FirstStop Advice for Older People: An independent evaluation of local services

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Contents

Executive summary

This is a pivotal time for information and advice delivery.

The Care Act 2014 and the associated Guidance places new duties on local authorities to ensure that integrated information and advice services spanning social care, housing and related finance are available to all. In addition there is growing pressure on the NHS and Social Care to move towards prevention and away from crisis interventions, delivering integrated services which are better able to respond to needs and particularly the health and social care needs of older people.

FirstStop Advice is a crucial part of this new agenda. Provided through a voluntary partnership of national and local organisations, led by Elderly Accommodation Counsel (EAC) and working closely with Care & Repair England (C&RE), it offers free, independent, impartial and fully integrated information and advice on housing, care and related finance.

At a time of significant policy changes, particularly with regard to the integration agenda and outcomes based commissioning, EAC and C&RE commissioned an external evaluation to assess the value of FirstStop's local services to older people and to current and potential funders.

The evaluation provides evidence of significant savings to the NHS & Social Care, highlights how services contribute to the achievement of NHS, Adult Social Care and Public Health Outcomes and Targets and demonstrates the value of such services to older people.

- An investment by DCLG of just under £500,000 in the information, advice and service brokerage delivered by FirstStop local partners has delivered approximately £11.5 million annual savings arising from the avoidance of falls, unplanned hospital admissions and GP appointments.
- Wellbeing was improved for 59% of older people and health outcomes for 43%. Local FirstStop partners offer a flexible, personalised service that supports older people to take better decisions (a core principle of the Care Act 2014) and helps them with the actions they need to take so that they can continue to live safely, independently and well at home.
- Local FirstStop services identify and secure aids, adaptations, assistive technology and improved heating, and where appropriate identify alternative housing solutions. This has been vital in supporting successful hospital discharges and reablement for people with complex health conditions.

Introduction

Overview

More than 23.2 million people in the UK are now aged 50 years and over, a third of the total population[1]. Society is changing and faces new and different challenges.

Currently 9.3 million households are headed by a person over retirement age[2] – one third of all homes – and this is rising. The number of older people is growing and people are living longer, increasingly with long term health conditions. As people age, they experience significant life transitions e.g. retirement, loss of a partner and/or close friends, onset of disability or health decline and hence will face difficult choices about whether to continue to live in a home which may no longer fully meet their needs or to move to somewhere which is better for their changing circumstances. For some people, this may mean moving home, whilst others may adapt the current property and access support services in order to continue to live safely and independently.

There is evidence about the adverse impacts of poor housing on health, particularly from the Building Research Establishment (BRE[3]) while other studies highlight the impact of good standard, well designed or adapted housing on individuals' health, well-being and resulting need for NHS or social care services.

It is now widely recognised that there is value in enabling older people to make well informed decisions about their housing and care in later life. By thinking ahead and taking such decisions in a timely manner people will be better able to manage their finances, accommodation and care as they age, thereby helping to ensure that they can continue to live independently and well for longer.

About FirstStop

FirstStop is a voluntary partnership of national and local organisations, led by Elderly Accommodation Counsel (EAC), and dedicated to providing comprehensive information and advice about housing, care and support, plus related financial matters, to older people.

EAC's strategic national partners are Care & Repair England, Age UK, Foundations and Independent Age. They support the development of FirstStop's DCLG-funded local partners' programme and contribute to the delivery of the national FirstStop Advice service. Age UK and Foundations also support the delivery of local housing and care options advice services by their members and brand partners, and the integration of these services into the FirstStop Advice network.

[1] Mid-2014 Population Estimates UK Office for National Statistics, 2015
[2] Later life in the United Kingdom Factsheet September 2015, Age UK
[3] Building Research Establishment (BRE) Briefing Paper The cost of poor housing to the NHS 2015

The FirstStop Advice service is delivered via a website, a national advice line, a network of 28 current FirstStop local partners delivering casework/advice services and, increasingly, peer support services. Customer volumes include 4 million website users annually; 18,000 national Advice Line clients; and 20,000 local clients.

Since 2008, the Department for Communities and Local Government (DCLG), the Big Lottery Fund, Comic Relief and Nationwide Building Society have provided funding to support FirstStop's national and local services. Between October 2013 and March 2015 DCLG provided funding to enable the establishment of 15 local housing and care options advice services, working in partnership with EAC and Care & Repair England (C&RE). Building on the success of this programme, EAC and C&RE were able to secure further funding from DCLG to sustain and expand the local partners' programme in 2015-16 to 16 services at the time that this evaluation was commissioned, and this has now increased to 18 local housing and care options advice services.

Working together with EAC FirstStop and with Care & Repair England, local FirstStop partners aim to:

- ensure that more older people can live independently and with dignity in their own homes for as long as they wish
- connect housing, health and social care in ways that improve older people's whole quality of life
- work with older people to influence decisions about housing & the related services which affect their lives.

The aims of this evaluation

At a time of significant policy changes, particularly with regard to the integration agenda and outcomes based commissioning, EAC and C&RE commissioned this external evaluation to assess the value of integrated housing, care and related financial information and advice for older people to current and potential funders.

The aim of the evaluation is to evidence the extent to which:

1 local housing and care options advice services directly facilitate the achievement of specified health (NHS & Public Health) and adult social care outcomes in the nationally set NHS/PH/ASC Outcomes Frameworks

2 the provision of tailored information and advice by local housing and care options advice services results in related behaviour change by individual older people and the impact it has on those older people

3 such services deliver savings, particularly to health and social care budgets; and the indicated levels of any such savings across the programme.

Policy Context

Where older people live today

There are 14.9 million people in the UK aged 60 and over and this is projected to pass 20 million by 2030, almost 25% of the population[4].

The largest rate of increase is in the number of people aged over 85 which is expected to more than double, rising from just under 1.5 million in 2011 to 3.2 million people by 2034[5].

This is the age group where more health and care needs arise and so the more that suitable housing and related support can enable independent, healthy living for longer, the greater the potential savings to the NHS.

Over 3.5 million people aged 65 and over live alone in the UK and over 4 million older people have a limiting illness (40% of the 65 plus age group)[6].

Over three quarters of a million people aged 65 and over require specially adapted accommodation because of a medical condition or disability and 145,000 of them report living in homes that do not meet their needs[7].

93% of older people live in mainstream housing i.e. the general housing stock that was not built especially for older people, and three quarters of older householders are owner-occupiers[8].

Over 2 million homes lived in by older people fail the decent homes standard, and over 1.6 million older people households are living in poverty, 1.1 million being owner-occupiers. More than 20 per cent of individuals aged 50 or older in England have no housing wealth at all[9].

It has long been recognised that there is a clear link between poor housing and poor health and well-being. The Marmot Review[10] found that poor housing has a serious impact on the lives of older people. Damp, unfit and cold housing causes a range of health problems including respiratory conditions, arthritis, heart disease and stroke – as well as mental health problems, often caused by stress and anxiety.

[4] National population projections, 2014-based Statistical Bulletin, Office of National Statistics October 2015
[5] National population projections, 2014-based Statistical Bulletin, Office of National Statistics October 2015
[6] Later life in the United Kingdom Factsheet September 2015, Age UK
[7] Later life in the United Kingdom Factsheet September 2015, Age UK
[8] Later life in the United Kingdom Factsheet September 2015, Age UK
[9] Later life in the United Kingdom Factsheet September 2015, Age UK
[10] Fair Society, Healthy Lives. The Marmot Review. Sir Michael Marmot, February 2011

In 2015, The Building Research Establishment updated and refined its previous research and now estimates that poor housing costs the NHS in England £1.4 billion annually, and that savings of almost £864 million per year could be achieved annually by dealing with the ill health effects of excessively cold and damp housing. A further £435 million could be saved annually by removing hazards causing falls[11]

Conversely, housing which is of a good standard, suitably designed or adapted and well located can enable healthier, independent living with a resulting reduced need for NHS or Social Care services.

Successive governments have been committed to supporting older people to meet their own housing needs. Elements of this commitment have included:

- providing support to people who wish to stay in their home through the disabled facilities grant *(https://www.gov.uk/disabled-facilities-grants/overview)*, home improvement agencies and local handyperson services
- ensuring the right advice is available by investing in FirstStop's national service
- strengthening choice for those who want to move into specialist housing through the care and support specialised housing fund

The Care Act 2014

The Care Act 2014 placed a number of new responsibilities on local authorities. Of particular relevance to this evaluation is the new duty to ensure that information and advice is provided relating to care and support (Statutory Guidance para 3.2), and to ensure that information and advice covers housing and housing-related support options (Statutory Guidance para 3.24).

The broader context for the provision of such advice is the active promotion of wellbeing and independence. As part of this Local Authorities must take steps to prevent, reduce or delay people's needs for care and support. The principles underlying the Care Act are that care and support:

- is clearer and fairer, with people having an entitlement to care and support under a new national eligibility threshold
- promotes people's wellbeing, which includes addressing the suitability of their accommodation
- enables people to prevent and delay the need for care and support, by providing information, advice, including financial advice and preventative services
- puts people in control of their lives so they can make informed choices, with appropriate support as necessary, based on accurate and independent advice, recognising that they are best placed to know their own needs.

[11] Building Research Establishment (BRE) Briefing Paper The cost of poor housing to the NHS

Outcomes frameworks

These new responsibilities are also reflected in some of the outcome domains within the national Health, Public Health and Adult Social Care Outcomes Frameworks against which NHS Bodies and Local Authorities are measured.

With regard to the evidence underpinning the health costs of poor, unsuitable housing, BRE has quantified links between specific housing hazards and costs to the NHS, thereby identifying potential achievement of a number of the Outcomes Frameworks through housing interventions.

The outcomes within the national outcomes frameworks which are supported by the delivery of housing and care options advice

Adult Social Care Outcomes Framework
Domain 1 Safeguarding adults & protecting them from avoidable harm:
Domain 1 Enhancing quality of life for people with care & support needs
Domain 2 Delaying & reducing the need for care & support
Domain 3 Ensuring that people have a positive experience of care and support

Public Health Outcomes Framework
Domain 1 Improving the wider determinants of health
Domain 2 Health Improvement
Domain 4 Healthcare public health & preventing premature mortality

NHS Outcomes Framework
Domain 2 Enhancing quality of life for people with long-term conditions
Domain 3 Helping people to recover following injury and episodes of ill health

FirstStop's local partners' services focus on five outcomes for older people that are clearly linked to the principles of the Care Act including:

- an enhanced sense of well-being and quality of life for older people
- enhanced social networks and involvement in the community
- an improved capacity to live independently
- avoiding unnecessary hospital admissions or admissions to care homes
- enabled to leave hospital in a timely manner without unnecessary delays

[12] The NHS Performance Framework: Implementation guidance Department of Health April 2011
[13] Improving outcomes and supporting transparency Part 2: Summary technical specifications of public health indicators, Department of Health December 2014
[14] Adult Social Care Outcomes framework 2015-2016, Department of Health, November 2014

This is a pivotal time for local information and advice services. The Care Act 2014 and the accompanying statutory guidance places new duties on local authorities to ensure that integrated social care, housing and related finance information and advice (I&A) services are available to all. The case for the continued provision of such services was made in Making the Case (*http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Making-the-Case-final.pdf*), a joint publication by the leading organisations concerned with the provision of independent, impartial information and advice on housing, care and related finance for older people and was endorsed by the Association of Directors of Adult Social Services (ADASS).

As the forward to that report noted, Making the Case also made an important contribution to the implementation of the Memorandum of Understanding (MoU), signed by a wide range of national government departments and organisations operating across the housing, health and care sectors, which set out a shared commitment to joint action by the housing, health and social care sectors.

This evaluation report is a further important contribution to making the case for improved integration, adding to the evidence base for the provision of integrated, free and impartial information and advice on housing, care and related finance for people in later life.

Evaluation Methodology

Our approach has been designed to gather qualitative and quantitative information to enable us to form an overview of the service being offered by FirstStop's local partners; and then to examine the local services in greater detail to identify their impact.

By focusing on specific case studies in more detail, we aim to develop a more in-depth analysis of the impact and a greater understanding of the variables affecting the service.

We have gathered evidence from a number of sources:

- National data
- Output and outcome data returns compiled by all sixteen DCLG-funded local housing and care options advice services from 1st April - 30th September 2015 (including 1268 people who had benefitted from a casework service)
- Output and outcome data returns for the period October 2013 - March 2015 (Table 2 below)
- Detailed semi-structured interviews with a minimum of ten service users in each of four local service areas who have received individual casework (Level 3) support (44 interviews in total)
- 16 case studies compiled by the four local services
- 21 interviews with a range of staff and stakeholders
- Desktop and literature review, including identifying unit cost and social value information.

The evaluation has focused on the FirstStop local partner services in four geographic areas:

- West Cumbria and Northumberland, each of which is managed by a different local Age UK brand partner
- York and Middlesbrough, each of which is located within a local authority, in the latter case as an integral part of their home improvement agency

Information about each local partner's area is provided in Appendix 1.

We have compared the service profile for each of these with the overall picture of provision by the 16 DCLG-funded local partners' services. Each shows some specific variations from the national picture based on local circumstances, needs and the location of the service, which will be explored below.

For each local service the detailed interviews with service users have reflected the tenure type and overall caseload picture for their specific locality, though they primarily show a slightly older age profile than the national picture for all of the local services.

We have reviewed the support that interviewees have received and discussed with them the impact that the support had on their lives, the housing choices that they have subsequently made, and the impact on their health and their well-being.

We have used this information to:

- understand changes in their living situation following the support
- estimate any savings resulting from these changes in their use of health and social care services, applying established costing and social value methodologies

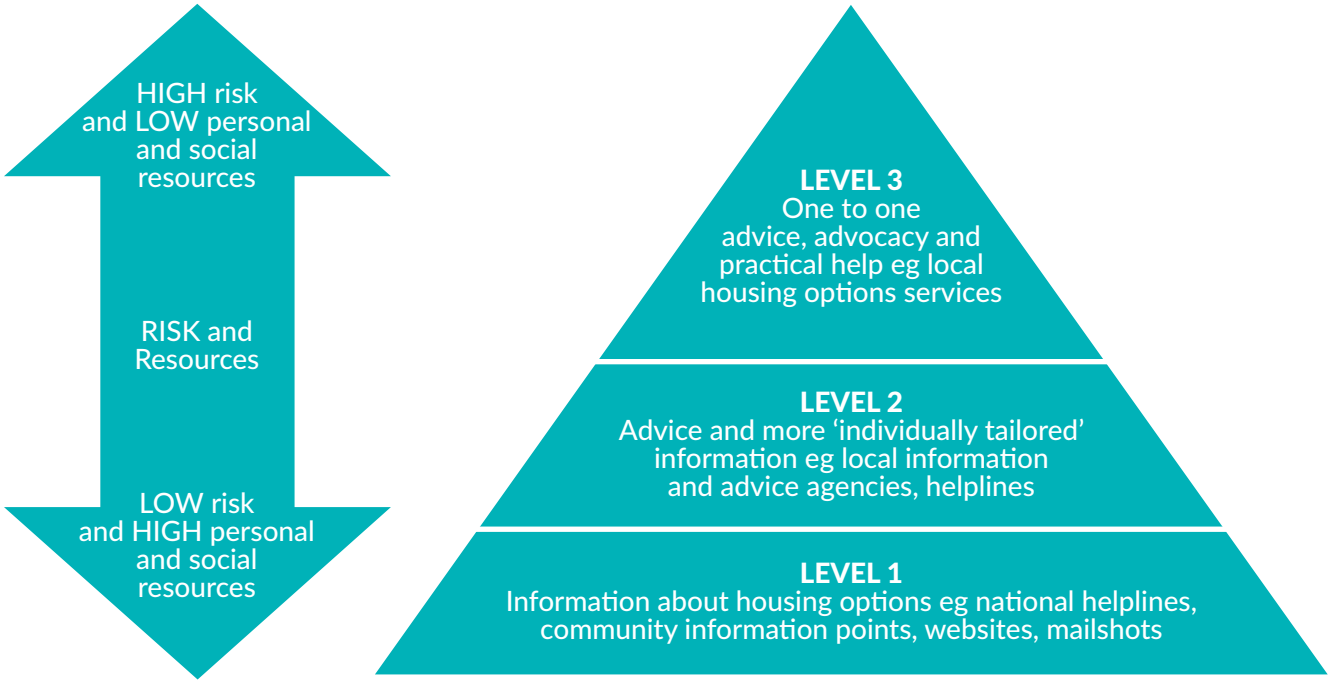
The use of case studies is designed to exemplify the full impact of the service, enabling us to address some of the weaknesses of social value and cost benefits methods, particularly as the evaluation is carried out at a specific point in time and not longitudinally.

Social value and savings estimates have been extrapolated back to macro levels to give an indication of potential savings. However the real value lies in examining the actual stories of people using the services and the impact the housing and care options advice services have had on their continuing ability to live independently, safely and well in their own homes.

The FirstStop Service

FirstStop local housing and care options advice services operate at three levels. Our evaluation has focused on the detailed work of the services with Level Three cases.

Table 1: The FirstStop Service[15]



Level 1 - Information

This will usually be delivered on a one to many basis e.g. to a local group of older people or at a local event. Information may also be provided on a one to one basis by e-mail, letter or phone call. As well as providing older people with general information about their housing and care options, awareness would be raised concerning the availability of the FirstStop website and telephone helpline and the local advice service.

Level 2 – Advice

One-to-one, single contact / intervention or provision of information and advice. These lighter-touch cases would be delivered primarily over the phone or at an advice surgery. They may also be delivered by letter or e-mail. They will typically involve some discussion of a personal situation and provision of tailored information about the enquirer's specific housing and care options.

Lifetime Homes, Lifetime Neighbourhoods, (2008) DCLG

Level 3 – Casework

Individually tailored in-depth casework involving advice, advocacy and practical assistance to enable the person, as far as is practicable, to achieve their chosen housing and care outcome. Likely to involve two or more interactions and demonstrate working in partnership with other agencies to achieve the desired outcome.

Table 2: FirstStop Local Services Outputs October 2013 - March 2015

Level	Number of older people
One – Information	23203
Two – Advice	6686
Three – Casework	2687

Demand for the services continues to increase, and between April and September 2015, a further 1268 people have received Level 3 casework support.

This evaluation is focused on the Level 3 casework support, and we have used the April-September 2015 data for the evaluation.

Profile of people using the service

51% of those using the local services are aged over 75, and a further 27% are aged 65-74. Only one in five is under 65. 79% have a limiting long term condition. 66% live alone. As might be expected with the age profile, 60% are female. 94% of service users describe themselves as "White British", with only 5% identifying themselves as being from other ethnic groups.

Tenure

54% of people are owner occupiers, with 13% living in private rented and a quarter in social housing (8% other). This is significantly different to the national profile for the whole population, but may be more representative of those facing disadvantage.

84% of people live in general rather than specialised housing which is broadly consistent with the overall picture for older people.

Referral source

People come to the local services through various routes. We found that enquiries were most likely to come from an older person themselves (41%) or a family member (19%), with 30% coming from public agencies, and 10% from other voluntary sector agencies. 40% of people had found out about the service from general publicity with another 36% finding out via health, housing and social care agencies. Monitoring data showed that 12% of enquirers found out about the service from other voluntary organisations, although staff in the local services suggested that the number signposted from voluntary and community organisations was closer to one third.

While the four local services all offer similar information and advice services, the nature of the issues that they are addressing vary quite significantly. This is partly the result of the local housing situation and demographic/socio-economic issues, but also partly relates to how the service fits into other local arrangements and relationships.

Outcomes delivered by local FirstStop partners

Enhanced sense of wellbeing and quality of life

Contribution to Public Health, Adult Social Care and NHS Outcomes Frameworks

ASCOF Domain 1 Safeguarding adults and protecting them from avoidable harm:
Outcome measure 4b: The proportion of people who use services who say that these services have made them feel safe and secure

PHOF Domain 1 Improving the wider determinants of health:
Indicator 1.19: older people's perception of community safety

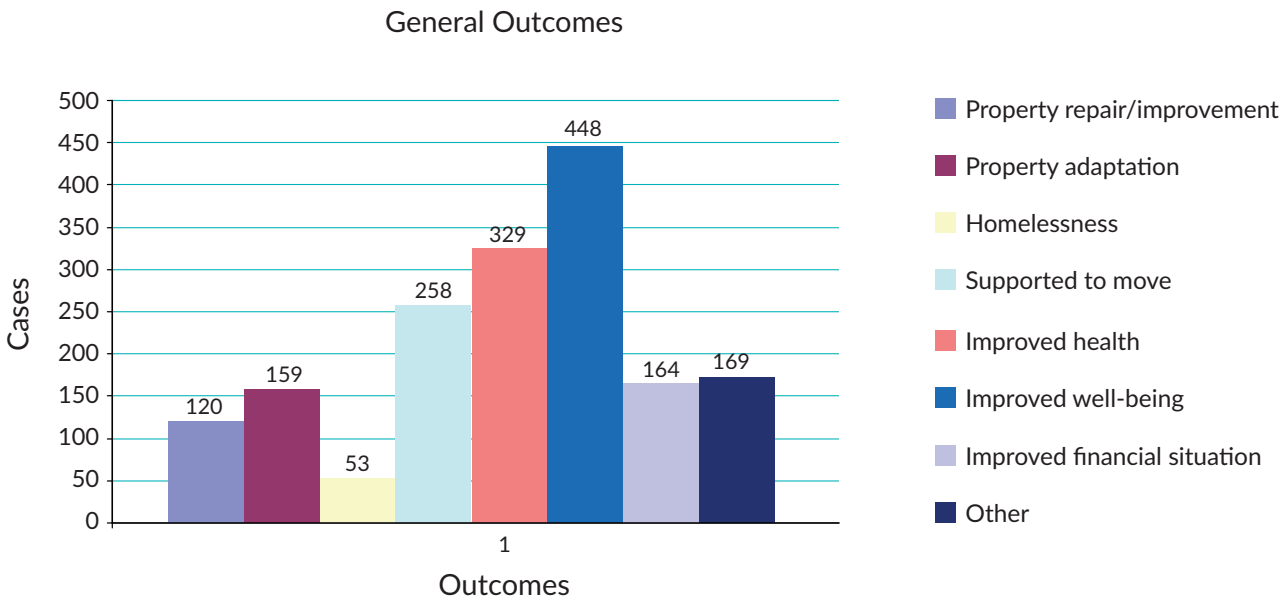
Findings

The 44 people interviewed were overwhelmingly positive about the impact of the service on their well-being, even though most had significant health challenges resulting from long-term health conditions.

93% of interviews provided evidence of improved well-being and increased quality of life as a result of the service, with a further 5% anticipating there would be significant benefits once their accommodation move had taken place. In 10 (23%) interviews, people also spoke about reduced stress and anxiety for family carers as a result of the support they received from the service. 82% of interviewees reported that they felt safer at home as a result of the support that they had received.

Table 3 shows the outcomes achieved by FirstStop local partners during the period April to September 2015 for clients receiving a more intensive casework service, based on 739 closed cases.

Table 3



The single biggest outcome achieved is improved wellbeing, recorded in 433 cases (59%).

Improvements reported by interviewees that indicated changes to well-being took many different forms including being:

- better connected and less isolated, particularly by moving into town or village centres, or into specialist housing schemes
- re-located close to families providing informal support
- able to get out or be left at home safely so they, their partner or carer can attend and stay engaged in activities
- introduced to groups and activities that reduced their isolation
- financially better off so they can afford to travel to and take part in activities
- able to move into town centres or sheltered schemes where they or their partners can stay active and get out to the shops or social activities
- able to keep warm, cook food and eat better because of improved finances, the provision of aids e.g. perching stools and trays on wheels, or in one case the provision of a microwave
- safer in their own homes as a result of being provided with aids, home adaptations or improvements to heating systems

People reported significant reductions in the levels of stress that they were feeling prior to the intervention (*"I was at the end of my tether"*), reporting that they now felt a lot safer because they felt able to cope at home (*"I am now quite content – I have got some life back"*). Many people commented that they actually felt valued, or that "somebody cares" about them as a result of the support that they had received, describing the staff as *"friends"* or *"like family"*. People talked about being *"much happier"*, *"very content"*, and *"more relaxed"*. Despite some being in poor health, the majority talked optimistically about the future as a result of their improved housing situation. From our interviews, it is clear that this is because the support from the service has made people feel more secure and able to cope better.

Those who had moved (16) stated that they felt safe in their new home. Ten reported pleasure at getting out more (including some in very poor health). By way of contrast, all ten interviewees in Middlesbrough were keen to stay in their current homes because they had *"always lived round here"*. Decisions to either move or stay put tended to reflect people's desire to enhance their sense of security and their ability to maintain (or develop) social connections. 75% of those who expressed an interest in moving wanted either to be able to stay in their neighbourhood because they knew people and felt safe there as part of the community, or wanted to move into their town/village centre to avoid isolation and to enable them to get out and about.

In six of the cases, specific actions had been taken that directly improved the personal safety of people in potentially dangerous situations. Three cases involved helping four people who had been made homeless to find new homes.

Three cases involved providing support and assistance to people in dangerous or difficult situations enabling them to move to safer accommodation. All reported that they were much happier and more secure as a consequence. Two of these cases involved safeguarding issues with family members, and one was an issue with neighbours. No interviewees reported that they moved or wished to move because they considered their overall neighbourhood area to be unsafe.

Conclusion

CASE STUDY

Mrs J

91 year old Mrs J was referred to the local service by her GP. She suffers from multiple health conditions including angina, poor circulation, severe anaemia and osteo-arthritis. She was living with her daughter and her daughter's violent and alcoholic partner. Her daughter felt that she needed to move elsewhere for her safety. The stress of the situation was so great that she had suffered a fourth stroke while the situation was being sorted, which her GP put down to the effect of stress on her blood pressure.

She was supported to move into a sheltered apartment where she said she was much safer. The local service staff member, who has Trusted Assessor status, also checked the new property for trip hazards and to establish whether any minor aids were required, and ensured defects were remedied. Mrs J also received support with claiming benefits and now receives pension credit, housing benefit and help with her Council Tax. She also attends the weekly bingo evening, but said she was a *"private person"* who *"did not mix well"* so she did not go to the weekly coffee morning. Although she felt lonely separated from her family, she knew it was necessary for her safety.

The services are helping people to address many of the causes of avoidable harm, removing or reducing the risk from hazards, and supporting people to live in a safer environment. People feel safer and more secure, and the services provide practical help to improve people's personal safety, enabling them to maintain their independence and dignity by meeting their basic needs to keep warm, eat well, and move safely in their homes.

Enhanced community connections/social networks Contribution to Public Health, Adult Social Care and NHS Outcomes Frameworks

ASCOF Domain 1 Enhancing quality of life for people with care and support needs:
Indicator 1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like.
PHOF Domain 1 Improving the wider determinants of health:
Indicator 1.18 Social isolation

Findings

52% of our sample (23) reported that either they or their partner or carer were now less isolated as a result of the intervention. A further 15% indicated that they expected to have more social contacts when their proposed home moves happen. 68% of our sample said that they had as much social contact as they would like. A further 14%, who reported that their social contact had improved as a result of the intervention of the service, commented that they would still like more social contact than they currently get, and that they can still be isolated on occasions due to their long-term conditions.

This compares favourably to the latest PHOF indicator which shows that 44.5% of adult social care service users have as much social contact as they would like (and 41.5% of carers, though our sample does not provide enough data for a comparison).

All of these interviewees reporting improved social contact and stated that their well-being had improved as a result of the intervention. For most, aids and adaptations, moving house, or securing benefits enabled them to attend and take part in local activities, or to maintain existing connections. In six instances, people reported that their partner or carer was able to improve their social connections or maintain activities within the community because it was now safe for them to be left alone at home following a move or the use of aids/adaptations.

Five people were still waiting for moves which they expected would improve their social contacts e.g. Mrs K aged 87, who is waiting for a move to an apartment in a specialist scheme. *"In the winter I sometimes don't see anyone for days"*. Most of those with better social contact reported being able to maintain or continue with existing activities or friendships. Several reported the availability of social activity as one of the benefits of moving to specialist schemes.

CASE STUDY

Mr L

Mr L, 56, has a learning disability and long-term health conditions and has suffered a stroke. He was living independently, alone, in a town centre apartment. He approached the local service following repeated problems with his neighbours including when they accidentally flooded his apartment. His circumstances were having an adverse impact on his health and he was visiting his GP regularly. His family were afraid that he would have another stroke. He did not like to go out and was becoming increasingly isolated.

With support from the service, he moved from the town centre into a social housing bungalow close to his family. He now has greater social contact and is happy that he can go out, visit the shops and visit his family. He has also been supported to start attending a weekly Age UK social club where he is involved in new activities.

CASE STUDY

Mrs M

Mrs M, 56, is waiting for a major operation and has a long term condition limiting her mobility. She had fallen numerous times, and been found at the bottom of the stairs by her son, who lives with her. He is her main carer, and he decided he could no longer go out as a consequence of her falls.This impacted on his well-being, exacerbating his own mental health problems.

Following the intervention of the local housing and care options advice service his mother has been provided with walking aids and stair rails, and her son is now confident that she is much safer and is able to go out leaving his mother at home.

CASE STUDY

Mrs N

Mrs N, who has limited mobility, described herself as *"a prisoner"* in her own upstairs flat, located well out of town, until she was supported to move into a town centre ground floor flat where she can go out to the shops and other activities in town. She now gets regular visits from friends who previously couldn't manage the stairs to her old flat.

CASE STUDY

Mrs F

Mrs F a widow who has undergone several major operations said, *"I am a sociable person but I had lost contact with people because of my health conditions. I am stuck in the house and cannot get out. I am very pleased that they have helped me with someone who will come and see me every week, and take me out"*. Mrs F had been referred to a befriending service for older people.

Stakeholders recognise the impact that the services have for older people, and the benefit that this brings to their organisation too. *"We don't have the capacity or knowledge to provide the level of support that they can provide. They are always up to date and provide excellent signposting for people"*, and *"It is the pivot between housing, social care and the customer – it has been invaluable. We don't have the knowledge or capacity to do what they do. It makes our processes work quickly, especially helping home owners needing care support to look at alternatives"*. One welfare benefits provider commented, *"If we did not have the service we would have to signpost people to numerous places, and they would have to do more for themselves. They know the full range of what is available – we do not. It is a much needed service"*.

Conclusion

The local services are offering a holistic service that works with people to help them identify the full range of issues or challenges that they are facing, and to find solutions that go far beyond 'bricks and mortar'. The services are valued as they are the 'ring master' or 'co-ordinator' providing advocacy support and sign-posting to help people avoid or overcome isolation, and to find ways to be active. This is significantly improving the well-being of older people using the services, enabling them to continue to live independently, and potentially reducing avoidable demand on health and social care services.

Improved independent living capacity
Contribution to Public Health, Adult Social Care and NHS Outcomes Frameworks

ASCOF Domain 3 Ensuring that people have a positive experience of care and support:
Outcome measure 3d: People know what choices are available to them locally, what they are entitled to and who to contact when they need help

ASCOF Domain 2 Delaying and reducing the need for care and support:
Outcome measure: Everybody can access support and information to help them manage their care needs

PHOF Domain 1 Improving the wider determinants of health:
Indicator 1.17 Fuel poverty

Findings

Positive experience of services

Local FirstStop partners carry out regular user satisfaction surveys of closed cases. The service is achieving 99% satisfaction from people who have used the service, and 99% would recommend it to others. Similar results were achieved from our interviews – 100% of people said that they were satisfied with the service, and would recommend it to others. Indeed some had already done so.

Feeling well informed

Results of the surveys of service users show that 99% believed the staff to be knowledgeable, 97% felt the information they received was easy to understand and 86% have already used it. 86% have also taken action as a result of using the service.

These findings were reflected in our interviews and will be returned to below.

The health and social care system is complex with services provided by a range of organisations. Some of the more dependent service users that we interviewed were not always clear about who had provided specific services for them. However, they were clear that the FirstStop housing and care options advice service was acting on their behalf and was *"co-ordinating"* or *"acting as a go-between"*. The advocacy role of the service was clearly recognised and valued, taking *"much of the stress away"*.

A small number of people have used the service and decided to take no action at this stage. However, they were left clearer about their choices and about future options and decisions.

Several people, including other professional stakeholders, commented that the benefit of the service was that it *"looked at the person holistically and not just as a housing or social care issue"*.

"We go out to do assessments for unwell people. It often throws up housing issues and we refer people to the service to provide help with them being able to live safely at home. They are making a big difference. We sometimes do visits together. We have the medical side under control, and they have the social side under control"
GP Care Co-ordinator.

Other health and social care stakeholders commented that they had sometimes not really understood the impact of housing issues when trying to deal with health or social care issues. One senior stakeholder, whose role involves integrating health and social care services, commented that, *"We have a one-stop shop for people in our health and well-being hubs. The service is definitely seen as a really important element. Colleagues from housing had been saying "don't forget housing". It provides a beneficial circle of referrals. It is practical and valuable. We would like to see it spread further. It means health can stop addressing housing needs. We get better outcomes at lower costs."* And a hospital social work team told us: *"We don't have expertise in housing issues and we have problems with hospital discharge because of housing problems. The service brings a range of expertise, and provides support once they are home, taking pressure off social workers. We find some older people do not want care assessments but they will accept referral to the service about their accommodation."*

A number of the interviewees reported that they approached the service because they were having problems dealing with Adult Social Care Services and *"didn't know where to turn"*. Several interviewees, carers or relatives told us that they had *"never had to do this before"* and that the service had "helped them navigate the system". People told us about support they had received with form filling or in discussions with health, social care or housing organisations. The service is providing an advocacy role for older people including those who are trying unsuccessfully to navigate social housing allocation systems.

This role is appreciated by the older people and by housing providers. Housing providers told us that, *"They provide big support to the most vulnerable people we deal with. Our tenants come to talk to us about health issues and we refer them to the service for help and advice. GPs don't know what people need. They are doing a really good job,"* and *"Our tenants have told us that the person centred approach is really important to them, much better than online. It is really good and removes stigma for people"*.

CASE STUDY

Mrs P and Mrs R

Mrs P and Mrs R both had encountered problems with builders and heating companies. In both cases the local FirstStop service has provided them with advocacy support. Both report that the previous situations with builders had serious negative impacts on their health. Mrs R commented that "contacting them was the best thing I ever did. I have always felt supported. I would not have liked to go through it without them".

34 of our 44 (77%) of the people interviewed said that they were more independent as a result of using the services. For example:

- 9 (21%) were helped to stay at home through repairs
- 12 (27%) were assisted to install appropriate assistive technology
- 3 (9%) had their finances improved, as well as dealing with other issues such as removal of trip hazards
- 6 (14%) had installed new boilers and one loft insulation, helping make it more affordable for them to keep their homes warm
- 12 (28%) had undertaken adaptations to their current home, or acquired personal aids
- 13 (29%) have moved into new accommodation more suitable for their needs, and a further 5 (11%) are planning to move to more appropriate accommodation

CASE STUDY

Mr & Mrs S

Mr and Mrs R, aged 87 and 83, found out about the service from an Age UK benefits talk. Neither could manage the stairs in their home and Mr R had fallen several times. They were supported to obtain / install a range of aids and adaptations including stair rails, hand rails and a food trolley. Neither has fallen in several months and they can now manage comfortably at home, and Mrs R has returned to her local Mothers' Union meetings.

Conclusion

A key value of the information, advice and advocacy provided by local FirstStop partners is the contribution the services make to people being able to remain independent. It offers a flexible, personalised service that supports people to take better decisions and both provides advice and also helps them ensure that necessary actions happen to support their decisions.

Unnecessary/untimely care home/hospital admission avoided
Contribution to Public Health, Adult Social Care and NHS Outcomes Frameworks

ASCOF Domain 2 Delaying and reducing the need for care and support

PHOF Domain 2 Health Improvement:
Indicator 2.24 Injuries due to falls in people aged 65 and over

PHOF Domain 4 Healthcare public health and preventing premature mortality:
Indicator 4.14 Hip fractures in people aged 65 and over;
Indicator 4.15 Excess winter deaths

NHSOF Domain 3 Helping people to recover from episodes of ill health and following injury:
Indicator 3a Emergency hospital admissions;
Indicator 3b Emergency readmissions

Findings

People who used the services are less likely to be admitted to hospital as a result of avoidable or emergency admissions or need to use care services as a result of the services' support, as shown in table 4 below.

Local stakeholders recognise the contribution that the services make and are integrating it into multi-disciplinary working. One senior health manager commented, *"We are developing a single point of access with a social prescribing model, and including the local housing and social care advice service in order to reduce the need for support or hospital admission"*.

Between April 1st and 30th September 2015, local partner staff reported improved health outcomes for 43% of Level 3 service users.

Table 4: Reported health improvements April – September 2015 (data from all local partners)

Reduced risk of falls	117	16%
Reduced risk of hospitalisation	70	9%
Hospital discharge	13	2%
Improved long-term health condition(s)	116	16%

Delaying or reducing the need for care and support

Our interviewee sample includes people with significant health issues who are maintaining their independence without requiring a care assessment and several examples of people buying their own support and also of people using care services to stay in their own home. Although the number of people buying their own care package is very small (most of the interview sample do not have sufficient income to do so), we found people being supported with successful applications for receiving attendance allowance and using their increased income to buy equipment or support.

Of the 11 people in the interview sample receiving social care support, we found evidence of one person's social care package reducing as a result of the service. However, we found clear evidence of people's ability to manage their health conditions improving or being maintained, with 73% reporting some reduction in frailty or increase in mobility. This should delay the point at which a care package may need to be increased, or at which some people become eligible for a care package. 5 interviewees (11%) were funding their own support; while a further 9 (20%) had bought assistance or increased support after receiving attendance allowance. One further interviewee intended purchasing support if a recent benefits application was successful.

There is also self-reported evidence of 7 people (16%) making fewer visits to the GP following support with their housing issues, while a further 2 indicated that they expected to use the GP less once they had moved home. Mr L said *"I was very depressed and always at the GPs, but now I only go for my planned appointments but not with other ailments"*. This gives an indication that improving living situations for people may have a direct impact on their use of GP services. It may be beneficial to quantify this further through a larger scale longitudinal study.

Only 2% of people entered care homes after using the service. From our sample we found two people had moved into residential care homes, one, Mrs U aged 105, who is living with dementia, began to use residential care for respite and some reablement with a view that this might eventually be the best option for her; and a second, MR V, discharged from hospital with significant medical needs and mental health issues resulting from cancer was admitted to a nursing home when his care needs became too great for his family to provide at home.

Between April and September 2015, monitoring data from local FirstStop partners showed that overall 18% of Level 3 cases (136 people) received an intervention that resulted in a reduced risk of falling at home.

In our interview sample we found clear evidence of falls being avoided. 45% of the sample reported that they had experienced falls and through the intervention had received support with obtaining aids and/or adaptations. People who had suffered bone fractures and breaks are now safe at home, managing stairs and no longer falling. Several have as a result of the intervention, removed fall and trip hazards in their homes and also have increased awareness of the risks. This is significant as

falls and hip fractures are areas where there is a clear, quantifiable cost to the NHS, and the reduction of the risk of falls and subsequent hospital attendance will lead to cost savings.

The box below provides some further examples from FirstStop local partners of tailored housing solutions which may reduce the risk of falls.

Tailored housing solutions to reducing falls risk

- Mr C had fallen several times and been found at the bottom of the stairs; he now has a walker, commode, bath and stair rails enabling him to manage the bath alone and get about the house safely
- Mr W needed support from the Falls Team following a stroke and could not manage his stairs; he was supported to move to a bungalow and purchased assistive technology enabling him to continue living independently
- Mrs X was supported when not coping after reablement, but with changes to steps and rails now manages effectively and has not fallen since
- Mrs Y had lain at the bottom of the stairs following a fall and after medical advice that she could no longer manage stairs has moved to a bungalow, reducing the risk of further falls
- Mr Z was coming down stairs on his bottom as he had fallen several times. Handrails have now been fitted on the stairs and landing, he can now manage again
- Mrs M was found at the foot of the stairs several times after having fallen; she now has rails and a stick on the landing giving her greater confidence managing the stairs
- Mrs H had a stair lift and handrails fitted to facilitate discharge after a hip operation
- Mrs D was sleeping in the living room as was Mrs AD who had to crawl up the stairs because neither could manage stairs until supported with rails. In both cases their independence and quality of life has significantly improved
- Mrs AC is being supported to seek a ground floor flat as she is a fall risk on stairs, as is Mrs K
- Mrs G is partially sighted and has received support to remove trip hazards in her flat

Reduced fuel poverty and improved health

Excessive cold, damp housing conditions and the risk of falls are factors known to contribute to excess winter deaths (Chartered Institute of Environmental Health[16] and BRE reports[17]). We have evidenced several examples of people receiving support with heating and insulation, and moving from inadequately heated properties and having their financial situation improved in order to provide an effective and practical response to issues of inadequate or unaffordable heating. Indirectly all of these actions reduce the risk of people suffering premature cold-related deaths.

[16] CIEH –housing-and-health-resource.co.uk 2015
[17] Building Research Establishment (BRE) Briefing Paper The cost of poor housing to the NHS 2015

Conclusion

Older people are safer as a result of help from the services. Older people are enabled to remain more mobile with reduced frailty and so can be more active, independent and involved in their community. The likelihood of older people suffering unplanned hospital admissions resulting from falls or excess cold is reduced and they are less likely to be re-admitted after discharge from hospital, or to make use of social care services. People are enabled to leave hospital without unnecessary delay and the risk of re-admission is reduced.

People are enabled to leave hospital without unnecessary delay and readmission prevented
Contribution to Public Health, Adult Social Care and NHS Outcomes Frameworks

ASCOF Domain 2 Delaying & reducing the need for care & support
Outcome measure 2b: Proportion of older people who were still at home 91 days after discharge from hospital;
Outcome measure 2c: Delayed transfers of care from hospital

NHSOF Domain 2 Enhancing quality of life for people with long-term conditions:
Improvement area: reducing time spent in hospital by people with long- term conditions

Findings

There have been 17 specific cases recorded across all local FirstStop local services between April and September 2015 where the primary reason for the intervention is described as "supporting hospital discharge". This is just 2% of all Level 3 cases, although our sample shows a higher proportion with 6 cases (14%) of early discharge being supported, and 3 others where re-admission was highly likely following discharge without the services' intervention. The support provided not only helped with hospital discharge, but also supported reablement of the individuals supported, potentially also decreasing the risk of re-admission.

Hospital social work teams who were interviewed in two localities reported that they find the service *"provides expertise that we lack to sort housing issues to help people out of hospital," "gives a sense of security to professionals during discharge" and that "we do not have the capacity to support people after discharge arrangements". "The Housing Options Service gives us an increased opportunity to focus on the individual"*. They spoke of an integrated service and close joint working as part of a team in both York and Middlesbrough.

In Middlesbrough, the hospital referral scheme is part of the integrated housing and social care provision which includes the FirstStop local service. In the four months from December 2014-March 2015 the scheme made an average of 55 referrals per month, working with the FirstStop local service to provide support with 32 care call requests, 15 key safe installations, 4 boiler repair requests and 17 referrals to the Royal Voluntary Services support service, designed not only to support discharge, but to promote independence and reablement.

CASE STUDY

Mrs AE

Mrs AE lives alone and had to crawl to the telephone after breaking a hip in a fall outside her home. She now has a key safe and care call system and feels much more secure at home.

CASE STUDY

Mrs F

Mrs F has various major and chronic health conditions and has undergone three organ transplants. She is considered high risk as she is receiving treatment for cancer and cannot take steroids due to her low immune system. She had been burning herself while cooking and was not eating properly as she could not manage to prepare food safely. Following the intervention of the local housing and care options adviser, she was provided with a microwave, linked to the RVS befriending service, helped with the installation of aids provided with information about the home improvement agency services, and started to receive home meal deliveries (from commercial providers) – all of which would support her discharge from hospital. She is now waiting for installation of a stair lift to enable to stay in her own home more safely.

CASE STUDY

Mrs AF

Mrs AF had fallen several times and been taken to A&E. She was referred by the housing and care options adviser for a trial of assistive technology which she kept after the trial. She also had an OT assessment which identified issues with her back door access (the place where she had fallen twice and needed stitches to a head wound,) and as a result had a step repaired and grab rails fitted both by the back door and also on her stairs. She is now safer both on the stairs and when she goes into the garden. She is currently having a walk-in shower fitted which will reduce the risk of falling getting in and out of a bath.

Conclusion

The hospital social work teams interviewed understood the importance of housing issues in securing discharge from hospital, and avoiding re-admission. They have developed close working relationships with the local housing and care options advice services. Work by local services to identify and secure aids, adaptations, and assistive technology and improved heating, or to explore housing options has been vital in supporting successful hospital discharges and reablement for people with complex health conditions.

The impact of receiving independent information and advice

The local FirstStop housing and care options advice services aim to enable older people to make informed decisions about their lives, including about their later life housing and care. Local FirstStop partner services provide information and advice that is independent, impartial and tailored to the individual.

In this evaluation we have examined the extent to which older people have been empowered to make well informed decisions that are good for them. This can be evidenced in two main ways.

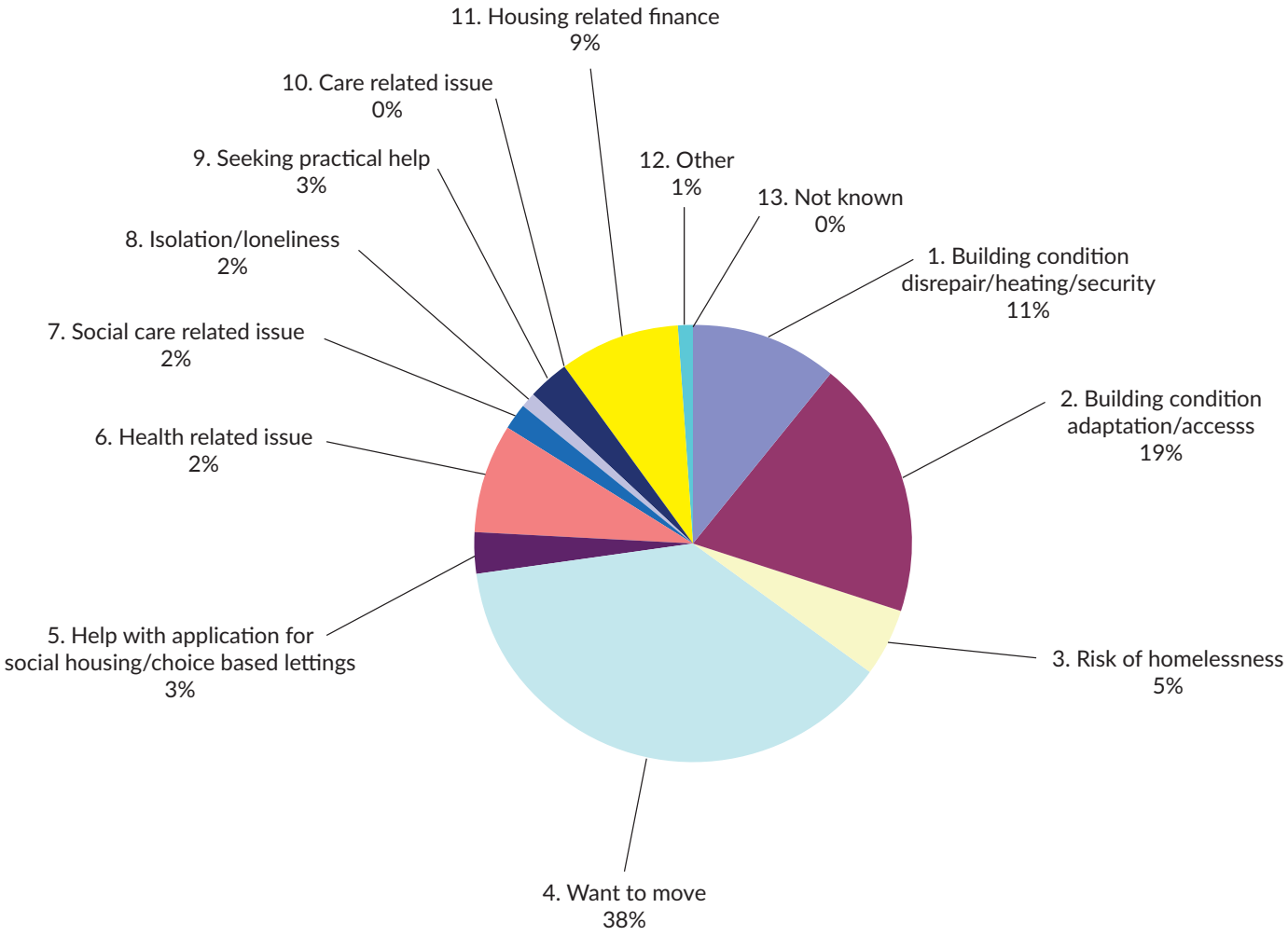
1) Identifying instances where older people make a positive, well informed choice to remain living independently, safely and well in their existing home for as long as they wish, sometimes through modifications to that home, with resulting reduced reliance on statutory health and social care services. The project helps to achieve a situation whereby older people:

- manage their own affairs
- are able to look after their own well-being and health
- stay as active and fit as possible
- remain independent and in control of decisions about their own lives – retaining choice, control over what, where and when they get any support that they need
- make necessary changes to their living situations that will assist them to be independent, taking active steps to enable them to continue to live independently, safely and well at home

2) Enabling older people to address their future anticipated housing needs, particularly with regard to housing and /or current and future care costs; and by deciding to move to a more appropriate property, often to one smaller, that better meets their needs.

Examination of the reasons given by people for requesting support (see Table 5) demonstrates that people are seeking assistance both to enable them to make informed decisions and also to find practical support to improve their current living conditions. It is clear from discussions with staff, stakeholders and service users that each of the four case study sites is focused on supporting people both to take informed decisions, but also to get practical help.

Table 5: Primary reason for enquiry to local FirstStop partner services (all local services April – September 2015)



1) Enabling older people to live well in the current home

The service user interviews demonstrated that the majority wanted to remain in their local community, and were prepared to either move (usually nearby) to more suitable accommodation or adapt their current home to enable them to remain in control and independent.

Service users repeatedly told us that the service was there *"to support them"* and that they *"always felt in control of decisions"*. People did not talk about 'well-being' without prompting, but they were clear that they needed to meet their basic physical needs – to be safe, warm and to eat properly. They recognised the need to maintain their social networks and to try to stay active and get out and about. However, several recognised that their long-term conditions placed limits on what they can do and may have implications for their future housing and care.

CASE STUDY

Mrs G

Mrs G is deaf and partially sighted. She has decided that her current two bedroom flat is too big for her to manage. However, with support from the local FirstStop adviser, and a joint visit to a specialist residential establishment, she has decided that she is *"not ready yet"* for the residential home and is seeking a one bed flat in her current complex. She is now able to pay for cleaning and other domestic tasks that she can no longer manage herself using the higher rate Attendance Allowance payments the service helped her to secure.

2. Enabling older people to address their future anticipated housing needs, and supporting housing moves

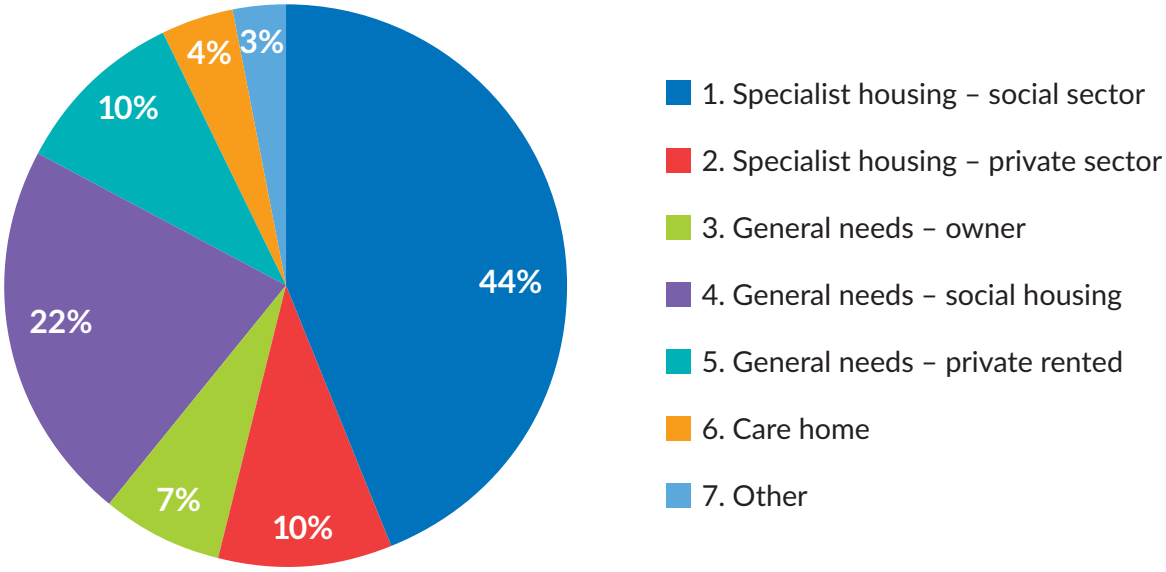
For all FirstStop local services between April and September 2015, 466 Level 3 cases (37% of all referrals) who were assisted cited a wish to move home in order to maintain their independence as their main reason for approaching the service, with a further 102 (8%) identifying it as their secondary reason. However, following the receipt of information and advice, 237 (20% of all referrals) were assisted to move with 53 (7%) helped to find accommodation in order to avoid being made homeless.

Whilst it was evident from our interviews with staff and people using the service, that some older people were still waiting for, or hoping to find suitable accommodation, it was also clear that moving had been seen as the *"only option"* by people prior to receiving advice. Once they had been given impartial, comprehensive information and advice about all of their options a significant number were able to choose another housing solution that enabled them to stay in their current home. As noted earlier, this is most people's expressed preference. When people were supported to move it is evident that, where information on tenure type is available, moves within and into the social housing sector was the most prevalent.

In the small minority of instances where home owners moved only 1% (4 people) of service users were identified as having released equity in their home, although we believe that this could be an underestimate based on other outcomes from support being identified as more important. We did interview a number of people, who had or were seeking to move from the homes that they owned into social housing sheltered schemes. This included Mr AG in Northumberland who sold his three bedroom house to move into an apartment in the town centre. This was a particular challenge in York which applies £60,000 capital exclusion except in cases of high medical need. The local FirstStop service regularly provides advocacy support for people with their applications for social housing in order to demonstrate their medical needs.

The outcomes of home moves with regard to numbers and tenures is also in part a reflection of the limited availability of suitable smaller owner occupier or privately rented specialist housing options available in an older person's neighbourhood. Nationally the supply of specialist housing for owner occupiers is limited, in terms of absolute numbers, location and affordability. Hence home owners, particularly lower equity/lower income owners often have limited housing options. It is therefore not surprising that some owners who feel specialist housing would benefit them are prepared to apply for social rented properties, which are more readily available in some areas.

Table 6: Tenure type into which people move (all local services April – September 2015)



Conclusion

All of the people interviewed commented on the quality of the support they received, and how they always felt they were in control of the decisions that they made. They were overwhelmingly positive about the experience and the impact that it had on them. They commented on being treated with *"respect"* and *"dignity"*, *"feeling valued"* and that *"it felt as if someone cared about us"*. They talked about significant improvements to their lives, *"feeling relaxed"* and *"positive about the future"* as a result of the support and the decisions that they had made.

Financial savings, social value and benefits

A key aim of the evaluation is to examine the savings accruing to NHS and social care services as a result of the local services supporting people to improve their living situations, and the benefits achieved by the individuals themselves and their families or carers. We have combined the in-depth interviews that form our case studies with an analysis of the overall data returns from all local services to examine and model impacts and the resultant savings.

We have concluded that the local partner FirstStop services are achieving significant savings / deferred costs to the NHS and social care service, as well as demonstrating that they provide major social benefits to service users and their carers or partners.

We have calculated the savings conservatively to be approximately £11.5 million resulting from the avoidance of falls, unplanned hospital admissions and GP appointments, along with a further £2.5 million resulting from reduced anxiety, isolation, or other actions improving their well-being, plus a further £1.9 million in additional financial benefits secured that support people to remain independent and to make their own choices to purchase additional support.

Calculating financial savings resulting from a preventative intervention is challenging. Numerous studies have used a variety of approaches. We have used a social return on investment approach in order to examine the benefits achieved, and to establish the actual impact attributable to the local services' intervention. We have included 44 cases in detail spread across the four services examined. We have also compared them to a wider range of 16 case studies provided by the local FirstStop services, and to the complete dataset for April - September 2015 for all 16 local Partners. By studying a small sample in detail and comparing it to the larger population of service users, we are able to estimate the total savings achieved, or at least costs avoided, as well as placing a social value on the impact on people's well-being.

For each of the 44 case studies we:

- examined the impacts, benefits and savings achieved in each case, using the costs below, and considered other factors that have influenced the outcome/ impact, such as the involvement and work of other agencies and the extent to which the outcome may have been achieved without the local services' intervention.
- compared the levels of need, ages and tenure exhibited by these individuals to ensure that they are representative of the cohort of people receiving services nationally. We found that the case studies tended to be slightly older than the full picture across all 16 of the local First Stop Services nationally, and displayed a slightly higher level of need. Therefore we have dampened the calculations accordingly so that the sample is comparable with the complete picture.
- examined people's circumstances – their living conditions and health, the service that they have received, and the difference that it has made to them.

- took a conservative estimate for each case, assuming that the underlying aim is to give the individual choice and control of decisions in order to maximise their independence. We have assumed that for most people to maximise their independence they will choose to remain in their current home, or to move to other appropriate accommodation that avoids the need for them to enter residential care unnecessarily, and will reduce the likelihood of unplanned hospital admission.
- reduced the financial value of the outcome according to the input of other services. In calculating the attribution, we have taken account of the relatively small annual costs of aids and adaptations fitted[18]. We have also discounted the direct cost of other services' input in that attribution.
- have not attempted to calculate the time savings to other agencies of the co-ordination and planning work undertaken by the local services, such as a reduction in occupational therapy or social work staff time. It is worth noting that social work time is costed at £55 per hour and OT time at £41 per hour[19]

We have looked at this in terms of:

- changes in their actual use of NHS or social care services and avoidance of using these services as a result of changes made, for example reduced likelihood of falls resulting in hospital admission, or admissions resulting from excess cold and poor housing conditions
- the impact on people's well-being through reduced isolation, loneliness or anxiety, and any significant impact on the well-being of their carer/family
- improvements to their financial situation, for example through securing benefits or other financial assistance, or equity release
- There is no standardised approach to costing services but wherever possible we have used NHS and Social Care Reference costs and information from the PSSRU and the Social Care Institute for Excellence. We have also taken account of costs calculated in a number of other studies. Some costs are easier to establish than others, and we have used some proxies. We have applied the costs and our assumptions consistently across the case studies.

[18] Unit costs of health and social care, 2013-2014. Personal Social Services Research Unit 2014.
[19] Unit costs of health and social care, 2013-2014. Personal Social Services Research Unit 2014.

NHS and social care costs

We have examined the extent that the person:

- is able to avoid hospital admission as a consequence of a fall and potential hip fracture. We have used a weighted cost of £3,577[20] for unplanned admissions with hip trauma.
- does not require an unplanned hospital admission for other reasons related to their living circumstances, particularly excess cold and winter admissions. We have assumed the cost of an unplanned admission to be £2837[21].
- is able to stay in their own home without requiring home care support at the national median level, costed at £370 per week[22].
- avoids being admitted to a residential care home, with an assumed average cost of £493 for a single room and £513 for a double room[23].
- can be discharged without delay following a hospital admission. We have used a cost of £1,100 based on the average cost of £275 for a non-elective day's stay in hospital[24], and the calculation in previous research that delayed discharges averaged four days[25].
- reduces their number of GP attendances, costed at £46 per appointment[26].

Improved well-being or healthier lifestyle

Identifying savings resulting from improved well-being is less clear than for the specific incidences above. However, proxies are available. We have considered:

- whether the service user, their partner carer or family member is less isolated or has had their well-being increased as a result of the intervention. We have used a saving to the NHS of £900[27].
- the impact on the service users or others' anxiety[28], assessed at £2,538, or mental health issues, calculated to be £2,142[29].

[20] NHS reference costs for 2010/11.
Available from: https://www.gov.uk/government/publications/2010-11-reference-costs-publication; quoted in Evaluation of the Age UK Sheffield Macmillan Cancer Support Service; York Health Economics Consortium 2013

[21] Unit costs of Health and Social Care 2014: Public Social Services Research Unit

[22] Unit costs of Health and Social Care 2014: Public Social Services Research Unit

[23] Unit costs of Health and Social Care 2014: Public Social Services Research Unit

[24] NHS reference costs for 2013/2014

[25] FirstStop local partners: costs and potential savings to public budgets of client casework 2014, University of Cambridge

[26] Unit costs of Health and Social Care 2014: Public Social Services Research Unit

[27] Preventing loneliness and social isolation: interventions and outcomes. K Windle, J Francis, C Coomber. Social Care Institute for Excellence. October 2011,

[28] McCrone, P., Dhanasiri, S., Patel, A., Knapp, M. and Lawton-Smith, S. (2008) Paying the Price: The cost of mental health care in England to 2026. The King's Fund. Quoted in FirstStop local partners: costs and potential savings to public budgets of client casework 2014, University of Cambridge

[29] Unit costs of health and social care, 2011. Personal Social Services Research Unit; 2011.

Two case studies are provided below to demonstrate how the methodology has been applied, and the impact that the local services have on achieving financial and social benefits. The methodology has been applied in this way to all of our case studies.

First Illustrative case: Mr and Mrs A aged 71 & 72.

Mr and Mrs A lived three miles outside of a remote village in unsuitable private rented accommodation. They wanted to stay in their village but knew that they had a desperate need to move from their present home. However, they *"didn't know where to start"* until they were referred to the local FirstStop service.

Mr A had suffered two strokes and was in poor and deteriorating health. He also had fallen several times, resulting in the NHS Falls Team becoming involved. They advised Mr and Mrs A that their current home was not suitable for their needs. Mr A could not manage the stairs in their home and was shuffling up and down them on his backside. Mrs A was suffering with stress and could not cope with the situation. She felt unable to go out and leave Mr A and had consequently become increasingly isolated.

The local FirstStop service was recommended to them by a friend. All of their housing options were discussed and their finances checked. The adviser helped find them an alternative privately rented home in the village. They were subsequently awarded lower level Attendance Allowance, which has enabled them to purchase additional practical support on top of Mr A's care package, including paying for and installing the local emergency alarm service. All of these changes resulted from the support from the local FirstStop service.

Although Mr A can no longer go out he is at least now safe in his new home. Mrs A said that she had been struggling because she had *"a limited safety net"* and the move has *"taken the pressure off"* and significantly reduced the stress that she is feeling. It is a *"great comfort"* for her. As they are now in the centre of the village she does not feel so isolated and she is also now able to be active in the village community, attending social activities. It has had a *"tremendous impact on my quality of life. It is a lot easier now. I can't imagine how bad it would be if we were still in the old house"*.

Mr A's risk of an emergency hospital admission, including having a fall resulting in admission, is now very significantly reduced. Mrs A is significantly less anxious, and her well-being has improved. Mr and Mrs A's income has also increased enabling them to buy their own support which reduces their reliance on social care, and helps to maintain their independence. Given Mr A's deteriorating health, admission to residential accommodation may well have resulted without these interventions.

Financial calculation

It is quite possible that Mr A would have been admitted to residential and nursing care if he had stayed in his previous accommodation. This would have cost at least £25,636 but it has been avoided or at least deferred. However as Mr A is receiving social care we have included £6396 savings as the difference between these options.

Mr A: was highly likely to fall in his previous home. Cost of unplanned hospital admission with hip trauma following a fall = £3577.

However, while the risk of emergency hospital admission is reduced there is still risk of other admissions as Mr A is in poor health, but it is less likely to be a medical emergency. This risk is not reduced and no additional savings have been attributed.

Total savings to NHS/Social Care = £9,973.

Mrs A: improved well-being by reducing isolation = £900

Reduced stress levels – less anxious as a result of the move, though still suffering some stress about Mr A's health. Therefore apportion savings from reduced anxiety: 25% of £2538 = £635.

Total financial benefit from improved well-being and healthier lifestyle = £1,535

Attendance Allowance: £55.10 per week.

Annual Total = £2865 increased annual income

Total value added from intervention = £14,373.

Second Illustrative Case: Mr and Mrs B, both aged 84

Mr and Mrs B were living in an isolated privately rented bungalow in a small village. Both were in poor health. Mrs B is partially sighted and has other disabilities. She has limited mobility having suffered two strokes and a failed hip operation. Mr B has a long term health condition, COPD, which has led to previous hospital admissions. Following his latest discharge from hospital Adult Social Care were not happy that he could safely return to his current accommodation.

Mr and Mrs B were advised to contact the local FirstStop service by Adult Social Care. Mr and Mrs B knew they needed to move and were considering Extra Care housing as a possible option, but were aware there was a shortage locally and did not fully understand what the cost implications for them would be.

The housing and care options adviser discussed their various housing options with them, and conducted a benefits check. The service helped Mr and Mrs B to find a mainstream social housing apartment in the town centre. It helped with all of the many practical arrangements involved in moving home, including arranging removals. They also secured Attendance Allowance and other welfare benefits for Mr and Mrs B. *"They were an unbelievable help"*, said Mrs B.

As well as improving health outcomes for Mr B, the changes to their housing and financial situation have made a great difference to Mrs B. With the additional income, Mrs B's life, independence and health has been significantly improved. She has bought a scooter, an orthopaedic bed, specialised TV viewing equipment and other aids that doctors recommended.

Mr and Mrs B are now able to live safely, independently and well in their new home. They do not need social care support. They are able to socialise in the complex where they live, and regularly get out in the town centre, with Mrs B using her scooter and so are no longer isolated. Mr and Mrs B feel safe and secure in their new home, and confident about the future. *"We can stay here until our health fails, and then we can hopefully move into Extra Care Housing when we really need that support"*.

Mrs B has not fallen since she moved, and is confident to move about her new home safely. Mr B is happy that he can manage better without assistance because the apartment is smaller and easier to look after. As their new home is warm and dry, it contributes to an improvement in his health as it improves his COPD. They are not reliant on social care services, and have bought in some support at home using their own resources, avoiding the need for home care support paid for by social services.

Financial calculation

Mr and Mrs B may have entered residential care as their health deteriorated, given that Adult Social Care had identified their home as unsuitable following Mr B's discharge from hospital. However, we have assumed that steps would be taken to keep them in the community, so the potential costs of residential care (£26,676) have not been taken into account.

No savings to the NHS or social care have been included for equipment purchased by Mrs B except electric wheelchair = £424 per year[30]

Mr and Mrs B have been able to use their increased income to buy their own home care support, the need for which has also been minimised as a result of their move to a more conveniently located apartment more suited to their needs.

Assuming median level of home care = £19,240 per year

Mrs B at risk of falling, but given already has problem with one failed hip operation, is risk of admission for hip trauma = £3,577

Mr B at risk of emergency admission due to COPD. Condition still present so reduce by 50% = £1,419

Reduced social work intervention, assume 7 hours @ £55 = £385

Total savings to NHS/Social Care = £25,045

Both Mr and Mrs B improved well-being through reduced isolation: £900 each

Total social value added = £1800

Secured Attendance Allowance £82.30 per week

Housing Benefit and Council Tax benefit £199 per month

Annual Total = £6,668 increased annual income

Total value added from intervention: £33,513

The table overleaf provides further examples of benefits calculations drawn from the case studies. It gives a wider picture of the benefits achieved.

[30] Unit costs of health and social care, 2011. Personal Social Services Research Unit; 2011.

Table 7: Further examples of benefits calculations

Case	Living circumstances	Local FirstStop services support	Outcomes
Mrs & Mrs C, aged 86 and 72. Referred by Social Services.	Mr C: chronic health conditions left unsteady on his feet; had fallen several times resulting in hospital admission was unable to get into the bath so was washing at sink. Mrs C cannot leave him for any length of time. Mr and Mrs C wanted to stay in own home but felt unsafe.	Helped with Social Services delays; advice on housing options; arranged OT visit resulting in walker, commode, rails, aids - especially important for stairs and bath. "Made a heck of a lot of difference" for them. Mr C has not fallen since and can manage bath which maintains his independence and dignity. Mrs C can go out and maintain own social network/clubs. Mr and Mrs C managing some joint social activity and going to supermarket. Less stress for family.	Likelihood of Mr C falling is reduced. Mr C wellbeing improved. Mrs C well-being significantly improved. Family stress reduced. Cost of a fall resulting in hospital £3577; reduce by 75% for OT input, and aids and adaptations = £894 Reduced social worker time required: 7 hours @£55 = £385 Independence/well-being: cost of isolation = £900. Some reduction in isolation, but Mrs C is on hand to keep him safe. Attribution: 33% of £900 = £300 For Mrs C. Less clear though her well-being has improved as she can now get out regularly: isolation reduced = £900. **Total added value = £2,479.**
Mr and Mrs D, aged 68 Referred by Hospital Discharge Team	Mrs D: suffers with osteoporosis of spine and lung cancer; could not be discharged from hospital due to her home being unsuitable; no central heating and could not afford the cost of heating her home using the warm air blowers and old gas fire which was only heating available; could not manage the stairs in her home and was sleeping in her living room; worried about the cold and went to bed early and stayed in bed till late to keep warm; regular GP attender	Help with funding for central heating; Work with OTs to fit rails on stairs.	Feeling confident for the winter. Now can afford to heat home: Reduced fuel poverty. Enabled hospital discharge. Reduced risk of hospital admission, and risk of fall. Better mobility around home. Able to get upstairs to bed. Mrs D well-being improved and now visits GP rarely. Reduced GP attendances: £46 per month = £552. Avoided delayed hospital discharge: £1100. Reduced risk of fall; £3,577, reduce by 75% for OT input: Total = £894. Reduced risk of emergency hospital admission due to cold: £2837. Mrs D well-being improved as anxiety reduced: 25% of £2,538 = £635. **Total added value = £6,018.**

Case	Living circumstances	Local FirstStop services support	Outcomes
Mrs E 84 year old widow. Referred by Social Services.	Had moved to private rented property in an isolated hamlet, from which the bus service was withdrawn. Has COPD and arthritis, limited walking – uses scooter; apartment is at top of hill; stairs to electric meters and utilities; Isolated. Apartment very cold with one heater and no central heating; was feeling desperate and fearful for another winter - knew could not afford to keep place warm.	Service helped with application process for social housing, and looking at options. Flats offered – service helped visit flats and found suitable one; then arranged removals' service. Has moved to ground floor flat with room for scooter and with wet room; in town centre.	Independence greatly improved No longer isolated Fuel poverty alleviated as new apartment has central heating and she can afford to heat it. No savings attached to reduction in fuel poverty. Avoided likely winter hospital admission = £2,837. Cost of isolation = £900. Reduction in anxiety = £2,538; reduced by 50% as health issues will still have impact = £1,269 **Total added value = £5006.**
Mrs F Referred by Hospital discharge team	Owner occupier; variety of major and chronic health conditions including three transplants. Mrs F has cancer, is receiving treatment and has low immune system - very high health risk; had been burning self with cooking and not eating properly as could not manage; had been provided with information on other services - cleaning and meals - but cannot afford; lost contact with people because of health conditions and as unable to get out.	Service helped with leaflets for Staying Put and private home meal deliveries; referral for a microwave and cooking aids; referral to befriending service; aids fitted and now waiting for stair lift to enable to stay in own home; benefits check but still waiting to hear outcome. "They act as a go-between to get adjustments made to my house. They also helped with pamphlets. I have dyslexia but they were easy to understand when somebody helped me with them."	Reduced isolation and loneliness Better well-being Improved mobility Eating properly reducing risk of hospital admission No longer regularly attending GPs Possible financial improvement once benefits evaluated. Has avoided possibility of requiring home care, or even residential admission (may be self-funder). Reduced GP attendances by one per month = £552. Avoided need for home care, or possible meals delivery at median level = £19,240. Reduced risk of emergency hospital admission but risk still due to health issues, cost £2,837 – attribute 50%: Reduces to: £1,419 Reduced isolation £900, reduce by 50% provided by RVS = £450. **Total added value = £21,661.**

Case	Living circumstances	Local FirstStop services support	Outcomes
Mrs G, aged 89 Referred by hospital social work team.	Lives in social housing general property; limited mobility; was prone to falling down; had hip operation and could not return home without adaptations to property. "I did not know where to turn. I could not come home without a lift".	Discussed housing options but wanted to stay as had lived there whole life and had social links in community. Organised team of young volunteers to decorate house, with paint provided free by local company; aids and adaptations to enable mobility: handrails, walker with tray; stair lift installed while in hospital; benefits check carried out.	Maintained independence; able to stay in own community, maintaining social connections and sense of safety; reduced risk of falls or further hip fracture; secured hospital discharge, and avoided risk of emergency re-admission; finances improved; free decoration of property. 75% reduction to savings due to OT involvement and cost of aids: Avoided delayed discharge full cost £1,100: value £275 Risk of admission resulting from hip trauma full cost £3,577: value £894. Reduced isolation/Improved well-being £900: reduced by 50% due to OT involvement, but partly offset by decoration of house: £450. Improved finances: £4,280. **Total added value = £5,899.**
Mrs H, aged 78 Referred by local VCS organisation.	Very limited sight and becoming deaf; struggling in own flat; needed help but wants to stay independent. Flat too large (doesn't need two bedrooms) and concerned about falling; becoming isolated because struggles with social interactions due to disabilities.	The service helped Mrs H look at her options including visiting specialist residential accommodation. Benefits check conducted; hazards identified (trip and fall risks) and remedied.	Mrs H decided that she was not ready to move but now has a good understanding of the options when she feels she needs to move. She feels comfortable about this. It has delayed Mrs H moving to residential care. Possible specialist residential care admission avoided (£37908 cost of nursing home care for older people: PSSRU 2014 Health & Social Care Unit Costs). Mrs H Still feels in control of her life and that she is maintaining her independence. Mrs H now applying for a one bed apartment in complex where she lives. This will release a two bedroom apartment in an area of high demand. Secured attendance allowance: uses for domestic help. Avoid use of home care at median level: £19,240 Attendance Allowance £4,280 plus pension credit. Estimate total = £6,280. **Total added value = £25,520.**

Conclusion

We estimate that the interventions by the 16 local FirstStop partners for 1268 older people, receiving help classified as level 3 between April and September 2015 have achieved savings for the NHS and Social Care system, which will amount to approximately £7.0m overall, which when projected for a full year equates to £14.0m. There is a further £942,300 in benefits secured for people, equating to £1.88m in a full year.

The majority of quantifiable savings result from the avoidance of falls, unplanned hospital admissions/readmissions and reducing the extent to which people need social services funded home care, or in limited cases residential care. Savings also result from reducing isolation and anxiety, which also offer a positive contribution to an individual's well-being.

The impact of financial advice and help in improving housing options and health and care

A person's housing and care options are reduced if they have a low income. This can also exacerbate physical and mental health problems, or lead to poor diet and an inability to keep their home warm. This is likely to lead to increased use of NHS and social care services.

The 16 DCLG-funded local FirstStop services reported directly helping to improve people's personal financial situation in 157 cases between April and September 2015. There are also 24 cases in that period involving advice and support regarding affordable warmth, the outcomes of which have contributed to people managing to stay warm, helping some people address their home energy efficiency and reduce their heating costs.

Table 8: Improved financial situation April – September 2015

Increased income	139
Enabled to access home equity	4
Charitable grant received	14

It is not possible to calculate an accurate overall picture of the extent to which people's financial situation has been improved by the local FirstStop partner services. In some local areas, the service staff conduct benefits checks while in others, they will refer the person to another agency, or in the case of council provided services, to a benefits team within the council or a contracted provider. In addition specific information about increases in income achieved for service users is not part of the regular monitoring requirements. Nonetheless there is clearly value in the local service being able to either provide a benefits service, or work closely with a benefits service provider. Two of the four sites visited provide a benefits service and secured almost £2.2 million pounds in benefits in 2014 across the whole range of their activity.

Fifteen people (34%) in our sample had their financial position improved directly as a result of the services' support. Fourteen people received Attendance Allowance, Pension Credit, Council Tax and Housing benefits or other benefits, totalling £101,700. This figure and the total number of cases of 139 for the 16 services nationally, translates to approximately £1.9 million per year in improved finances generated by the services. Local FirstStop partners are also able to provide advice and assistance in applying for financial assistance from charitable sources. One such example which was provided by a case study from one of the local partners included in our research is shown in the box below:

Mrs AB an 87 year old with several long-term health conditions who lives alone in the flat she owns within a social housing block. Mrs AB was faced with a £3,300 bill for a roof replacement for the block of flats. Mrs AB told us that she felt *"suicidal"* when she did not know how she would pay the bill. The service supported her to apply successfully for a grant from the British Legion to enable her to meet the cost. As a result of the service's support, Mrs AB now feels relaxed. However, the service also discussed her options with her as Mrs AB has fallen several times, resulting in hospital admission with a dislocated shoulder. She now struggles to get up and down the stairs from her flat to the street. The service signposted Mrs AB to other support services for help in her home and investigated whether a lift could be installed for Mrs AB, but it was not possible for safety reasons. Consequently, Mrs AB has decided she must move and is now seeking a ground floor apartment.

Conclusion

Cost benefits to health and social care

Local FirstStop services deliver a range of interventions from 'light touch' to intensive casework. This study focuses only on the 1,268 most intensive (or Level 3) interventions made by 16 local FirstStop services between April and September 2015, and calculates that these achieved savings for the NHS and Social Care system of approximately £7.0 million overall, equivalent to £14.0 million over a full year.

The majority of quantifiable savings result from the avoidance of falls, unplanned hospital admissions /readmissions and reducing the extent to which people need social services funded home care, or in limited cases residential care. Savings also result from reducing isolation and anxiety, which also contributes to an individual's well-being.

Working together with other local agencies, the information, advice and service brokerage delivered by the 16 FirstStop local partners, at a cost to DCLG in 2015-16 of just under £500,000, resulted in approximately £11.5 million annual savings arising from the avoidance of falls, unplanned hospital admissions and GP appointments.

Two qualifications to these findings are in order. This evaluation has focused on the cost benefit impact of local FirstStop housing and care options advice services. It should be noted that in delivering these cost benefits local services broker solutions through collaborative work with a range of key local partners. However it has not been possible to attribute cost inputs to these other agencies within the scope of this evaluation. Nonetheless it remains the case that local FirstStop partners deliver significant savings for both the NHS and Social Care.

Secondly, in relation to savings, these will in many instances continue for a number of years without further interventions. However we have not attempted to quantify these future savings streams.

Despite these caveats it remains clear that local FirstStop services deliver substantial savings for both the NHS and Social Care.

Financial benefits to local economy and enabling safer, healthy living for older people

There is a further £942,300 in welfare benefits secured for people, equating to £1.88 million in a full year. This increased income was enabling older people to purchase practical help and pay for essential services e.g. heating, which in turn can improve health and wellbeing. This change to financial circumstances also results in increased potential spending in the local economy.

Value to older people

The qualitative benefits that local housing and care options advice services offer older people go beyond the financial benefits to the public purse identified above.

The services are also making a significant difference to the lives of the people that they support, enhancing quality of life and enabling older people to continue to live safely and well at home.

The services are highly valued by the older people who use them, and by the health, social care and housing partners working with them. Specifically the services:

- are helping people to address many of the causes of avoidable harm, removing or reducing the risk from hazards, and supporting people to live in a safer environment.
- are providing practical help and support to ensure people feel safer and more secure, enabling them to maintain their independence and dignity by meeting their basic needs to keep warm, eat well, and live safely in their homes.
- are offering a comprehensive service that works with people to help them identify the full range of issues or challenges that they are facing, and to find solutions that go far beyond 'bricks and mortar'.
- broker input from other agencies that provide advocacy support, help to avoid or overcome isolation and encouragement to be active.
- help clients achieve significant improvements in their sense of wellbeing and capacity to continue to live independently.
- are flexible and personalised, supporting older people to make better decisions and helping ensure that the necessary actions happen to implement those decisions.

All of the people interviewed commented on the quality of the support they received, and how they always felt they were in control of the decisions that they made. They were overwhelmingly positive about the experience and the impact that it had on them. They commented on being treated with *"respect"* and *"dignity"*, *"feeling valued"* and that *"it felt as if someone cared about us"*. They talked about significant improvements to their lives, *"feeling relaxed"* and *"positive about the future"* as a result of the support and the decisions that they had made.

Demand for the local service is high. Older people using the services tend to be the 'older old' (over half are aged 75 or over), in poor health (4 out 5 have a long term health condition or disability) and likely to be receiving financial assistance.

Local services' staff indicate that people who use their services have high levels of multiple/complex health, social and financial difficulties.

In the four localities where the interviews with service users and staff took place discussions highlighted their experience that many service users had limited financial and personal resources, and consequently a very limited ability to significantly change their housing situation. An additional factor which may restrict opportunities to enable changes in individual living situations is the lack of suitable, affordable alternative housing options, particularly for those older people who wish to remain in their local area and maintain their existing social networks.

Value to health and social care

Reducing risks, improving health, benefiting the NHS and social care

Older people are safer as a result of help from the services.

Older people are being enabled to remain more mobile with reduced frailty and so can be more active, independent and involved in their community.

The likelihood of older people suffering unplanned hospital admissions resulting from falls or excess cold is reduced and they are less likely to be re-admitted after discharge from hospital, or to make use of social care services.

Older people are enabled to leave hospital without unnecessary delay and the risk of readmission is reduced.

The hospital social work teams interviewed understood the importance of housing issues in securing discharge from hospital, and avoiding re-admission. They have developed close working relationships with the local housing and care options advice services.

Work by local services to identify and secure aids, adaptations, and assistive technology and improved heating, or to explore housing options has been vital in supporting successful hospital discharges and reablement for people with complex health conditions.

Achieving NHS, Adult Social Care and Public Health Outcomes

The local housing and care options advice services can demonstrate positive impact in achieving each of their intended service outcomes and they are making a significant contribution to achievement of national health and social care outcome targets. Evidence from local FirstStop partners shows the two most significant outcomes are improved well-being, recorded in 59% of cases, and improved health recorded in 43% of cases.

Maintaining independence, supporting wellbeing

A key value of the information, advice and advocacy provided by local FirstStop partners is the contribution the services make to people being able to remain independent. It offers a flexible, personalised service that supports people to take better decisions and both provides advice but also helps them ensure that necessary actions happen to support their decisions.

The local services are offering a holistic service that works with older people to help them identify the full range of issues or challenges that they are facing, and to find solutions that go far beyond a simple 'bricks and mortar' approach. The services are valued as they are the "ring master" or "co-ordinator" providing advocacy support and sign-posting to help people avoid or overcome isolation, and to find ways to be active.

This is significantly improving the well-being of older people using the services, enabling them to continue to live independently, and potentially reducing avoidable demand on health and social care services. Older people did not talk about 'well-being' without prompting, but they were clear that they needed to meet their basic needs to be safe, warm and to eat properly, and that they did not want to be isolated.

People who have used the services value highly the support that it provided them, with most commenting that *"they know where to go when they need any help"*, or *"we know it is there when we need it"*. They reported feeling more relaxed, and better able to manage or make decisions as a result of the information and advice received.

Reducing Risk

The services are helping people to address many of the causes of avoidable harm, removing or reducing the risk from hazards, and supporting people to live in a safer environment. People feel safer and more secure, and the services provide practical help to improve people's personal safety, enabling them to maintain their independence and dignity by meeting their basic needs to keep warm, eat well, and move around safely in their homes.

Older people supported by the services are less likely to suffer unplanned hospital admissions resulting from falls or excess cold and are less likely to need to be re-admitted or to make use of social care services. Following support, three out of four are more mobile and less frail and can be more involved in their community.

Hospital social work teams in the areas where interviews were undertaken understand the importance of housing in securing discharge form hospital, and avoiding re-admission. They have developed close working relationships with the local housing and social care information and advice services.

Work by local services to identify and secure aids, adaptations, assistive technology and heating systems, or to explore housing options has been vital in enabling successful discharge from hospital and reablement for people with complex health conditions.

Integrated working in action

All four local FirstStop partners included in this study and their stakeholders report close working relationships between frontline practitioners, although all say there is scope for health and social care practitioners to increase referrals to the service. There are benefits in formalising partnerships between the services and stakeholders in future to maximise the impact that can be drawn from a range of agencies.

Professionals in GP practices, adult social care, hospital social work teams, and housing providers spoke of the importance of the service and how they signposted people to it. *"We would really be stuck without it. We don't have the knowledge or capacity to provide the service that they do. They also help us with vacancies and referrals"* said one social housing provider, and another commented that *"the service helps the most vulnerable to get their application [for social housing] right and nine out of ten are successful as a result"*.

In every area the service was seen as *"pivotal"* and *"invaluable"* in supporting people to understand their options and explain their needs by staff who worked closely with it. Several spoke of the local housing and social care options service being able to *"take a holistic view of people"* in ways that they felt was not possible within the constraints of their professionally defined role. One strategic housing manager stated that the service was helping people to make informed and appropriate choices about their options which helped with housing availability in a very tight local market where there was limited supply and high levels of demand.

Older people reported that they *"did not know where to start"* and had found out about the service because they had contacted Age UK or another voluntary organisation such as Citizens Advice Bureau or because somebody else suggested it to them. Some said that they had found out *"by chance"* or that they had *"stumbled upon it"*. However, when we explored this point they had actually found out via one of the agencies or organisations that work in partnership with the service.

While we found that Adult Social Care, Hospital Social Work and Community Mental Health Teams and Occupational Therapy Services referred people to the services, older people believed that there were occasions when appropriate referrals were not made, usually because the professional was unaware of the service. There were suggestions that the service would be more effective if it had a higher profile and better understanding among health and social care professionals. However, the capacity of the service is limited. The four case study local services have handled 711 level 3 cases with limited staffing levels (usually one specialist advisor).

Summary

Housing factors play a critical role in determining our health and our independence. It is now widely recognised that there is value in enabling older people to make well informed decisions about their housing and care in later life. This evaluation has demonstrated the value of the services provided by local FirstStop partners delivering integrated housing and care options advice. With the support of independent, impartial local advisers older people are better able to manage their finances, accommodation and care as they age, thereby helping to ensure that they can continue to live independently and well for longer, minimising avoidable demand on health and social care services. Not only do such services deliver the outcomes that older people want, but they also support the delivery of key health and social care outcomes for statutory services as well as providing demonstrable cost benefits at a time of public spending constraints.

There is an increasing emphasis for the NHS and local authorities on integrating the delivery of housing, health, social care services. This is also reflected in the requirements set out in the Care Act 2014 and associated Guidance. In the light of the findings of this evaluation, local authorities should review their local information and advice provision and work with health colleagues to implement the person-centred, integrated model of housing and care options information and advice provision described in this evaluation in their locality.

Additionally, recognising that such services achieve their outcomes by working in close partnership with other local services, local authorities should work with local health services to ensure that they jointly commission a range of housing-related preventative services (e.g. home improvement agencies, schemes to tackle fuel poverty and other schemes providing practical help) that support independence and enable older people to make realistic, informed housing and care choices in later life.

Appendix 1

The four local services visited

Middlesbrough

Middlesbrough has a population of 138,400 people, with 27,500 people aged over 60. Middlesbrough suffers with relatively high levels of deprivation – 13 of its 23 wards are in the 10% most deprived nationally, across a range of factors including economic deprivation, and poor health among its older people. Life expectancy is three years lower than the national average. Over 40% of households have one or more person with a limiting long-term illness and a significant number of older people have caring responsibilities.

There are low levels of home ownership and large numbers of homes in disrepair. These are concentrated in the private rented sector in the town's older housing that are occupied by some of the most economically disadvantaged older people. Around 25% of Middlesbrough's homes are currently in fuel poverty, many lacking central heating.

Older people tend not to be mobile, and many have lived in their existing accommodation, or their existing community, for many years. There is a marked reluctance among older people to move to alternative accommodation, preferring to stay in their current home, and their current community. For many there are limited opportunities to move due to a lack of suitable alternative accommodation, and the fact that many people are less affluent.

Town centre housing is mostly older terraced housing. Smaller properties are not available. There is a lack of available ground floor accommodation, and a shortage of extra care places. There are still some sheltered housing schemes, but these are not in the town centre, and are often in less popular areas. When bungalows become available in more popular areas, demand is high.

The local First Stop service is managed within the Housing Improvement Agency, which is itself part of the Local Authority. The service is currently located within Adult Social Care.

Northumberland

Northumberland is a large and sparsely populated county, with a number of towns, particularly in the south east of the county, and with large rural areas. It has a population of 316,000 with 71,100 aged over 65. It has an ageing population. There are 41870 older person households; 19,407 live alone.

Northumberland has a diverse housing market, spread across urban and rural areas. Some areas have high property prices and few affordable homes, with others being the opposite where market failure is a significant risk with high numbers of empty

properties, low property values and poor environmental quality. In addition, some areas have become very popular holiday destinations which affects the housing choices of local residents.

There is a shortage of suitable properties to enable people to move to smaller properties. Although there are some sheltered housing units, lettings rates have been falling and there is limited availability in some areas.

Older people and their carers say that it is a priority to stay living in the communities where they live now, often in their own home. However, older people in rural areas often want to move into the towns and larger settlements to avoid isolation. There are few facilities in some of the rural areas.

The local First Stop service is managed by Age UK Northumberland.

West Cumbria

West Cumbria comprises the District Council areas of Allerdale and Copeland – which includes the towns of Whitehaven, Workington, Wigton, Keswick and Cockermouth along with numerous other smaller towns and rural villages. There are 40334 people aged over 60 in West Cumbria. West Cumbria has an ageing population with increasing prevalence of long term chronic health conditions. The majority of older people want to stay in their own homes, with support when necessary.

There is a diverse housing market, but there are high levels of deprivation in some areas. Over 70% of people are owner occupiers. There is increasing fuel poverty, especially in rural areas where oil can be the main fuel source. There are significant challenges from homes in disrepair. Many people retire to West Cumbria to live in caravans or chalets, which can become a problem as they grow older, especially in winter.

Many properties are traditional terraced houses with steep stairs. There is a shortage of smaller properties (over 77% of owner occupier properties have 3 or more bedrooms) for people looking to move to more appropriate accommodation. There is still some old bedsit “Part three” type accommodation in use, but it is unpopular, as are some sheltered schemes due to their location, and there is a shortage of extra care units.

The First Stop service is managed by Age UK West Cumbria. Age UK is represented in local Health and Social Care Well-being hubs.

York

The City of York has a population of 198,000, with 33,400 aged over 65, and an ageing population. There is growing fuel poverty, and areas of housing related deprivation. More than a quarter of older people report that they have a support need.

The housing market is characterised by high prices and high rents. Housing options often do not meet the needs of older people. Over 75% of older people are owner occupiers.

Many older people want to stay in their current accommodation – and find their options limited in any case. There are insufficient 2 bedroom properties. There is also a shortage of affordable housing and of age exclusive and specialist housing. Pressure is increased by older people wishing to move from Yorkshire's rural villages into the City.

There is a particularly high density of older people in the west of the city, many of whom have lived there for many years and do not want to move although there is a lack of suitable accommodation locally.

The First Stop service is provided by City of York Council and is located within the Housing Department.

Appendix 2

National partnerships

FirstStop is a voluntary partnership of national and local organisations, led by Elderly Accommodation Counsel (EAC), a registered charity with a mission to help older people to make informed choices about meeting their housing and care needs. It has delivered a free, independent advice service since 1985, underpinned by comprehensive information about services and accommodation for older people across the UK.
www.housingcare.org

EAC's strategic national partners are Care & Repair England, Age UK, Foundations and Independent Age. They support the development of FirstStop's DCLG-funded local partners' programme and contribute to the delivery of the national FirstStop Advice service. Age UK and Foundations also support the delivery of local housing and care options advice services by their members and brand partners, and the integration of these services into the FirstStop Advice network.

EAC's national partners
Care & Repair England

Care & Repair England is an independent charitable organisation which aims to improve older people's housing. It believes that all older people should have decent living conditions in a home of their own choosing. It innovates, develops, promotes and supports practical housing initiatives (including information and advice) & related policy and practice which enable older people to live independently in their own homes for as long as they wish, particularly for older people living in poor or unsuitable private sector housing. Its 'Silverlinks' programme supports improved decision making in later life.
www.careandrepair-england.org.uk
info@careandrepair-england.org.uk

Independent Age

Independent Age supports older people across the UK and Ireland through the 'ABC' of advice, befriending and campaigning. It offers a free, impartial, independent information and advice service and a network of volunteers provide befriending to those who need company and support. It uses the knowledge and understanding gained from its frontline services to campaign for a fair deal for older people – a reasonable income and quality of life, fair access to information and advice especially on social care issues, and an opportunity for all to contribute to our communities.
www.independentage.org
partnerships@independentage.org

Age UK

Age UK is a national charity which provides free and independent information and advice to older people, their family, friends and carers. It provides an extensive range of information guides, detailed factsheets and interactive online tools. Its national advice line answers 300,000 enquiries per year, and offers information, sign-posting and in-depth advice. A network of local Age UK partners across the country provide advice and practical support for older people on benefit entitlement, how to access the care they need and on housing options.
www.ageuk.org.uk
advice@ageuk.org.uk

Foundations

Foundations oversees a national network of over 170 home improvement agencies (HIAs) and handyperson providers across England. It aims to build a vibrant and sustainable HIA sector, supporting more people to take control of their lives and maintain independence at home. HIAs aim to improve the quality & choice of suitable housing for older people, focusing on providing good quality, accessible advice and information so older people can make planned choices about appropriate housing, and supporting them to adapt their homes as their health and needs change especially through later years.

www.foundations.uk.com
info@foundations.uk.com

Local partnerships

Local FirstStop advice services are delivered in partnership with a range of local agencies, including Age UK brand partners, home improvement agencies working with Foundations and local authorities.

Data included in this evaluation has been drawn from 16 local FirstStop partners funded by DCLG during 2015-16 to deliver a housing and care options advice service. The 16 local agencies are:

Age UK brand partners

Age UK Hillingdon – *http://www.ageuk.org.uk/hillingdon/*

Age UK Isle of Wight – *http://www.ageuk.org.uk/isleofwight/*

Age UK Norfolk – *http://www.ageuk.org.uk/norfolk/*

Age UK Northumberland – *http://www.ageuk.org.uk/northumberland/*

Age UK Nottingham & Nottinghamshire – *http://www.ageuk.org.uk/notts/*

Age UK Warwickshire – *http://www.ageuk.org.uk/warwickshire/*

Age UK West Cumbria – *http://www.ageuk.org.uk/westcumbria/*

Age UK Wigan Borough - *http://www.ageuk.org.uk/wiganborough/*

Home Improvement Agencies

Care & Repair Leeds – *http://www.care-repair-leeds.org.uk/*

Middlesbrough Staying Put Agency – *http://www.middlesbrough.gov.uk/spa*

Orbit East: Suffolk Care & Repair – *http://www.orbit.org.uk/living-in-orbit/independent-living/care-and-repair/*

Revival Home Improvement Agency – *http://www.revivalhia.org.uk/*

Spire Homes Care & Repair – *https://www.spirehomes.org.uk/careandrepair*

West of England Care & Repair – *http://www.wecr.org.uk/*

Care & Repair Worcestershire – *http://www.careandrepairworcestershire.co.uk/*

Local Authorities

City of York Council – *https://www.york.gov.uk/info/20012/housing/870/about_housing_options*

Produced by EAC FirstStop & Care & Repair England

FirstStop is a partnership of national and local organisations, led by Elderly Accommodation Counsel (EAC), and providing comprehensive information and advice about housing, care and support, plus related financial matters, to older people. The FirstStop Advice service is delivered via a website (***www.firststopadvice.org.uk***), a national advice line (**0800 377 7070**) and a network of FirstStop local partners delivering casework /advice services and, increasingly, peer support services.

EAC 3rd Floor, 89 Albert Embankment, London SE1 7TP Tel: 020 7820 3755

info@firststopadvice.org.uk *www.firststopadvice.org.uk*

EAC is a registered charity Reg. No. 292552

Care & Repair England *info@careandrepair-england.org.uk* *www.careandrepair-england.org.uk*

Care & Repair England is an Industrial and Provident Society with Charitable Status Reg. No. 25121R

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