Economic evaluations of social care interventions:

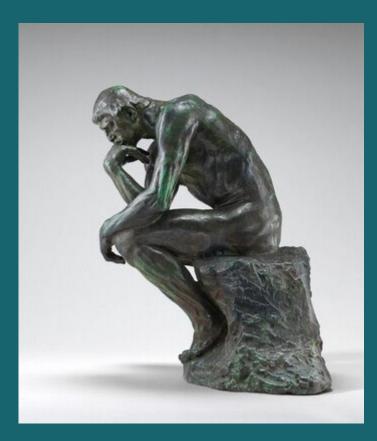
lessons learnt and future challenges



Dr Bhash Naidoo – NICE Centre for Guidelines *SIA Conference, Stockholm - 24th May 2023* 

**NICE** National Institute for Health and Care Excellence

### What NICE thought about social care - 2011





## Differences for Social Care



Not only about health-related quality of life

Consideration of function and capability as outcomes

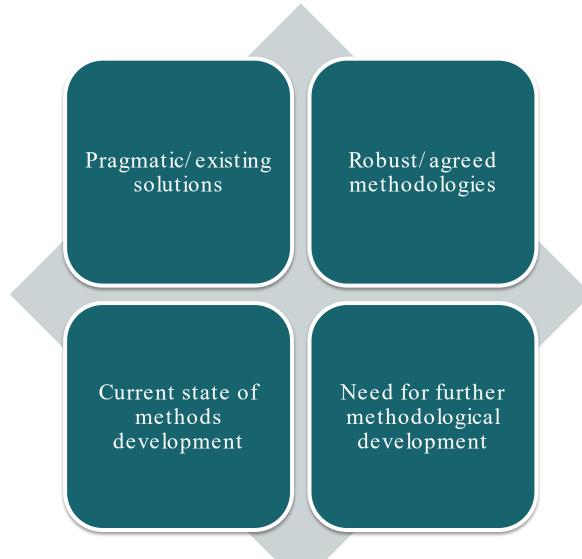
Private sector delivery

Costs to individuals

Less developed evidence base and methodologies

No existing ICER decision thresholds for function and capability measures

## Considerations



## NICE Reference Case I

Element of assessment	Interventions funded by the NHS and personal social services (PSS) with health outcomes	Interventions funded by the public sector with a social care focus	
Comparator	Interventions routinely used in the NHS, including those regarded as current best practice	Interventions routinely delivered by the public and non-public social care sector	
		(Social care costs are the costs of interventions which have been commissioned or paid for in full, or in part by non-NHS organisations)	
Perspective on costs	NHS and PSS; for PSS include only care that is funded by NHS (such as 'continuing healthcare' or 'funded nursing care')	Public sector – often reducing to local government Other (where appropriate); for example, employer	
	Costs borne by people using services and the value of unpaid care may also be included if they contribute to outcomes	Costs borne by people using services and the value of unpaid care may also be included if they contribute to outcomes	
Perspective on outcomes	All direct health effects, whether for people using services and/or, when relevant, other people (principally family members and/or informal carers)	All direct health and relevant non- health effects on people for whom services are delivered (people using services and/or carers)	

## NICE Reference Case II

Element of assessment	Interventions funded by the NHS and personal social services (PSS) with health outcomes	Interventions funded by the public sector with a social care focus	
Type of economic evaluation	Cost–utility analysis	Cost-utility analysis (base case) Cost-effectiveness analysis Cost-consequences analysis Cost-benefit analysis Cost-minimisation analysis	
Measuring and valuing health effects	Quality-adjusted life years (QALYs): the EQ-5D-3L is the preferred measure of health-related quality of life in adults		
Measure of non-health effects	Not applicable	Capability or social care-related quality of life measures where an intervention results in both health and capability or social care outcomes	

## Examples of NICE Social Care Guideline Topics

Looked-after children and young people (NG205)	Safeguarding adults in care homes (NG189)	Care and support of people growing older with learning disabilities (NG96)	People's experience in adult social care services: improving the experience of care and support for people using adult social care services (NG86)
Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (NG213)	Decision-making and mental capacity (NG108)	Learning disabilities and behaviour that challenges: service design and delivery (NG93)	Intermediate care including reablement (NG74)
Child abuse and neglect (NG76)	Preventing suicide in community and custodial setting (NG105)	Social work with adults experiencing complex needs (NG216)	Supporting adult carers (NG150)

### What we know about social care - NOW





## Characteristics of social care

#### Context

- Personal services for often very vulnerable people with multiple needs and high service use
- In current budget situation, there is increasing unmet needs
- Strong association between need and low socioeconomic position
- Stigma of accessing services
- Some care is compulsory
- Some users have difficulty or reluctance expressing their preferences, so 'consumer power' has been weak

#### Interventions:

- Heterogeneous
- Standard care varies substantially and includes 'doing nothing'
- Whether person gets intervention or not depends on eligibility
- Often no simple start and end point
- Quality difficult to observe; often depends on many factors
- Important role of carers

### What kind of outcomes?

- Multiple outcomes e.g. dignity, safety, mental wellbeing, physical health, choice and control
- Outcomes might depend on person's wishes, preferences and priorities
- Different groups of individuals who may benefit (e.g. service user, carer, family, wider community)
- Role of long-term outcomes and knock-on effects which will not be observed in the study period



#### What kind of outcome measures?

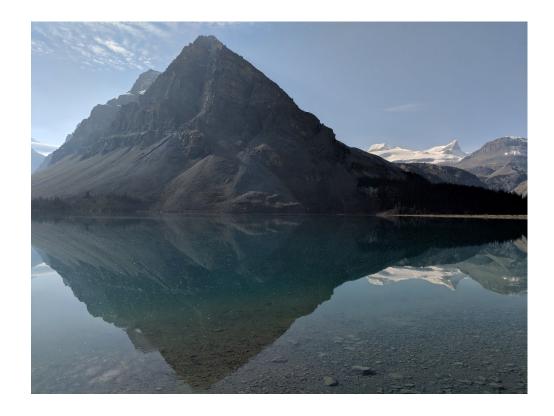
Measures for final, patient-relevant outcomes

- EQ-5D Primarily physical health
- ASCOT Social care related quality-of-life; or ICECAP Capability and wellbeing
- Mortality often not observed in study period; but extrapolation possible with decision modelling
- Institutionalisation often not observed in study period
- Hospital (re-)admission more a 'cost' than outcome but sometimes used as a primary outcome

Intermediate (surrogate) outcome measures that can be linked to final outcomes e.g. social isolation / loneliness, satisfaction, breakdown in carer's relationship, educational achievement, functioning, cognition.



## Reflections



Questions in social care can be less about what is effectiveness and costeffective, but more about:

- How something should be done (duration; intensity; times) - rather than if it should be done
- Who should be targeted?
- Economic realities and service infrastructure - very different in different localities
- Interpreting evidence and recommendations in the context of ethical and legal requirements

## Scoping Review on Social Care Economic Evaluation Methods - 2017

Conclusion:

Methods guidance for the economic evaluation of social care interventions needs to reflect what is feasible given the available evidence and what is appropriate for social care. A more developed evidence base is required in order to undertake economic evaluation of social care interventions.





## The Evidence Jigsaw

Clinical guidelines:

90% of the pieces with the box image.

Social care guidance:

30% of the pieces and no box!





## Progress?

- *Decision making on cost-effectiveness in social care* highlighted as a methodological priority within the NICE Centre for Guidelines.
- Development of the EQ-HWB (EQ Health and Wellbeing) instrument with NICE support and input.
- Still uncertainty in the external environment about funding and future direction of social care awaiting the government green paper.
- But slow progress has been made on the methodological challenges.

## Future Challenges

- What is the opportunity cost of new social care interventions the decision rule?
- What are the trade-offs between health and social care outcomes?
- Is it appropriate to impose an evidenced based medicine's approach to the social care sector?
- What types of questions/decisions that can be answered/improved given the current state of the social care evidence base, methods and funding?

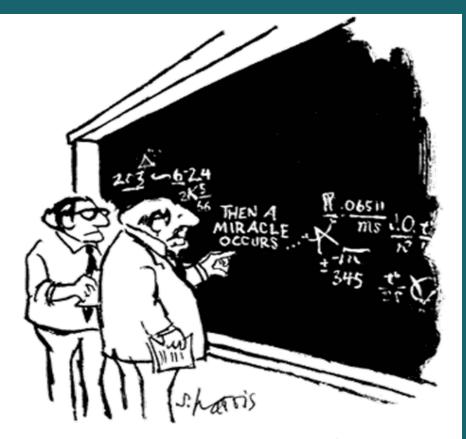
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# Thank you.

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"I think you should be more explicit here in step two."

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