

Institution: London School of Economics and Political Science		
Unit of Assessment: 20 – Social Work and Social Policy		
Title of case study: Informing fairer, more transparent, and cost-effective social care policy		
Period when the underpinning research was undertaken: 2012-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Jose-Luis Fernandez	Associate Professorial Research Fellow	1996 to present
Annette Bauer	Research Fellow	2010 to present
Nicola Brimblecombe	Assistant Professorial Research Fellow	2012 to present
Adelina Comas-Herrera	Assistant Professorial Research Fellow	1997 to present
Jacqueline Damant	Research Fellow	2006 to present
Josephine Dixon	Assistant Professorial Research Fellow	2012 to present
Ruth Hancock	Professorial Research Fellow	2019 to present
Bo Hu	Research Fellow	2013 to present
Martin Knapp	Professor of Social Policy	1996 to present
Amritpal Rehill	Research Officer	2014 to present
Raphael Wittenberg	Associate Professorial Research Fellow	1996 to present
Period when the claimed impact occurred: 2014-2020		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact (indicative maximum 100 words)		
<p>Building on its long-standing research programme, research by the Care Policy and Evaluation Centre (CPEC; formerly PSSRU) has contributed to key policy decisions by the Department of Health and Social Care (DHSC) and local authorities in England and helped to shape policy positions of key international organisations such as the World Health Organization (WHO). CPEC research has supported the design and implementation by DHSC of new national minimum eligibility regulations for social care support in England, the design and assessment of alternative funding arrangements, and informed decisions about the roll-out of new care services. It has also informed national and international responses to the COVID-19 pandemic.</p>		
2. Underpinning research (indicative maximum 500 words)		
Social care eligibility criteria		
<p>Fernandez led a research programme (2012-14) to support the Department of Health and Social Care (DHSC) to develop new social care eligibility criteria in England. The research showed significant variability in needs assessment by care managers and systematic local differences in the implementation of eligibility regulations which led to significant inequalities in access to social care across England. Three additional studies analysed vignette and real case data to evaluate the transparency, effectiveness, and costs of different draft social care eligibility regulations considered by DHSC [1]. The research suggested that more transparent, wellbeing-focused social care eligibility criteria could be introduced without significantly increasing public social care expenditure.</p>		
Social care funding needs		
<p>Wittenberg leads a longstanding DHSC-funded research programme generating long-term projections of social care demand and expenditure [2]. The latest modelling showed that, to keep pace with demographic and other pressures, public expenditure on social services for older people would need to rise from GBP8.4 billion in 2018 to GBP16.5 billion in 2038, and public expenditure on social services for younger adults from GBP9.6 billion in 2018 to GBP18.1 billion in 2038 (at 2018 constant prices). CPEC micro- and macro-models are informing UK Government funding reform. Wittenberg and Hancock led research examining the interaction between the long-term care and state pension reforms in England. The latest report presented projections of the costs of a range of reform options and their distributional effects.</p>		
<p>Knapp was Expert Lead for a Citizens' Assembly on social care funding for two House of Commons Select Committees [3]. The first Citizens' Assembly in the UK to be commissioned and</p>		

run by Parliament, it recommended a publicly funded social care system free at the point of use like the NHS. Knapp and Wittenberg led (2019) a national survey of public attitudes to paying for social care and alternative payment arrangements, to inform the forthcoming Green Paper [4]. The majority of respondents thought that social care costs should be shared between the state and the service user, and that service users' contributions should be relatively low (20%-50%, varying by user resources).

Supporting unpaid carers

CPEC reviewed the economics of caring evidence for DHSC, to inform a refreshment of the government's **Carers Action Plan**. Findings stressed supporting carers through formal care services and ensuring flexible working arrangements to improve employment outcomes. Modelling of unpaid care found that keeping pace with future social care demand from older people would require 3.1 million *more* carers by 2035 (63% up on 2015) [5].

Fernandez led the evaluation for DHSC (2016-19) of the impact of the **Care Act 2014** on carers in England, finding that, despite greater and clearer entitlements to assessments for carers, overall carer support continued to fall post-implementation [6].

Evaluating social care services

Wittenberg led the evaluation of DHSC's **direct payments in residential care** trailblazers pilot (2016-18), finding that, although some care home residents and their family members did welcome the opportunity to have a direct payment, there was very low uptake. Residents and family members generally were happy with their current (pre-direct payment) arrangements and did not want to change them. Care home managers were concerned about the financial impact of accepting residents with direct payments. Local authority care managers were doubtful about the benefits for their clients. There were significant transaction costs of setting up the trailblazer schemes, which were arguably disproportionate to the numbers who benefitted from them [7].

As part of the **NICE Collaborating Centre on Social Care**, Bauer and colleagues conducted economic studies to help NICE (National Institute for Health and Care Excellence) develop **social care guidelines** for England. This work finished in March 2018, contributing to ten NICE guidelines.

COVID-19

Comas-Herrera coordinated a comprehensive synthesis of international evidence on COVID-19 and social care. An international report on COVID-19-related mortality indicated, for the first time, that care home residents accounted for about half of all COVID-19 deaths. Two subsequent, widely quoted technical reports were produced for [WHO Europe](#) [8] and [WHO HQ](#).

Fernandez led research for the London Association of Directors of Adult Social Services (ADASS) to support Greater London's assessment of and response to COVID-19 impacts on social care. This led to the design and analysis - using data science and econometric models - of *daily* evidence from the London social care community and bed-based care market, which identified provider-level COVID-19 risk-factors and impacts on the care workforce and financial sustainability. CPEC also contributed to the development of a pan-London projections model for assessing the likely capacity of the social care sector to meet the demand for support from patients discharged from London hospitals during the pandemic.

3. References to the research (indicative maximum of six references)

[1] Fernandez, J. L., Snell, T., and Marczak, J. (2015). [An assessment of the impact of the Care Act 2014 eligibility regulations](#) (DP2905). PSSRU, LSE.

[2] Hu, B., Hancock, R., and Wittenberg, R. (2020). [Projections of Adult Social Care Demand and Expenditure 2018 to 2038](#) (Working Paper 7). CPEC, LSE.

[3] Involve, Knapp, M., and Wistow, G. (2018). [Citizens' Assembly on Social Care: Recommendations for Funding Adult Social Care](#). Involve and House of Commons.

[4] Erens, B., Read, S., Wittenberg, R., Wistow, G., Dixon, J., Trathen, A., Dickinson, F., Cyhlarova, E., Mays, N., and Knapp, M. (2020). *Attitudes and preferences related to different approaches to paying for long-term care for older people*. PIRU report to DHSC. Available upon request.

[5] Brimblecombe, N., Fernandez, J. L., Knapp, M., Rehill, A., and Wittenberg, R. (2018). [Unpaid Care in England: Future Patterns and Potential Support Strategies](#). PSSRU, LSE.

[6] Fernandez, J. L., Marczak, J., Snell, T., Brimblecombe, N., Moriarty, J., Damant, J., Knapp, M., and Manthorpe, J. (2020). [Supporting carers following the implementation of the Care Act 2014: eligibility, support and prevention](#). CPEC, LSE.

[7] Williams, L., Ettelt, S., Perkins, M., Wittenberg, R., Lombard, D., Damant, J., Mays, N. (2017). Will direct payments make adult residential care more personalized? Views and experiences of social care staff in the direct payments in residential care trailblazers. *Social Policy and Administration*, 51(7), pp. 1060-1078. DOI: 10.1111/spol.12276.

[8] World Health Organization, Comas-Herrera, A., Fernandez, J. L., Lorenz-Dant, K. (2020). [Strengthening the Health System Response to COVID-19](#) (Technical Working Guidance #6). World Health Organization Regional Office for Europe.

4. Details of the impact (indicative maximum 750 words)

Two million adults require social care in England. They are supported by 6.5 million family members or friends and 1.5 million care professionals. CPEC research impacted eligibility, funding, delivery, outcomes, and cost-effectiveness of adult social care, particularly in England.

Informing more equitable, transparent social care eligibility regulations

CPEC's DHSC-funded research on **eligibility thresholds** [1] helped motivate the reform and informed the introduction of a new minimum national eligibility threshold for social care. It identified a lack of clarity in the pre-2015 Fair Access to Care eligibility criteria, which were based on loosely defined categories of need, leading to significant local discretion in interpretation and inequitable access to care. CPEC evaluations assessed transparency, likely access to services, and costs of alternative, wellbeing-focussed draft eligibility criteria for different need groups. The research was quoted in draft DHSC proposals [A], Care Act 2014 regulations [B], and its impact assessment [C]. Fernandez joined the DHSC Care Act Assessment and Eligibility Task and Finish Group responsible for defining eligibility regulations and guidance in the Act. New national minimum eligibility regulations were implemented in the Act, enabling English local authorities to more fairly and transparently assess individuals' eligibility for statutory support.

Informing government social care funding policy

Work on **long-term care projections** [2] [4] fed into the Office of Budgetary Responsibility's July 2018 fiscal sustainability report [D], and into an analytical background report which was due to be published with the government's planned Green Paper. Analyses requested by DHSC on demand for adult social care and funding arrangements are informing policy discussions linked to funding reform and government Spending Review plans [E]. CPEC models regularly underpin analyses by DHSC, HM Treasury, 10 Downing Street analytical unit, and think tanks such as the Health Foundation. Invited oral and written evidence was submitted by Comas-Herrera, Fernandez, Hancock, Knapp, and Wittenberg to four Parliamentary Select Committees (Health and Social Care, Communities and Local Government, Economic Affairs, and Science and Technology).

Findings from the Citizens' Assembly on social care funding [3] were heavily quoted by the joint report from two House of Commons Select Committees (2018), influencing their recommendation that personal care support should be delivered free to everyone who has the need for it [F].

Supporting unpaid carers

Research on the **economics of caring** [5] is informing DHSC's refreshment of its Carers Strategy. Findings were presented at a DHSC/Government Office of Science workshop and discussed in detail with DHSC analysts, and further with the Department for Business, Energy & Industrial Strategy and the Cabinet Office. CPEC researchers were asked by DHSC to conduct further modelling of unpaid care demand and supply, and a study of attitudes to providing unpaid care. Earlier work by Wittenberg on projected numbers of disabled older adults receiving unpaid care was cited in the government's Carers Action Plan [G, p. 5], which "*outlined the cross-government programme of work to support carers in England over the next two years*".

Findings from evaluation of the impact of the Care Act 2014 on carers [6] are informing the forthcoming social care Green Paper, expected in 2021 [E].

Assessing the costs and outcomes of care services

Significant problems with the implementation of **direct payments in residential care** identified in CPEC's evaluation of the trailblazer programme [7] informed the government's decision to postpone national roll-out of the policy across England [H, para. 7.5].

As partners in the **NICE Collaborating Centre on Social Care**, CPEC's cost-effectiveness analyses fed into NICE guidance on home care, older people with multiple needs, transition from hospital to community settings, and transition for children to adult services. These guidelines inform practice by service providers and policy decisions by local authorities across England [I].

Supporting social care response to COVID-19

Comas-Herrera led the setup of [LTCcovid.org](https://lccovid.org) to share emerging international evidence on the impact of COVID-19 on social care, with contributions from CPEC and international experts. Between 20 March 2020 and 1 December 2020, the website had more than 239,900 visits from 179 countries.

Briefing notes from this work shared with DHSC and local government highlighted early evidence of asymptomatic transmission in care homes and international examples of guidance to address this problem [8]. DHSC officials noted this work was used "to brief ministers and officials on emerging evidence and learning from other countries and [shape] DHSC's policy response to COVID-19" [E]. LTCcovid.org briefings were cited by the Minister of Social Care [J]. WHO Europe consulted Comas-Herrera to prepare a [key speech by the regional director, Hans Kluge](#) [K].

Comas-Herrera shared evidence-based insights from LTCcovid.org with policymakers and practitioners at local, national, and international levels [8]. She provided evidence to the Health and Social Care Select Committee on management of COVID-19 [L] and met the Minister of Social Care to discuss evidence on care home visits [M]. She met the Director of Chile's National Service for the Elderly to advise on Chilean Government measures to reduce COVID-19 outbreaks in care homes. Her advice ensured that the Chilean Government included unregulated care homes in its COVID-19 response-planning. She was asked to provide advice to develop and review the European Centre for Disease Prevention and Control's rapid risk assessment for long-term care facilities published in November 2020 [N] and advised the Spanish Social Services Institute on reporting mortality in care homes [O]. She is a member of the Cabinet Office's Expert Advisory Group for the International Comparators Joint Unit and has provided advice regularly, for example on testing policies for care homes. She was also asked to provide evidence to Hackney Council's formal Health Scrutiny Committee on the handling of COVID-19 in care homes in the borough [P]. CPEC researchers gave a presentation to the SAGE Working Group on Care on research on unpaid care.

Supporting Greater London's response to COVID-19

CPEC's partnership with ADASS led to the collection of daily data from 1,300+ care homes and 1,100+ home care providers across Greater London. These data were used to predict COVID-19-related risks (e.g. infection, mortality, workforce availability, financial sustainability) at provider, borough, and sustainability and transformation partnership levels. Daily reports on provider-level risks were shared with social care professionals to inform local operational decisions and assist in the targeting of support to care providers at risk from COVID-19. Live reports were produced which guided, for instance, the distribution of PPE, support with staffing of care homes, and the targeting of testing kits [Q].

CPEC analysis of the financial impact of the pandemic on providers quantified the changes in revenues and on staffing and PPE costs across London. These analyses helped target the distribution across London care providers of the infection control grants allocated by central government to local authorities (worth GBP600 million in total) and helped to reduce the risk of the market collapsing due to the excess care home mortality and consequent fall in occupancy levels.

CPEC analyses of the demand for social care support following hospital discharge in London helped guide the commissioning of additional social care capacity to help speed up the discharge of hospital patients, a key objective to ensure the efficient use of London hospital capacity.

Daily briefings were shared with London Directors of Adult Social Services and Directors of Public Health, highlighting key trends and analysis findings at London and borough levels, and daily

projections were produced for the London Strategic Coordination Group responsible for coordinating London's management of and recovery from critical emergencies. These guided strategic policy decisions relating to the response of the London care system to the pandemic.

Key results of the London analyses were shared with DHSC and local authorities across England through ADASS. The Director of Adult Social Care & Health, London Borough of Havering comments: "*LSE work has been absolutely critical to support LA Directors of Adult Social Services and commissioners in understanding the power of the right kind of modelling to support our response to the pandemic*" [Q]. As a result of the impact achieved during the COVID-19 epidemic, CPEC was invited to lead the analytical stream of the Adult Social Care Market Insight Board, a new regional structure overseeing the promotion of evidence-based policy in the London care sector, and involving London boroughs, London NHS, the care regulator CQC, NICE, and provider representatives.

5. Sources to corroborate the impact (indicative maximum of 10 references)

[A] DHSC (2013), "[Draft national minimum eligibility threshold for adult care and support](#)". See, for instance, paragraphs 1.25, 3.6, 3.7, 3.9, and 3.12.

[B] DHSC (2015), "[Explanatory Memorandum to the Care and Support \(Eligibility Criteria\) Regulations 2015](#)". See, for instance, paragraphs 8.2, 8.3, 8.6, and 10.2.

[C] DHSC (2014), "[Care Act 2014 Impact Assessment](#)". See, for instance, paragraphs 2.6, 2.44, 2.45, 2.47, 2.48, 2.49, and 2.50.

[D] Office for Budget Responsibility (2018), "[Fiscal sustainability report](#)". See paragraphs 3.54, 3.68, and B.9.

[E] Supporting statement from Senior Programme Manager, SRE NIHR Programmes Branch – Adult Social Care lead, Department of Health and Social Care, 15 March 2021.

[F] Communities and Local Government Select Committee (2018), "[Long-term Funding of Adult Social Care report](#)" report.

[G] DHSC (2018), "[Carers Action Plan 2018-2020](#)". See p. 31.

[H] DHSC (2016), "[Care and Support \(Direct Payments\) Amendment Regulations 2016](#)". Paragraph 7.5 links the decision to postpone implementation of direct payments in residential care to the study.

[I] National Institute for Health and Care Excellence (NICE) Social Care Guidelines: Home care for older people ([QS123](#)); Older people with social care needs and multiple long-term conditions ([NG22](#)); Transition between inpatient hospital settings and community or care home settings for adults with social care needs ([QS136](#)); and Transition from children's to adults' services for young people using health or social care services ([NG43](#)).

[J] [Letter to Council Leaders by the Minister of State for Care](#) citing LTCcovid work by Comas-Herrera (p. 13, Annex D) and building on a briefing note provided in response to a DHSC request.

[K] Email from WHO Europe official (20 April 2020) stating "*LTC COVID web pages: this is a real lifeline for all of us who need to stay up-to-date on latest developments*" and requesting a call to help prepare [a speech for the Regional Director \(delivered on 23 April 2020\)](#).

[L] House of Commons Health and Social Care Committee, [Oral evidence: Management of the Coronavirus Outbreak, HC 36](#), 19 May 2020.

[M] Notes of the meeting sent to Comas-Herrera by the office of the Minister of State for Care. Confidential – available upon request.

[N] European Centre for Disease Prevention (2020), "[Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK](#)". Comas-Herrera is listed as one of the external experts consulted (p. 23).

[O] CPEC (LSE) is listed as a contributor to the first [official report on mortality impact of COVID-19 in care homes in Spain](#).

[P] Hackney Council (2020), [Health in Hackney Scrutiny Commission](#).

[Q] Supporting statement from Regional Chair, London ADASS and Director of Adult Social Care & Health, London Borough of Havering, 9 March 2021.