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## Introduction

The recent growth in social care expenditure in England has been significant. Over the last ten years, for instance, local authority gross expenditure on older people increased by 80% in nominal terms and by 44% in real terms. Such an increase responds to a range of key drivers, which include rises in demand for care linked to demographic patterns, reductions in the availability of alternative sources of support (and in particular of informal care giving), and above general inflation increases in the unit cost of social care services (linked to real rises in wages in the social care sector).

Heavily means-tested, the English social care system concentrates public support on individuals with low financial means and with very high dependency levels, and leaves significant proportions of older people in need of care to purchase care privately, rely on informal care or face unmet need for care.

Ever since the Royal Commission on the Funding of Long Term Care was set up in 1997, PSSRU researchers have made significant contributions to the growing public debate about future funding arrangements for social care. Using a range of modelling methods (including macro and micro, static and dynamic simulation models), they have explored present and future costs and benefits associated with alternative scenarios associated with different

assumptions about patterns of disability, care service provision, unit costs and funding systems. Key such contributions include a large number of scenarios modelled for the Royal Commission, IPPR, the EU Commission, the Joseph Rowntree long term care funding enquiry, and the quantitative and policy analysis of the Kings Fund Wanless Social Care enquiry (actually managed by PSSRU staff) which advocated for more universal support with long term care needs. Recently, PSSRU researchers have also developed a model exploring future long term care costs for young people with physical disabilities and for people with learning disabilities.

These key analyses have informed and influenced the Green Paper by English Department of Health on Care and Support. In fact, PSSRU has provided significant quantitative analytical support to the Green Paper team, using purpose-built aggregate and dynamic micro-simulation models allowing the analysis of longitudinal and distributional implications of alternative funding arrangements. Further analyses are planned which will examine in greater detail key issues for the future of the social care such as likely future patterns of prevalence of disability, availability of social care workforce in the future, and the interrelationship between social care and other related systems (e.g. health care, housing, and pension systems). ■

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The PSSRU conducts research and analysis on equity and efficiency in health and social care across three branches (LSE, Universities of Kent and Manchester). PSSRU's mission is to conduct high quality research on social and health care to inform and influence policy, practice and theory.

The PSSRU receives funding from a number of organisations but would particularly like to acknowledge the continued support and funding we receive from the Department of Health for our core research and related activities. All opinions expressed in Research Bites are, however, those of PSSRU and not necessarily of our funding bodies.



## Local Evaluation of the Partnership for Older People Projects (POPP) in Kent

**Martin Knapp, Karen Windle, Margaret Perkins and Catherine Henderson**

Independence through the Voluntary Action of Kent's Elders (INVOKE) is one of nine projects in the second round of POPP. INVOKE has the following aims:

- To support independence and interdependence through the creation of new forms of support: providing the extra assistance older people need when facing life changing circumstances that could affect their long term health problems.
- To put older people in personal control, providing integrated care and support through joint working across public and voluntary sectors.
- To focus on prevention of ill health and promotion of wellbeing, allowing older people to be both healthy and independent.

A key purpose of the local evaluation has been to examine the extent to which INVOKE meets its objectives over the period from September 2007 to June 2009. The local evaluation is also assisting the national POPP evaluation, which is the responsibility of a team led by Karen Windle from the PSSRU branch at the University of Kent.

The study addresses the following research questions:

- To what extent does INVOKE support the reduction of inappropriate emergency admissions to acute hospitals (the LTC target of the POPP initiative)?

- To what extent does INVOKE support an increase in the proportion of older people living in their own homes and a decrease in the proportion entering long term care (the OP PSA target of the POPP initiative)?
- To what extent and in what ways can users of the INVOKE services/interventions benefit?
- To what extent does INVOKE alter local patterns of expenditure and prove cost-effective?
- What impact does INVOKE make on joint working between the voluntary, health and social care sectors in East Kent?

In addressing these research questions, the evaluation is also describing the links between the three strands of the local initiative; what service gaps the new support services are designed to fill; what links they are anticipated to have with existing services; and what links they prove to have in practice.

The evaluation is employing a mix of both quantitative and qualitative methods, and is also drawing on both primary data collections and analyses of existing material.

Interviews have been conducted with key staff in Kent County Council Adult Services and Eastern and Coastal Kent PCT (ECKPCT) who have been central to the development of the INVOKE project. We have also carried out interviews with representatives from the voluntary sector and

service users involved in the development of INVOKE, and with people working in the Care Navigator, Community Matron Support Worker and Community Liaison and Information Assistant services.

Quality of Life questionnaires are being completed by service users of all the INVOKE services and are then submitted to the National Evaluation team as part of the National Evaluation POPPS dataset. The National Evaluation team is currently carrying out these analyses.

The evaluation in Kent is now coming to an end. Findings will be available in the near future.

*Contact Margaret Perkins (m.a.perkins@lse.ac.uk) for further information about this project.* ■


## National Evaluation of Partnerships for Older People Projects

The National Evaluation of Partnerships for Older People Projects (POPP) has submitted its second interim findings to the Department of Health, based on data collected and analysed over the last two years of the POPP programme (April 2006 to March 2008).

In 2006 the Department of Health established the Partnerships for Older People Projects with 19 pilot local authority sites and 48 (at the time) PCT partners.

The aim of each of the projects was to shift resources and 'culture' away from the focus on institutionalised and hospital-based crisis care towards earlier and better targeted interventions within community settings.

The research is led by the University of Hertfordshire. The National Evaluation team consists of researchers from the University of Keele, University College London, the London School of Economics (Julien Forder, Catherine Henderson, Martin Knapp, Gerald Wistow), and Liverpool John Moores University.

Contact Julien Forder ([j.forder@lse.ac.uk](mailto:j.forder@lse.ac.uk)) for further information about this project. 

Interim findings from the project indicate the following:

- 99,988 individuals had received, or were receiving, a service within the POPP programme across 470 projects and within 29 pilot site areas.
- POPP pilot sites continue to have a demonstrable effect on reducing hospital emergency bed-day use when compared with non-POPP sites. The results show that for every £1 spent on POPP, an average of £0.73 will be saved on the per month cost of emergency hospital bed-days, assuming the cost of a bed-day to be £120.
- The POPP projects are having an effect on how users perceive their quality of life as a whole. Following the project, users report they see their quality of life as improved.
- Users also reported that their health-related quality of life improved in five key domains, (mobility, washing/dressing, usual activities, pain and anxiety), following their involvement in the POPP projects.
- An analysis of those sites where data are currently available (11 out of 29 sites) appears to demonstrate the cost-effectiveness of POPP projects.
- The POPP programmes also appear to be associated with a wider culture change within their localities. Generally, there seems to be a greater recognition of the importance of including early intervention and preventative services focused toward well-being.
- POPP partnerships across the health and social care economy seem to have strengthened and accelerated developments around joint commissioning. In particular, there has been recognition of the value of involving voluntary and community organisations in service planning and delivery.
- Involvement of older people within the POPP sites appears to be focused on the delivery of services; almost half the staff in the projects across the POPP programme are older volunteers.
- To date only 15 (4%) of the total 470 projects across the POPP programme have indicated that they do not intend to sustain their service after the end of DH funding.



## PhD research – Nika Fuchkan

### Health, social and economic impacts of posttraumatic stress disorder

Almost 30 years after its formal recognition and inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), posttraumatic stress disorder (PTSD) has remained a hugely contested and debated diagnosis (Brewin 2003). Since the introduction of the diagnosis many studies have testified to its grave health impacts. However, it is still unclear how profound are the social and economic effects of PTSD on individuals and society.

An opportunity to attempt to measure the health, as well as economic and social effects of traumatic events and of PTSD arose while I was involved in the evaluation of the NHS response to the London bombings on 7 July 2005. The evaluation lasted for two and half years, during which I was involved in following up and interviewing around 200 individuals exposed to the bombings. The aim of the study was to interview these individuals, both users and potential users of the specialised NHS trauma service, The Screen and Treat programme (ST) which was set-up within a month of the bombings and its role was to screen all individuals involved for PTSD and, if necessary, refer them on to specialised treatment in the form of trauma focused Cognitive Behavioural Therapy (CBT) or Eye Movement Desensitisation and Reprocessing (EMDR) at one of three dedicated London-based clinics (Brewin 2008).

In addition to assessing the impact of the London bombings in terms

of service use and the impact on the health, social, and economic activity of those affected, I was interested in comparing the ST programme with current NHS practice and in conducting an economic evaluation of the ST programme. Furthermore I was curious about the broader implications and feasibility of screening for PTSD in primary care services.

In September 2007 I translated all those interests into research questions and started my PhD programme within the Department of Social Policy under the supervision of Martin Knapp and Jennifer Beecham.

At this point in my work I have started to analyse the data collected on the 238 users and non-users of the ST programme, on all of the services they have used in relation to the bombings, as well as the costs of the ST programme. This data was collected by using an adapted version of the Client Services Receipt Inventory (CSRI) (Beecham and Knapp 2001).

I will be analysing health-related quality of life, collected through the SF-12 questionnaire on both users and non-users of the ST programme to determine the health impacts of PTSD. For programme users who received treatment I will be exploring 'before' and 'after' treatment scores on depression and PTSD measures, while for programme non-users I will be looking at the results of the PTSD screening measure, TSQ

(Brewin 2002), applied at the evaluation interview, an average two years after the bombings.

In addition, I will be spending two months at the Trauma and PTSD Programme, Department of Psychiatry, Sciences, Columbia University in New York as a part of the Global Public Policy Network scholarship programme. At Columbia, I will be studying the health effects of trauma and PTSD focusing on work conducted at the Department on the health effects of the 9/11 bombings on the individuals involved.

#### References

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## Care costs: the public's view

**Fernandez J-L, Knapp M, Poole T**  
*Community Care*, 21 May 2009

PSSRU, in collaboration with the BBC, launched a care calculator and a care questionnaire in 2008 with the aim of providing an approximate idea of the level of social care – both public and private – currently provided in England. A short questionnaire was set up on BBC Radio 4's You and Yours (<http://www.bbc.co.uk/radio4/youandyours/careintheuk/calculator.shtml>) website on attitudes to funding arrangements for social care.

The analyses examined the responses of 9,588 people. Almost four-fifths of respondents to the survey were under 65, 31% said they had a disability, and 11% received social care support at the time of the survey. Only respondents in England were included in the analysis.

More than half (55%) of those who used the interactive care calculator said that the level of support in England depicted in the examples was worse than they had expected. For 40% of respondents it sounded "about right", while nearly 6% said it was better than expected.

A large majority (82%) of respondents said they would be

willing to pay higher taxes, but 11% said they would not (the rest were unsure). Individuals with savings above £21,500 were less in favour of a rise in income tax, whereas recipients of care were more likely to agree with the measure.

The results confirm how challenging it will be for the government to secure a consensus across society about the way forward. People's views do not always appear consistent, a fact that might reflect a lack of understanding of the different types of funding models.

Although the focus of the questionnaire was on social care funding options, it also explored views on how informal care should be encouraged. Out of the options available, nearly 45% of respondents opted for improved financial support for carers including grants and benefits; with a lower level of support for improved day care (12%), improved respite care (12%), and improved rights to flexible working (10%). Interestingly, almost one in five respondents (19%) did not favour any measures "because [informal care] discourages government support" for care. ■

*Findings from the survey featured in the 21 May issue of Community Care magazine: <http://www.communitycare.co.uk/Articles/2009/05/20/111578/results-from-the-bbc-care-calculator-survey.html>*

## Treatment paths and costs for young adults with acquired brain injury in the United Kingdom

**Beecham J, Perkins M, Snell T, Knapp M (2009)**  
*Brain Injury*, 23, 30–38

Abstract

*Primary objectives:*

To identify the health and social care services used by young adults aged 18–25 years with acquired brain injury (ABI) and the costs of these supports.

*Research methods:* A review of existing literature and databases and contact with academics and stakeholders working with people with ABI.

*Main outcomes and results:*

The likely care pathways of young adults with ABI were mapped over a notional 1-year period after presentation at hospital accident and emergency departments. Most young adults with ABI will use minimal health and social care support following injury but those with subsequent disabilities may cost the health and social care budget in excess of £47.2 million per year.

*Conclusion:*

Lack of available data mean the service use and cost estimates draw from a range of sources. However, the costs may under-estimate the true impact on budgets as incidence rates may be higher than identified and conservative values were selected for unit costs. The model estimates the cost of treatment and support as provided today, but high levels of unmet need remain. ■



## Associations between negative symptoms, service use patterns, and costs in patients with schizophrenia in five European countries

Knapp M, McCrone P, Leeuwenkamp O (2008)  
*Clinical Neuropsychiatry*, 5, 4, 195–205

### Abstract

#### Objective:

Negative symptoms in patients with schizophrenia can adversely affect functionality and social interactions. However, the impact of negative symptoms on schizophrenia-related healthcare costs has not been well studied. We sought to examine this relationship in a European sample.

#### Methods:

Data from the European Psychiatric Services: Inputs Linked to Outcome Domains and Needs (EPSILON) study (1998) were analysed. Using scores obtained on relevant items from the Brief Psychiatric Rating Scale, three measures of negative symptoms were generated for analysis: (1) a binary variable indicating the presence or absence of negative symptoms, (2) a negative symptom score reflecting the symptom severity, and (3) a negative symptom component score.

Multiple regression models were used to analyse the impact of negative symptoms on the use and costs of inpatient, outpatient, and community-based services. Results are controlled for age, sex, marital status, employment status, race, education, psychiatric history, and study centre.

#### Results:

The sample comprised 404 patients from five study centres

(Amsterdam, Copenhagen, London, Santander, Verona). Mean age was 41; 57% were men, 65% were single, 85% were white, 69% were living alone or with relatives, and 70% were unemployed or on a pension. Negative symptoms were present in 247 patients (61%), with the lowest incidence in Verona (49%) and the highest in Amsterdam (79%).

Unadjusted data from all sites showed that negative symptoms were associated with higher total costs and costs for inpatient, day care, residential care, and community services, but with lower costs for outpatient care. After adjusting for socio-demographic and clinical variables, the only statistically significant correlation was higher total costs in patients with negative symptoms. Patterns of costs and resource use varied across and within study sites.

#### Conclusions:

Negative symptoms are associated with increased inpatient and total costs, and decreased outpatient costs. Therefore, allocating resources for the improved management of negative symptoms may reduce the overall costs of schizophrenia care.

Further research would help to determine how differences in schizophrenia management between countries influenced patterns of cost associations with patient characteristics. ■

## Outcome measures used in forensic mental health research: a structured review

Chambers J, Yiend J, Barrett B, Burns T, Doll H, Fazel S, Jenkinson C, Kaur A, Knapp M, Plugge E, Sutton L, Fitzpatrick R (2009)  
*Criminal Behaviour and Mental Health*, 19, 9–27

### Abstract

*Background:* The evidence base for forensic mental health (FMH) services has been developing since the late 1990s. Are outcome measures sound enough for the evaluation tasks?

*Aims:* To identify, from published literature, outcome measures used in FMH research and, where feasible, assess their quality.

*Method:* A structured review was undertaken of trials and intervention studies published between 1990 and 2006. Details of outcome variables and measures were abstracted. Evidence regarding most frequently occurring outcome measures was assessed.

*Results:* Four hundred and fifty different instruments were used to assess outcomes, incorporating 1038 distinct variables. Very little evidence could be found to support the measurement properties of commonly used instruments.

*Conclusions and implications for practice:* There is little consistency in the use of outcome measure in FMH research. Effort is required to reach consensus on validated outcome measures in this field in order to better inform practice. ■

## Individual budget projects come under the microscope

**Manthorpe J, Stevens M, Challis D, Netten A, Glendinning C, Knapp M, Wilberforce M, Jacobs S, Jones K, Moran N, Fernandez JL (2008)**

*Mental Health Today*, December, 22–26

Mental health users happy with individual budgets' ran a headline on the Social Perspectives Network news site on 24 October 2008, reporting what, for some people, was a surprising finding from the independent evaluation of the individual budgets (IBs) pilots. The story reported the evaluation's finding that people using mental health services, alongside physically disabled people, were the most satisfied with the new IB arrangements of a range of groups that included other groups of social care service users and a comparison group not offered IBs.

While many physically disabled people have been found to be keen on aspects of self-directed support, such as direct payments or cash for care services, the experiences of people using mental health services have not been looked at in similar detail.

In this article, we outline the major conclusions of the IB evaluation, drawing on the final report and use these to suggest some explanations for these findings and other developments.

Our main conclusion was that IBs

have the potential to be more cost-effective than standard care and support arrangements. The cost-effectiveness advantage looks clearer for some people with mental health problems and younger physically disabled people than for older people or those with learning disabilities. As a whole, the IB group were significantly more likely to report feeling in control of their daily lives and the support they accessed. Holding an IB was also associated with better overall social care outcomes and perceived levels of control, but not with overall psychological wellbeing. ■

## Safeguarding and system change: early perceptions of the implications for adult protection services of the English Individual Budgets Pilots – a qualitative study

**Manthorpe J, Stevens M, Rapaport J, Harris J, Jacobs S, Challis D, Netten A, Knapp M, Wilberforce M, Glendinning C (2009)**

*British Journal of Social Work*. Published online 26 March 2009

Cash for care or consumer-directed services are increasing in scope and size in Europe and North America. The English Department of Health initiated a pilot form of personalized support for adults (Individual Budgets) in 13 local authorities that aimed to extend opportunities for users of social care services to determine their own priorities and preferences in the expectation that this will enhance their well-being.

This article reports on and discusses interviews undertaken with adult protection leads in the 13

Individual Budgets sites about the linkages to their work, their perceptions of the launch of the pilots and the policy's fit with safeguarding and risk agendas. The interviews were undertaken as part of the national evaluation of the pilots, which aims to evaluate outcomes and identify the contexts and mechanisms of those outcomes.

Findings of this part of the study were that the adult protection leads

were not central to the early implementation of Individual Budgets and that some of their concerns about the risk of financial abuse were grounded in the extent of this problem among current service users. The implications of their perceptions for the roll out of Individual Budgets are debated in this article with a focus on risk and the policy congruence between potentially competing agendas of choice and control and of protection and harm reduction. ■

<http://bjsw.oxfordjournals.org/cgi/reprint/bcn028>

## The feasibility of a cost-benefit analysis of investment in services for children and young people with speech, language and communication difficulties

**Beecham J, Law J with Lindsay G, Dockrell J, Peacy N, Desforges M, Knapp M**  
*Report to the Department for Children, Schools and Families*

The overall aim of this short report was to assess the feasibility of conducting a cost-benefit analysis of investment in services for children with speech, language and communication difficulties (SLCD). This comprised Strand Two of a short piece of research funded by the Department for Children, Schools and Families on the *Effective and Efficient Use of Resources in Services for Children and Young People with Speech, Language and Communication Difficulties*. The research fed into the *Bercow Report: A Review of Services for Children and Young People (0–19) with Speech, Language and Communication Needs*. Strand One explored the efficiency and effectiveness of services within six local education authority areas which reported in June 2008.

Strand Two assessed the capacity of existing information to address economic questions related to SLCD. Four tasks were identified.

Just four UK studies of the costs and cost-effectiveness of services for children with SLCD have been found evaluating different interventions for different groups of children with SLCD. None included large enough sample sizes to provide unequivocal findings on cost or cost-effectiveness. Only one included sufficient data to assess sample sizes for future studies, but even so, the cost measure employed in this, and in the other studies was too narrow. In many cases the data recorded about the interventions was incomplete and assumptions were made about

service use which in turn potentially reduces the accuracy of the cost measures. The agenda for economic evaluations in interventions for children with SLCD is massive.

Felsenfeld and colleagues (1994) usefully summarise the previous literature on valid longer-term (adult) outcome measurement for children and young people who have had SLC difficulties. Apart from the (clinical) measurement of changes in speech and language ability, the paper identifies two broad outcome domains:

- 'objective status' such as educational performance and attainment, and occupational status and work record
- 'subjective well-being' sometimes conceptualised as psychosocial adjustment or perceptions of life satisfaction

In this work we concentrated on the former of these domains as they are inherently easier to value in monetary terms, but there is also evidence that associated co-morbidities in adulthood will require attention for other public services, for example, mental health services.

The literature review undertaken for this report relied mainly on database searches and researcher knowledge. Existing research findings are found to be insufficient for estimation of the costs and benefits of investment in services for children with speech, language

and communication difficulties (SLCD). Far more research is required to understand for whom and under what circumstances treatment is more cost-effective.

### *Recommendations*

- That cost-effectiveness analysis (CEA) is employed rather than cost-benefit analysis. CEA should be incorporated into outcome studies so that the costs and outcomes of interventions can be jointly analysed. CEA requires specific research skills but a similar level of rigour as an outcome evaluation. Extra funding will be required, although the marginal cost of including an economic component is relatively small.
- That large scale effectiveness and cost-effectiveness evaluations are undertaken of interventions that seem promising, particularly those with direct application to the educational context. The sample size must be adequate and the cost measure sufficiently broad to encompass all areas where SLCD may have an impact.
- That longer-term follow-up studies should be undertaken. Relatively little is known about the consequences of SLCD past primary school age in terms of the speech, language and communication abilities and impacts on social functioning.
- That broad information on the costs to the individual and the

national economy should be obtained by extending the analyses of the 1970 Birth Cohort Survey in which a group of children with SLCD have already been identified (Law et al, forthcoming). Their education attainment, employment status and income levels could be tracked through to age 34 and after adjusting for other factors, compared to their peers without SCLD. This would identify the costs to the economy of primary and secondary SLCD and could help identify cost savings to the national economy had these children been successfully treated.

In this report we have not considered whether there are sufficient data available from local education authorities and schools to assess either cost-effectiveness or cost savings. This information will be available after fieldwork in the six selected sites has finished.

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Law J, Rush R, Parsons S, Schoon I (forthcoming) *Modelling developmental language difficulties from school entry into adulthood: findings from the BCS70 Birth Cohort.*

View the full report at  
<http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RW053.pdf>

## UK cost-consequence analysis of aripiprazole in schizophrenia: diabetes and coronary heart disease risk projections (STAR study)

**Barnett A, Millar H, Loze JY, l'Italien G, van Baardewijk M, Knapp M (2009)**

*European Archives of Psychiatry and Clinical Neuroscience.* Published online 9 March

Patients with schizophrenia experience elevated rates of morbidity and mortality, largely due to an increased incidence of cardiovascular disease and diabetes. There is increasing concern that some atypical antipsychotic therapies are associated with adverse metabolic symptoms, such as weight gain, dyslipidaemia and glucose dysregulation. These metabolic symptoms may further increase the risk of coronary heart disease (CHD) and diabetes in this population and, subsequently, the cost of treating these patients' physical health.

The STAR study showed that the metabolic side effects of aripiprazole treatment are less than that experienced by those receiving standard-of-care (SOC). In a follow-up study the projected risks for diabetes or CHD, calculated using the Stern and Framingham models, were lower in the aripiprazole treatment group.

Assuming the risk of diabetes onset/CHD events remained linear over ten years, these risks were used to estimate the difference in direct and indirect cost consequences of

diabetes and CHD in schizophrenia patients treated with aripiprazole or SOC over a ten-year period.

Diabetes costs were estimated from the UKPDS and UK T2ARDIS studies, respectively, and CHD costs were estimated using prevalence data from the Health Survey of England and the published literature. All costs were inflated to 2007 costs using the NHS pay and prices index.

The number of avoided diabetes cases (23.4 cases per 1,000 treated patients) in patients treated with aripiprazole compared with SOC was associated with estimated total (direct and indirect) cost savings of £37,261,293 over ten years for the UK population. Similarly, the number of avoided CHD events (3.7 events per 1,000 treated patients) was associated with estimated total cost savings of £7,506,770 over ten years.

Compared with SOC, aripiprazole treatment may provide reductions in the health and economic burden to schizophrenia patients and health care services in the UK as a result of its favourable metabolic profile. ■

<http://www.springerlink.com/content/9r0403824679g063/fulltext.pdf>

## Clinical and cost effectiveness of services for early diagnosis and intervention in dementia

**Banerjee S, Wittenberg R (2009)**

*International Journal of Geriatric Psychiatry*, 24, 7, 748–754

### Abstract

#### Background:

This paper analyses the costs and benefits of commissioning memory services for early diagnosis and intervention for dementia.

#### Method:

A model was developed to examine potential public and private savings associated with delayed admissions to care homes in England as a result of the commissioning of memory services.

#### Findings:


The new services would cost around £220 million extra per year nationally in England. The estimated savings if 10% of care

home admissions were prevented would by year ten be around £120 million in public expenditure (social care) and £125 million in private expenditure (service users and their families), a total of £245 million. Under a 20% reduction, the annual cost would within around six years be offset by the savings to public funds alone. In ten years all people with dementia will have had the chance to be seen by the new services.

A gain of between 0.01 and 0.02 QALYs per person year would be sufficient to render the service cost-effective (in terms of positive net present value). These relatively small improvements seem very likely to be achievable.

#### Interpretation:

These analyses suggest that the service need only achieve a modest increase in average quality of life of people with dementia, plus a 10% diversion of people with dementia from residential care, to be cost-effective. The net increase in public expenditure would then, on the assumptions discussed and from a societal perspective, be justified by the expected benefits.

This modelling presents for debate support for the development of nationwide services for the early identification and treatment of dementia in terms of quality of life and overall cost-effectiveness. 

## The treatment of challenging behaviour in intellectual disabilities: cost-effectiveness analysis

**Romeo R, Knapp M, Tyrer P, Crawford M, Oliver-Africano P (2009)**

*Journal of Intellectual Disability Research*, 53, 7, 633–643

### Abstract

#### Background:

Antipsychotic drugs are used in the routine treatment of adults with intellectual disabilities (ID) and challenging behaviour in the UK despite limited evidence of their effectiveness. There is no evidence on their cost-effectiveness.

#### Methods:

The relative cost-effectiveness of risperidone, haloperidol and placebo in treating individuals with an ID and challenging behaviour


was compared from a societal perspective in a 26-week, double-blind, randomised controlled trial. Outcomes were changes in aggression and quality of life. Costs measured all service impacts and unpaid caregiver inputs.

#### Results:

After 26 weeks, patients randomised to placebo had lower costs compared with those in the risperidone and haloperidol treatment groups. Aggression was highest for patients treated with risperidone and lowest for patients

treated with haloperidol; however, quality of life was lowest for patients treated with haloperidol and highest for patients treated with risperidone.

#### Conclusion:

The treatment of challenging behaviour in ID with antipsychotic drugs is not a cost-effective option. 

## Training for change: early days of Individual Budgets and the implications for social work and care management practice: a qualitative study of the views of trainers

**Manthorpe J, Jacobs S, Rapaport J, Challis D, Netten A, Glendinning C, Stevens M, Wilberforce M, Knapp M, Harris J (2009)**

***British Journal of Social Work*. Published online 7 March 2009**

Individual Budgets are central to the implementation of English government policy goals in social care. Like other consumer-directed or self-directed support programmes operating in parts of the developed world, they are envisaged as a way of increasing individuals' choice and control over social care resources provided by the public sector. While the opportunities they provide for people using services have been identified prospectively in the English context and reflect positive outcomes internationally, little attention in England has been paid to the potential impact on the redesign of social workers' and others' current roles and practice

and the training that might be necessary. This article draws on the Department of Health-commissioned evaluation of the thirteen pilot Individual Budget schemes, which aims to evaluate outcomes and identify the contexts and mechanisms of those outcomes.

The article focuses on a subset of the study that comprised an exploration of early training activities for social workers/care managers and wider stakeholders around the introduction of

Individual Budgets. It is based on interviews with representatives from all thirteen pilot local authorities. What happens to social work in adult social services departments in England may be determined in part by these pilots; however, the article also highlights the role of those responsible for training in managing the demands upon social workers/care managers, in responding to their concerns and aspirations, and their possible responsibilities for training people using services in their new consumer roles. 

<http://bjsw.oxfordjournals.org/cgi/reprint/bcn017>

## Income and the use of health care: an empirical study of Egypt and Lebanon

**Elgazzar H (2009)**

***Health Economics, Policy and Law*. Published online March 2009.**

### Abstract

In middle-income Arab countries such as Egypt and Lebanon, income-associated equity in health care remains an elusive policy objective in part due to a relatively high reliance on out-of-pocket payments in financing care.

This article examines the effect of income on the use of outpatient and inpatient health care services in Egypt and Lebanon using econometric analysis of cross-sectional data from the World Health Organization. In light of

noticeable differences in income and public financing arrangements, these two countries serve as interesting case studies.

Multivariate regression results suggest that Egyptian respondents were more likely to use health services than their Lebanese counterparts, holding all else constant, and that this effect was particularly evident for outpatient care. A higher income and insurance increased the likelihood of outpatient use more so than inpatient use, with these effects more pronounced in Lebanon.

Overall, lower-income groups tended to report having worse health levels and paying more out-of-pocket on health care as a share of income than did higher-income groups. At the same time, these socioeconomic disparities in health appeared to be greater in Lebanon than in Egypt. Economic barriers to the use of health services are discussed within the context of health financing policy reforms aimed at improving equity in access to care in countries such as Egypt and Lebanon. 



## The effectiveness of technology-based patient education on self-reported deprivation of liberty among people with severe mental illness: A randomised controlled trial

**Kuosmanen L, Välimäki M, Joffe G, Pitkänen A, Hätönen H, Patel A, Knapp M (2009)**  
*Nordic Journal of Psychiatry*. Published online 23 March 2009.

### Abstract

#### *Objective(s):*

To assess the effects and cost effectiveness of haloperidol, risperidone and placebo on aggressive challenging behaviour in adults with intellectual disability.

#### *Design:*

A double-blind randomised controlled trial of two drugs and placebo administered in flexible dosage, with full, independent assessments of aggressive and aberrant behaviour, global improvement, carer burden, quality of life and adverse drug effects at baseline, 4, 12 and 26 weeks, and comparison of total care costs in the 6 months before and after randomisation. At 12 weeks, patients were given the option of leaving the trial or continuing until 26 weeks. Assessments of observed aggression were also carried out with key workers at weekly intervals throughout the trial.

#### *Setting:*

Patients were recruited from all those being treated by intellectual disability services in eight sites in England, one in Wales and one in Queensland, Australia.

#### *Participants:*

Patients from all severity levels of intellectual disability; recruitment was extended to include those who may have been treated with neuroleptic drugs in the past. Exclusion criteria: treatment with depot neuroleptics/another form of injected neuroleptic medication within the last three months;

continuous oral neuroleptic medication within the last week; those under a section of the Mental Health Act 1983 or Queensland Mental Health Act 2000.

#### *Interventions:*

Randomisation to treatment with haloperidol (a typical neuroleptic drug), risperidone (an atypical neuroleptic drug) or placebo using a permuted blocks procedure. Dosages were: haloperidol 1.25–5.0 mg daily; risperidone 0.5–2.0 mg daily.

#### *Main outcome measures:*

Primary: reduction in aggressive episodes between baseline and four weeks using Modified Overt Aggression Scale. Secondary: Aberrant Behaviour Checklist; Uplift/Burden Scale; 40-item Quality of Life Questionnaire; Udvalg for Kliniske Undersøgelser scale; Clinical Global Impressions scale.

Economic costs recorded using a modified version of Client Service Receipt Inventory for six months before and after randomisation.

#### *Results:*

There were considerable difficulties in recruitment because of ethical and consent doubts. Twenty-two clinicians recruited a total of 86 patients.

Mean daily dosages were 1.07 mg rising to 1.78 mg for risperidone and 2.54 mg rising to 2.94 mg for haloperidol.

Aggression declined dramatically with all three treatments by four

weeks, with placebo showing the greatest reduction (79%, versus 57% for combined drugs) ( $p = 0.06$ ). Placebo-treated patients showed no evidence of inferior response in comparison to patients receiving neuroleptic drugs.

An additional study found that clinicians who had not participated in clinical trials before were less likely to recruit.

Mean total cost of accommodation, services, informal care and treatment over the six months of the trial was £16,336 for placebo, £17,626 for haloperidol and £18,954 for risperidone.

#### *Conclusions:*

There were no significant important benefits conferred by treatment with risperidone or haloperidol, and treatment with these drugs was not cost-effective.

While neuroleptic drugs may be of value in the treatment of aggressive behaviour in some patients with intellectual disability, the underlying pathology needs to be evaluated before these are given. The specific diagnostic indications for such treatment require further investigation.

Prescription of low doses of neuroleptic drugs in intellectual disability on the grounds of greater responsiveness and greater liability to adverse effects also needs to be re-examined. ■



## The effectiveness of technology-based patient education on self-reported deprivation of liberty among people with severe mental illness: A randomised controlled trial

**Kuosmanen L, Välimäki M, Joffe G, Pitkänen A, Hätönen H, Patel A, Knapp M (2009)**  
*Nordic Journal of Psychiatry*. Published online 23 March 2009.

Deprivation of liberty (DL) in psychiatric inpatient care is common worldwide. As liberty is a central element of patients' rights, there is a need to develop most effective methods supporting patients' personal liberty.

The article presents initial results from a study to determine the effectiveness of an information technology (IT)-based patient education programme on patients' experiences of being deprived of their liberty during their in-hospital stay.

An overall sample of 311 patients with schizophrenia spectrum

psychosis was randomized into three groups: an intervention group with needs-based computerized patient education, a patient education group with conventional education and a control group with standard care.

Data on the general experience of DL were collected at baseline and during the patient discharge process.

In general, all patients experienced less DL at the time of their discharge. The change in patients' experiences of their DL did not differ statistically between the three groups. Male patients in the

standard care group were significantly more likely to drop out of the study than female patients.

Although technology-based patient education was not found to be superior to other approaches, we did not find any reason to inhibit its utilization in patient care among persons with severe mental health problems.

From the healthcare organizations' perspective, a cost-effectiveness analysis is needed, as the IT education was slightly more time-consuming. ■

<http://www.informaworld.com/smpp/content~content=a909785414~db=all~order=pubdate>.



## Home care services for older people in the United Kingdom

**Tom Snell**

PSSRU at LSE were asked by the BBC to prepare an overview of the home care industry in the UK for a Panorama programme. Aggregate estimates of the volume and costs of care provided were derived from government figures, research literature and survey datasets. To reflect the considerable variability in the availability and accuracy of data, figures in the full report were presented separately by country and source of funding.

The three sections below provide a brief summary of the estimated volumes and costs associated with (a) home care commissioned by local authorities (provided either directly or by the independent sector, and paid for through a combination of local authority (LA) funds and user charges), (b) home care purchased privately by service users without the assistance of local authorities, and (c) informal care.

### *LA-organised care*

Trends in the receipt of LA-brokered home care among older people vary among the countries of

the United Kingdom, owing primarily to the divergent policies that govern eligibility. Overall, however, there has been a decline in the number of home care recipients in the UK since the early 1990s. By contrast, the number of hours of home care provided has risen, effecting a shift from low-level support to more intensive packages of care.

England has seen a steady increase in LA-funded home care recipients since the community care reforms of 1992, with eligibility criteria tightened to concentrate resources on those with the greatest level of physical dependency. The numbers of recipients in Wales and Northern Ireland have declined at a slower rate, while in Scotland an increasing number of older people are in receipt of LA-funded care since the introduction of free personal care in 2002.

Since the early 1990s there has also been a shift in the role of local authorities from direct providers to commissioners of community-based services. In England, Independent-sector providers now account for over three quarters of

all LA-funded home care hours (for all client groups) compared to less than 2% prior to 1992 (Wanless 2006). Data from Scotland and Wales show a similar pattern of independent-sector growth, accounting for approximately 50% of all LA funded home care hours in both countries. The independent sector is understood to provide a substantial proportion of care in Northern Ireland, although the exact level is not known.

The hourly cost of home care provided directly by councils is substantially higher than those provided by the independent sector. PSS EX1 figures for 2007/8 (Information Centre 2008) report an average cost of home care to older people in England of £22.00 per hour from in-house providers and £12.00 per hour if purchased from the independent sector. Based on the 2006/7 EX1 data, Curtis (2008) estimates an average cost of home care provided by either sector of £16 per hour.

### *Privately purchased care*

The size of the private home care market is extremely difficult to quantify, given that no publicly-available records of the number of recipients or volume of care provided are kept. Some estimates can be derived on the basis of surveys focusing on users or providers of care, although estimates derived from survey data vary significantly.

Most estimates of private home care receipt are based on the use of private care purchased through agencies, and fail to take into account the substantial number of older people procuring care

### Box 1: Estimated volume and costs of LA-organised home care in the UK (2006/7 levels)

- 375,000 recipients of local authority organised home care
- 3.5 million hours of local authority organised home care per week (Over 180 million hours of local authority organised home care per year)
- 73% of home care hours provided by the independent sector (Great Britain only)
- £2.6 billion annual expenditure on local authority funded home care
- Approximately 12% (£242 million) of total expenditure in England accounted for by client contributions (sales, fees and charges)

**Box 2: Estimated volume and costs of privately purchased care in the UK (2006/7 levels)**

- 2–300,000 users of privately purchased home care
- Over 625,000 hours of privately purchased care per week through agencies alone (32.5 million hours per year); unknown volume purchased directly from carers
- Over £400 million spent on private care procured through agencies; unknown amount spent on direct procurement from carers

directly from a home carer. Estimates vary considerably, reflecting the level of uncertainty surrounding the size of the self-funded home care market. Overall, however, sources suggest that there are in the region of 2–300,000 older people purchasing private home care in the UK. There is a similar level of uncertainty as to the volume of privately purchased care used in the UK; indeed, there is disagreement between sources as to whether volumes are increasing or decreasing.

Based on a survey of domiciliary care providers, Laing & Buisson (2008) estimate the average price per hour for private care provided by the independent sector in England to range from £12.73 to

£13.72 depending on hour of provision. Unit costs in Scotland were marginally higher (£12.75–£13.90 per hour), and lower in Wales and Northern Ireland (£11.91–£13.65 per hour and £9.17–£10.10 per hour respectively).

*Informal care*

The informal care market in the United Kingdom is substantial, although estimating the volume provided is difficult given the nature of the care provided. The total number of hours of informal care provided to older people is far greater than the volume purchased privately or by local authorities, however much of this takes the form of lower-level services to

individuals that would not be eligible for LA funded home care on the basis of dependency.

According to Wanless (2006), there were an estimated 6.7 million carers in Great Britain in 2000 (equivalent to 6.9 million in the UK, grossing on the basis of population size), 70 per cent of whom provided care to older people. Furthermore, 16 per cent of those aged 65 and above themselves provided informal care.

Over three quarters of carers of older people in England are estimated to provide less than 20 hours of care per week, with over 7% provide more than 50 hours of care each week. Among carers living in the same household as the care recipient, however, this proportion is significantly higher (over two thirds of carers).

*References*

Curtis L (2008) *Unit Costs of Health and Social Care 2008*, PSSRU, University of Kent, Kent.

Information Centre (2008) *Personal Social Services expenditure and unit costs: England 2007–08 Provisional Council Data*, The Health and Social Care Information Centre, London.

Laing & Buisson (2008) *Domiciliary Care UK Market Report 2008*, Laing & Buisson, London.

Wanless D (2006) *Securing good care for older people: taking a long-term view*, King's Fund, London. ■

**Box 3: Estimated volume of informal care in the UK (2006/7 levels)**

- Approximately 4.8 million people providing informal care to older people
- Approximately 80 million hours of informal care provided to older people every week (including low-level care)

*The BBC Panorama programme 'Britain's Homecare Scandal' was broadcast on BBC One on April 9th 2009.*

*The programme can be viewed until April 2010 on the BBC Panorama website at <http://www.bbc.co.uk/programmes/b00jknkl>.*



## The economic case for change in the system of stroke care in Greater Manchester

Seán Boyle

In February 2009 Seán completed an analysis of the economic costs of providing stroke care across the whole of Greater Manchester under different service options. This was primarily for the use of the local health and social care system and was an attempt to show the revenue and cost implications for different parts of the system.

The principal focus of the report was on the cost implications for the acute sector in Greater Manchester of a change in the system of stroke care. However the report also indicates the magnitude of costs that are borne by other sectors of the Greater Manchester health and social care system including individuals themselves.

It is a national priority to improve the provision of stroke care in England. Treatment in a stroke unit is generally regarded as the clinically optimal model of stroke care. Patients should be taken to hospital as quickly as possible as early diagnosis and management are important. There is good evidence to suggest that effective acute care reduces the burden of disability and the pressure on rehabilitation services.

In Greater Manchester the intention is to achieve better stroke care by concentrating the early acute stage of care on three hospital sites with the later rehabilitation stage taking place in hospital settings close to the patient's home. The primary aim is to achieve much improved levels of thrombolysis and thus to achieve improved patient outcomes.

For any geographic area, to understand the nature of costs across the whole system of stroke care requires three key pieces of information:

- accurate estimates of the incidence and prevalence of stroke;
- accurate estimates of costs and levels of activity in all sectors of stroke care; and,
- where changes are proposed in the system of care, an assessment of the likely changes in outcome in terms of changes in the distribution of dependency levels and their impact on costs under different systems of care to use in an assessment of the differences in whole-system costs that will occur.

Acute sector costs were based on data and information available in the local system; this provided a more accurate picture of these costs than applying national-level estimates to local population, incidence and prevalence data. It was important that the results made sense to people working in those parts of the service.

However little information is collected that can be used to provide local estimates of the other parts of the system: rehabilitation services in acute and community settings, primary care costs, social care costs, carer costs and lost output. Instead national estimates were applied (NAO 2005) to local population, prevalence and incidence estimates.

The report recommends further work to achieve truly locally-based estimates of costs:

- a detailed costing exercise with acute providers of stroke care;
- a detailed assessment of the distribution of disability resulting from stroke under different systems of care; and,
- estimation of the different levels of cost associated with different levels of disability in all parts of the system: acute and rehabilitation, primary and continuing care, social care and informal care.

The cost of stroke in England as a whole is almost £8 billion per annum at current prices (2008/09). It is estimated on an equivalent basis that the cost of stroke in Greater Manchester is almost £400 million. Acute care represents less than six per cent of this.

If a new system of acute stroke care results in just small improvements in the levels of dependency among stroke patients in the community in future years, this could result in substantial cost savings to the system as a whole which would outweigh any immediate increase in costs for the acute sector.

### Reference

National Audit Office (2005) *Reducing Brain Damage: Faster Access to Better Stroke Care*, The Stationery Office, London. ■

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## Quantile regression methods: background theory and empirical examples with UK data

Francesco D'Amico

### Background

In empirical analyses, quantitative researchers often prioritise ordinary regression methods, sometimes without realising some of the assumptions implicit in their choice of methods. Amongst other things, ordinary regression methods (OLS) assume that the relationships examined in the model are homogeneous across its reference population.

Whereas this assumption holds true in a majority of cases, sometimes different sections of a population respond differently to identical stimuli. It is easy to imagine, for instance, that people of different levels of wealth react differently to equal changes in their circumstances, such as for instance changes in informal support or levels of disability.

Quantile regression methods, first introduced by Koenker and Bassett (1978), have been developed in order to deal with these issues. The  $\alpha$ th quantile of a variable  $X$  could be defined as the cut point  $x$  in which the variable's distribution is split in two parts, one representing the  $\alpha$  fraction of the observations and the other the remaining  $(1-\alpha)$ .

In contrast with OLS, which uses deviations from the mean in order to estimate the relationship between dependent and explanatory variables, quantile regression focuses on deviations from the chosen quantile. In other words, while the OLS is a conditional mean model, the

quantile regression is based on conditional quantiles. This structure allows therefore the researcher to understand differences in the effect of covariates between parts of the population distribution. Furthermore, quantile methods are more adept than OLS at dealing robustly with outliers and with possible misspecifications of the residual distribution, including unconsidered heteroskedastic behaviours.

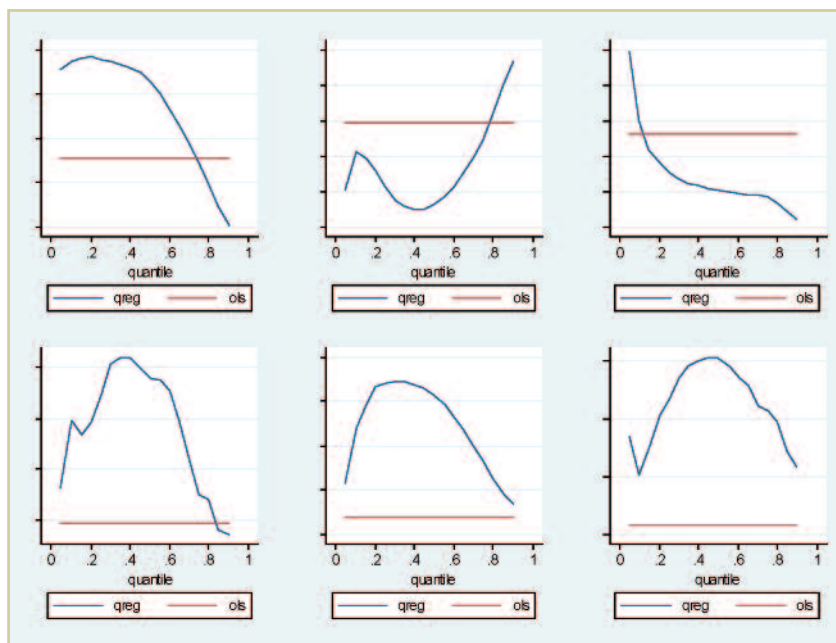
### Interpretation of the results: an empirical example

In order to illustrate the use of the methodology, its advantages and the interpretation of the results, an empirical analysis using STATA® software (using 'qreg' command)

was undertaken examining the associations between individual income and a set of socio-demographic characteristics, using BHPS data (in addition to STATA®, all the main econometric packages are capable to deal with quantile regression type analysis). Figure 1 reports the estimated coefficients across income quantiles.

The dependent variable in this example is the log of the individual's income. The top half of Figure 1 shows changes in the effect on income of three covariates: the (yearly) lagged income level, an indicator of home ownership, and an indicator of retirement. Figure 1 illustrates significant changes in the effect of the three indicators at different

Figure 1: Coefficient parameters from a set of quantile regressions



Source: our analyses with using a sample of 92397 individuals from BHPS data.

parts of the income distribution. In particular, the value of the lagged income shows a bigger effect at lower quantiles. Home ownership, as could be expected, has a greater correlation with income at higher income quantiles. This is shown by the increasing trend which appears in the graph. Finally, low-income individuals are more likely to be associated with retired people.

The lower half of Figure 1 the effect of gender, problems with Activities of Daily Living (ADLs) and household size. Women appear to have lower incomes than men, and this effect is strongest at the upper and at the lower income quantiles. The effect of ADL problems is also most intense at the extreme quantile levels, as is the effect of household size. This makes sense as individuals who are very poor or very rich are less likely to have a big family.

#### *Final remarks*

Quantile regression should be used by researchers when they aim to go 'beyond the mean' and want to investigate the correlation between indicators in specific parts of the distribution. This technique is able to estimate different effects for different subsets of the population, while the traditional OLS focuses on conditional mean effects, providing smoothed parameters.

It should be noted that quantile regression results are robust for cases of non-normal dependent variables or in presence of important outliers.

Nevertheless, there are still important unexplored theoretical and empirical issues with this technique. In panel data analysis, for example, quantile regression methods are highly data-

demanding, and a standard-software package is not only available in R-CRAN®.

We provide below some general references, which contain further theoretical and empirical details of quantile regression models.

#### *References*

- Buchinsky M (2001) Quantile regression with sample selection: Estimating women's return to education in the US, *Empirical Economics*, 26, 1, 87–113.
- Koenker R (2005) *Quantile Regression Econometric Society Monographs*, Cambridge University Press
- Koenker R, Bassett Jr G (1978) Regression quantiles, *Econometrica: Journal of the Econometric Society*, 33–50.

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## David McDaid

### Senior Research Fellow

PSSRU congratulates David on his recent promotion to Senior Research Fellow. This promotion was well-deserved in recognition of David's research leadership, ever-growing publications record, invitations to speak, involvement within EU policy initiatives, the numerous new projects he is involved with, and his excellent supervision of staff.

David McDaid is Senior Research Fellow in Health Policy and Health Economics at LSE Health and Social Care, Personal Social Services Research Unit and the European Observatory on Health Systems and Policies. Coordinator of the Mental Health Economics European Network he has published widely on the economic of mental health, including the case for investment in mental health promotion in the workplace and the official background consensus paper on workplace mental health in the European Commission (EC) Mental Health Pact process.

He is director of the Health Equity Network and a member of NICE's Public Health Interventions Advisory Committee and also of an expert group advising on guidance on wellbeing in the workplace. He has authored over 60 papers in health policy and health economics and holds a range of grants in the mental health, public health and health promotion at European and national level.

Current work includes assessment of the business case for wellbeing in the workplace under the EC Research Programme. He has

advised governments, public and non governmental organisations, including the WHO, Department of Health, Scottish Government, NHS Scotland and the Joseph Rowntree Foundation.

He has been involved in assessment of the economic case for complex interventions in the UK including Healthy Living Centres, reintegration into employment and population wide suicide prevention strategies. He is also co-convenor of the joint Campbell/Cochrane Collaboration Economic Methods Group. ■



## Dr Gill Hastings

### Senior Scientific Administrator

Welcome to Gill in her role as as Senior Scientific Administrator for the new NIHR School for Social Care Research (NIHR SSCR)

Gill aims to use and build on her previous experience as a strategic and operational manager to contribute to the NIHR SSCR's overall mission to develop the evidence base for adult social care practice in England through commissioning and conducting world class research.

Gill has worked at a senior level in healthcare and research

management for the past 12 years. In her most recent position as Assistant Director with The Health Foundation she designed, implemented and commissioned the evaluation of large scale UK wide programmes aimed at improving patient safety in healthcare.

Gill has also managed research funding programmes for leading

UK charities including the Wellcome Trust and Asthma UK which spanned fellowships, research and programme grants in healthcare and biological sciences. Prior to taking up her career in research management, Gill was a post-graduate researcher and has a PhD in immunology from University College London. ■



### Autism in Britain costs about \$43 billion

The annual costs of autism spectrum disorder in Britain is more than \$42 billion a year, researchers estimate. Martin Knapp of the London School of Economics provided a comprehensive analysis of the economic impacts of autism spectrum disorder in Britain involving the healthcare system, social care agencies, education and housing budgets.

[http://www.upi.com/Health\\_News/2009/05/22/Autism-in-Britain-costs-about-43-billion/UPI-46341242965036/](http://www.upi.com/Health_News/2009/05/22/Autism-in-Britain-costs-about-43-billion/UPI-46341242965036/)

*United Press  
International,  
22 May 2009*

### Employing people with autism could save the UK economy billions each year

It is estimated that within the UK there are around 535,000 people with Autism Spectrum disorder (ASD), including with Autism or Asperger syndrome. According to Professor Martin Knapp from the London School of Economics, who spoke at the event, this represents a potential cost to the UK economy of £28 billion a year for supporting both adults and children.

<http://www.medicalnewstoday.com/articles/150934.php>

*Medical News  
Today,  
21 May 2009*

### Autumn of love

Chris Arnot talks to Martin Knapp, professor of social policy at the LSE and director of the LSE's personal social services research unit as well as the new national School for Social Care Research. He discusses the latter's launch, and expresses the belief that its £15m budget could be recognition that social care hasn't been given the same attention as primary healthcare.

<http://www.guardian.co.uk/education/2009/apr/28/interview-martin-knapp>

*Guardian  
(Education),  
28 April 2009,  
page 9*

### Britain's homecare scandal

Care of the elderly is a professional job. Assisting medication, feeding, changing, bathing, even using hoists demands a level of expertise we expect in the care of some of our most vulnerable people. Research from the London School of Economics, commissioned by Panorama, found that 70% of home care is provided by the independent sector today and is worth £1.5 billion.

[http://news.bbc.co.uk/panorama/hi/front\\_page/newsid\\_7990000/7990682.stm](http://news.bbc.co.uk/panorama/hi/front_page/newsid_7990000/7990682.stm)

*bbc.co.uk,  
9 April 2009*

### Hospices: 'It's a place of love, not death'

Interview with Dr Ann Richardson.

[http://www.timesonline.co.uk/tol/life\\_and\\_style/health/features/article5859803.ece](http://www.timesonline.co.uk/tol/life_and_style/health/features/article5859803.ece)

*Times Online,  
9 March 2009*

### Adult social care green paper

The Department of Health is expected to publish a green paper setting out proposals for the long-term reform of adult social care funding early in 2009.

The government held nine events for stakeholders and five for citizens around the country to raise awareness of the issues facing the care system. It also commissioned the London School of Economics to model different funding scenarios and conducted an opinion poll on public attitudes and awareness of the care system.

<http://www.communitycare.co.uk/Articles/2009/01/12/110185/adult-social-care-green-paper.html>

*Community Care,  
12 January 2009*

For further press releases and updated information visit PSSRU Press Releases.

## Dilemmas in social care to be tackled by new national research school

### LSE Press Release

*To find out more about the School for Social Care Research visit its website at [www.lse.ac.uk/collections/nihrsscr](http://www.lse.ac.uk/collections/nihrsscr) or call + 44 (0) 20 7955 6225.*

*This press release was written by Warwick Smith, Head of LSE's Press and Information Office.*

## Autism costs the UK more than £27 billion a year

### LSE press release

*"The Economic cost of autism in the UK" by Professor Martin Knapp and Dr Jennifer Beecham of the London School of Economics and Political Science, and Renee Romeo, Kings College London, is published in the Autism journal this week.*

*This press release was written by Jess Winterstein, Deputy Head of LSE's Press and Information Office.*

Urgent questions about how England should care for the 1.8 million adults in social care will start to get better answers from today with the opening of the School for Social Care Research.

With a budget of £15 million over the next five years, the School will lead research in the field, all of it aimed at improving services to improve people's lives.

It is a collaboration between five universities, led by Professor Martin Knapp at the London School of Economics and Political Science (LSE) who is Director of the new school. The other universities involved are the University of Kent, King's College, London, Manchester University and the University of York. The school is funded by the Government's National Institute for Health Research.


Among the questions the school will try to answer are how users of care services can be given more control and greater choice, how unpaid carers can find a better

The care and support of individuals with autism is costing the UK over £27 billion a year finds new research. Of this, £2.7 billion goes towards supporting children with autism spectrum disorders (ASDs), with £25 billion allocated to the care of adults.

ASDs are now known to be more common than was previously estimated, with an estimated 116 in every 10,000 children aged nine to ten years having an ASD compared to an estimated 20 in every 10,000 less than two decades ago. The report, by academics from the London School of Economics and Political Science and King's College London, shows how care costs are

balance with their working lives, whether there are better ways of commissioning services and whether social care meshes effectively with health care and other services.

Professor Knapp, who is also Director of LSE's Personal Social Services Research Unit, said: 'It's an exciting venture and one which matters more than ever because of the dramatic changes in our population, people's rising expectations, the nature of care and the increasing cost of providing it. I hope we'll be able to not only set the highest standards of research but also make sure that our findings affect the real world and address the questions to which the public want answers. Our mission is to improve care and improve people's lives.'

The school will also commission research from other institutions and companies. One of its first tasks will be to carry out a public consultation to help define the areas it should investigate. 

spread between age groups and between those with and without intellectual disability.

With only a minority of individuals with autism and intellectual disability achieving independence, it also examines lost productivity. The findings allow for a more detailed review of how best to allocate resources to support individuals with autism.

Professor Martin Knapp and Dr Jennifer Beecham of the London School of Economics and Political Science, and Renee Romeo, King's College London, examined the prevalence of ASDs, the levels of intellectual disability, places of

residence for individuals with autism, service use, lost productivity and unit costs. Cost estimates were based on estimates for 539,766 people with ASD in the UK: 432,750 adults aged 18 or over and 107,016 children and adolescents.

The research found that £27 billion a year goes towards supporting individuals with autism. The lifetime cost of someone with ASD and intellectual disability is estimated at approximately £1.23 million. For someone with ASD without intellectual disability this is approximately £0.80 million. £2.7 billion was attributable to care for children. The data showed that across all ages and levels of disability, 95 percent of the total national cost for children was accounted for by services funded by the state, and 5 percent by family expenses.

For adults, these annual cost leaps to £25 billion. Almost two-thirds of

this total (£17 billion) was accounted for by the costs of supporting intellectually disabled adults (including lost employment costs). 59% of the total was attributable to publicly funded services, 36 percent to lost employment for the individual with ASD, and the remaining 5 percent to family expenses. Benefit payments amounted to a relatively small sum in comparison for both children and adults.

The researchers also examined the opportunity costs of lost productivity as a result of lost or disrupted employment for both individuals with ASD and their families. The report finds that annual opportunity cost of £19,785 for a non-intellectually disabled adult with ASD, and £22,383 for an adult with ASD who is intellectually disabled.

These findings have various implications, with the researchers

suggesting that early intervention has been shown to alter patterns of behaviour and so might be one way of reducing the intensity of support needed in adult life. But the researchers also highlight that more research is needed to make informed cost-effective policy decisions.

Martin Knapp, professor of social policy at LSE and director of the School for Social Care Research, said "The range of sectors on which autism has an impact shows that there is clearly a need to ensure coordinated action across different parts of government and society more generally. But there is also a need for a much better understanding of the cost and cost-effectiveness of various interventions and supports for children and adults to ensure that decision makers have a stronger evidence base when deciding how to allocate resources." 



**PSSRU are pleased to welcome three new staff members in 2009**



**Amanda Holman**

Amanda is working within the PSSRU on a part-time basis, as her primary post is with the Marie Curie Palliative Care Research Unit (MCPCRU) based within the Department of Mental Health Sciences at UCL Medical School, Hampstead. Amanda is responsible for economic evaluation in both academic research and service delivery programmes run within the MCPCRU, primarily the evaluation of interventions and effectiveness in palliative care programmes.

Amanda obtained her MSc in Health Policy Planning and Financing from LSE and LSHTM in 2006, after working for the Australian Bureau of Statistics in Perth, Western Australia. After completing her MSc, Amanda worked in pharmaco-economic evaluation for IMS Health, who provide an international health economics consulting service for the pharmaceutical industry.

As part of her work, Amanda will be liaising with several staff within LSE Health and Social Care.



**Ruth Puig-Peiro**

Ruth is a Research Officer working on the project "Economic evaluation of parenting interventions in the UK" funded by the National Academy of Parenting Practitioners (NAPP), King's College London and directed by Dr Jennifer Beecham.

Before joining PSSRU, Ruth worked as a Research Fellow at the Research Centre for Economics and Health (CRES) at Universitat Pompeu Fabra (Barcelona, Spain). One line of her research at CRES was the impact of demographics on the present and future public health expenditure in Spain. Focusing on ageing, Ruth has also worked on the estimation of future costs for long term care and its financial implications in the Spanish setting. Apart from her research, she held a post as an adjunct professor in the Department of Economics and Business at the same university.

Ruth obtained her degree in Economics at Universitat Pompeu Fabra and an MSc in Economics at the University of York.



**Madeleine Stevens**

Madeleine is a Research Officer working on the project "Economic evaluation of parenting interventions in the UK" funded by the National Academy of Parenting Practitioners (NAPP), King's College London and directed by Dr Jennifer Beecham. Madeleine joins PSSRU from the Social Science Research Unit at the Institute of Education (IoE) where she worked on a variety of projects including a review of cost effectiveness of a number of childhood interventions. Before moving to IoE, Madeleine was based at City University where she completed a Masters in research methods in 2000. She then worked in the Family and Child Psychology Research Centre analysing child development data from the Avon Longitudinal Study of Parents and Children (ALSPAC) and later in the Child Health Research and Policy Unit where she worked for several years on the What Works for Children project which aimed to encourage the use of research evidence in children's social care.



### Appointment of Martin Knapp as Director of the NIHR School for Social Care Research

PSSRU is pleased to announce that Professor Martin Knapp was appointed as the Director of the new NIHR-funded School for Social Care Research. Martin will direct the new School for five years and manage a budget of £15 million.

### New doctorates

Congratulations to Tihana Matosevic and Heba Elagzzar who were both awarded their PhDs recently.

Tihana's PhD focused on the motivations of care-home providers in England.

Heba's PhD thesis evaluated the effect of economic status on the use of different health services in the cases of Egypt and Lebanon.

### Some recent presentations

**Adelina Comas-Herrera** was invited to present on future long-term care expenditure and its financing at the First Meeting of the Act Unit on *Ageing and Dependence: Challenges and Policies* at the University of Zaragoza in February.

**José-Luis Fernández** presented on long-term care at the *Financial Sustainability of Health Systems Conference*, 10–12 May 2009, Prague. The conference was organised by the Czech Presidency of the Council of the EU. Both Jose-Luis and **David McDaid** were involved in panel discussions on long-term care at the conference.

**Martin Knapp** presented on evaluation of economic data for mental health services for children and adolescents at the *6th Panhellenic Congress of Hellenic Society of Child and Adolescent Psychiatry* on Athens in May. He also presented on economics: friend or enemy to child and adolescent mental health at the conference.

**Martin Knapp** presented on the economic impacts of autism at the National Autistic Society *Autism and Employment Workshop* in London in May.

**Martin Knapp**, *Personal Budgets: Unanswered Questions for Policy and Research*, Faculty of Health and Social Care Sciences, Kingston University, London, May.

**Martin Knapp** and **Juan Cabeses Hita** presented on economics and new strategies for funding and financing at the *Bridging Knowledge in Long-Term Care and Support* conference in Barcelona in March this year. At the conference **David McDaid** also presented on transferring research to policy and practice: quo vadis? and regional and national experiences on bridging: a western European perspective.

**David McDaid** presented on the economical aspects of mental health at the *Destigmatisation and Improving the Quality of Care in Psychiatry Conference*, 28–29 May 2009 in Prague. The conference was organised by the Ministry of Health of the Czech Republic.

**Raphael Wittenberg** presented on public expenditure on long-term care for older people: the effect of changes in life expectancy at the *ILC-UK and Actuarial Profession Joint Seminar on Public Spending and the Effect of Changes in Life Expectancy* on 16 June 2009. Slides from the presentation can be found at [http://www.lse.ac.uk/collections/MAP2030/Seminars/ILC-UK\\_ActuarialProfession/Wittenberg.ppt](http://www.lse.ac.uk/collections/MAP2030/Seminars/ILC-UK_ActuarialProfession/Wittenberg.ppt).

**Raphael Wittenberg**, jointly with **Ruth Hancock** (UEA), presented on reform of the long-term care financing system: projections of costs and distributional impacts at a seminar organised as part of the *Modelling Ageing Populations to 2030 project* in March 2009.



### Assessing Needs of Care in European Nations

Led by Centre for European Policy Studies, Brussels and funded by the European Commission this project aims to review the long-term care systems in EU member states, to assess the actual and future numbers of elderly care-dependent people in selected countries and to develop a methodology for comprehensive analysis of actual and future LTC needs and provisions across European countries, including the potential role of technology and policies on maintaining and improving quality. The project will run for 44 months.



### Optimised Suicide Prevention Programmes and their Implementation in Europe

Funded by the European Commission, this project involves 12 partners, alongside PSSRU at LSE and aims to provide health politicians, stakeholders and the European Commission with an evidence based and efficient concept for suicide prevention with corresponding materials and instruments for multifaceted intervention, as well as guidelines for the implementation process. This project will run over four years, and PSSRU lead work on the health economic evaluation of the OSPI-Intervention.



### Health England

Within the Department of Health England Committee Professor Martin Knapp chairs a subgroup focusing on prevention in social care and prevention expenditure on health and social care.

This subgroup will be carrying out a work programme which involves:

- scoping of the meaning of prevention in the social care and interface areas;
- reviewing the accumulated evidence in relation to preventive work in social care, and the impact of expenditure in one sector (health or social care) on performance in the other (social or health care); and
- building a tentative economic model to demonstrate the potential benefits of one or more preventive strategies.

A number of PSSRU staff are also involved in this work.



### Economic Evaluation of Parenting Practitioners

The National Academy for Parenting Practitioners (NAPP) works directly with parenting practitioners to provide them with the high quality skills and knowledge they need to enable parents to deal with day to day challenges and give their children the best possible start in life. The Academy's aim is to improve the quality of support that is made available to practitioners and in turn parents through research, training and information.

PSSRU at LSE, led by Professor Jennifer Beecham, will undertake a variety of projects linked to the

NAPP research programme that consider the economic aspects of parenting support. This will include literature reviews, exploration of the variation in costs of parenting programmes across England, cost-effectiveness analyses of different parenting interventions and types of practitioner training, and looking at the longer-term impacts. Preventative and early interventions are a central aspect of government policy for children and young people so findings from this programme will inform both commissioners of children's services and policy development.



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