homeless hospital discharge schemes with direct access to specialist intermediate care (step-down beds) are more cost-effective than homeless hospital discharge schemes that have no direct access to intermediate care.
- The interviews with frontline professionals highlighted the poor current practice associated with seeing each hospital admission in isolation, the failure to provide appropriate multidisciplinary responses and to initiate safeguarding alerts where unsafe discharge occurs. In addition, patients reported situations where the combination of being a homeless person and a person that abuses drug and alcohol is a highly stigmatised condition. They also reported that when resources are stretched

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Are homeless hospital discharge services effective?
What do people say about homeless hospital discharge services?
Are homeless hospital discharge services cost-effective?
How are homeless hospital discharge services implemented?
Key Contact
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Study design: modelling based on cohort studies and RCT data.

Alternatives: specialist discharge services vs. usual care.

Perspectives: NHS and broader public perspective.

Key points:

- Specialist homeless hospital discharge schemes are consistently more effective and cost-effective than 'standard care'.
- Homeless hospital discharge schemes with direct access to specialist intermediate care.
- (step-down beds) are more cost-effective than homeless hospital discharge schemes that have no direct access to intermediate care.

Cornes et al (2021) *Health Services and Delivery Research*.
 Tinelli et al (2022) *Health and Social Care*.

Background: Developed as part of national Evaluation of OOHCM Programme

- 2021 DHSC Out-of-Hospital Care Models (OOHCM) Programme
- 2021- 2023 DHSC commissioned evaluation on implementation and sustainability of models.
- Evaluation team worked to **improve the information available to policy makers, commissioners and service leads.**



Overall Programme Impact

- **Favourable outcomes**, successfully achieving 8 out of the 11 initial DHSC objectives (2 mixed results, one no published data). Details to follow.
- **We standardised over 50 metrics**
 - Demographics of the individuals
 - Process outcomes
 - *Economic outcomes concerning the NHS and broader public budgets and investment costs*
 - Health outcomes
 - Housing outcomes
 - Care experiences, and preferences for various care models.
- *Data are available from the LSE website (visualised using static infographics and interactive dynamic dashboards)*
- *Report under production*
- *ESSENCE case study under production*

Access to the dashboards: <https://www.lse.ac.uk/cpec/research/OOHCM/integrated-management-dashboards>



Oxfordshire Out of Hospital Care Model

- 2021 - initial funding from DHSC's Shared Outcomes scheme (15 months)
- 17 test sites across the county – innovative, partnership working
- Aims:
 - Planned, safe discharges from hospital – avoid discharge to street
 - Increase access to services in community – avoid (re)admissions and reduce inequalities
 - Prevent rough sleeping and homelessness
- Project evaluated by King's College London and London School of Economics
- 2022 – further short-term funding secured and model expanded
- 2023 – Two-year funding secured (BCF and ICB)



Oxfordshire Out of Hospital Care Team

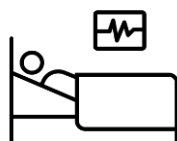
OOHCTeam@oxford.gov.uk

Avoid unnecessary admissions



Preventative Step-up services

- Social Workers
- Clinical Psychologists / Psychiatrist
- Mental Health Practitioner
- Occupational Therapist
- Step Up accommodation



Acute General or Mental Health Hospital

- Housing Options Officers
- Dual Diagnosis service
- MH Health Support Workers



Person facing homelessness

- Peer assessors
- LEAF



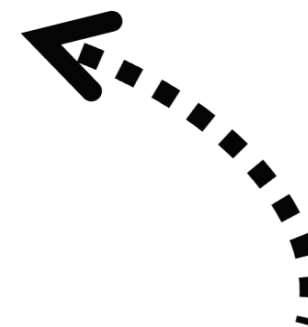
Step-down accommodation

- Up to 6 weeks free of charge
- Input from OOHCTeam and Primary Care



Ongoing housing

- Transitional support from clinical roles and EMHWs



Data and Evaluation

Overcoming challenges

- Collecting the data – involve team in design and process
- Building relationships – NHS - show impact and say thank you!
- GDPR – consent, data sharing agreement - perseverance

Methodology

- Supportive, two-way process with LSE/KCL – evolving model of evaluation
- Qualitative evaluation of Step Down – LEAF / EBE - valuable insights, authenticity

Impact

- Adapted our service delivery – Step Down move in experience
- Benchmarking – designing and refining model
- Secured funding - clear and credible data that stood up to scrutiny

Plans for the future

What next?

- Longer-term outcomes – 56% reduction in ED ✓ Housing?
- Evaluate preventative services
- Use DCE data and dashboard to design OOHC model
 - Best scenario of care = better engagement
 - Predictive service uptake and number of beds required
- Develop dashboard as MGT tool – flow, pressures, impact

Autism – evidence use

Adam Micklethwaite

What evidence do we need?

- Outcomes for autistic people significantly poorer than other groups (mental health, life expectancy, education, employment) – and face specific set of barriers ('masking', misunderstanding, discrimination, environment)
- Human rights case and economic case
- Types of evidence:
 - Employment - higher business performance, reduced benefits spending, lower lost skills/income
 - Education – increased attendance, higher qualifications/skills from meeting needs in mainstream schools (plus positive whole school effect)
 - Health/social care – lower spend on crisis response from investing in early support leading to reduction in long term need
- Longer term – service models that work for autistic people could improve outcomes for everyone (embracing difference, meeting need)

How would we use the evidence?

- Influencing Government policy – examples:
 - [Real Change for Autistic People and their Families](#)
 - Economic impact of autism and spending scenarios (with LSE)
- National campaigns – examples:
 - [Breaking Point](#) (adult social care, showing impact of failing to meet needs on outcomes and costs)
- Local service commissioning – examples:
 - Reallocation of funding by Integrated Care Boards from crisis response to early support and ‘prevention’
- Practice – examples:
 - Approaches and ‘interventions’ that can improve outcomes and reduce costs

Discussion