

Personal Social Services Research Unit

London School of Economics and Political Science

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**Personal Social Services Research Unit
at the
London School of Economics and Political Science (035/0045
and 035/0083)**

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1 January 2006 - 28 February 2011

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Contents

SUMMARY.....	3
1. INTRODUCTION	6
2. OVERVIEW OF THE UNIT	7
2.1 Management	7
2.2 Research ethics and governance.....	8
2.3 Resources	8
2.4 Developing capability and capacity.....	10
3 RESEARCH PROGRAMME	15
3.1 Commissioning and Performance Programme.....	15
3.2 Long-Term Care Finance programme.....	23
3.3 Mental health economics and policy programme.....	27
3.4 Responsive Mode programme.....	36
4 KEY ACHIEVEMENTS.....	46
4.1 Overarching achievements	46
4.2 Commissioning and Performance Programme.....	47
4.3 Long-term care finance programme.....	50
4.4 Mental health economics and policy programme.....	51
4.5 Responsive mode programme	55
4.6 Communication and dissemination	56
5 CONCLUSION	57
6 PUBLISHED OUTPUTS 2006-2011	58

**Personal Social Services Research Unit
London School of Economics and Political Science**

SUMMARY

This report describes work undertaken by the London School of Economics (LSE) branch of the Personal Social Services Research Unit (PSSRU) over the period from 1 January 2006 to 28 February 2011, and funded by the Department of Health Policy Research Programme.

Overview of the Unit

The first part of the report describes the broader setting of PSSRU, its aims and links within its host institution (LSE), and key features of its organisation and governance. PSSRU has contributed in a number of ways to the development of the research base in social care. We encourage opportunities for training and career development and provide a supportive environment for members of staff to grow as researchers. We were accredited with Investors in People status in both 2003 and 2009. We also contribute to the supervision of a large number of research students, and provide them with significant opportunities to gain research experience.

We make considerable efforts to involve others in our research processes. We established a Service User and Carer Advisory Group in 2007, and maintain ongoing collaborations with a great many research centres and individual researchers in the UK and elsewhere. Many of our staff are regularly involved in an advisory capacity with a large number of professional, research and governmental organisations.

Ensuring that our research reaches as broad a target audience as possible and that it achieves true impact on policy and practice are key objectives for PSSRU. We pursue an active knowledge transfer strategy, including research feedback meetings, organisation of seminars and workshops, contributions to conferences, and the publication of our findings in academic journals, books, professional and trade publications. We also produce our own regular e-newsletters, bulletins and communicate regularly through our Twitter account and email distribution lists.

Research programme

Much of this report is structured around our four core research programmes during the grant period, each comprising a number of projects:

- Commissioning and Performance
- Long-Term Care Finance
- Mental Health Economics and Policy
- Responsive mode.

The ***Commissioning and Performance (C&P) Programme*** aimed to improve our understanding of how social care services are commissioned, and with what

implications for social and health care systems. The research projects in the C&P programme examined the following policy questions:

- Factors explaining local variability in social care patterns
- Impact of changes in the regulatory framework on residential care for older people
- Partnerships and prevention for older people, looking at the interdependence between health and social care systems
- Personalisation of care and service user choice
- Modelling social care funding arrangements in England
- Economic evaluations of social care interventions, including the evaluation of the Individual Budgets pilots, and of new technologies in the Whole Systems Demonstrators.

The ***Long-Term Care Finance Programme*** examined two main questions: whether expenditure on long-term care will remain sustainable over the coming decades, and what constitutes the appropriate balance between public and private expenditure on long-term care. The individual projects associated with this programme of research included:

- Developing and updating the projections model for older people
- Examining the implications of alternative long-term care financing arrangements for younger adults and older people
- Modelling the impact of alternative disability trends in the future
- Modelling the likely future supply of informal care and employment
- Studying the impact on future long-term costs of changing patterns of care for older people
- Developing the model to carry out projections of future social care workforce requirements.

The ***Mental Health Economics and Policy Programme*** included a range of projects which used economic and other methods to evaluate mental health policy, treatment and support. The main projects included in the programme covered the following policy areas:

- Lifetime economic consequences of mental health problems in childhood and adolescence
- Employment, incentives and mental health problems
- Direct payments for people with mental health problems
- Early intervention teams for psychosis
- The costs of addressing age discrimination in mental health services
- Mental health promotion and mental illness prevention
- Equity and mental health
- Service use patterns, costs and unmet needs of patients with neurological conditions
- Specialist housing services for people with mental health needs

In addition to the projects listed above, a number of externally funded projects built on and complemented the PRP-funded programmes. The report provides summaries of their aims and findings.

A significant number of research projects were carried out during the grant period under the ***Responsive Mode*** research stream. These projects enabled us to provide the Department of Health with wide-ranging analytical support targeted on particular policy questions of immediate relevance. Frequently, the findings fed directly into policy development and implementation.

Some of the research projects included under this work-stream were:

- Modelling of the Wanless partnership funding proposals for the period CSR07
- Projections of future demand for social care for younger adults
- Projections of future levels of service use for people with learning disabilities
- Analysis of the potential costs and benefits of implementing the National Dementia Strategy
- Health and social care needs of young adults with long-term neurological conditions
- Developing improved survey questions on older people's receipt of, and payment for, formal and informal care
- National survey of local practices for commissioning services
- Making an economic case for building community capacity
- Costs of addressing age discrimination in mental health services and social care
- Calculating relative needs formula for social care services
- Workforce modelling for CSR period 2010-14
- Analysis of transitions in the use of care services

Overall, the research projects under the four work-streams funded by PRP resources made some very important contributions to the development of policy by the Department of Health. These are listed in detail in the body of the document.

Key achievements

The report lists the wide range of achievements associated with the research carried out over the grant period. Overall, PSSRU contributed significantly to the LSE's submission to the 2008 Research Assessment Exercise. Our research achievements led to an invitation by NIHR to become a founding member of the School for Social Care Research in 2009, and to the award (together with LSE Health) of the Queen's Anniversary Prize for Higher and Further Education in 2009. We were also successful (with collaborators) in three bids for new Department of Health Policy Research Units, (the Unit on Quality and Outcomes of Person Centred Care, the Unit on Economics of Health and Social Care Systems, and the Unit on Policy Innovation Research).

The report provides further details of the many achievements associated with the PSSRU research programmes. Overall, they illustrate very significant contributions to the policy process, through the provision of advice, direct support through secondments, and the dissemination of evidence through collaborations with external organisations, the organisation of seminars and conferences, and the establishment of research networks.

Personal Social Services Research Unit London School of Economics and Political Science

1. INTRODUCTION

The Personal Social Services Research Unit (PSSRU) was established in 1974 at the University of Kent. In 1996 additional branches were established at the London School of Economics and Political Science (LSE) and the University of Manchester. The three PSSRU branches have worked closely together over that 15-year period; indeed, the Kent and LSE branches currently have three researchers with joint appointments.

The PSSRU mission is to conduct high quality research on social and health care to inform and influence policy, practice and theory, focusing primarily on England, although with a growing body of work internationally.

Associated with this mission are the following aims:

- to conduct long-term research to help shape the development 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 multidisciplinary base;
- to examine the performance and functioning of social and health care finance, organisation and delivery, with a particular emphasis on promoting efficiency and equity;
- to conduct research that meets the best standards of research ethics and 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.

The purpose of this report is to describe work undertaken by the LSE branch of PSSRU over the period from 1 January 2006 to 28 February 2011, under the direction of Professor Martin Knapp. This work was funded by the Department of Health under agreements 035/0045 and 035/0083.

Research funded by the Department of Health within the LSE branch of PSSRU was organised during this period within four programmes:

- Commissioning and Performance (comprising seven identifiable projects or work streams)
- Long-Term Care Finance (six projects)
- Mental Health Economics and Policy (nine projects)
- Responsive mode (twelve projects).

Much of our report is structured around these four programmes.

2. OVERVIEW OF THE UNIT

During the funded period (and currently) PSSRU was located within the Department of Social Policy at LSE, the first such department in the world and today one of the largest (with around 120 staff). In 2001 the PSSRU branch at LSE joined with LSE Health to create LSE Health and Social Care. The purpose was to take advantage of overlapping interests and to develop more work on the interface between these two big policy areas. By early 2011, LSE Health and Social Care had grown so that it drew upon the multidisciplinary expertise of 72 staff members, more than 50 associated academics and a number of postgraduate students. The Unit benefited from expertise from across both LSE Health, the Department of Social Policy and the LSE more widely.

Since 2005, PSSRU staff at LSE raised £23 million of social care and mental health research funding from UK Government departments, charities, industry and international bodies such as the European Commission.¹ This included the DH funding for the core programme and associated projects, and the NIHR funding for leadership of the nationally based School for Social Care Research. To help us identify research topics and develop projects, as well as helping us to keep our research relevant and our findings useful, we regularly consulted our Service User and Carer Reference Group. The three PSSRU branches also had a shared Advisory Group, which helped us with our research questions, study design and communications.

The Unit currently employs 31 staff, many of them part-time (23.3 whole-time equivalents).

Over the period since 2006, PSSRU staff at LSE published more than 250 papers in peer-review journals, chapters in edited volumes, monographs and books, and another 50 or more publicly available discussion papers. Almost all published outputs were peer-reviewed.

2.1 Management

The PSSRU branch was led by a Director (Martin Knapp) and Deputy Director (Jose-Luis Fernandez), with a part-time senior Administrator (Anji Mehta). A Management Group was established to discuss strategic management and financial issues: during the period of the core grant the Group comprised the Director, Deputy Director, Unit Administrator and senior research leaders (Jennifer Beecham, Julien Forder, David McDaid, Linda Pickard and Raphael Wittenberg). The Management Group was responsible for advising the Director on strategic, financial and personnel matters (recruitment, retention, promotions, visiting appointments), as well as research issues, of course. The Group monitored the quality of research work, for example. The Management Group met about eight times a year.

¹ We took care throughout the period to ensure that the DH grant was not cross-subsidising work for other bodies. We nevertheless sought to cross-fertilise between our various DH and other programmes of research.

Much branch business was conducted through meetings of the whole staff group, which also met about eight times a year. Smaller ad hoc groups were set up for particular tasks.

As part of LSE Health and Social Care, PSSRU was internally reviewed by LSE's Research Committee on a regular basis. During the period January 2006-February 2011 there was one full review and two interim reviews. In early 2011 the LSE Research Committee recognised our 'outstanding achievements'.

In 2010 LSE Health and Social Care was fully audited by LSE's Internal Auditors. The auditors were 'able to give substantial assurance based on the scope of the audit undertaken' for the Centre's practices. The audit looked at overall management of personnel and financial matters, and of governance processes.

2.2 Research ethics and governance

The LSE attaches considerable importance to the maintenance of high ethical standards in the research undertaken by its teaching and research staff, whether supported directly by the School or funded from external sources, and recognises its obligation to ensure that research is conducted to appropriate standards, and conforms to widely accepted ethical principles.²

All studies funded within the DH programme were considered for ethical issues, and where appropriate ethical approval was sought from either the LSE's research ethics committee, or an equivalent NRES committee (latterly the Social Care Research Ethics Committee as appropriate). Appropriate research governance procedures were followed. We also benefitted from advice from our long-established Service User and Carer Advisory Group and the cross-branch PSSRU Advisory Group.

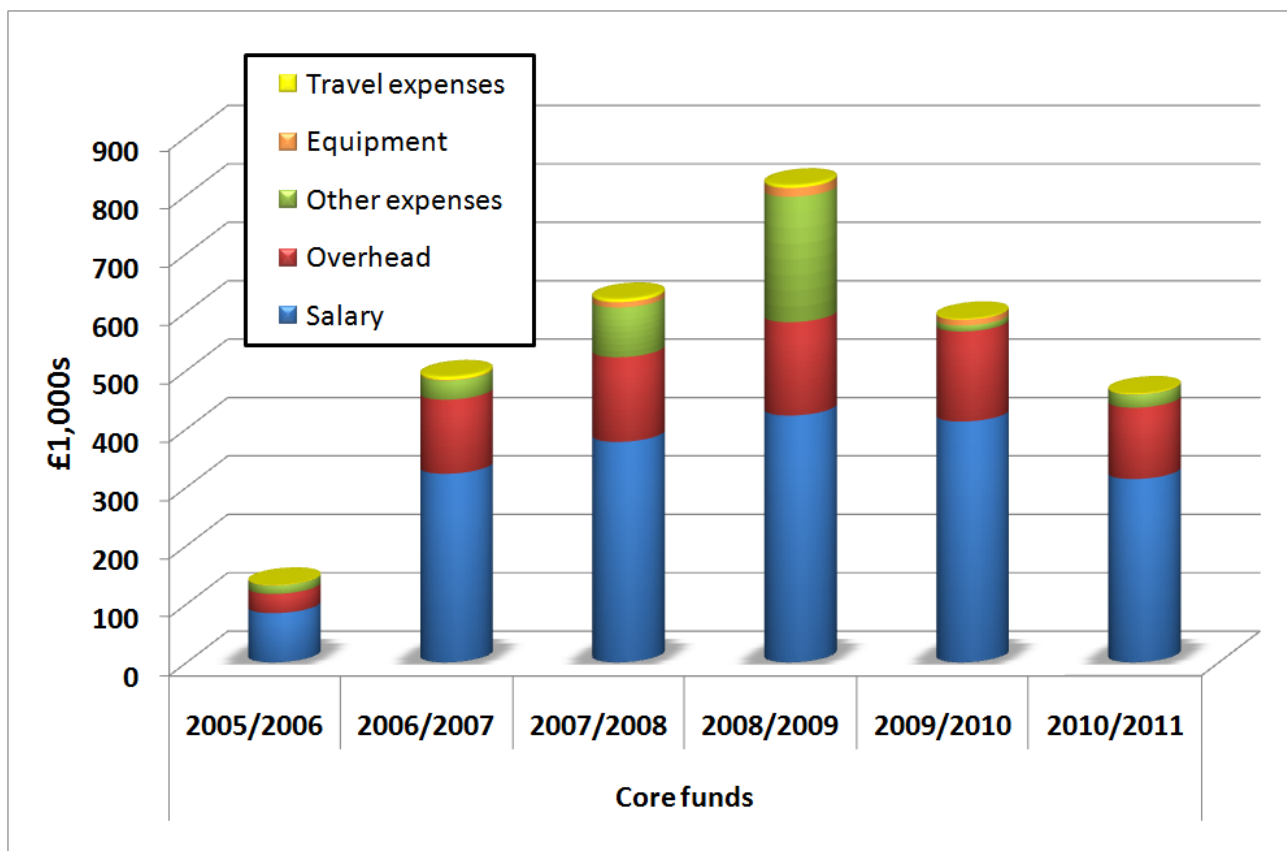
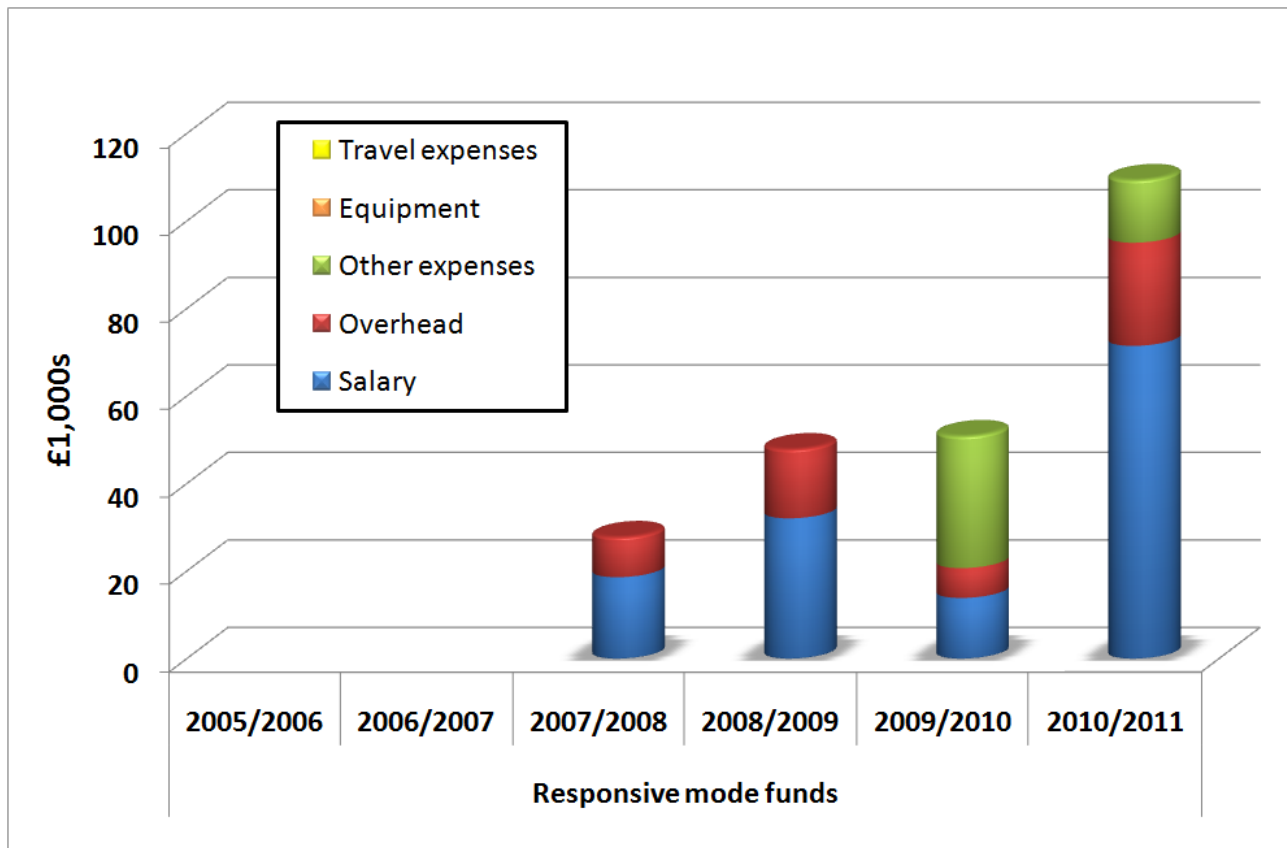
2.3 Resources

The two figures below summarise the core and responsive mode PRP resources received by PSSRU over the grant period³. Financial reports over the period have been provided separately.

The LSE did not fund any posts in PSSRU from HEFCE or other sources during the period. However, the School returned a proportion of research overheads to us, which allowed us, for example, to invest in improved IT hardware, attend international conferences, employ research assistants on a short-term basis, provide short extensions to contracts, and buy in expert help for training and dissemination.

² Members of PSSRU were closely involved in the development of the LSE's new research ethics framework in 2002.

³ Responsive mode funding in the years 2005/06 and 2006/07 is not reported as it was channelled through PSSRU at the University of Manchester.



2.4 Developing capability and capacity

2.4.1 *Research staff*

An important long-term aim of the Unit since its establishment 37 years ago has been to develop research capacity in the social care area (and for the past 20 or more years, also in the mental health area). We put considerable emphasis on staff development. For example, during the period covered by this report, each member of staff was appraised on roughly an annual basis to support and structure individual career development. Staff job descriptions were reviewed regularly and updated if necessary. Staff were regularly considered for promotion.

We encouraged researchers to register for PhD studies. Since 2005, nine staff members of PSSRU have successfully completed their PhDs (in all but two cases supervised by at least one more senior PSSRU member); another five staff members are registered for PhD studies today.

Individual staff were actively encouraged to make use of the training and staff development courses offered by LSE, or put on specifically by PSSRU. Funding was made available from our own resources where possible for staff training and conference attendance. We benefited from financial support from LSE's Teaching and Learning Centre and Staff Development Unit for individual activities and for 'away days' to provide opportunities to discuss research priorities and other matters.

Our commitment to staff development was recognised in 2003 when we were accredited with Investors in People status (the first academic unit within the LSE to achieve this). We were accredited with Investors in People status again in 2009.

2.4.2 *Research students*

In addition to those PSSRU staff who completed or are currently registered for PhDs, twelve PhD students were supervised by PSSRU staff, each of them working on social care or mental health topics. In addition, we provided research opportunities to more than 25 MSc students undertaking their dissertation research by linking them to PSSRU work-streams, contributing further to the building of research capacity. We also employed some MSc and PhD students as short-term research assistants.

2.4.3 *Public involvement*

We aimed to involve individuals who are users of services, carers or practitioners in all stages of our research, although we did not always succeed fully in that aim. We established our Service User and Carer Advisory Group (SUCAG) in 2007, and through our links with the School for Social Care Research (SSCR), we also benefited from the expertise and experience of the SSCR's User, Carer, Practitioner Reference Group. SUCAG members brought a range of experience and expertise to its discussions, and met regularly with PSSRU research staff. They were especially useful in two principal activities: commenting on new research proposals or work in progress, particularly

advising on the suitability and content of tools to be used, such as questionnaires, from the perspective of those actually using services; and secondly in advising on the communication of our results in forms accessible to lay people. We continue to explore ways to develop the Group's roles.

2.4.4 Collaborations and connections

We collaborated with a great many research centres and individual researchers in the UK and elsewhere, particularly across Europe. (For example, we participated in a number of EC-funded multi-country projects.) We forged collaborative links with other centres and departments in LSE, including the demography group within the Social Policy Department (Mike Murphy), the Centre for Economic Performance (Richard Layard and colleagues), the Centre for the Analysis of Social Exclusion (John Hills and Tania Burchardt), the Institute of Social Psychology (Eve Mitleton-Kelly) and BIOS in the Department of Sociology (Nik Rose).

As well as carrying out funded research for the Department of Health we had a range of other links with this and other Government departments. We responded to invitations to provide expert advice from the Treasury, Home Office, Ministry of Justice, Department for Children, Schools and Families (in its various guises), Department for International Development, Prime Minister's Strategy Unit, Cabinet Office and Department for Innovation, Universities and Skills.

Individual staff were seconded to Government departments, acted as specialist advisors to Parliamentary committees, or served as members of DH, NIHR or other groups:

- **Jennifer Beecham** is a member of the South East RfPB Commissioning Board and a board member for the NICE Coordinating Centre for Women and Child Health.
- **Adelina Comas-Herrera** was seconded on a short-term basis as a research fellow at the European Commission, Directorate General of Economic and Financial Affairs.
- **Jose-Luis Fernandez** was seconded to the Treasury in 2007. He was also appointed specialist advisor to the House of Commons Health Committee in 2010, and supported the Committee in its review of long-term care funding arrangements in England.
- **Julien Forder** was part of a Ministerial Advisory Panel on personal invitation from the Parliamentary Under-Secretary of State in 2008, as well as being involved in the Department of Health's Social Care Working Group in 2006. (Julien had earlier been seconded from PSSRU to the Secretary of State for Health's Strategy Unit in 2002-04 to advise on social care policy.)
- **Andrew Healey** was seconded to the Home Office in 2005-07 to work on economic issues of criminal justice policy.
- **Martin Knapp** was a Welfare Reform Advisor to the Secretary of State for Work and Pensions 2005-06. He was also specialist adviser to the House of Lords EU Select Committee inquiry on mental health (2006-07). He was a member of many Department of Health groups, including: Health England; the

Personal Health Budgets programme board; the Public Mental Health Steering Group; the Advisory Committee on Resource Allocation; and the Improving Access to Psychological Therapies (IAPT) advisory group. He is also a member of a group convened by DWP on mental health and employment, as well as the Right to Control Steering Group (ODI).

- **David McDaid** was appointed to the National Institute of Health and Clinical Excellence's Expert Working Group on Mental Wellbeing in Productive and Healthy Working Conditions. He acted as a regular expert advisor to the European Commission, and as an expert advisor to the Kirby Mental Health Commission of Canada. He gave presentations to Parliamentarians at both the Swedish Parliament and the European Parliament on the economic impacts of poor mental health.
- **Linda Pickard** was appointed as a member of the Carers' Survey Project Board, established by the NHS Information Centre to commission a survey on informal care provision in England in 2009/10. She submitted written evidence to the House of Commons Health Committee enquiry on social care in November 2009 (Pickard 2009a)
- **Raphael Wittenberg** was seconded into PSSRU part-time from the Department of Health. He gave oral evidence to the House of Commons Health Committee enquiry on social care in November 2009.

Unit members serve on the editorial boards for many journals, including: British Journal of Psychiatry, Epidemiologia e Psichiatrica, Health and Social Care in the Community, Health Economics Policy and Law, Health Policy, International Journal for Geriatric Psychiatry, Journal of Applied Research and Disabilities, Journal of Assistive Technology, Journal of Care Services Management, Journal of Children's Services, Journal of Mental Health, Journal of Mental Health Policy and Economics, Journal of Personality Disorder, Neurodegenerative Disease Management, Public Management Review, and Social Psychiatry and Psychiatric Epidemiology.

Following the success of the Long-term Care Conference that we organised at LSE in September 2010, we established and now coordinate the International Long-term Care Policy Network (more than 150 members). The Network aims to provide a platform to promote international exchange of evidence and knowledge about what works in long-term care. In 2010 we were awarded funding from LSE's Research Investment Fund to develop larger scale proposals for long-term care research networking.

PSSRU at LSE hosted researchers and visitors from other universities, providing opportunities for mutual learning. Visitors during 2006-11 included: Paul Freddolino (McMaster University), Eric Latimer (McGill University), Juan Cableses (Public University of Navarra), Dick Bemelmans and Joep Gerrichhausen (University of Maastricht), Birgit Trukeschitz (Vienna), Anna Melke (Gothenberg), Tsuneo Inoue (Japan), Antonio Rodriguez-Sampayo and Eva Rodriguez (Spain).

We also benefited greatly from our affiliated visiting researchers who contributed to the Unit's programmes in a variety of ways: Gerald Wistow (Visiting Professor),

Michael Hill (Visiting Professor), Jeremy Kendall (Visiting Senior Fellow; formerly a School employee), Michael Parsonage (Visiting Senior Fellow), Cristiano Gori (Visiting Fellow), Kitty Morgan-Jones (Visiting Fellow), Teresa Poole (Visiting Fellow), Francesco Moscone (Visiting Fellow; formerly a School employee), Shoba Raja (Visiting Fellow), Ann Richardson (Visiting Fellow), Alison Tierney (Visiting Fellow), Pat Gordon (Visiting Research Associate), Julian Pratt (Visiting Research Associate), Diane Plamping (Visiting Research Associate) and Birgit Trukeschitz (Visiting Research Associate).

2.4.5 Communications

We placed great importance on communications and dissemination. We sought to produce research of the highest quality and to maximise its potential impact on policy and practice by ensuring that our findings reach a wide audience. We continue to develop ways to engage with service users, carers, decision-makers and the general public, as well as with other researchers.

In order to establish and maintain long-term, two-way links with policy makers, commissioners, service providers, service users, carers, the general public and other researchers we pursued a number of communications activities. During 2006-11 these included:

- stakeholder meetings for interim and final findings (for example, with local authorities and voluntary and community groups)
- audience-specific workshops (for example, a series of events on direct payments, a launch event on individual budgets, seminars on mental health economics, a day event on research governance and ethics in social care)
- seminar and workshop series and an annual lecture (jointly with LSE Health) to which members of the public were invited
- organisation of conferences (such as the International Conference on Evidence-based Policy in Long-Term Care in 2010)
- contributions to many other conferences, seminar series, research workshops, courses: PSSRU staff received a great many (funded) invitations to present their research in the UK and abroad
- contributions to a showcase conference at the Department of Health
- media links (for example, working with the BBC to develop an interactive on-line Care Calculator; and contributing regularly to *Community Care* magazine)
- targeted, accessible lay summaries of findings (in the trade press as well as on our websites)
- the annual *PSSRU Bulletin*, jointly produced by the three branches
- regular e-newsletter editions (*Research Bites*, which has been well received and now copied)
- regularly updated websites (LSE and www.pssru.ac.uk) and links to our work on other organisations' websites (for example, the NHS Confederation)
- listings and links on other organisations' websites
- regular tweets through our own Twitter account, which currently has more than 200 followers (and was recently ranked in the Top 100 social care twitter sites by *Community Care* magazine)
- high-quality peer-review and open-access journals

- regular updates on the Research Register for Social Care
- discussions with our own Service User and Carer Reference Group, and good links with INVOLVE.

We established our Dissemination Group in 2006. We successfully applied to LSE for HEIF4 funding (2009-11) to work collaboratively with the Social Care Institute for Excellence to explore and develop better practice in knowledge transfer and exchange in social care and mental health research. We were also successful (with our LSE Health partners) in securing funding from LSE's HEIF 4 Fund to run three events to share and showcase the Centre's research, demonstrate research impacts, and facilitate the exchange of knowledge, primarily to research funders and research users. One event will focus on ageing research, and another on performance and outcome measurement research.

In Section 3 we provide further details on our research programme, which underpins all of this communications activity, and in Section 4 we highlight some of our key achievements.

3 RESEARCH PROGRAMME

Research within the LSE branch of PSSRU in the grant period was organised into three programmes:

- Commissioning and Performance
- Long-Term Care Finance
- Mental Health Economics and Policy

Activities within these programmes were agreed with the Department of Health and PSSRU's Advisory Group. Over the period 2006-11, a number of new projects were added to the core work programme with the agreement of the Department of Health. In addition, we carried out other DH-funded research, linked to but not formally part of the agreed programme, as well as projects funded by other bodies. We provide brief details of these other activities, but primarily focus here on the core programme. We set out our work under the three programmes in Sections 3.1 to 3.3, respectively, and in Section 3.4 we describe work carried out under Responsive Mode arrangements.

Throughout this and subsequent sections we use the following convention for references. PSSRU work is identified in the text using the Harvard citation convention; other work (including Government documents) is referenced using footnotes.

3.1 Commissioning and Performance Programme

3.1.1 *Background*

The social care Commissioning and Performance (C&P) Programme aimed to improve our understanding of how social care services are commissioned, and with what implications for social and health care systems. The research programme spanned a wide range of activities, including system-level analyses (e.g. area-level modelling of factors explaining local variability in patterns of service use), analyses at the 'meso' level (e.g. the study of provider behaviour), and economic evaluations of innovative social care interventions (e.g. the evaluation of the Partnerships for Older People Projects).

The aims and activities of the C&P programme were updated during the grant period in response to changes in DH priorities, and particularly to address some of the emerging policy questions linked to key Government initiatives, such as the 2007 Green Paper on Social Care, the *Putting People First* Concordat for Adult Social Care, and the current debate on the future funding arrangements for the social care system. These policy priorities have led to the reallocation of significant C&P programme resources, in particular in order to support the analysis of funding arrangements (and the development of a dynamic micro-simulation model of the social care system in England), and the evaluation of the national individual budgets pilots (the IBSEN study).

3.1.2 *The C&P programme agreed prior to 2006*

The C&P programme of work initially agreed with the Department of Health for the grant period included five research projects.

Local variations in social care patterns: equity and efficiency

Almost all aspects of social care provision in England are characterised by significant variability across local authorities. Understanding the reasons behind such variations, whether they respond to differences in local circumstances, local policy priorities, or whether they cannot be explained by quantifiable local factors is crucial to judging equity and efficiency in the social care system.

Using multivariate regression methods, the *Local Variations* project investigated the impact of factors linked to local demand (e.g. local need, wealth, and socioeconomic factors) and supply (e.g. availability of labour and cost of capital) on a key set of measures of local social care performance. An important initial contribution of the project was the construction of a large panel database containing key characteristics of local authorities and primary care trusts in England since 1992. This database continues to be updated, and is contributing valuable evidence to the new research programmes agreed with the Department of Health for the ESHCRU and QORU research units.

One of the policy questions explored under the variations theme was the reasons for local differences in the use of different types of support, and in particular in the rates of direct payments use. We carried out statistical analyses for people with physical disabilities, older people, people with learning disabilities and people who use mental health services. The results suggested that direct payments variability reflected a complex array of factors, both within the control of local public actors (local levels of expenditure, targeting patterns) and beyond that control (local prices, population density). In particular, local policy preferences were found to shape the extent of growth through time in the uptake of direct payments (Fernandez et al 2007).

Using a similar approach, we explored factors linked to varying *levels of social care expenditure* on older people in England (Fernandez and Forder 2011). The analysis distinguished between factors outside the direct control of policy makers, local preferences, and local policy spillovers. Local demand and supply factors, and to a lesser extent local political preferences, were found to explain the majority of the observed variation in expenditure across councils. Furthermore, the findings suggested that local councils were significantly influenced by national policy.

A third key strand of analysis under the *variations* work stream explored the interrelationship in performance of the health and social care sectors (Fernandez and Forder 2008). Using local quantitative data, we estimated the extent to which local variations in social care resources were associated with variations in the rates of hospital delayed discharges and hospital emergency re-admissions. Results indicated

that social care services played a significant role in explaining local variations in acute sector performance.

Regulating residential care for older people

Significant changes in the regulatory framework for social care services have taken place in recent times, including the introduction of minimum standards and changes in the inspections regime. As a result of these changes and of the increased 'marketization' of the sector, the nature of the relationship between local commissioners and service providers has been transformed. The *Regulating Residential Care* project examined the consequences of these changes for the supply side of the care market, focusing in particular on their impact on the motivations of providers for operating in the care market.

We examined whether managers' and owners' motivations for providing care-home services changed between 1994 and 2003, in particular whether the heightened levels of social care regulation had affected the motivational structure of service providers. Data had been collected across eight English local authorities using face-to-face interviews and postal questionnaires. The results of the analyses indicated that providers' motivational profiles remained relatively stable over time. Further analysis suggested that while voluntary-sector providers were primarily driven by caring motivations, private-sector home manager and owners seemed to be relatively more focused on the financial aspects of providing care services, professional motivations, and on their independence in running a care home (Matosevic et al 2007, 2011).

The project also compared the views from commissioners of provider motivations with providers' expressed motives. Data were collected through semi-structured face-to-face interviews with commissioners and care home providers. Providers were generally perceived by commissioners as highly altruistic, but also relatively financially motivated. Further analysis revealed differences in the views of the two groups towards profit-maximizing, which commissioners perceived as significantly more important. Private sector providers were perceived by commissioners as significantly more motivated by personal income. Importantly, the commissioners' perceptions of motivations providers were found to mediate the nature of their relationship (Matosevic et al 2008).

Partnerships and prevention for older people

The aim of the *Partnerships and Prevention* project was to describe and evaluate forms of broadly preventative interventions that would improve outcomes for older people. The project explored the question of how to achieve an optimum balance of care by examining the nature of the interaction between social and health care services. This strand of activity included the evaluation of the National Partnership for Older People's Projects (POPP), the evaluation of the local POPP project in Kent, and the quantitative analysis of local-level data on health and social care utilisation. The 'Partnership for Older People's Project' (POPP) programme aimed to shift resources for older people away from institutional and hospital-based crisis care, and

toward earlier interventions within the community third sector, social and health care settings. PSSRU at LSE contributed to the national evaluation of the 29 pilot sites (Windle et al 2009). It also carried out the evaluation of the local POPP project in Kent (Windle et al 2010). Using difference-in-difference models, the national evaluation explored changes in rates of acute service use. The project found no changes in those projects focused on well-being or primary prevention, but it identified significant reductions in the use of acute services among interventions targeting older people at risk of admission. Services aiming at tertiary prevention also achieved significant reductions in the rates of hospital admissions. The evaluation findings were launched on 16 January 2009 by the Secretary of State for Health. The work received significant media coverage and attention from research users and the government.

Finally, analyses at the small-area level were carried out to complement the analyses of variations described above. These analyses confirmed the substitutability between health and social care services (Forder 2009).

Individualisation of care and service user choice

Although originally assessed as low priority by the Department of Health, the *Individualisation of Care* project quickly gained prominence within the C&P programme, given the growing emphasis on choice and control (Knapp 2007), and in particular the launch of the national individual budgets pilots. The pilots aimed to empower service users by giving them control over how and what social care and related support they receive. PSSRU at LSE was a full partner in the evaluation of the pilots (through the IBSEN study). Although separately funded by the Department of Health, this work also benefited from the redirection of substantial C&P resources.

IBSEN was the first randomised controlled trial in the social care area in the UK, and provided the first robust UK evidence about the impact on costs and outcomes of the ‘personalisation’ of care. Our results suggested, inter alia, little difference between the average cost of an IB and the costs of conventional social care support (Glendinning et al 2008, 2008a). However, we found marked differences in outcomes between user groups. Disabled people and those who used mental health services appeared to have better outcomes with IBs than with conventional service arrangements, in contrast to older people and people with learning disabilities. The evaluation findings received substantial coverage in 2008-09, and fed into national and local policy and practice discussion (e.g. the 2009 Green Paper and the 2010 *Vision*). Results from the study continue to be cited, and a stream of published papers has followed (e.g. Glendinning et al 2006; Jacobs et al 2011; Manthorpe et al 2008, 2009, 2009a, 2010, 2010a; Moran et al 2010; Netten et al 2011; Stevens et al 2006, 2011; Wilberforce et al 2011).

Providing adequate support to empower individuals to make their own commissioning decisions is fundamental to the achievement of good outcomes in a ‘personalised’ world. C&P resources contributed to the analysis of the evidence from the Direct Payments Survey project (Davey et al 2007), looking at schemes providing support to people using direct payments across the UK (Davey et al 2008). The study identified

very wide variations across the UK in the funding of support services, in line with levels of local authority funding. It found that a considerable proportion of direct payment users were not covered by a support scheme. This work also led to the estimation of the first unit cost measure for support services for people with direct payments in England (Davey et al 2009).

Indicators of local voluntarism

One of the research projects considered initially within the C&P programme was to examine empirical evidence behind the rhetoric of effective partnership between the VCS and the public sector. The project was to be led by Jeremy Kendall, and would have focused on inputs, processes and outcomes associated with VCS engagement. The study, which had been allocated a low priority by the Department of Health, was not implemented because of the departure of Jeremy Kendall from PSSRU, and because of the reprioritization of C&P resources to other activities.

3.1.3 Later additions to the C&P programme

The C&P programme underwent important alterations during the grant period in response to new Department of Health policy priorities. In particular, significant C&P resources were redirected to support the evaluation of new interventions and to the analysis of social care funding arrangements in England.

Modelling social care funding arrangements in England

In connection with the 2009 Green Paper and 2010 White Paper on care and support, members of the C&P programme were asked by the Department of Health to examine the equity and efficiency implications of alternative funding arrangements for social care. Funded through a variation to contract and the redirection of core C&P resources, we developed a dynamic micro-simulation model, building on the work carried out by C&P researchers in 2005-06 in the context of the Wanless Social Care Review.

The project strengthened significantly the analytical capabilities of the simulation model. It switched its underlying data base from ELSA to BHPS, which increased significantly the number of observations in the model and thus its capacity to illustrate the distributional implications of alternative policies. Most importantly, we invested significant resources in adding a dynamic component to the model. This involved the estimation of yearly transitions between key states (death, disability, household composition, income and wealth) for all individuals in the model. The dynamic nature of the model allowed the analysis to describe implications of policies which so far could not be easily explored, such as the lifetime consequences of charging arrangements for different individuals in society, and the modelling of funding arrangements with longitudinal design features, such as limited liability models, and more generally insurance-based models (Forder and Fernandez 2009).

The dynamic micro-simulation model was used to provide quantitative analytical assessments of a wide range of policy scenarios agreed with the Green and White

Paper teams at the Department of Health. We evaluated potential and actual care users, their levels of need, system costs, outcomes and distributional implications. This programme of analysis is continuing under the 'Resource Flows' work-stream of the newly-formed Economics of Social and Health Care Research Unit, and is underpinning the analysis of the Dilnot Commission set up by the current Government to examine avenues for reforming social care funding system in England.

Evaluating the cost-effectiveness of new interventions

Significant C&P resources were invested in the economic evaluation of key new social care interventions. In addition to the evaluation of individual budgets (described above), we contributed to the (ongoing) Whole System Demonstrator evaluation, which examines the implementation and impact of telecare and telehealth across health and social care in three pilot authorities in England. We have been working as part of a team from UCL, the Nuffield Trust, Universities of Oxford and Manchester and Imperial College London to evaluate the effects of the introduction of these technologies. The project aims to determine the effectiveness, cost-effectiveness and return on investment from the addition of AATs (telecare and telehealth) delivered alone or in combination, to whole systems redesign; to examine the service user, informal carer and professional experiences of telecare and telehealth; and to determine the organisational factors that facilitate or impede the adoption of telecare and telehealth. Final results are expected in the next 6 months.

3.1.4 Other research linked to the core programme

The core work described above has often led to the development of other, separately funded research projects which contributed to the overall body of knowledge around the themes covered within C&P. Examples of these are highlighted below.

Economic evaluations of social care interventions

The Unit's reputation for economic analysis and cost-effectiveness evaluations has led to a number of approaches for such work. Details available on request.

Costs and benefits of new care technologies

We have noted above the contribution of members of the C&P programme to the Whole System Demonstrator evaluation of telecare and telehealth. In addition, PSSRU is evaluating accessible technology for older and disabled people in a number of European countries, within the EC-funded MonAMI project. This project is examining how accessible, useful services for elderly and disabled people can be delivered in mainstream systems and platforms. The project responds to the inadequate information available at present about the cost-effective use of new technologies for disabled people.

BBC care calculator

In collaboration with the BBC, PSSRU 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* website on attitudes to funding arrangements for social care. It was completed by 9,588 people. Although a large majority of respondents expressed positive views about the possibility of higher care-related taxes, our analyses of the responses identified differences in attitudes to income taxation across wealth groups. The results confirmed the challenges involved for government to secure a consensus across society about the options for reforming social care funding arrangements (Fernandez et al 2009). We also explored views on how informal care should be encouraged.

Brighter Futures initiative

The evaluation of the Brighter Futures initiative implemented by Kent Council examined the cost effectiveness of activities, including befriending services, organised and delivered by local voluntary groups. The individuals who became involved in these activities - which included shopping trips and other outings, exercise classes and one-to-one befriending - expressed positive views about the value of the support to them and the links they offered. The programme also appeared to have the potential for savings because it reduced loneliness, which is a major risk factor for depression (Knapp et al 2009a).

International Long-Term Care Policy Network

Building on our international reputation for research on long-term care systems, we launched the International Long-Term Care Policy Network (ILPN) network to provide an interface between academia and policy. The aims of the network are to provide a forum for the exchange of research knowledge and the strengthening of links between the research community, decision-makers and long-term care industry. The Network will provide a vehicle for improving the transfer of long-term care policy knowledge within and outside the UK. The first international meeting of the network took place in September 2010, and represented the largest international conference on long-term care to date.

3.1.5 Relevance of the work programme to DH policy

The relevance to the DH of the findings from the projects associated with the C&P research programme was enhanced by the regular updating of the research plans in order to reflect changes of emphasis in DH policy.

Findings from the *Local Variations* work stream made important contributions to policy in a number of ways. First, by illustrating the degree of local variability in key measures of social care performance, and by exploring which factors lead to such variability, the findings contributed to understanding the degree of 'defensibility' of

local patterns of utilisation of services in England. These findings are important in terms of current debates about the pros and cons of encouraging local flexibility in the organisation of care. They are also relevant to present discussions about the design of new funding arrangements in social care, because the push for reform has been justified in part by a desire to reduce local heterogeneity in care patterns, and a decrease in what has been perceived as a significant postcode lottery in the allocation of state-supported social care.

In addition, findings from our work on local variations contributed important new evidence about the degree of efficiency in the commissioning of social services, both within social care and in terms of the balance between health and social care. In that sense, findings that differences in level of expenditure and take-up of services were found to reflect differences in local constraints (i.e. differences in local prices). This evidence is important for judging the appropriateness of current local policy decisions.

Equally, the results from local variations analyses and the evaluation of partnerships and POPPs demonstrating the interdependence in the performance of the health and social care systems provided crucial new evidence about how best to coordinate health and social care activity in order to maximise outcomes at an affordable cost. In terms of the policy relevance of the micro-simulation of funding arrangements in England, the research provided the analytical modelling underpinning the previous Government's Green and White Papers on the future funding of care and support services in England, and is providing the same type of support to the Dilnot Commission. PSSRU's work was cited by the Dilnot Commission in their 2010 Call for Evidence, and the impact of this work was recognised in the Academy for Social Science's *Making the Case for the Social Sciences: Ageing* booklet⁴ which highlighted research with discernable impacts in the area.

Two evaluations of interventions were highlighted in the sections above. The IBSEN study provided crucial evidence about the costs and benefits of individual budgets, which have contributed significantly to the *Putting People First* agenda. The document highlighting the Government's plans for social care, *A Vision for Adult Social Care: Capable Communities and Active Citizens*, also refers to the results from the evaluation. Findings from the study, launched by the Minister of State, have been widely quoted by Government and other key stakeholders, and are feeding into the development of policies aimed at mainstreaming the use of individual budgets across all English local authorities.

The relevance of the results to be derived from the WSD evaluation are illustrated by the emphasis placed by Government on the potential for new technologies to improve the cost and outcomes of social care users in England. In 2010, the Department of Health named assisted living as 'one of the most promising developments for ensuring

⁴ Academy of Social Sciences (2010) *Making the Case for the Social Sciences: 2. Ageing*. London: Academy of Social Sciences.

the ageing population continues to be well served with high quality and affordable health and care services.’⁵

3.2 Long-Term Care Finance programme

3.2.1 *Background*

The Long-Term Care Finance (LTCF) programme provided analyses to assist consideration of two key policy issues concerning the funding of long-term care for older people and more recently for younger adults. The first was whether expenditure, and specifically public expenditure, on long-term care would remain sustainable over the coming decades, given demographic and other pressures and potentially rising expectations. The second was what was the appropriate balance between public and private expenditure on long-term care.

The programme consisted of the original core-funded project, additions to the core project funded by the Department through variations to core contract and responsive mode requests, as well as studies funded by other organisations including the UK Research Councils. There were links between this programme and the work led by Jose-Luis Fernandez and Julien Forder to develop a dynamic micro-simulation model of long-term care for older people (see Section 3.1).

We produced projections to 2041 of four key variables: the numbers of disabled older people and younger adults likely to require long-term care, the long-term care health and social services that will be required to meet demand, public and private expenditure on those services and the social care workforce required to deliver those services. These projections were prepared using cell-based projections models, designed and constructed by the team.

The programme team contributed projections and analyses to a wide range of reviews. These included successive Spending Reviews (informal advice), the Wanless Social Care Review (Malley et al 2006), the Health Select Committee study of social care (Hancock et al 2010; Pickard et al 2009a) the previous Government’s Green and White Papers on care and support (Pickard 2008; Pickard 2008a; Pickard 2009; Wittenberg et al 2009; subsequent informal advice) and the current Commission on the Funding of Care and Support (informal advice).

3.2.2 *The LTCF Programme agreed prior to 2006*

Developing and updating the model for older people

Research during the period 2006-10 included updating and developing the projections model for older people. Updating included use of the latest official population projections and of the latest official data on the numbers of service users and

⁵ Department of Health (2010) A vision for adult social care: Capable communities and active citizens. London: Department of Health, para 7.10 p.29

expenditure on care. Developing the model included expansion of its capacity to handle policy scenarios such as changing patterns of care. We updated the model before the production of projections in 2007 for the Department and the Strategy Unit (Cabinet Office) (Wittenberg et al 2008a) and again before the latest Spending Review (informal advice). A further update and re-design of the model is currently in progress prior to producing projections for the Commission and the 2011 White Paper. The model re-design created a new modular structure that improved the way in which the model can link with other simulation models for particular variables (for example demography, disability, patterns of service receipt and income and assets), making it more flexible as a tool for investigating the sensitivity of projections to changes in different variables. It also made it easier to update.

Updating the model was hampered by lack of detailed information on receipt of formal services, payment for services and receipt of informal care by older people. We took part in a Care Questions Study, in collaboration with the University of East Anglia and NatCen, as part of the Responsive Mode programme (see Section 3.4 below).

Long-term care financing arrangements

The research team produced projections of expenditure on social care for younger adults under the current and variant funding schemes for the previous Government's Green and White Papers. This built on a significant responsive mode project, described in section 3.4 below, which comprised the initial development of the younger adults projections model. Projections are reported in Wittenberg et al (2008) and in the impact assessment for the White Paper (Department of Health 2010).

The team's work on financing arrangements under the core grant became closely inter-related with its work under the Modelling Needs and Resources of Older People to 2030 (MAP2030) project, which included examination of the impact of a wide range of financing schemes. This study, funded by the Research Councils under their *New Dynamics of Ageing* programme, was conducted in collaboration with researchers at the University of East Anglia (UEA), Universities of Leicester and Newcastle, London School of Hygiene and Tropical Medicine, London School of Economics and Pensions Policy Institute. Through modelling the needs and resources of older people to 2030, we aimed to produce analysis to inform public debate and the development of future long-term care and pension policy.

The MAP2030 project offered the potential for considerable development of our work through collaboration with experts working on scenarios concerning future mortality rates, disability rates, kinship and household composition rates, and incomes and wealth of older people. It offered the opportunity for more detailed analyses of the impact of financing arrangements through collaborative work with Ruth Hancock's team at UEA and for bringing together projections for long-term care and pensions through collaboration with the Pensions Policy Institute.

A review of long-term care financing arrangements in other countries contributed to a paper (also partly funded by the AXA Research Fund) on barriers and opportunities for private long-term care insurance (Comas-Herrera et al 2011b)

Trends in disability

This study, to which the Department originally attached lower priority, was pursued mainly as part of the MAP2030 project (see below), in collaboration with Carol Jagger's team at the Universities of Newcastle and Leicester. The work involved the development of a range of possible future scenarios for trends in disability among older people and examining their impact on projected long-term care expenditure. We published a methodological paper investigating the different ways of taking account of future disability trends when making long-term care expenditure projections (Comas-Herrera 2009).

Future supply of informal care and employment

The programme included a research stream on informal care, analysing the supply of and demand for informal care, now and in future years. The key development in the research between 2006 and 2010 was the comparison of demand for informal care in future years with its *supply*. Building on projections of demand for informal care by source of care (Pickard et al 2007), our analysis of the future supply of informal care focused on intergenerational care for older people provided by adult children in England. Projections were based on analyses of past trends, using General Household Survey (GHS) data on provision of informal care in 1985, 1990, 1995 and 2000. Comparison of the supply of, and demand for, intergenerational care in future years identified an emerging 'care gap' (Pickard 2008a). The project explored the potential implications of trends in informal care provision for policies relating to employment and long-term care (Pickard 2009a). The 'care gap' was investigated further by making projections of the future availability of adult children to disabled older people in England, drawing on analyses of the English Longitudinal Study of Ageing, as part of the MAP2030 project.

3.2.3 Later additions to the LTCF Programme

Changing patterns of care for older people

We examined changing patterns of care as part of the team's input to the Wanless Social Care Review. New scenarios were developed to accommodate the more generous packages of care suggested by this review, which were based on analysis of the cost-effectiveness of different types of care packages for people with varying levels of impairments and informal care (Malley et al 2006). These scenarios were later expanded to explore options providing different packages of care for people with informal carers.

Projections were produced to examine a change in the balance between residential and home care in view of the policy objective of promoting care at home. The plan to

take account of personalisation by adding direct payments and personal budgets to the older people's model has not yet been implemented, partly due to data limitations and partly because the policy priority was to examine financing arrangements. Direct payments (DPs) and payments by the Independent Living Fund (ILF) were however included in the model for younger adults, as uptake of DPs has been much more significant for younger groups than for older people.

Social care workforce

Workforce modules were added to the models for older people and younger adults, and results from the workforce modules were prepared for the Green Paper. They were recently updated using data from the National Minimum Data Set Social Care (NMDS-SC). Although the Department of Health originally gave this study lower priority, it recently requested some responsive mode work to complement the core work on the social care workforce (informal advice).

Another strand of the work comprised analysis of the determinants of pay in the long-term care sector, which has involved analysis of the NDMS-SC (work still in progress).

3.2.4 Other research linked to the core programme

MAP2030

The *New Dynamics of Ageing* programme funded PSSRU researchers and other colleagues to carry out a study making projections of pensions and long-term care. This study was described in section 3.2.2 above.

The ANCIEN study

PSSRU researchers and European colleagues secured funding under the European Union 7th Framework to carry out research on long-term care for older people in Europe as part of the *Assessing Needs of Care in European Nations (ANCIEN)* project (2009-2012). Our description of the English long-term care system has been published (Comas-Herrera et al 2010).

AXA private long-term care insurance

In collaboration with colleagues elsewhere, members of the LTCF team have been funded by the AXA Research Fund to conduct a study on how can private long-term care insurance supplement state systems: the UK as a case study (2010-2012). A paper has been prepared on barriers and opportunities for private long-term care insurance in England (Comas-Herrera et al 2011).

The CFASII study

PSSRU researchers are participating in a study *on Is Ageing Changing? Health, healthy life and cognition across generations* (CFASII), funded by the Medical Research Council (2008 to 2013).

Unpaid care and employment

A study that commenced at the end of the core-funded period, led by Linda Pickard, is looking at unpaid care and employment, with funding from the NIHR School for Social Care Research.

3.2.5 Relevance of the work programme to DH policy

The MAP2030 study has produced a range of analyses and projections which have been valuable to the Department of Health for a range of purposes; these have included analyses that contributed in the context of the White Paper, the Spending Review and more recently and more recently the Dilnot Commission on the Funding of Care and Support.

The Care Questions Study produced a new module of questions on needs, receipt of care services by older people, payment for care and provision of informal care which the Department and the NHS Information Centre have decided to include in the Health and Care Survey from 2011. The data should be valuable for future research for the Department.

The AXA study on private insurance complementing state systems has produced a paper reviewing literature and summarising expert advice from various countries. The Department and the Dilnot Commission on Care and Support have found the paper of considerable value.

The study of unpaid care and employment has made a valuable contribution in the context of the current BIS/DH study of care markets.

3.3 Mental health economics and policy programme

3.3.1 Background

Poor mental health has potentially sizable impacts in many domains, particularly quality of life, social inclusion, employment, income, family dynamics and interpersonal relationships. There are enormous economic implications too. Within the PSSRU branch at LSE we have conducted economic and other research on mental health policy, treatment and support. The *Mental Health Economics and Policy (MHEP) programme*, funded through the PRP grant 2006-10, sat within a wider portfolio of research and policy analytic PSSRU work in the mental health area, funded from various sources. The MHEP programme also benefitted from links to the work of the Centre for the Economics of Mental Health (CEMH), Institute of Psychiatry at King's

College London (also directed by Martin Knapp). By exploring and exploiting links between core-funded and other projects we endeavoured to get the most out of our research in terms of policy and practice relevance.

The primary aim of the MHEP programme 2006-10 was to conduct high quality research on mental health policy and practice, drawing particularly but not exclusively on economic approaches and associated empirical methods. In principle, we aimed to conduct work across all ages and all mental disorders.

3.3.2 The MHEP programme agreed prior to 2006

Five projects were discussed with the DH in the run up to the start of our 2006-10 programme. They were prioritised by mental health policy customers.⁶ We summarise the work streams under those project heads in descending order of priority.

Lifetime economic consequences of mental health problems in childhood and adolescence

The highest priority proposal was to examine the economic consequences of child and adolescent mental health problems in adulthood, distinguishing personal, public sector and economic consequences of childhood behavioural and emotional problems. We would then use evidence on the effectiveness of childhood interventions to project their long-term (adulthood) economic benefits.

Using one of the national birth cohort data sets (BCS70), we employed econometric techniques to make connections over time between childhood behavioural and emotional problems and a range of adulthood consequences (use of services, employment status, earnings, household income), adjusting for individual and family covariates (Knapp et al 2011). The effects of antisocial conduct on adult labour market outcomes were complex. Results for males with antisocial conduct at age 10 showed *higher* earnings than average (for the population), after adjusting for other factors. However, there is also a higher probability of males with antisocial behaviour at age 10 being unemployed at age 30 (again, after standardisation). Therefore, while males with antisocial conduct at age 10 who were employed had higher earnings, the higher proportion who were unemployed had the combined effect of making the effect of antisocial conduct not significant. Antisocial conduct was also associated with lower occupational status in adulthood. Expected loss of earnings was high for males who at age 10 had attention deficit problems, cognitive attainment problems, or experience of being looked after by a local authority. Expected loss of earnings was high for females who at age 10 had attention deficit problems, cognitive attainment problems, or lived in disadvantaged neighbourhoods. Childhood mental health problems have strong influences on adverse adulthood experiences, across a number of domains. Early detection and intervention might head off many of these negative outcomes for children, families and wider society.

⁶ Email from Clair Chilvers, 28 September 2005.

These analyses also supported work that examined the longer-term economic impacts of parenting programmes for families with a child with behavioural problems (Bonin et al 2011; see Section 3.3.3 below).

At the request of Louis Appleby, we had earlier pulled together evidence from a range of analyses using a range of datasets, some of those analyses conducted and published prior to 2006, on the links between childhood behavioural and emotional problems and 'economic' consequences in adulthood (Knapp 2006).

More recently we have started work on another local data set (from Newham) and will complete the work after the end of the PRP-funded period from our own resources.⁷

Employment, incentives and mental health problems

The project second-ranked by the DH in 2005 focussed on employment. We said we would: determine the size of lost productivity associated with mental health problems; review UK and international evidence on the employment effects of successfully treating mental health problems; and review evidence on attempts to support people with mental health problems as they try to move into paid employment, or to remain in employment with fewer disruptions and difficulties (i.e. to reduce unemployment, absenteeism and presenteeism). Identification of incentives and barriers would be part of this project.

We carried out a number of pieces of work on this employment theme. These included:

- reviews of the evidence, feeding into other activities in this workstream;
- preparation of a paper at the end of the previous grant period on the economic consequences of depression and its treatment (at the request of Louis Appleby) in which the employment considerations were prominent (Knapp 2005);
- examination of the economic consequences of cognitive behavioural therapy, conducted alongside Richard Layard and David Clarke (at the request of James Seward and colleagues) (Layard et al 2007);
- feeding evidence into Dame Carol Black's 2009 review, *Working for a Healthier Tomorrow*, commissioned by the government (Lelliott et al 2008);
- modelling some workplace-based initiatives to promote better mental health as part of our promotion/prevention stream (Knapp et al. 2011a; see Section 3.3.3 below).

Our analyses of the economic consequences of making psychological therapies more widely available for people with depression or anxiety disorders showed that the additional costs of offering cognitive behavioural therapy were outweighed by savings in incapacity benefit and extra taxes from more people being able to work (Layard et al 2007). The benefits to the economy were greater still. These analyses provided the

⁷ We aim to make this a theme of our future (non-DH supported) research programme; for example, we have recently submitted a proposal to the US National Institute on Aging (USA) (joint proposal with Richard Layard and others).

evidence platform from which arguments were built for what became the substantial Improving Access to Psychological Therapies (IAPT) programme.

A number of non-PRP funded activities in this area also touched on employment, including a Gatsby-funded mapping of evidence on the relationship between mental health and social exclusion that contributed considerably to some of our other work (Curran et al 2007; see 3.3.4 below). In as many as possible of our non-PRP funded evaluations we made sure that we collected information on the impact of mental health problems, and interventions, on employment, commonly both absenteeism and presenteeism.

It is clear from this collection of studies that the effects of mental health on employment status and outcomes are enormous. If either a public purse or societal perspective is employed in evaluations or in thinking through policy consequences, there is likely to be considerable support for interventions that have the potential to alleviate symptoms.

Direct payments for people with mental health problems

We proposed to examine the development of direct payments and, more generally, the continued trend of personalisation for people who use mental health services. We said in 2005 that we would firm up plans later in the period, as policy and practice evolved, building on the results of our earlier and ongoing PRP-supported study of direct payments (Davey et al 2007; and see section 3.1.2). We carried out exploratory work to try to understand the slow uptake of direct payments among people with mental health needs (Perkins and Knapp 2010).

As part of the evaluation of the individual budget pilots (IBSEN) we looked at the use of individual budgets for people with mental health needs, and their effectiveness and cost-effectiveness (Glendinning et al 2008a). A sizeable amount of our work on IBSEN was funded from the core grant (see Section 3.1.3).

The cost-effectiveness of community models of care: a review

The aims of the fourth-ranked project were to update an earlier (HTA-funded) review of the economic evidence on community models of mental health care, and conduct meta-analyses to synthesise the economic consequences of alternative community models, including new organisational arrangements for community teams. This was recommended as low priority by the DH in 2005, and we did not pursue it given the demands of other work. However, an opportunity arose to carry out work on a linked theme: early intervention teams for psychosis (see 3.3.4).

Evidence-based services: bridging the gap

The lowest priority project was to estimate the resources necessary to close the gap between currently delivered mental health services and those recommended by policy and/or by evidence-based guidelines such as those produced by NICE and SCIE. We

did not use core resources to carry out work under this head, although a number of our non-core projects have in fact fed into such guidelines.

3.3.3 *Later additions to the MHEP programme*

Some projects were subsequently added to the programme,⁸ sometimes with additional DH funding. It is not always straightforward to separate the activities and outputs between the core PSSRU contract and other DH-supported work.

Early intervention teams

Studies of early intervention teams (in collaboration with colleagues at the Institute of Psychiatry at King's College London) were supported through a series of small DH grants, allowed employment of a part-time junior researcher to explore cost and cost-effectiveness implications through decision modelling (McCrone and Knapp 2007; McCrone et al 2009a; Valmaggia et al 2009). The most recent work examined a range of consequences, including hospital admission, employment, education, suicide and homicide (McCrone et al 2011). We found that the expansion of the coverage of early intervention services to all patients experiencing a first episode of psychosis was cost-saving overall, and also cost-saving from the perspective of the NHS alone. Savings were estimated to decrease over time because there was no current evidence to suggest that reductions in inpatient stays were maintained when patients were discharged from the early intervention team.

Age discrimination

We reviewed previous studies for evidence of age-related differences in service use patterns, costs and outcomes. We then examined possible data sources for new analyses, and chose three:

- the Psychiatric Morbidity Survey 2000
- a cross-sectional survey of schizophrenia patients
- a treatment trial for people with depression or anxiety

With these data we analysed patterns of service use and costs to explore whether there was evidence of unexplained age differences among people with mental health needs. Three new series of analyses were carried out, building on our own previous data collections or studies (Beecham et al 2008). Our analyses generally supported findings from the previous literature and the views of people interviewed in mental health organisations: use of mental health services was lower among older people, after adjusting for other covariates such as symptoms and need. The gradient appeared to be more marked for 'common mental disorders' such as depression and anxiety, than for psychosis. For people with psychosis there may be an increase in service use beyond about age 60, although whether this is in the use of mental health rather than general health services is not clear. Some of our analyses suggested that the age gradient is more marked for men than for women. When looking only at

⁸ Discussions with policy customers were brokered by our liaison officer (generally a separate person from PSSRU's main liaison officer: Clair Chilvers, Michael Clarke).

people aged under 65, there was little or no apparent age-cost association: generally, it was people aged over 65 who are receiving lower cost support packages compared to younger adults. We estimated that eliminating age discrimination in mental health services would require extra expenditure of around £2 billion.

Prevention and promotion

In earlier work, we had explored some of the possible economic consequences of prevention and early intervention in the mental health area (see, for example, Knapp and McDaid 2009; McDaid et al 2009a; Knapp 2009). In early 2010 we were asked by the Department of Health to examine the economic case for mental health promotion and mental illness prevention and early intervention. This helped the Department assess the case for investment and plan its 2011 mental health strategy, and our work was heavily used in making a case for some of the proposals in the recently announced mental health strategy.⁹

We identified and analysed the costs and economic pay-offs of fifteen separate interventions in the area of mental health promotion, prevention and early intervention (Knapp et al 2011a). Each of the modelled interventions had previously been shown to have robustly demonstrated outcome advantages, but the economic consequences needed to be examined further. The fifteen interventions were:

- health visiting to identify and treat post-natal depression
- parenting interventions for children with persistent conduct disorders
- school-based social and emotional learning programmes to prevent conduct problems in childhood
- school-based interventions to reduce bullying
- early detection for psychosis
- early intervention for psychosis
- screening and brief intervention in primary care for alcohol misuse
- workplace screening for depression and anxiety disorders
- promoting well-being in the workplace
- debt and mental health
- population-level suicide awareness training and intervention
- bridge safety measures for suicide prevention
- collaborative care for depression in individuals with type II diabetes
- tackling medically unexplained symptoms
- befriending of older adults.

Even though the economic modelling was based on conservative assumptions, many interventions were found to be outstandingly good value for money. A number were self-financing over time, even from the narrow perspective of the NHS alone. However, the scope for 'quick wins', in the sense of immediate paybacks for the NHS, was relatively limited. Many interventions had a broad range of pay-offs, both within the

⁹ Department of Health (2011) *No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of all Ages*. London: Department of Health.

public sector and more widely, such as through better educational performance, improved employment/earnings and reduced crime. In some cases the pay-offs were spread over many years. Most obviously this was the case for programmes dealing with childhood mental health problems, which in the absence of intervention had a strong tendency to persist throughout childhood and adolescence into adult life. However, the overall scale of economic pay-offs from these interventions was generally such that their costs were fully recovered within a relatively short period of time. We also found that many interventions were very low cost. A small shift in the balance of expenditure from treatment to prevention or promotion would have the potential to generate efficiency gains.

In many cases the modelling of economic impacts revealed the importance of key elements of programme design and implementation such as targeting, take-up and drop-out. One conclusion would be that for some interventions the most cost-effective action when refining a programme may be to increase take-up among high-risk groups or to improve completion rates, rather than to broaden coverage of the intervention.

Overall, our economic analyses offered new and valuable evidence that, over and above the gains in health and quality of life that had already been demonstrated, the interventions also generated significant economic benefits including savings in public expenditure.

Equity and mental health

Using data from the Psychiatric Morbidity Survey 2000 we examined income-related inequality in mental health. Results indicated a marked inequality unfavourable to lower income groups (Mangalore et al 2007; Mangalore and Knapp 2006). The extent of this inequality increased with severity of problem; the greatest inequality was for psychosis. Much of the observed inequality was probably due to factors associated with income, many of which are potentially avoidable. We also looked at differences by ethnic group (Mangalore and Knapp 2011).

Neurological conditions

We were asked to look at young adults with neurological conditions who have started to be supported by adult services, and to examine service use patterns, costs and unmet needs. Links were made with the Department's Research Initiative for Long Term Neurological Conditions. Three neurological conditions were selected because of their high prevalence and because they encompass a range of impairments found among people with long-term conditions: epilepsy, cerebral palsy and acquired brain injury (Beecham et al 2008a, 2009a, 2010a). Further details are given in Section 3.4.1.

Housing services

In collaboration with a team at Queen Mary College London we carried out a survey of a range of specialist housing services for people with mental health needs, taking particular responsibility for economic aspects of the study (Priebe et al 2009a). The study sought to assess patient characteristics, care provision and costs in different types of housing services in England. In twelve representative local areas in England, 250 housing services were randomly selected. Information on services, characteristics of randomly selected patients and care received were obtained from managers. Data from 153 services (61% response rate) and 414 patients were analysed. Most residents received support with activities of daily living and were involved in some sort of occupational activities; 52% had a care co-ordinator in a community mental health team. Care provision and costs differed significantly between care homes, supported housing services and floating support services.

3.3.4 Other research linked to the core programme

The platform created by the PRP-funded programme was often helpful when we carried out research funded from other sources, and the associated outputs are best understood as joint products.

Foresight programme

For the Foresight *Mental Capital and Wellbeing* report¹⁰ we modelled the impacts of evidence-based treatment for depression (as recommended in NICE guidelines) on health and employment, funded by the Department for Innovation, Universities and Skills on behalf of a number of government departments. The economic advantages were presented in aggregated and disaggregated forms. Also for Foresight, we looked at the adulthood economic consequences of educational difficulties (such as dyslexia); the links between debt and mental illness; the cost-effectiveness of debt advisory/counselling services; and the overall economic consequences of mental health problems (Knapp 2008a; Jenkins et al 2008).

Other public sector-funded studies

We looked at the cost-effectiveness of crisis teams (for the National Audit Office) (McCrone et al 2007a). Another NAO-funded study looked at some economic impacts of autism, building on our independently funded work (Knapp et al 2009) and was cited heavily in the 2009 NAO report on autism.

The National Audit Office had earlier commissioned two studies from us in the dementia area. One was a review of dementia care across high-income countries (Knapp et al 2007), and the other a study of the economic impacts of fractured neck of femur for people who have dementia (Henderson et al 2007a).

¹⁰ Government Office for Science (2008) *Foresight: Mental Capital and Wellbeing*. London: BIS.

With funding from the SDO we studied the costs of implementing a quality improvement programme (Beecham et al 2010); and with support from SLAM we examined psychological therapy for depression (Brown et al 2011). We are currently collaborating on about a dozen NIHR-funded programmes and trials in the areas of dementia, carer support, eating disorders, ADHD and autism, interventions for depression, and interventions for insomnia and self-confidence (common markers or pre-cursors of depression). We are also collaborating on a study to develop a QALY-generating tool for dementia. We have extensive collaborative links with other universities and groups across the UK.

For the Scottish government, we estimated the costs of suicide and estimated the potential long-term economic payoffs of investing in Scotland's national suicide prevention programme Choose Life (Platt et al 2006).

For the EC we are involved in ongoing work to estimate the cost effectiveness of multi-level suicide prevention strategies in four European countries. We also reviewed evidence on the economics of institutional closure EC (Knapp et al 2011b). We led on a broad range of work for the EC-funded *Mental Health Economics European Network*, looking at some of the economic impacts of poor mental health across Europe, including measures to help promote and protect better mental health and explore economic incentives to help overcome some of the barriers to the employment of people with mental health problems (Curran et al 2007a; Knapp et al 2007, 2008b, 2008c; McDaid et al 2007, 2007a, 2008a, 2008c; Medeiros et al 2008; Zechmeister et al 2008). More recently we have built further on our work in reviewing the economic evidence on interventions to promote the mental wellbeing of children and their parents, older people, as well as interventions to promote workplace mental health as part of work funded under the EC's Seventh Framework Research Programme. Other work for the EC has included analysis of the economics of child and adolescent mental health services in Europe (Kilian et al 2010; McDaid et al 2010). In addition we have also provided advice and developed background papers to support the European Commission's 2008 Pact on Mental Health and Wellbeing (McDaid 2008, 2008b, 2011).

3.3.5 *Relevance of the work programme to DH policy*

The core-funded MHEP programme was quite small, and we endeavoured to focus our work on policy-relevant topics, as can be seen from the above descriptions. Research therefore looked at *efficiency* (cost-effectiveness) and *equity*, the roles of *community-based approaches* to meeting needs, *personalisation* of treatment and support; and *promotion and prevention*.

Although not funded from the core programme, we ensured that our other-funded work on dementia was made available to the Department of Health as it prepared its National Dementia Strategy 2009. Similarly, our work on the economic consequences of schizophrenia (Mangalore and Knapp 2007), although funded from another source, proved very useful to the Department, judging by the number of citations. Similarly, the Department of Health has made considerable use of work led from the Centre for the Economics of Mental Health to which we contributed, and funded by the King's

Fund; this research projected future mental health needs and the possible costs and pay-offs of meeting them (McCrone et al 2008a). Our work for the Foresight programme was also picked up in policy discussions, as was our work on employment and mental health. Early in the period our analyses with Lord Layard were influential in the construction of the IAPT programme. The work we undertook on links between childhood mental health problems and some adulthood consequences fed into policy discussion; and our work on age discrimination provided evidence to inform preparation of the Equalities Bill.

Membership of a number of Department of Health groups (such as the the Advisory Committee on Resource Allocation, the Public Mental Health Steering Group, and the Improving Access to Psychological Therapies (IAPT) advisory group; see Section 2.4.4 for details) also gave opportunities to feed findings from our work into policy discussion. Advice was also given to Cabinet Office and other government departments on mental health topics, and to non-departmental public bodies such as the NAO and Audit Commission.

3.4 Responsive Mode programme

In addition to the 'strategic' programme of work described in Sections 3.1 to 3.3, a significant number of research projects were carried out during the grant period under the *responsive mode research stream*. These projects enabled us to provide the Department of Health with wide-ranging analytical support targeted on particular policy questions of immediate relevance. Frequently, the findings fed directly into policy development and implementation.

We first describe the projects (Section 3.4.1) and then consider the relevance of the work (3.4.2).

3.4.1 *Responsive mode projects*

Modelling of the Wanless partnership proposal for CSR07

A number of responsive mode projects addressed core questions about the future demand, associated costs and funding arrangements for social care services in England. Much of this work fed into policy development at HM Treasury (2007 Comprehensive Spending Review) and the Department of Health's Green Paper and White Paper on social care and support.

Following publication of the Wanless Social Care Review in 2006,¹¹ HM Treasury led a wide-ranging cross-departmental review (covering the next 20 years) of the shape of older people's services. As part of this work, PSSRU was commissioned by the Department of Health to provide a more detailed analysis of the Wanless Review projections and recommendations, examining alternative assumptions about unit costs,

¹¹ Wanless D, Forder J et al (2006) *Securing Good Care for Older People, Taking a long-term view*. London: King's Fund.

income and wealth, and the role of disability related benefits. Alternative specifications of the 'partnership funding model' were developed to meet different expenditure spending scenarios.

This modelling provided evidence around the options that were presented to Ministers and ultimately the Chancellor. The results, which could not be published due to their confidential nature, fed into the CSR07¹² announcement of a Green Paper on social care, and subsequent policy development.

Projections of demand for social care for younger adults

A substantial project was commissioned in 2007 by the Department of Health and the Strategy Unit (Cabinet Office) focusing on social care for younger adults, to support the development of the 2009 Green Paper¹³ on care and support. The project generated projections for 2005 to 2041 of future numbers of disabled younger adults, of levels of demand for social services and disability benefits, of their associated public and private costs, and of the social care workforce required. The projections required developing a new macro-simulation model for younger adults.

The results highlighted significant increases in the number of learning disabled younger people and of physically and sensorily impaired younger people in the next 35 years (Wittenberg et al 2008). Similar increases were estimated for the numbers of services users and the volume of social care staff required to care for disabled younger adults. Net public expenditure on social care (net of user contributions) was projected to increase by 148%, from £5.0 billion in 2005 to £12.5 billion in 2041. Expenditure on Disability Living Allowance was projected to rise by 17.5%, from £2.2 billion in 2005 to £2.6 billion in 2041, at constant 2005 prices. These data were all central to the debate within government over how to create sustainable funding arrangements for supporting disabled people.

The second strand of this project focused on the provision of informal or unpaid care (Pickard 2008). The research found that, controlling for other variables, people in mid-life (aged between 45 and 64), women, people who are married or cohabiting, and people with low educational qualifications were significantly more likely to provide care than their counterparts. Importantly, the analysis suggested that the supply of intense informal care to younger adults was unlikely to keep pace with demand in future years, with the 'care gap' widening in the future. The study estimated a shortfall in the numbers of people providing care of over 80,000 in 2031.

The data provided under this project had direct relevance for the Department of Health policy team working on the 2009 Green Paper.

¹² HM Treasury (2007) *Meeting the aspirations of the British people*, Pre-Budget Report and Comprehensive Spending Review. London: The Stationery Office.

¹³ HM Government (2009) *Shaping the Future of Care Together*. London: The Stationery Office.

Projections of services for people with learning disabilities

The aim of this study was to update the learning disability part of the younger adults' projections model and to investigate the impact on service utilisation and costs of a range of policy scenarios. Some of the original objectives of the study were adapted to meet specific Department of Health requests linked to the Green and White Papers on funding support. In particular, the nature of the scenarios considered was changed in order to explore the costs of alternative funding arrangements for this particular user group (e.g. partnership funding model; free personal care). The results indicated only small differences in the levels of expenditure between alternative funding arrangements, due to the very limited income and wealth of people with learning disabilities. In addition, a micro-simulation model for people with learning disabilities was developed to complement the analysis provided by the cell-based aggregate model in terms of the description of the distributional implications of alternative policy scenarios. This model is also contributing to the work currently being undertaken for the Dilnot Commission.

The potential costs and benefits of Transforming the Quality of Dementia Care

The National Dementia Strategy¹⁴ was published in early 2009 and was intended to act as a catalyst for change in the way that people with dementia are viewed and cared for in England. The Strategy identified three key areas for action: improving awareness, earlier diagnosis and intervention, and higher quality of care to help people with dementia live well. A major concern among some stakeholders was the potential implementation costs of the Strategy's recommended Actions.

The Department of Health commissioned PSSRU to estimate the potential costs of implementing each of sixteen *Actions* recommended by the Strategy's External Reference Group, and to outline the potential benefits of each of them. The study drew on existing research-based evidence, complemented by a range of other sources such as national datasets, examples from similar work for other client groups, and advice from members of the External Reference Group. For each of the sixteen Actions, the study produced specific estimated costs (in some cases broken down between different organisations) and, where possible, a review of the likely benefits of implementation.

The findings provided the basis for the Strategy's regulatory impact assessment¹⁵ and fed into the consultation activities for the Strategy. A full report on the findings was provided to the Department of Health; while that report is not publicly available, some of the findings have been published (Beecham 2009).

¹⁴ Department of Health (2009) *Living Well with Dementia: A National Dementia Strategy*. London: Department of Health.

¹⁵ Department of Health (2009) *Impact Assessment of National Dementia Strategy*. London: Department of Health.

Health and social care needs of young adults with long-term neurological conditions

Young adults with long-term neurological conditions who are facing the transition from child to adult services often encounter particular challenges. Accessing the right support is key to achieving independence and maximising opportunities to contribute to society. This study looked at young adults with neurological conditions who have started to be supported by adult services, focussing on epilepsy, cerebral palsy, and acquired brain injury. We chose these three areas because of their relatively high prevalence and the range of impairments they encompass (Beecham et al 2008a, 2009a, 2010a).

The project collated evidence on the extent to which young adults with epilepsy are supported by health and social care services as they make the transition to their adult lives, and the costs of such support (Beecham et al 2010a). The study found that deficits in service availability can mean long waiting times and sub-optimal treatment. Young adults also want more support to help them take advantage of education and employment opportunities and more information about managing the impacts of epilepsy on their lives. Improving services will require additional money, but has the potential to lead to better outcomes for young adults.

The research estimated average support costs for a young adult with cerebral palsy of £7,900 per annum (at 2005 prices), excluding the costs for transport help, medication, aids and equipment, or formal personal carers at home or in education. The estimate for personal assistance would almost double the costs to health and social care services, adding £6,600 per person per year. The total health and social care costs for supporting young adults with CP were estimated at £74.3 million or £136.6 million if the costs for formal (paid) personal assistance were included.

The likely care pathways of young adults with acquired brain injury were mapped over a notional 1-year period after presentation at hospital accident and emergency departments (Beecham et al 2009a). For this group of individuals, the study also identified shortfalls in the levels of support, and significant levels of unmet need.

Overall, the research found that the knock-on economic costs of unsuccessful transition from childhood to adulthood are particularly high relative to current levels of public expenditure. For young adults with these three neurological disorders, the study found (Beecham et al 2008a):

- widespread under-recognition of needs and poor support during the transition to adult services
- commonly, discontinuities in service contact
- social care support frequently reported as low
- heavy dependency on parents
- severely restricted opportunities for independence.

Developing improved survey questions on older people's receipt of, and payment for, formal and informal care

The overall aim of this study was to produce a module of questions on receipt of care services and related benefits, payment for care services and provision and receipt of informal care that would be suitable for longitudinal or cross-sectional population surveys that cover community-based care and for use in economic evaluations. It was envisaged that these would be of value for the new Health and Social Care Survey and the English Longitudinal Survey of Ageing (ELSA, wave 6). The project was conducted by PSSRU in conjunction with the Health Economics Group at the University of East Anglia and the National Centre for Social Research (NatCen).

Stage 1 of the project, funded by the Department of Health, involved:

- a review of questions on receipt of formal care, disability benefits and informal care in existing surveys;
- a consultation with stakeholders for their views on existing survey questions and the potential for data linkage with administrative data; and
- a systematic review of economic evaluations which included questions to service users or their carers on the types, amounts and costs of formal social care services.

The research identified limitations in existing survey questions on receipt and payment for formal social care services and in provision and receipt of informal care (King et al 2010a). In addition, few economic evaluations where service users or their carers have been asked about their use of formal services have used validated instruments for collecting such data, and details on the instruments used were often poorly reported.

Data from current surveys and feedback from stakeholders were consistent in the finding that interview respondents do not have difficulty answering questions on the receipt of formal services and the provision of informal care. However, there was evidence that the scope of these questions could be improved. Also, questions regarding benefit receipt were shown to be problematic for respondents and data linkage was not feasible. Other important issues that were identified included the omission of individuals with dementia and individuals living in communal accommodation. Our study also confirmed that there was scope for improving the quality of cost-effectiveness analysis of interventions which affect older people's use of formal social care; the research suggested the need to employ an improved and validated set of questions on social care use.

Stage 2 of the study received funding from the Nuffield Foundation and involved the preparation of a draft questionnaire module on the basis of Stage 1, consulting with an expert panel on the questionnaire content, conducting cognitive testing and, after further review, finalising the module of questions.

The module was launched at the LSE in November 2010. All research findings, including the new question module, are publicly available on NatCen's website. Our

findings from this project will have an early impact as the Health Survey for England, for example, is including the module in 2011. The availability of new data that reflect recent social care developments in England will, over time, feed into Department of Health policy development and practice.

National survey of local commissioning practices

The commissioning of social care services has evolved markedly in recent years, and is likely to continue to evolve given, for instance, the mainstreaming of personal budgets. Also, changes have been introduced in the regulatory and performance assessment systems in order to ensure that service commissioning is more focused on final outcomes. In this context, we were commissioned by the Department of Health to design and implement a national survey of local commissioning practices in England. The survey incorporated questions addressing Department of Health priorities around the availability of micro-commissioners, and the personalisation of care agenda.

The survey covered the following aspects:

- practical arrangements for commissioning services, in terms of local structures and the organisation of commissioning responsibilities (e.g. control over budgets)
- evidence of strategic investment in commissioning capacity, including for instance the extent of funding of local support organisations promoting and assisting user-led service commissioning
- evidence of the link between the commissioning process and local performance assessment frameworks (e.g. local assessment of service quality)
- information management processes (including mainstreaming of computer assisted assessment systems, digital collection and management of information and existence of local service planning research capacity).

The project is currently in the field, with results expected within the next two months. (Completion of the study is being supported by PSSRU's own resources.) The data and findings will contribute to the *Markets* stream of the Department of Health Policy Research Unit on the Economics of Social and Health Care Research (ESHCRU) work programme.

The findings will provide a much-needed updated picture of the range and combination of commissioning arrangements in England. Furthermore, the evidence collected will be available for more sophisticated econometric analyses at the local authority level that link commissioning arrangements with key indicators of local social care activity, efficiency and equity.

Building community capacity: making an economic case

The emphasis by the Coalition Government on *Big Society* aims to increase local involvement, moving the provision of services and decision-making closer to local communities. However, these aims are of much longer vintage: building community capacity has been part of social policy in Britain since at least the 1960s. It is

therefore crucial to investigate the economic consequences of these new, locally driven services. We investigated the costs of three capacity-building initiatives: befriending, time banks and community navigators for people with debt or benefits problems (Knapp et al 2010). The study developed models that could be used with evidence from published studies and local data to assist commissioners and others in their decision-making.

The work addressed two linked questions:

- Does investment in building community capacity have the potential to prevent or delay the need for social care?
- Does it have other impacts that in turn will generate cost savings– through reduced use of services or reliance on welfare benefits, for example – or wider economic benefits – perhaps as a result of improvements in productivity or quality of life?

We found that each initiative could generate net economic benefits in a relatively short time period. Each of the calculations was conservative in that the study only attached a monetary value to a subset of the potential benefits. The findings of the study included: befriending schemes could save about £35 in the first year alone because of the reduced need for treatment and support for mental health needs, and would rise to around £300 per person per year if quality of life improvements as a result of better mental health are included in the model; timebank services could conservatively result in savings and other economic payoffs of over £1,300 per member; community navigators working with hard-to-reach individuals to provide benefit and debt advice could save approximately £900 per person in the first year, not including quality of life improvements as a result of better mental health.

This research fed into discussions leading to the Department's new *Vision for Social Care*¹⁶ and featured in the Department of Health's accompanying report¹⁷ on practical approaches to improving the lives of disabled and older people through building stronger communities, with the Department recognising the 'significant contributions' of the authors to their work in this field. The study is also cited in policy documents setting out the Government's new mental health strategy. Key findings from the research were reported in *Community Care*¹⁸ following a presentation at the annual social services conference, and the findings were also reported by *The Guardian*.¹⁹ There has been considerable interest in the work from a wide range of national umbrella bodies, local authorities, ADASS and community organisations.

¹⁶ Department of Health (2010) A vision for adult social care: Capable communities and active citizens. London: Department of Health.

¹⁷ Department of Health (2010) Practical approaches to improving the lives of disabled and older people through building stronger communities. London: Department of Health.

¹⁸ Smith R (2010) Investing in local communities 'could save millions' for social care agencies. *Community Care* website.

¹⁹ See the report on a Dragon's Den event organised by ADASS and The Guardian: http://www.puttingpeoplefirst.org.uk/_library/Resources/BCC/Guardian_article_16th_feb_2011.pdf

We are intending to take this stream of work forward, particularly with a view to developing a research proposal for a full study to be funded by the School for Social Care Research. We are also collaborating with Turning Point in the economic evaluation of the Connected Care programme, which aims to deliver community-led commissioning design and delivery.

Age discrimination in mental health services and social care

In the context of government proposals to outlaw age discrimination in the provision of public services, the Department of Health commissioned research on age discrimination in mental health services and in council-funded social care services for adults.

The mental health research (Beecham et al 2008) examined inequalities between adult and older people's mental health services, inequalities between adults and older people with mental health problems in their use of health and social care services, and knowledge about the likely single equalities legislation in current services and the possible costs of implementation. The social care analysis (Forder 2008a) investigated the extent of age discrimination in council-funded social care services for adults (people 18 or over) and whether people in different age groups are treated differently after controlling for non-age related differences.

The majority of this work was covered by the core grant, with the responsive mode grant providing top-up funding. Details of the research and the findings were set out above.

Relative needs formula

Julien Forder acted as a scientific advisor to the Department of Health on a feasibility analysis concerned with the next relative needs formula (RNF) used in the allocation of social care funding from the Government to councils in England. This study was concerned with assessing the feasibility of gathering sufficient data from councils in order to undertake a full project to estimate a new relative needs formula.

As a member of the RNF Feasibility Study Advisory Group, Julien Forder provided background on previous RNF formulae, and guided the research team about the methods used for estimating the formula (small area analysis), what data would be needed and where, in theory, that data could be found. He helped the research team to interpret their findings, which were principally interviews with council information offices, and then commented on their recommendations. The final report²⁰ concluded that sufficient data could be gathered, and it made recommendations to the Department of Health regarding the processes that might best achieve this aim. A new RNF estimation study will be conducted in due course.

²⁰ LG Futures (2010) Feasibility Study: Data Collection for a Review of the Adult Social Care Relative Needs Formulae. Milton Keynes: Local Government Futures.

Workforce modelling for CSR period 2010-14

To assist the recent spending review, PSSRU carried out a detailed analysis of future staffing levels for workers providing council-funded services in the social care sector, including agency and non-directly employed staff. A range of different scenarios were used. For each scenario, the analysis estimated required staffing levels over the CSR period (2010 to 2014) broken down by staff group, sector (local authority, independent), and the age group of users (18-64, 65+). The findings have not been published, but they informed Department of Health work for the CSR.

Care transitions analysis

Data from the *Newcastle 85+ Study* are being used to study older people's transitions between different types of care. These data offer an unusual opportunity to investigate the relationship between disability, dementia and other need factors and changes in the use of health and social care services among the oldest old population. The results of the study will be used to make improvements to the PSSRU long-term care projections models, which in turn will be used to provide analyses for the forthcoming White Paper on social care.

3.4.2 Relevance of the work programme to DH policy

The responsive mode programme has provided a body of independent evidence that has underpinned Department of Health policy work across a number of areas, and which continues to be highly relevant for decision makers as they look ahead to future social care legislation. For instance, many of the topics covered by the projects funded by the programme are pertinent to the Government's principles for social care – such as personalisation, productivity and partnership – as outlined last November in *A Vision for Adult Social Care: Capable Communities and Active Citizens*.²¹ In addition, the findings of many of the completed projects are now feeding into new proposals for research, while those that are still ongoing are incorporating current policy priorities.

The projects have linked directly with the content of the 2007 Comprehensive Spending Review,²² the 2009 social care Green Paper,²³ the National Dementia Strategy,²⁴ the strategy for to improving the lives of disabled and older people through building stronger communities,²⁵ the government's mental health strategy,²⁶ and the

²¹ Department of Health (2010) *A vision for adult social care: Capable communities and active citizens*. London: Department of Health.

²² HM Treasury (2007) *Meeting the aspirations of the British people*, Pre-Budget Report and Comprehensive Spending Review. London: The Stationery Office.

²³ HM Government (2009) *Shaping the Future of Care Together*. London: The Stationery Office.

²⁴ Department of Health (2009) *Living Well with Dementia: A National Dementia Strategy*. London: Department of Health.

²⁵ Department of Health (2010) *Practical approaches to improving the lives of disabled and older people through building stronger communities*. London: Department of Health.

forthcoming Health Survey for England 2011 – as well as many other areas of Department of Health activity. In particular, as a coherent body of work, the PSSRU responsive mode projects fed directly into the evolution of policy that culminated in the previous government's 2010 White Paper²⁷ on social care and support. The findings of this research remain just as relevant, for instance for the debate around the forthcoming report from the Commission on Funding of Care and Support and the White Paper that the government intends to publish this year setting out a long-term solution to the funding and delivery of care and support.

The provision and funding of social care remains one of the most challenging areas for policy development and key decisions will be taken over the next five years. PSSRU is confident that its research under the 2006-11 responsive mode programme will continue to play an important role in the ongoing deliberations.

²⁶ Department of Health (2011) *No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages*. London: Department of Health.

²⁷ HM Government (2010) *Building the National Care Service*. London: Department of Health.

4 KEY ACHIEVEMENTS

We describe our key achievements under the three main programme heads, but first report overall achievements by national criteria.

4.1 Overarching achievements

During the funded period, PSSRU's *overarching* achievements in research and impact were recognised in a number of ways in national assessments and competitions.

The Research Assessment Exercise 2008

PSSRU has been located within the Department of Social Policy at LSE since part of the Unit moved to the School in 1996. Our Department was the top-ranked unit of assessment across the whole of the UK in the Social Work and Social Policy and Administration in the Research Assessment Exercise (RAE) carried out by HEFCE in 2008. PSSRU returned twelve staff members in the 2008 RAE (out of a total of 50.7 wte people returned by our Department). We had returned four people in 2001. In 2008, HEFCE rated 50% of LSE's submitted publications as 4* (defined as 'of world-leading quality') and 30% as 3* ('internationally excellent').

NIHR selection for the School for Social Care Research

PSSRU at LSE was invited by NIHR to become one of six founding members of the intramural group for the newly established School for Social Care Research in 2009, with Martin Knapp as SSCR Director.

Queen's Anniversary Prize for Higher and Further Education 2009

LSE Health and Social Care was awarded the Queen's Anniversary Prize in 2009 for 'applying research to the advancement of global health and social care policy'. PSSRU is a sizeable and significant component of the Centre, and the Unit's work was endorsed by David Behan (Director General of Social Care) and Professor Dame Sally Davies (Director General of Research & Development):

PSSRU is distinctive in its ability to provide high quality, policy responsive research. ... The contribution of the Unit to the economics of social care is unrivalled. It has an established national and international reputation for the quality of its analytical models and analyses. But it is also able to apply this science effectively, providing an essential source of expertise for the Department's policy and analytical communities. Unit staff and internal analysts have worked jointly on many critical business issues. ... In summary, we strongly commend the work of PSSRU which has made a unique contribution, over many years, to strengthening evidence-based policy making within the Department and across government. Its work is of a consistently high standard and its impact in key policy areas has been direct and demonstrable.

The Research Excellence Framework Impact Pilot 2010

Last year HEFCE carried out a pilot exercise to see how impact might be measured in the 2014 Research Excellence Framework (REF). Five subject areas were covered:

- Clinical Medicine
- Earth Systems and Environmental Sciences
- Physics
- Social Work and Social Policy & Administration
- English Language & Literature

For each subject area, a number of universities were chosen, with 54 units being assessed in total. Each of the UK's highest achieving universities was included in the pilot. LSE's Department of Social Policy was asked to participate.

The HEFCE panel rated 70% of the work of our Department as *exceptional*, defined as 'ground-breaking or transformative impacts of major value or significance with wide-ranging relevance have been demonstrated.' The next highest rating across all universities and subjects was 50%.

Following the pilot, HEFCE contacted the LSE to ask if one of the impact case studies submitted – 'Long-term care finance', which reported PSSRU work – could be shown to the Minister as an example of high-impact research. This case study is also available on HEFCE's website as an exemplar.

New Policy Research Units

PSSRU at LSE joined four collaborative bids for new Department of Health Policy Research Units, and was successful in three:

- the Unit on Quality and Outcomes of Person Centred Care (QORU)
- the Unit on Economics of Health and Social Care Systems (ESHCRU)
- the Unit on Policy Innovation Research.

4.2 Commissioning and Performance Programme

The C&P programme of work yielded a large number of achievements over the grant period in terms of the novelty and impact of its analysis of equity and efficiency in social care. We highlight below some of our most salient achievements, grouped by broad analytical theme.

Analysis of funding arrangements

- C&P researchers carried out the award-winning Wanless review of the future funding of social care for older people in England, published in 2006 (Wanless et al 2006).

- Subsequent analyses of the costs and outcomes of alternative funding arrangements fed into Government's Green Paper²⁸ and White Paper²⁹ on present and future long-term care needs, costs and funding options for older people and younger disabled people (Forder and Fernandez 2009). The impact of this work was recognised in the Academy for Social Science's *Making the Case for the Social Sciences* publication on *Ageing*, which highlighted research with discernable impacts in the area.³⁰
- C&P researchers are contributing to the work of the Dilnot Commission on the Funding of Care and Support, and were recently approached to undertake analyses for the Commission. PSSRU's work was cited by the Dilnot Commission in their 2010 Call for Evidence.³¹
- One illustration of the strength of PSSRU policy links was Jose-Luis Fernandez's secondment to the Treasury in 2007 as policy advisor on long-term care funding.
- Jose-Luis Fernandez was also appointed specialist advisor to the House of Commons Health Committee in 2009, and supported the Committee in its review of long-term care funding arrangements in England.
- In 2009, C&P researchers were commissioned by WHO to produce a Network Policy Brief on options for financing long-term care systems (Fernandez et al 2009a), to be presented at a ministerial EU meeting in Prague. The brief has been widely cited.
- C&P researchers were commissioned by Age UK in 2010 to look at the impact of proposed spending cuts on the outcomes of the social care system (Forder and Fernandez 2010). The report from this work received considerable media attention.

Evaluations of social care interventions

- The Department of Health-funded evaluation of Individual budgets was completed and received substantial coverage in 2008-09 (Glendinning et al 2008a). The evaluation fed into national and local policy and practice discussions (e.g. the 2009 Green Paper³² and the 2010 *Vision for Adult Social Care*³³). The reports from the study continue to be cited.
- PSSRU (at the University of Kent and LSE) took the lead in the national evaluation of the Partnerships for Older People Projects (POPP) targeting support on older people in their homes and communities to reduce the hospital-based crisis in

²⁸ Secretary of State for Health (2009) *Shaping the Future of Care together*. CM 7673. London: TSO [see pages 37, 88, 97, for example]

²⁹ Secretary of State for Health (2010) *Building the National Care Service*. CM 7854. London: TSO [see pages 45, 47, 125, 131, for example]

³⁰ Academy for Social Sciences (2010) [*Making the Case for the Social Science: No 2. Ageing*](#). London: Academy for Social Sciences.

³¹ The Commission on Funding of Care and Support (2010) [*Call for Evidence on the Future Funding of Care and Support*](#). London: Department of Health.

³² Secretary of State for Health (2009) *Shaping the Future of Care together*. CM 7673. London: TSO [see page 91]

³³ Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*. London: Department of Health. [see page 16]

admissions and improve well-being funded by the Department of Health between 2006 and 2009 (Windle et al 2009). The evaluation findings were launched by the Secretary of State for Health and provided, in the words of the Secretary of State, 'important information to help local authority-led partnerships invest with confidence in new preventive approaches'.³⁴ The work received significant media coverage and attention from research users and the government.

- Our work on the economic case for building community capacity (Knapp et al 2010) fed into discussions leading to the new *Vision for Adult Social Care*³⁵ and is quoted at length in the Department of Health's accompanying report³⁶ on practical approaches to improving the lives of disabled and older people through building stronger communities, with the Department recognising our 'significant contributions'. The work is also cited and summarised in the documents launched in February 2011 to set out the Government's new mental health strategy.³⁷ Key findings from the research were also reported in *Community Care*³⁸ and *The Guardian*.³⁹ There has been considerable interest in the work from a wide range of national umbrella bodies, local authorities, ADASS and community organisations, and an invited presentation at the 2010 National Children and Adult Services Conference.

Other achievements

- PSSRU staff at LSE worked with BBC's *You and Yours* programme (and with Radio 4 more generally) developing a series of scenarios examining the likely costs of supporting people with mental and physical care needs in 2010.
- Prior to this, again in collaboration with the BBC, we launched in 2007 a Care Calculator and a Care Questionnaire exploring the views of the public about new methods for financing the social care system. These were made available on the BBC website. Early results from the online survey were presented on Radio 4 on 31 January 2008 when the former Care Services Minister joined a studio audience along with the LSE team, to discuss care services and their funding (Fernandez et al 2009).

³⁴ Secretary of State for Health (2009) *Shaping the Future of Care together*. CM 7673. London: TSO [see page 94]

³⁵ Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*. London: Department of Health. [see page 12]

³⁶ Department of Health (2010) *Practical approaches to improving the lives of disabled and older people through building stronger communities*. London: Department of Health. [see pages 4, 10, 11]

³⁷ HM Government (2011) *No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages*. London: The Stationery Office. [see supporting documents]

³⁸ Smith R (2010) Investing in local communities 'could save millions' for social care agencies. *Community Care* website.

³⁹ Andalo D (2011) Breathing life into communities. *The Guardian*, 16 February 2011. http://www.puttingpeoplefirst.org.uk/_library/Resources/BCC/Guardian_article_16th_feb_2011.pdf

- Research commissioned from us by the BBC programme *Panorama* found that 70% of home care is provided by the independent sector today and is worth £1.5 billion (*Britain's Homecare Scandal*, broadcast in April 2009).
- C&P staff were involved in analysis for BUPA in 2010 which led to substantial media coverage. The work reviewed the main challenges for the health and social care systems posed by current ageing patterns (Fernandez and Forder 2010), and the rise in the number of people with long-term conditions (Forder and Fernandez 2010). Work on health and wellbeing looked at differences in access to health-promoting information available on-line in 12 countries around the world (McDaid and Park, 2011).
- Following the success of the Long-term Care Conference organised by PSSRU in September 2010, the International Long-term Care Policy Network was established in 2010. The Network aims to provide a platform for promoting the international exchange of evidence and knowledge about 'what works' in long-term care, and has attracted a lot of interest from academics and policy makers globally.

4.3 Long-term care finance programme

The LTCF programme of work was especially active in contributing to the development of national policy. We highlight here some of the most significant achievements.

Financing long-term care

- PSSRU projections of future public expenditure on long-term care for older people and younger adults contributed to the previous Government's estimate that there will be a £6bn funding gap by 2026 (Wittenberg et al 2008, 2008a).⁴⁰
- Our projections of future expenditure on care and support for younger adults contributed to the previous Government's Green⁴¹ and White⁴² Papers (Wittenberg et al 2008; informal advice).
- Linda Pickard provided expert advice to the Department of Health/Cabinet Office social care Green Paper Team on a number of aspects of policy relating to informal care, including family financing and 'carer-blind' policies (Pickard 2008, 2008a; Pickard 2009 informal advice).
- The research team is contributing to the PSSRU programme of analysis and projections for the current Commission on the Funding of Care and Support. Research on the future supply of informal care by Linda Pickard was cited in the Commission's *Call for Evidence*⁴³ (Pickard 2008) and further material on the future of informal care has now been submitted to the Commission (Pickard 2010).

⁴⁰ HM Government (2008) The case for change - Why England needs a new care and support system [see page 25]

⁴¹ Secretary of State for Health (2009) *Shaping the Future of Care Together*. CM 7673. London: TSO [see page 37]

⁴² Secretary of State for Health (2010) *Building the National Care Service*. CM 7854. London: TSO [see pages 47, 48]

⁴³ The Commission on Funding of Care and Support (2010) [*Call for Evidence on the Future Funding of Care and Support*](#), Department of Health, London.

- The research team in collaboration with MAP2030 colleagues from the University of East Anglia submitted written evidence to the House of Commons Health Committee's enquiry on social care in 2009 (Hancock et al 2010); Raphael Wittenberg gave oral evidence to the Committee; and Linda Pickard submitted written evidence on the future supply of informal care (Pickard 2009a) which fed into their final report.⁴⁴
- The research team in collaboration with MAP2030 colleagues from the University of East Anglia and the LSE presented long-term care projections to the Chair of the All Party Parliamentary Local Government Group Enquiry into Services for Older People. Linda Pickard (2008a) also submitted written evidence on the future of informal care to the Enquiry, and this evidence was cited in the final report.⁴⁵
- PSSRU research into the future supply of informal care (Pickard 2008a) was cited in the coalition Government's recent carers' strategy,⁴⁶ and also by Carers UK.⁴⁷
- The European Commission's 2009 *Ageing Report*⁴⁸ uses a version of the PSSRU aggregate model to produce projections of future public expenditure on long-term care for all the European countries (Comas-Herrera et al, 2003).

Other achievements

- Linda Pickard gave a series of radio interviews on family care for older people as part of the BBC's week-long series of programmes, *Living Longer*, in November 2010.
- Linda Pickard was appointed as a member of the Carers' Survey Project Board, established by the NHS Information Centre to commission a survey on informal care provision in England in 2009/10.
- Adelina Comas-Herrera was appointed as consultant to the World Bank in 2009 to help them produce projections of long-term care expenditure for Russia.
- Adelina Comas-Herrera is a member of the advisory board of the *Health Status, Health and Long-Term Care* European Observatory on the Social Situation and Demography (DG Employment and Social Affairs, European Commission).

4.4 Mental health economics and policy programme

The work of the MHEP programme has contributed in many ways to the discussion of mental health policy and practice, as well as being heavily cited by other researchers. One overarching indication of the impact or relevance of our work is given by the

⁴⁴ Health Committee's report on *Social Care Volume I* (2010) [see pages 22, 26-9, 38-9, 51, 72, 74, 89, 122, 124 and 125]

⁴⁵ All Party Parliamentary Local Government Group Enquiry into Services for Older People (2008), *Never Too Late for Living*, [see pages 24, 39].

⁴⁶ HM Government (2010) *Recognised, Valued and Supported: Next Steps for the Carers' Strategy*. London: Department of Health [see pages 42, 55]

⁴⁷ Carers UK (2010) *Tipping Point for Care*. London: Carers UK. [see pages 2, 6]

⁴⁸ DG ECFIN 2009 [see pages 113, 225]

Department of Health's report *The Economic Case for Improving Efficiency and Quality in Mental Health* which was published alongside the new mental health strategy⁴⁹ in February 2011. The evidence cited by the DH is detailed in 99 endnotes, of which 26 are references to our work.

NICE treatment guidelines

- More than 30 of our cost and cost-effectiveness studies⁵⁰ in the mental health field have been cited by NICE and have influenced clinical guidelines, spanning a wide range of interventions and diagnostic/need groups. These include guidelines for schizophrenia, dementia, depression, PTSD, antisocial personality disorder, borderline personality disorder, depression in adults with a chronic physical health problem. Our work has thus potentially fed into decisions on local patterns of care, support and treatment. Some of this work stemmed from our PRP-funded activities over a period of many years. Papers published since 2006 that are cited by NICE include: Beecham et al (2006), Comas-Herrera et al (2007), Knapp et al (2006), Knapp et al (2008g), McCrone et al (2008a), Romeo et al (2006).

Dementia

- Work reported in the *Dementia UK* report (Knapp et al 2007e), funded by the Alzheimer's Society and undertaken in collaboration with King's College London, built on PSSRU research over a number of years. The work has been heavily cited in National Audit Office reports^{51 52} and various Government documents, such as the 2009 National Dementia Strategy,⁵³ the 2010 Public Health White Paper⁵⁴ and the 2011 Mental Health Strategy *No Health without Mental Health*.⁵⁵
- Parallel work used macro-simulation modelling to project future costs of dementia care and support, and investigated alternative scenarios for the

⁴⁹ HM Government (2011) *No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages*. London: TSO.

⁵⁰ Full details available on request.

⁵¹ National Audit Office (2007) *Improving Services and Support for People with Dementia*. London: TSO [at least 12 citations]

⁵² National Audit Office (2010) *Improving Dementia Services in England: an interim report*. London: TSO [at least 5 citations]

⁵³ Department of Health (2009) *Living Well with Dementia A National Dementia Strategy*. London: Department of Health. [see pages 16, 34, 77, 94]

⁵⁴ Secretary of State for Health (2010) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. CM 7985. London: TSO.

⁵⁵ HM Government (2011) *No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages*. London: TSO.

coming decades (Comas-Herrera et al 2007, 2011, 2011a). This work was also cited by the National Audit Office⁵⁶ and the National Dementia Strategy.⁵⁷

- Our NAO-funded work on international comparisons (Knapp et al 2007g) and treatment for people with dementia and fractured neck of femur (Henderson et al 2007) were cited in the NAO's two major reports on dementia care.⁵⁸
- New work has been commissioned to present to the All Party Parliamentary Group on Dementia in March 2011.
- Martin Knapp was a member of the board for the Age Concern Inquiry on *Mental Health and Well Being in Later Life* that reported in 2007.

Autism

- Our research on the overall economic impact of autism (Knapp et al 2009) has been widely cited and received significant media coverage. It has been cited in various public documents such as the National Audit Office report on autism⁵⁹ and the Scottish Government's Autism Toolbox.⁶⁰ It was quoted in the Northern Ireland Assembly.⁶¹ The Scottish Government's report, *Towards an Autism Strategy for Scotland* includes the recommendation 'that Knapp's work on the economic costs of autism is analysed and applied to the Scottish context to inform strategy and planning on what interventions lead to positive impacts both for individuals and for the economy as a whole ...'.⁶² The findings are heavily cited study in national newspapers, academic journal papers and on a range of websites, including those of autism lobby groups across many countries, the NHS Confederation briefing⁶³ and even Wikipedia.⁶⁴

Promotion and prevention

- Our work for the Department of Health on the economic case for mental health promotion and mental illness prevention and early intervention (Knapp et al 2011a) was heavily cited in the documents accompanying the 2011 Mental

⁵⁶ National Audit Office (2007) *Improving Services and Support for People with Dementia*. London: TSO.

⁵⁷ Department of Health (2009) *Living Well with Dementia A National Dementia Strategy*. London: Department of Health. [see page 16]

⁵⁸ National Audit Office (2007) *Improving Services and Support for People with Dementia*. London: TSO. And National Audit Office (2010) *Improving Dementia Services in England: an interim report*. London: TSO.

⁵⁹ National Audit Office (2010) *Supporting People with Autism through Adulthood*. London: TSO [see pages 4, 14, 38]

⁶⁰ <http://www.scotland.gov.uk/Publications/2010/09/07141141/4>

⁶¹ <http://www.niassembly.gov.uk/record/committees2010/HSSPS/101216AutismNI.htm>

⁶² See <http://www.scottish.parliament.uk/S3/committees/ellc/inquiries/AutismInEducation/documents/ASB01ScottishGovernment.pdf>

⁶³ http://www.nhsconfed.org/Publications/Documents/Briefing_202_MHN_autism.pdf

⁶⁴ http://en.wikipedia.org/wiki/Autism_therapies

Health Strategy *No Health without Mental Health*.⁶⁵ The Department will publish the report on its website shortly, and will organise a media launch of the work. Our report, which was peer-reviewed, has already been cited in a *British Medical Journal* editorial⁶⁶ and publicised on a range of websites, such as the NHS Confederation, Parenting UK, and the Child and Maternal Health Observatory. Some of the results contained within the report have already had an impact on local commissioning in England and have attracted considerable interest from the European Commission.

Early intervention for psychosis

- Our work on economic evaluations of early intervention teams (McCrone and Knapp 2007; McCrone et al 2009a, 2011; Valmaggia et al 2009) led directly to continuation of these services in many localities. It was praised by Louis Appleby and has been used to support policy documents such as the 2011 *No Health without Mental Health*.⁶⁷ The findings have been used in some local discussions about the continuation of such services.

Psychological therapies

- The modelling of the economic impacts of better depression treatment, particularly cognitive behavioural therapy, fed evidence into the discussions that led to the Improving Access to Psychological Therapies (IAPT) programme (Layard et al 2007). The work was alluded to in *The Depression Report* (2006), which prompted a leader writer in *The Observer* newspaper to comment: 'There may not be many policies that deliver happiness for all, but there are some that alleviate misery for many. This report identifies one such policy. The government must act on it' (18 June 2006). The work continues to be widely cited and indeed debated.

International mental health policy and practice

- We have endeavoured to use our experience and accumulated expertise in mental health economics and policy analysis to contribute to the development of mental health policies and strategies in low- and middle-income countries, through inputs to the Department for International Development, through new studies and through publications (Dixon et al 2006; Drake et al 2011 Killian et al 2010; Knapp et al 2007c, 2011b; Lund et al 2011; Mangalore et al 2011; McDaid et al 2006, 2008b, 2010; Saxena et al 2007). EC-funded work mainly by David McDaid (who was not funded from the DH grant) has also allowed our

⁶⁵ HM Government (2011) *No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages*. London: TSO.

⁶⁶ Thornicroft G (2011) A new mental health strategy for England, *British Medical Journal*, 3 March

⁶⁷ HM Government (2011) *No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages*. London: TSO.

UK-conducted work to reach a broader platform, with regular presentations and advice given to the EC, WHO and some Ministries of Health and Employment across Europe. This work is also featured in a recent report for WHO Europe on the impact of economic crises on mental health (Anderson et al 2011). Our work has been regularly cited by the World Health Organization, and we contributed to a WHO report mentioned in a United Nations Resolution.

- Invited presentations that featured findings from our PRP-funded and other work were given to a number of groups, including at an EC Ministerial event to launch the European Pact of Mental Health and Wellbeing in Brussels 2008. We have also made presentations at major governmental and EC-organised high-level meetings.
- We edited and partly wrote the first European book on mental health policy and practice (Knapp et al 2007c) which was awarded the Baxter Prize, awarded by the European Health Management Association for an outstanding contribution to excellence in health care management.

Age discrimination

- PSSRU research commissioned by the Department of Health on age discrimination in mental health and social care fed into policy proposals, namely the *Equalities Bill*, in June 2008 (Beecham et al 2008).

Debt and mental illness

- Debt counselling was found to avert the emergence and exacerbation of mental health problems in a cost-effective manner. This fed into a joint event with the Royal College of Psychiatrists and the NHS Confederation (November 2009) and a joint publication (Royal College of Psychiatrists et al 2009), cited in *New Horizons*, the previous government's 2009 mental health strategy.
- We returned to look at debt and mental illness for our work on prevention and promotion (see 4.4.3) (Knapp et al 2011b). This and subsequent work attracted interest from the Department for Business Innovation and Skills, the Financial Services Authority and HM Treasury, and was cited in the documents supporting the 2011 Mental Health Strategy.⁶⁸

4.5 Responsive mode programme

Each of the funded responsive mode studies has inter-played with the core programme of research and, where appropriate, will feature in work disseminated through that programme. Achievements from responsive mode studies have therefore been covered in sections 4.2 to 4.4 above.

⁶⁸ HM Government (2011) *No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages*. London: TSO.

4.6 Communication and dissemination

As outlined in Section 2, we placed great importance on communicating information about and findings from our research. As described there, we employed a range of approaches to increase the impact of our work.

Studies funded from the DH grant over the period generated a large number of academic publications (listed in full later). PSSRU staff also gave many presentations at conferences: more than 350 presentations were made between January 2006 and February 2011, a large number of which were invitations to speak at major national and international conferences (details available).

We organized a number of one-day seminars and workshops focusing on particular themes within our research. Some examples can be given:

- the first International Conference on Evidence-based Policy in Long-term Care in September 2010, which attracted 150 delegates (buoyed by the success of this event there will be a second conference in September 2012)
- a one-day event to launch the findings of the individual budgets evaluation in November 2008
- two seminars on mental health economics and policy (one in London in September 2007 and another in Brussels in June 2008)
- a one-day adult social care researchers' conference in November 2007
- a seminar on direct payments (March 2006)
- a social care research showcase conference for the Department of Health (November 2006)
- a seminar sponsored by the Nuffield Foundation on long-term care finance (December 2006)
- a joint mental health economics and policy seminar series with the Centre for the Economics of Mental Health, King's College London.

We produced regular outputs providing information on our activities: the annual *PSSRU Bulletin* and an electronic newsletter, *Research Bites*.

5 CONCLUSION

In this report we have summarised a large body of research on equity and efficiency in mental health and social care carried out by PSSRU at LSE between January 2006 and February 2011. The work was made possible by funding from the Department of Health's Policy Research Programme.

The size and five-year duration of PRP support provided the stability for investment in the skills necessary to pursue research to address strategic policy questions. Our core PRP funds created a platform from which to seek additional resources to complement the research programme agreed with the Department of Health. As we have described in this report, some of our work had wide and often significant policy impacts. Our work contributed to a range of key policy documents such as Green and White Papers, national strategies and vision statements, and care and treatment guidelines.

The programme of research also provided the Department of Health with continuous access to a pool of expertise on the analysis of and evidence about the health and social care systems. This resource, which was called upon sometimes at very short notice, took a variety of forms – from small requests for small pieces of advice to the specification of large research questions to be tackled through new fully fledged research studies. Thus, for example, we were able to use our resources flexibly to tackle at short notice the analysis of particular policy priorities (e.g. examining the economic case for building community capacity), and to contribute extra resources to new research projects (e.g. the evaluation of the individual budgets pilots).

Quantitative analyses of the sort enabled by this period of funding for PSSRU have become increasingly essential elements in demonstrating whether public funds and private resources are deployed appropriately, cost-effectively and fairly, especially in an era that demands transparency and accountability. In economically challenging times, reliable quantitative, economic modelling and evaluation are crucial to ensuring that social care, health care and other resources are used to secure the best social returns. But it is also imperative that responses to the economic, demographic and other challenges take a long-term view that is informed by robust research.

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