Introduction from the director of PSSRU, London School of Economics and Political Science

Welcome to the second issue of Research Bites. Our focus for this issue has mainly been on recent project outputs, including reports, journal papers and chapters in edited volumes. The research findings provide an overarching view of the variety of research projects that are currently being undertaken, or have just been completed within PSSRU, while the research reports provide an in-depth summary of current or completed projects within each core research programme.

We hope you will find this helpful, and that you will contact us should you want further information. Your comments on this issue would be very welcome!

Martin Knapp
Director PSSRU
Professor of Social Policy
LSE

PSSRU’s mission is to conduct high quality research on social and health care to inform and influence policy, practice and theory.

Associated with this mission are the following aims:

- To conduct long-term research to help shape the developments of social and health care systems, in the UK and internationally, while also responding to more immediate research needs;
- To develop and employ rigorous research methods from a multi-disciplinary base;
- To examine the performance and functioning of social and health care finance, organization and delivery, with a particular emphasis on promoting efficiency and equity;
- To conduct research that meets the best standards of research governance;
- To work towards greater user involvement in research;
- To disseminate research findings to a variety of audiences through a variety of media; and
- To develop the research and related skills of PSSRU staff.

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PSSRU @ LSE

The Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science was established in 1996, as PSSRU expanded from its original base (since 1974) at the University of Kent. Another branch was also established at the University of Manchester. At the LSE we are part of LSE Health and Social Care in the Social Policy Department. For further information about the PSSRU visit the main Unit website (www.pssru.ac.uk).

The PSSRU conducts research and policy analysis aimed at the improvement of equity and efficiency of health and social care services, and carries out policy analysis, research and consultancy in the UK and abroad. Contributions of various kinds are also made to teaching at LSE and elsewhere.

The current programme of research focuses on needs, resources and outcomes in social and health care. At the LSE we have a particular but not exclusive focus on consumer-directed services, community-based care arrangements, residential and nursing home provision, long-term care finance and future projections, preventive measures, and mental health policy and economics.
Research at the LSE branch is focused around 10 research clusters, within three core research programmes:

**The Social Care Commissioning and Performance programme** aims to improve understanding of how social care services are commissioned, and with what implications for the social and health care systems. Currently, the programme is concentrating on the following areas of work, often working in partnership with others (marked*).

- Evaluation of the national pilot programme, Partnerships for Older People Projects, aimed at reducing the use of inpatient care services by older people*.
- Analysis of prevention and partnership arrangements between health and social care, looking in particular at the efficiency implications that follow.
- Analysis of local variability in social care provision, and particularly of variability in the balance between community and institutional care, in the use of in-house and independent providers, in charging policies, and in the interrelationship between local health and social care systems.
- Evaluation of the national pilot programme on Individual Budgets, aiming at empowering service users by giving them control over how and what social care and related support they receive*.
- Completion of work on direct payments for older people and mental health service users, and reporting of two national surveys of direct payment practices by local authorities and support organisations.
- A project funded by the Joseph Rowntree Foundation looking at strategic commissioning which aims to determine how service user choice can be placed at the heart of service delivery.
- Evaluating the MonAMI project, which aims to mainstream ambient technologies and services for older and disabled people across Europe*.
- Completion of work on motivations of care providers and their consequences for the nature of commissioning arrangements in care for older people.
- Evaluation of the costs and benefits of rolling out in England a care voucher scheme assisting employed informal carers to purchase care inputs for dependent older people.
- Analysis for the UK Treasury of the expenditure and distributional implications associated with the implementation of alternative funding models for long term care of older people in England.
- Examination of governance arrangements in health and social care, linked to efforts to alter the balance of care for older people.

The **Long-term Care Finance programme** is concerned with arrangements for funding long-term care for older people in England. It has produced a simulation model to make projections to 2041 of numbers of disabled older people, long-term care services, and public and private expenditure on long-term care.

The research team have in the last three years produced reports with long-term care projections for the Department of Health, National Assembly for Wales, Disability Rights Commission, Joseph Rowntree Foundation, Wanless Social Care Review, Alzheimer’s Research Trust, Nuffield Foundation and a number of individual local authorities. It has also provided advice to the European Commission on methods of producing projections for EU Member States. The team recently held a seminar to launch the report of their study for the Nuffield Foundation on Paying for Long Term Care.

The **Long-Term Care Finance team** is currently developing and expanding the range of scenarios that it investigates in terms of trends in disability rates and patterns of informal (unpaid) care, as part of its work for the Department of Health.

The **Mental Health Economics and Policy programme** comprises research on mental health policy and practice, drawing particularly but not exclusively on economic approaches and associated empirical methods. Work covers the full age range and all mental disorders, including research on intellectual disabilities, brain injury and dementia.

Current UK mental health activities include research on socio-economic inequalities and mental health status, analysis of the adulthood costs and consequences of antisocial behaviour in children and adolescents, antipsychotic prescribing and adherence patterns, evaluation of area-based suicide prevention strategies, examination of the economic pay-offs from anti-stigma campaigns, and various studies of social exclusion and mental health.

International work includes comparative analysis of mental health systems in Europe through the LSE-coordinated 32-country Mental Health Economics European Network, assessment of the cost-effectiveness of measures to help individuals with mental health problems return to open employment, work on intersectoral policy development for the implementation of interventions and programmes geared towards the prevention of poor mental health and the promotion of positive mental wellbeing. In addition to work in the European Union, other international work includes analysis of the impact of reforms in mental health services in the Russian Federation, the development of mental health policy in four African countries, as well as an assessment in other middle- and low-income countries generally of the structural and institutional barriers to the development of mental health policy and practice.

For further information on the PSSRU or any of its research projects visit [http://www.lse.ac.uk/collections/PSSRU/](http://www.lse.ac.uk/collections/PSSRU/) or contact pssru@lse.ac.uk.
Long-Term Care in the United Kingdom: SSHGI Report

The Personal Social Services Research Unit (PSSRU) has recently completed a report on the state-of-the-art of long-term care in the United Kingdom for a European Union study on the situation of social and health services of general interest in the European Union (SSHGI). The work was prompted by the European Commission, DG Employment, Social Affairs and Equal Opportunities, who designated a consortium led by the European Centre for Social Welfare Policy and Research in Vienna to develop the project. PSSRU were invited to contribute a report on long-term care issues in the UK and the Open University were asked to contribute a report on the labour market issues in the UK.

The PSSRU report outlines a number of recent policy developments which have been the subject of debate and development in a number of EU countries. It refers for example, to the continuing debate about how best to fund long-term care for older people. It also discusses the policy move toward consumer-directed care, through the provision of cash allowances in place of care services (as ‘direct payments’ or ‘individual budgets’). PSSRU is conducting a study of the financing arrangements for long-term care and a study of direct payments and is participating in a national evaluation of individual budget pilots.

The PSSRU report then concentrates on modernisation issues and the development of quality initiatives in long-term care; core interests of the EU study. The realm of quality assurance in the UK has changed rapidly in recent years, as new organisations and frameworks are developed and reorganised in response to criticism and the external economic environment. Several changes have been implemented to remedy perceived failings including efforts to rationalise inspection and target weak performers. Further changes are planned, and are being consulted upon. The key to these changes and their success will depend on the extent to which they are able to respond to the problems of the previous frameworks and address new concerns.

The PSSRU report (along with reports from other member states) will be used to produce a bulletin on the situation of SSHGI across the EU which will be published by the EC soon and from then on biannually. This aims to provide a format for mutual exchange of information on SSHGI across EU member states including dissemination of developments at EU level including relevant commission proceedings. In addition, the country reports will be used to examine the suitability of existing and potential EC legal instruments in the field of SSHGI (e.g. competition law) and to determine the possible nature of Europe-wide performance indicators for SSHGI.

Members of the PSSRU research team also recently attended a one-day conference in Brussels on 4 June organised by the European Commission. The conference aimed to present the findings from the consultation carried out by the Protection Committee and the study of social services of general interest in Europe. The conference looked at the current situation of SSHGI across Member States with a particular focus on trends in long-term care for older people, labour market services, and social housing.

Local Provision of Mental Health Care in Scotland, by Seán Boyle, LSE Health and Social Care

The proportion of funds invested in mental health services in Scotland has fallen over the past six years according to research commissioned by the Scottish Parliament's Health Committee. This research by Seán Boyle of LSE Health and Social Care shows that while NHS expenditure per head of population has increased substantially since 1999, the proportion of total resources spent on mental health services has fallen.

The research was commissioned to examine how different health boards allocate resources for the provision of mental health services. The research will be used to inform scrutiny of future policies on mental health service provision across Scotland and to identify areas requiring further investigation.


New paper on systematic reviewing and mental health

Claire Curran, Tania Burchardt, Martin Knapp, David McDaid and Bingqin Li

Challenges in Multidisciplinary Systematic Reviewing: A Study on Social Exclusion and Mental Health Policy, Social Policy & Administration, 41(3), 289-312

Abstract

In the clinical sciences, systematic reviews have proved useful in the aggregation of diverse sources of evidence. They identify, characterise and summate evidence, but these methodologies have not always proved suitable for the social sciences. We discuss some of the practical problems faced by researchers undertaking reviews of complex and cross-disciplinary topics, using the example of mental health and social exclusion. The barriers to carrying out social science and cross-disciplinary reviews are reported and some proposals for overcoming these barriers are made, not all of them tried and tested, and some of them controversial. Using a mapping approach, a wide-ranging search of both clinical and social science databases was undertaken and a large volume of references was identified and characterised. Population sampling
techniques were used to manage these references. The challenges encountered include: inconsistent definitions of social phenomena, differing use of key concepts across research fields and practical problems relating to database compatibility and computer processing power. The challenges and opportunities for social scientists or multidisciplinary research teams carrying out reviews are discussed. Literature mapping and systematic reviews are useful tools but methods need to be tailored to optimize their usefulness in the social sciences.

**Making Social Policy Work, edited volume**

Howard Glennerster had a long and illustrious career as Professor of Social Policy at the LSE. To honour his 70th birthday, a one-day conference was held in autumn 2006 and a book of proceedings is to be published. *Making Social Policy Work*, a collection of essays by a number of leading social policy academics whose work linked with Howard's, covers key issues in contemporary social policy, and particularly recent changes. The essays examine the history and goals of social policy and the delivery of social policy, focussing on the family and the state, schools, higher education, health care, social care, communities and housing. Redistribution is also examined, focussing on child poverty, pension reform and resources for welfare.

One chapter has been contributed by Martin Knapp, and focuses on choice and control within social care. The ‘mixing’ of the social care economy in the UK has been one of the most notable features of the past two decades, with attention initially focusing on changes to the balance of provision and more recently turning to the sources, balance and routes of funding. Throughout the past two or three decades there has been emphasis on shifting the administrative centre of gravity - initially towards and later somewhat away from local authorities. These broad changes are discussed as a platform for considering current quite radical efforts to shift responsibility and power to service users - for example, through direct payments and individual budgets - linked to the broader choice agenda and obviously with deeper roots in social work practice and personal empowerment.


**Direct Payments: A National Survey of Direct Payments Policy and Practice**

Vanessa Davey, José-Luis Fernández, Martin Knapp, Nicola Vick, Debbie Jolly, Paul Swift, Roseanne Tobin, Jeremy Kendall, Jo Ferrie, Charlotte Pearson, Geof Mercer and Mark Priestley

May 2007

This report, describing the results of the survey of local authorities, is now available to download at [http://www.pssru.ac.uk/pdf/dprla.pdf](http://www.pssru.ac.uk/pdf/dprla.pdf). A limited number of hard copies are available. Please download and complete an order form if you wish to purchase a hard copy at £12 (including post and packing in the UK).

The second report, *A National Survey of Schemes Providing Support to People using Direct Payments*, will provide the findings of the survey of organisations providing direct payments support and will be available shortly.

Contact Vanessa Davey for further information about the direct payments project.

**Martin Knapp and Roshni Mangalore, Mental health: Continuing challenges, Commonwealth Health Ministers’ Book 2007.**

The chapter *Mental health: Continuing challenges* contributed by Martin Knapp and Roshni Mangalore focuses on the continuing challenges faced globally and in the commonwealth countries in the field of mental health. While mental ill-health is a major problem worldwide, many mental health needs go unrecognised and untreated. Effective treatments that have been developed for many of the most common mental health problems are not available in large parts of the world and often are unaffordable even when apparently available. In addition, there is widespread stigma associated with mental illness, leading to widespread discrimination and social exclusion. The societal costs of mental illness are considerable as mental health problems can affect so many areas of an individual’s life. The chapter discusses these challenges and provides suggestions as to what needs to be done to tackle these problems as well as discussing possible system changes.

Published by the Commonwealth Secretariat and Henley Media Group, this reference book provides health ministers with a central source of information regarding health priorities.


**Economic consequences of autism in the UK**

A study of the economic impact of autism spectrum disorders has recently been completed by Martin Knapp, Renee Romeo and Jennifer Beecham working from the Centre for the Economics of Mental Health but linked to PSSRU at LSE. Findings will be available very soon when they are released by Autism Speaks.

Autism has life-time consequences with a range of impacts on the health, economic well-being, social integration and quality of life of individuals with the disorder, and also on their families and potentially the rest of society. Many of those impacts can be expressed as economic costs. The purpose of the research was to estimate the comprehensive costs of autism spectrum disorders in the UK.

There was no single, nationally representative data set that allowed estimation of prevalence, service
use and costs for the same group of people. This research therefore adopted a modular approach with four elements - prevalence, level of functioning, place of residence, and cost per individual - and sought to obtain the best and most up-to-date UK estimates for each. In this way the team were able to calculate the aggregate costs of autism spectrum disorders.


A recent report completed by CEMH and linked to PSSRU at LSE aimed to discover how poverty and disadvantage were experienced among prisoners’ families and partners. The study looked at the experiences of 41 family members living at or below the poverty line. It also tried to estimate the costs of imprisonment, and evaluated services for prisoners’ families

Social Policy and Society focus on long-term care, Volume 6, Issue 3

The latest issue of SPS includes a themed section on the costs of long-term care for older people. Three papers were included in this section from the PSSRU. The first examined the public expenditure costs and distributional effects of potential reforms to long-term care funding in the UK; the second described a theoretically based but pragmatic approach to identifying the welfare gain from government expenditure on social care, while the last projected the receipt of informal care by disabled older people from their spouses and (adult) children to 2031 in England:


Long-Term Care and Ageing Populations

The latest issue of Ageing Horizons provides a focus on long-term care and ageing populations. The volume contains two papers by PSSRU authors, the first focusing on key features of the recent Wanless Report on alternative mechanisms for funding long-term care of older people, while the second looks at objectives of the financing system in the context of the objectives for the long-term care system as a whole:


Martin Knapp, David McDaid and Sujith Dhanasiri, Money matters: Funding care, in Lewis' Child and Adolescent Psychiatry: A Comprehensive Textbook


One of the new chapters in this edition has been contributed by Martin Knapp and David McDaid (PSSRU) and Sujith Dhanasiri (CEMH, Institute of Psychiatry). It focuses on funding care for children and adolescents with mental health problems. The chapter explores the links between finances, resources and achievements. The authors introduce a conceptual framework that summarises the main connections linking resources to individual and family outcomes, and also look at the different service sectors involved in responding to the multiple needs that children and adolescents have, and their associated arrangements for allocating resources, as well as how services are funded. Within the chapter there is discussion of the resource barriers and a summary of key messages.


New paper on delayed discharge


Abstract

In recent years, there has been significant concern, and policy activity, in relation to the problem of delayed discharges from hospital. Key elements of policy to tackle delays include new investment, the establishment of the Health and Social Care Change Agent Team, and the implementation of the Community Care (Delayed Discharge) Act 2003. Whilst the problem of delays has been widespread, some authorities have managed to tackle delays successfully. The aim of the qualitative study
reported here was to investigate discharge practice and the organisation of services at sites with consistently low rates of delay, in order to identify factors supporting such good performance. Six ‘high performing’ English sites (each including a hospital trust, a local authority, and a primary care trust) were identified using a statistical model, and 42 interviews were undertaken with health and social services staff involved in discharge arrangements. Additionally, the authors set out to investigate the experiences of patients in the sites to examine whether there was a cost to patient care and outcomes of discharge arrangements in these sites, but unfortunately, it was not possible to secure sufficient patient participation. Whilst acknowledging the lack of patient experience and outcome data, a range of service elements was identified at the sites that contribute to the avoidance of delays, either through supporting efficiency within individual agencies or enabling more efficient joint working. Sites still struggling with delays should benefit from knowledge of this range. The government’s reimbursement scheme appears to have been largely helpful in the study sites, prompting efficiency-driven changes to the organisation of services and discharge systems, but further focused research is required to provide clear evidence of its impact nationally, and in particular, how it impacts on staff, and patients and their families.

For further information about this project view the Project Outline.

New paper on care home providers’ motivations

Matosevic T, Knapp M, Le Grand J

Motivation and commissioning: perceived and expressed motivations of care home providers, Social Policy and Administration, forthcoming

Abstract

Commissioning of social care for older people has seen major changes since the early 1990s. Considerable responsibility now rests with local authority staff, whose views of care home providers’ motivations, their perceived strengths and weaknesses as service providers, will have a bearing on commissioning decisions. We examine commissioners’ views of provider motivations in eight English local authorities and compare their perceived motivations with providers’ expressed motives. Data were collected through semi-structured face-to-face interviews with commissioners and care home providers. Providers are generally perceived by commissioners as highly altruistic, but also relatively financially motivated individuals. Further analysis revealed significantly different views towards profit maximising, which commissioners perceive as very important, while providers consider it to be of little motivational value. Private sector providers are described by commissioners as significantly more motivated by personal income. Associations are found between commissioners’ perceptions of motivations and the nature of their relationships with providers.

Perceptions of providers’ motivations appear important within the commissioning framework.

Provider-Commissioner Relationships in Social Care Markets

The motivations of social care actors have long been recognised as an important aspect in the delivery of social care. Motivations have been studied in previous PSSRU research, funded by the Department of Health. Our evidence to date has been published and has made a valuable contribution to a better understanding of the working methods, incentives and performance of care providers in the context of changing provider-commissioner relationships.

We have secured further seed funding from the LSE enabling us to develop our conceptual framework and thereby further explore the interactions between providers and commissioners.

For further information about this project contact Tihana Matosevic (t.matosevic@lse.ac.uk).

Long-Term Care: Future Challenges

A forthcoming short article by Professor Martin Knapp in the Parliamentary Monitor looks at the challenges faced as the number of older people increases substantially over the next few decades, as well as the challenge of ensuring that the right systems are in place to meet long-term care needs. This paper should be published shortly.

Individual Budgets Evaluation: A Summary of Early Findings

The Individual Budget pilots were launched by the Government as a key initiative in the modernisation of social care and public services, placing choice firmly in the hands of its users and their families. Building on Direct Payments, in Control and other approaches for nurturing greater self-directed support, Individual Budgets (IBs) aspire to bring a wider range of funding streams under a simple, user-controlled budget to buy social care services.

The Government recently commissioned the Personal Social Services Research Unit, the Social Policy Research Unit, and the Social Care Workforce Research Unit to carry out a full and holistic evaluation of IBs.

It is still early days in both the evaluation and policy implementation, but from interviews conducted between July and November 2006 the team report on emerging themes on four aspects of IBs: 1) The first phases of implementation; 2) Training and development; 3) Costs of setting up IBs; 4) Early experiences and views from the first IB recipients.

The full summary can be found on the Individual Budget’s website at http://www.ibsen.org.uk/metadot/index.pl?id=0.
Selected Publications from PSSRU at LSE (full list on PSSRU website)


King D, Knapp M (2007) Patterns of, and factors associated with, atypical and typical antipsychotic prescribing by general practitioners in the UK during the 1990s, PSSRU Research Summary 43, Personal Social Services Research Unit, London.


A full list of publications by PSSRU staff at LSE can be found on the PSSRU LSE website http://www.lse.ac.uk/collections/PSSRU/Default.htm.
Assessing the Economic Impact of Initiatives to Reduce Stigma/Discrimination

Paul McCrone, Martin Knapp, Mary Henri, David McDaid, Barbara Barrett

The Psychiatric Morbidity Survey conducted in 2000 found that at any one time around 17% of people living in the community have a neurotic disorder (Singleton et al, 2001). The most common disorder is mixed anxiety and depression (8.8%), followed by generalised anxiety disorder (4.4%) and depression (2.6%). The prevalence of probable psychotic disorders was 0.5%.

Many of these people will experience discrimination. They will often find it hard to get or keep employment, they might get overlooked for promotion. They might feel embarrassed by their illness. Family members might feel a sense of shame.

There are potentially many personal costs associated with such stigma and discrimination. There are also broader costs to society, including costs falling on carers and family members. For example, the following situations could each have adverse economic consequences:

- If stigma acts as barrier to care then there will be higher rates of untreated illness.
- Stigma can act as a disincentive to invest in mental health services to the same extent as investment in other areas of health care.
- Stigma may directly affect employment opportunities for people with mental health issues, which will have a clear impact on personal income and will also have a social impact in terms of reduced productivity and increased reliance on social security payments.
- Stigma in the classroom could interfere with a child’s learning and academic achievements, with later consequences for career and earnings.

Rethink, one of the UK’s leading mental health charities, commissioned a small exploratory study from the LSE and Institute of Psychiatry. The aim was to look at the economic consequences of stigma, and of efforts to tackle this endemic problem.

Cost-effectiveness of anti-stigma/discrimination campaigns

One part of the study looked a the ‘See Me’ campaign in Scotland, which has been the largest anti-stigma/discrimination initiative in the UK. Over a four-year period the campaign cost over £2 million, which is just £0.55 per adult in Scotland. Over the same period, the Scottish Executive found that, of over 1000 people surveyed there was a reduction from 32% to 15% of those who felt that people with mental health problems were dangerous. Assuming that the sample was representative this suggests changed attitudes for over 600,000 people. There was also a reduction from 35% to 24% of people who felt that the public required better protection from people with mental health problems. This suggests 450,000 people nationally with changed attitudes. We do not know how much of this was due to the campaign. Figure 1 shows that if the campaign was entirely responsible then the costs per person with changed attitudes regarding dangerousness are £3.70, while the figure for protection is £5. The chart shows what the costs per person with changed attitudes are if the campaign was not entirely responsible for the changes. Even if only 10% of the change was due to the campaign it would cost at most £50 to get someone to change their attitude.
Figure 1. Cost of changing attitudes about mental health problems.

- Cost of one less person viewing people with mental health problems as dangerous
- Cost of one less person feeling that the public needs better protection from people with mental health problems

The research also looked at treatment for depression and early interventions for psychosis, in each case tracing the likely economic consequences of stigma - particularly the effect it has on delaying referral for treatment - and of efforts to tackle it. Full details will shortly be released by Rethink and by PSSRU.

Reference


Acknowledgement

This work forms part of a report commissioned by Rethink. The full report is available online at http://www.rethink.org/how_we_can_help/campaigning_for_change/mental_health_first/comprehensive_spendi.html.
Evidence of downstream services preventing use of upstream services

Julien Forder, Jose-Luis Fernandez, Tom Snell

Community social and health care preventing care home admission

There is evidence that community-based social care in England can substitute for residential care (Davies, Fernández and Nomer, 2000). Figure 1 shows how spending on services 'buys' additional days for people in the community before a residential care solution becomes the only option for them. Two services are shown - home care and day care. Also, because outcomes (additional days) depend on both the service and the needs of the people using that service, the graph shows the effects of services for different groups of people. For example, £60 per week of day care for people with (mild or severe) cognitive impairment corresponds to about 265 extra days, or an extra 135 days for other people using day care. The graph also shows the outcome of home care services for the 93% of people in the sample who could not do heavy housework. Evidence from the US (the National Long-Term Care (Channelling) Demonstration project) concluded that substituting home care for nursing home provision was effective (it could also be cost-neutral or even cost-saving if tighter targeting of services was adopted) (Greene, Ondrich and Laditka, 1998). In England analysis suggests that, with a given budget and controlling for need, local authorities can substitute residential places with intensive home care packages at the same cost or slightly less.

Figure 1. Home care and day care effects on extra time an older person remains in the community

The impact of social care on health care usage

A large scale meta-analysis (of mainly US studies) investigated the impact of home care - which includes in this case, home nursing and home health type arrangements - on hospital days. The paper concluded that although substitution effect sizes were small to moderate, the consistent pattern of reduced hospital days across a majority of studies suggests that home care does have a significant impact (Hughes et al., 1997). There is relevant research in the English case. First, a study of local authorities found that an increase in care home and/or home care provision had the effect of reducing rates of delayed discharge, and in turn, reducing average length of stay (all ages) and increasing hospital activity. Furthermore, the study indicated that increased care home use reduced re-admission rates (Fernández and Forder, 2002; Fernandez and Forder, 2006). Second, a study in 12 local authorities found that an increase in home care provision for older people reduced

1 Bespoke analysis, which was conducted using across 148 local authorities in England in 1999 and 2000
hospital usage (see Figure 2). For very dependent older people, for every £1 spent on home care, average costs of hospital care fell by 30p (Fernández and Davies, 2002).

**Figure 2. Impact of home care on hospital use**

<table>
<thead>
<tr>
<th>Dependency Level</th>
<th>Reduction in Probability of Use of Inpatient Care</th>
<th>Reduction in Costs of Inpatient Care - % of Community Package Cost</th>
</tr>
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<tbody>
<tr>
<td>Severely Confused</td>
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<tr>
<td>Not Confused</td>
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<td>High Dependency</td>
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<td>Moderate Dependency</td>
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<tr>
<td>Low Dependency</td>
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Source: Fernandez and Davis (2002)

Third, the National Beds Inquiry found that 20% of bed days for people over 65 would be inappropriate if alternative services were in place. A King’s Fund study (Stevenson and Spencer, 2002) suggested even greater inappropriate use of hospital beds. The Evercare programme in the US combines care-management (by specialist nurses) with provision of long-term nursing care. This combination might be described as intermediate care. Nurse practitioners identify and manage users in nursing homes with an increased risk of hospitalisation. This management involves attempting to avoid hospital admission using a short-term burst of intensive service (intermediate care) within the nursing home (called intensive service days, ISDs). The evaluation of the Evercare demonstration programme (Kane, Keckhafer and Robst, 2002) showed, first, a minor preventative effect i.e. produced a small reduction in the events that lead to a need for hospitalisation. Second, there was a large substitution effect: many patients stayed in the nursing home rather than going to hospital. When they did go, they stayed for less time. Average admissions per 100 enrolees were at 50% compared with controls; hospital length of stay (LoS) was at 80% compared with controls, although adding the average intensive service days (ISDs) of those ‘admitted’ brings the total LoS to about the same as the control. ISD is however significantly cheaper and easier to implement. Since outcomes differences were negligible, Evercare represents a cost-effective programme. The Evercare pilots in England involved focussed intermediate nursing care on people at high risk of admission to hospital. Patients were identified primarily if they had two or more emergency admissions in the previous year. The effectiveness of these interventions is, nonetheless, in some question because at any given time, high-use patients are outliers who tend to naturally fall back towards the mean level of use in following years. A recent study found that although patients 65 and over with two or more admissions were responsible for 38% of admissions in the index year, they were responsible for fewer than 10% of admissions in the following year and just over 3% five years later. In other words, relatively few people would potentially benefit from help targeted in this way (Roland et al., 2005). In other words, even without the intervention, many people would ‘get better’. The NHS has begun to address this issue with a risk prediction system which uses various datasets to identify individuals at greatest risk of future admission to hospital, thus enabling NHS resources to be targeted at those most relevant for intervention. This may involve identifying individuals who are not yet at high risk but likely to become so in future. There is potential to transfer this learning into the social care sphere in order to allocate resources efficiently to those who have not yet deteriorated to a point where emergency admission to hospital has occurred but who are likely, in the near future, to deteriorate further. The Innovations Forum project on ‘Reducing Hospital Admissions of Older People’, which is being led by Kent County Council along with nine other pilot councils, is also showing some promising results relative to its target of a 20 per cent reduction in unscheduled hospital inpatient bed days occupied by people aged 75 and over (by 2007)².

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References


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This paper reports on projections of receipt of informal care by disabled older people from their spouses and adult children to 2031 in England. The paper has recently been published in Social Policy and Society in a themed section on the costs of long-term care. An on-line version of the paper is now available from the Social Policy and Society website. This report contains a brief summary of the paper.

The paper examines sources of informal care for older people with functional disabilities in England now and in the future. The paper is based on the PSSRU Long-Term Care Finance model, which makes projections to 2031 of demand for long-term care services for older people (aged 65 and over) in England and of the costs associated with meeting the expected demand.

Key points

- The social care system in England currently relies heavily on informal care. Approximately 85 per cent of disabled older people living in their own homes currently receive some informal help.

- Over 80% of disabled older people in receipt of informal help are cared for either by their adult children or by their spouses/partners.

- More older people with disabilities currently receive help from their children than their spouses or partners, although the difference is not great. The extent of the reliance of disabled older people on their children, identified in this paper, is somewhat surprising, given the emphasis in the recent research literature on informal care by spouses and partners. It is explained by the focus of the paper on informal care received by older people with disabilities, the majority of whom do not have a spouse or partner.

- Care by spouses and partners is likely to increase markedly in future years, in view of the official marital status projections. By 2031, spouse/partner care is likely to become a more important source of care for disabled older people than care by children.

- Yet care by adult children will also need to increase by over 60 per cent in the next 25 years, if current patterns of care are to remain the same. ‘Demand’ for care by children is projected to increase by nearly 400,000 between 2002 and 2031. By 2031, there are projected to be over a million disabled older people in receipt of care from their children.

- Care by children is particularly important for people aged 85 and over, who constitute the fastest growing age group in this country, yet the majority of the ‘oldest old’ have no spouse/partner and this is still likely to be the case in 2031.

- It is not clear that the supply of care by children in England will rise to meet demand for a number of reasons, which are discussed in the paper. These include the long-term decline in co-residence of older people with their children, a rise in childlessness among older people (beyond 2025) and a possible decline in the propensity of children to provide care to older parents in future years, particularly associated with the projected rise in labour market participation rates of mid-life women.

- The next stage of the PSSRU research programme is to develop scenarios looking at future care provided by adult children to older people.

For further information contact Linda Pickard (l.m.pickard@lse.ac.uk).
Launch of new PSSRU website at the LSE

The PSSRU LSE branch have recently launched their new website at the LSE. The website provides information on staff working with the branch, current and completed projects, publications and presentations and can be viewed at http://www.lse.ac.uk/collections/PSSRU/.

House of Lords Select Committee on European Affairs report

Professor Martin Knapp recently acted as Specialist Adviser to the House of Lords (Parliamentary) Select Committee Inquiry on the European Commission’s Green Paper on a Mental Health Strategy for Europe. The Committee’s (substantial!) report was published on 24 April 2007, and builds on evidence and oral testimonies provided by a number of international experts, including David McDaid from PSSRU. In their report ‘Improving the Mental Health of the Population: Can the European Union Help?’ the Committee look in detail at the European Commission’s October 2005 Green Paper on an EU strategy for mental health and consider whether there is a role for the EU in improving the mental well-being of the European population.

As noted in the report people suffering from mental health problems often face discrimination in health services and employment. They can experience ridicule, prejudice and stigmatisation, which may lead to social exclusion and discourage people from seeking treatment. The report quotes estimates from the European Commission that 1 in 4 adult Europeans experience mental health problems and 58,000 EU citizens commit suicide each year. In the United Kingdom alone, mental health problems are estimated to cost over £77 billion every year, and a mental health problem is also now the most common reason for someone claiming incapacity benefit.

The Committee suggested that a significant improvement in the position of those with mental health problems in the UK could be achieved by recognising that mental health problems come within the scope of anti-discrimination legislation relating to disability. This should be monitored and enforced so that sufferers do not face the added disadvantage of discrimination in the workplace, which can lead to unemployment and increase the risk of long term social exclusion. The Committee also argued that the EU should encourage member states that do not already have anti-discrimination legislation to introduce it.

The Committee conclude by stating that the EU does have an important role to play in facilitating the exchange of information and best practice across Europe. The EU could also help to ensure that action in relation to mental health looks beyond the specialised role of health services and addresses the wider social and economic policy implications.

MAP2030 project website launched at LSE

The Modelling Ageing Populations to 2030 project team has now launched its website.

The MAP2030 website provides information about the project, including the aims of the project, background publications and information on staff working on the project.

The project is funded by the ESRC.

MHEEN II - Journal of Mental Health special issue

The Mental Health Economics European Network (MHEEN), set up in 2002, initially covered 17 European countries and now involves representatives from 32. In its early work - much of which has just been published in a special issue of the Journal of Mental Health - the Network aimed to:

- prepare a simple framework for identifying and collecting data on the primary economic dimensions relevant to mental health systems across Europe;
- build up information and indicators for countries which would allow comparisons to be made, and provide the means for better understanding of how mental health systems might be developed; and
- promote wider learning about economic issues in mental health.

One of the papers in the special issue sets out the financial platform for mental health provision across 17 countries, describing modes of finance (tax-based, social insurance, voluntary insurance and so on), levels and patterns of funding, payment arrangements, and resource allocation mechanisms. A second paper focuses on the employment experiences of people with mental health problems and the efforts made by policy frameworks and practice initiatives to address the difficulties faced. Complementary evidence on employment patterns and their association with general labour market conditions in selected countries is offered in another paper. There is also a paper on the extent to which economic evidence is used in decision-making in mental health systems, and the level of investment in cost-effectiveness and similar evaluations. A final contribution looks at the shifting of boundaries between health, social care and other service systems.

The current Network of 32 European countries (plus some from outside Europe) is continuing to develop and expand the understanding of economic issues in mental health in Europe.
Further details about the issue can be found on the Journal of Mental Health website. Please contact David McDaid (d.mcdaid@lse.ac.uk) for further information about MHEEN and its related activities.

Francesco Moscone & Martin Knapp receive Excellence in Mental Health and Economics Research award

Francesco Moscone and Martin Knapp from LSE have recently been awarded an excellence in mental health and economics research award for their paper entitled Exploring the Spatial Pattern of Mental Health Expenditure in the Journal of Mental Health Policy and Economics.

The full paper is accessible via the Journal's website.

PSSRU set up new User Advisory Group

The Service User Advisory Group (SUAG) was set up in PSSRU at LSE in May 2007 with the aim of increasing the involvement of users in our research. Some of our individual projects have had service user groups (or inputs), but our current aim is to formalize the involvement of users in our research.

The first meeting was held at LSE on 4th May 2007. It was attended by a small group of service users recruited through the direct payments project conducted by PSSRU at LSE, and through a local voluntary sector organisation. The participants included one user of direct payments, a carer looking after an elderly parent (also on direct payments) and a day centre user, so, although not many in number, the group came with a variety of experiences and views on current health and social care services and policies which they were happy to express. The meeting was attended by Martin Knapp, Vanessa Davey, Derek King and Margaret Perkins from PSSRU.

In this preliminary meeting, we provided an overview of the research process and the range of research interests that PSSRU has at present, after which we discussed the role of the group. We outlined how we envisaged the group developing, centring at this early stage of development on specific aspects of our research that we would like to seek advice on; whether or not the members felt able to provide support with these matters and how they envisaged their role as advisors. The group agreed that the SUAG would be called upon to comment on new research proposals and to advise on the suitability of tools to be used, such as questionnaires, from the perspective of those actually using services. Further to this the group is to provide support to ensure that we provide accessible reports of research findings by advising on the appropriateness of the language used and how far it makes sense to the non-academic researcher. As an initial exercise, we asked the group to comment on the language in a report of one of the projects in the first issue of Research Bites revealing the care that needs to be taken over terminology when conveying information to a non-technical audience.

The participants expressed great interest in the purpose of the group and their motivation for coming, namely a genuine interest in the problems that people face and how they needed to be addressed. We certainly anticipate from this first meeting that the SUAG members will add a refreshing dimension that is different from the academic view of research but equally important.

All of the members of the SUAG are new to the role. A key objective for the future is to match their enthusiasm and interest with adequate support to increase their capacity to take-on the role. Prior to the next meeting in the late Autumn, participants will be sent a briefing on the new projects to be discussed. We also plan a periodical newsletter on our projects to keep our SUAG members up to date with developments. We hope in the interim to enlarge our base of service users.

ACRA

Professor Martin Knapp has just joined the Advisory Committee on Resource Allocation as a main member. ACRA’s role is to oversee development of the weighted capitation formula used to inform revenue allocations to PCTs.

Staff news

We welcome Dr Jennifer Beecham who joins us as a principal research fellow in our mental health economics and policy programmes. We are also pleased to welcome Shoba Raja and Francesco Moscone as visiting fellows. We said farewell to Andrew Healey who has now accepted a permanent position with the Ministry of Justice, and will also be saying farewell to Dementra Nicolaou-Frini who has been offered a Departmental Manager’s position within the Department of International History.

We would also like to congratulate Julien Forder on his recent appointment to a chair at the University of Kent, although he continues with LSE on a 20% basis, and Dr Jose-Luis Fernandez who takes over as Deputy Director within the LSE branch. Jose-Luis is currently on a short-term secondment to the Treasury.
Follow-on from MAP2030 seminar, April 2007

The MAP2030 research group is an ESRC funded team at LSE and other Universities investigating the needs and resources of older people to 2030. The group held an introductory seminar for stakeholders at the LSE on 24th April 2007. Stakeholders included representatives of local and central government, voluntary organisations and other interest groups, and academia. The participants discussed a range of potential policy scenarios for reform of the pensions and long-term care finance systems which they recommend the research team to model. Overall the seminar was a great success providing the team with many ideas to take forward. The team plans to hold more events towards the end of the year to present some early findings and stimulate discussion of topic areas covered by the project. Please visit our website at http://www.lse.ac.uk/collections/MAP2030/ for more information about the project.


This conference in being organised by the European Network for Mental Health Promotion and Mental Disorder Prevention (IMHPA), the Government of Catalunya and the European Commission, and aims to share examples, barriers and opportunities encountered throughout Europe in implementing prevention and promotion action for mental health. The conference further aims to produce a set of recommendations and proposals to support implementation of action for mental health promotion and mental disorder prevention across Europe. Professor Martin Knapp from the Unit will also be presenting at this conference.


The NHS: The Next Ten Years

A transcript from the recent lecture by the Rt. Hon Secretary of State for Health Patricia Hewitt MP is available to download at http://www.lse.ac.uk/collections/LSEHealth/event sAndSeminars/Joinpubliclectures/LSE%20DRAFTSPE ECHFINALASDELIVERED.doc.

International conference: Deinstitutionalisation and Community Living, 15-16 Nov 2007, Prague

This conference will mark the launch of the report from the EU funded project on Comparative Cost Analysis: Community based alternatives to Institutional Care and will focus on the implications of the findings from the project in particular for Central and Eastern European countries. The conference is being organised by the Tizard Centre, University of Kent in conjunction with Inclusion Europe, the Open Society Institute Mental Health Initiative and Charles University. Further information is available here.

WHO/HBSC (Health and Behaviour of School Aged Children) Forum, March 2007

David McDaid recently attended a meeting of the WHO/HBSC (Health and Behaviour of School Aged Children) Forum in Las Palmas, Gran Canaria in March. He gave a presentation on WHO and European Commission Strategies for Mental Health, focusing on the need for inter-sectoral policy actions.

Health Technology Assessment International Conference, June, Barcelona

David McDaid also attended the Health Technology Assessment International Conference in Barcelona in June. The theme of the conference was HTA and public health. Two papers on the use of economic evaluation in public health and the cost effectiveness of suicide prevention strategies were presented. Ingrid Zechmeister from the MHEEN network also presented a paper jointly authored with Reinhold Killian and David on the use of economic evaluation in mental health promotion and prevention.

For further information about the conference visit http://www.htai.org/index.php?id=32.
**New Projects**

**JRF Strategic Commissioning**

The Strategic Commissioning project aims to determine the necessary changes required to place service user choice at the heart of all decisions of service delivery amidst current policy changes designed to strengthen the roles of users in commissioning care. The project is funded under the Joseph Rowntree Foundation Independent Living Programme which seeks to find ways to ensure that services are made responsive to the needs of users.

The work takes a fresh approach to understanding user-involvement by considering all levels (individual, locality, contracting, commissioning) and elements of commissioning, to determine where and how users can have an influence on service design and delivery. This will be combined into a matrix to identify the strengths and weakness of user involvement throughout the commissioning process. The relevance of these findings will be tested through a series of focus groups with policy and practice experts at the national level and stakeholders within two local authority areas (including service users and carers, providers of services, and a broad range of social services personnel). A central concern of the project is to develop an understanding of the tensions between the different levels and elements of the commissioning process with respect to developing capacity for user influence and involvement.

In the second stage of the project, the team will work with the stakeholder group to determine what needs to be done in the future to solve identified problems and what can be learnt from existing best practice. Through an ongoing process of feedback and iteration with participants the matrix will be developed to provide a final framework that will specify what needs to be done in the future to ensure meaningful involvement by service users.

The work will hold significant potential to influence policy and practice at this critical time in developing new models of choice and control. It will among other things, provide learning on the dynamics of user choice within Individual Budgets and the requirements for facilitating this choice; determine what mechanisms can ensure the aspirations of service users are translated into tendering procedures; and at the strategic level how the capacity of citizens can be developed to ensure meaningful engagement of local communities in designing and delivering services.

The project will be undertaken across an eighteen month period beginning in May 2007 and is led by Vanessa Davey, Research Officer at the Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science (LSE). Team members include, Gerald Wistow, Visiting Professor of Social Policy at PSSRU at the LSE and Eileen Waddington an Independent Consultant in Health, Housing and Social Care.

An interim report on the project will be available in January 2008. The concluding report will be published in November 2008.

**Economics of Early Intervention Services: Scoping Study**

This exploratory project by Martin Knapp and Roshni Mangalore, working with Paul McCrone (CEMH, Institute of Psychiatry) is looking at what data might be available to allow the building of economic models of early intervention for psychosis. It is particularly focussed on the possibilities for further work in relation to young people, offenders, people from Black and Minority Ethnic groups, rural areas and suicide. One further aspect is to look at the cost of lost opportunities.

This project follows on from work undertaken by Paul McCrone and Martin Knapp - working with Sujith Dhanisiri (CEMH) - to produce a general model which estimated the economic impact of early intervention services. The findings from that work will shortly be submitted to a journal for publication. This new, small scoping study is therefore exploring what further work might be possible for specific groups of people and in relation to some specific issues.

This study is funded by the Department of Health during 2007.

For further information on our current and recently completed projects please visit the PSSRU website (www.lse.ac.uk/collections/PSSRU). To join the PSSRU mailing list please visit http://www.jiscmail.ac.uk/lists/pssrulist.html.