

Stay Well at Home

Social Return on Investment (SROI)
Evaluation Report – a summary

A social return on investment of £11 for every £1 invested

Note of thanks

Stay Well at Home is a pilot service. Its success is in many ways due to the support and involvement of our partners:

Kingston CCG

Your Healthcare CIC

Kingston Public Health

The Royal Borough of Kingston upon Thames Community Care Services

Kingston Hospital

Foreword

The Stay Well at Home service is unique in many ways, most importantly in the way it works so closely with GPs. In 12 months the strong partnerships forged between Age Concern Kingston and GPs via this service have enabled over 600 people to access short and long term support, greatly reducing their chances of needing to use acute services.

The person-centred focus of Stay Well – as opposed to approaches focussed on assessment for entitlements, or means testing – means people are more inclined to access the kind of support they need to help them stay independent in their own homes.

With increasing numbers of people ageing, and formal social service support reducing, Stay Well fulfils a critical role in helping people proactively access both practical and emotional support, reducing isolation and loneliness and their spiralling consequences: depression, anxiety and failure to self-medicate, which can often lead to an emergency.

With those responsible for planning public services under huge pressure to save public money, it is critical that new services are developed which deliver real returns, returns which maximise outcomes for the community.

Social Return on Investment (SROI) provides commissioners with a framework for making better informed decisions that can help to increase public benefit, rather than simply cut costs.

Stay Well at Home is an innovative service: a preventative support initiative which has proved to be highly responsive, reliable, and is also popular with users. Few other such initiatives have been subject to rigorous independent scrutiny in this way. This SROI report, independently verified to recognised standards, demonstrates that the primary preventative role of Stay Well at Home has not only achieved its objectives, but exceeded all expectations.

The headline findings of the analysis of the service show:

- A social return on investment of 11:1 – £11 of value for every £1 spent.
- Savings in public sector expenditure of £268,000 – around three times the investment made by NHS Kingston in funding the pilot.
- Volunteers responsible for 25% of the total value of the service – £350,000, more than 10 times the value of their input.
- An average value of £3,500 achieved for each client, 10 times the average cost of input to support them.

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Introduction and background

This report summarises an independent evaluation of a pilot service run by Age Concern Kingston: the Stay Well at Home service. This pilot ran for one year from September 2011 and the evaluation was conducted using SROI (Social Return on Investment) methodology. The full Evaluation report is published in December 2012.

Age Concern Kingston (ACK) has a long history of providing innovative services to help older people maintain their independence and improve their quality of life. The Stay Well at Home service builds on these and also responds to current health and social care policy themes with their strong focus on prevention and early intervention. By commissioning an independent SROI evaluation, Age Concern Kingston is also responding to the demand from government and from commissioners for evidence-based services that demonstrate value for money.

Why SROI?

Social Return on Investment (SROI) is a framework for measuring the value and impact of activities on all those affected by them. SROI involves stakeholders in deciding what outcomes should be measured and how. It takes account of what stakeholders say they experienced as a result of the service and attaches a financial value to this. SROI is based on seven principles which may be summarised as: involve stakeholders, understand what changes, value what matters, only include what is material, do not overclaim, be transparent and verify the result.

Its rigorous standardised methodology has been endorsed by the Government as a tool to demonstrate the value of investing in services and to aid decisions about allocating resources. SROI is particularly relevant in the context of preventative services like Stay Well at Home, where evidencing a causal link between providing the service and making a financial saving in another part of the health and social care economy, for example by avoiding hospital admission, is challenging.

"ACK are very good, they help with things I can't manage any more without getting into trouble. Also, thanks to them I started going to Raleigh House (day centre). It makes quite a day out!"

Tier I Client

The Stay Well at Home Service

Aims of the service

The Service targets people at risk of losing their independence and supports them to stay well and remain living at home. Older people face heightened risk of admission to hospital or residential care as a result of ill-health, disability, social isolation, unsuitable housing and loss of support networks. The Stay Well at Home service aims to reduce Accident & Emergency attendance and unplanned hospital and residential admissions and improve the quality of life and safety of older people living in their own homes.

How it works

Referrals come mainly from health and social care agencies and sometimes from individuals themselves. They are followed up with a holistic assessment to establish the level of need according to three Tiers:

- **Tier I – High or immediate risk:** People who are just leaving or have recently left hospital or are at immediate risk of being admitted. A home visit is made within 2-3 working days and a support plan (Well Plan) is put in place focusing on immediate practical and domestic help such as shopping, collecting prescriptions, escorting to medical appointments, laundry, support with cooking and simple meal preparation, making the home safe and clean and confidence building. Support is usually provided for 4-6 weeks.
- **Tier II – Medium or longer-term risk:** People with a more complex set of needs but with no urgent or immediate threat to their independence. A home visit is made within five working days and the Well Plan focuses on support with independent living and includes more complex casework. Support is typically provided for 12-16 weeks.
- **Tier III – Low risk:** no immediate risk is identified and enquiries are usually referred to Age Concern's Information, Advice and Advocacy Service. [Tier III clients are not included in the SROI evaluation.]

A dedicated team of part-time employees and trained volunteers provides the service.

"The ACK volunteer is very lovely and a good listener. I had a breakdown after my husband died whilst I was in hospital and I ended up taking an overdose so it's made a big difference to have her around after I came out of hospital this time. I didn't see her a lot but she helped me with lots of things. Now I've regained my confidence to go out."

Tier I client

SROI analysis of Stay Well at Home

SROI analysis always starts with the same question for all stakeholders: what changes as a result of the activity?

Outcomes

Data was gathered from the three main stakeholders: the older people who used the service, their families and health and social care professionals. Two sources are particularly important: a client survey and an analysis of a random sample of 100 client files. The survey contained a set of statements relating to key outcomes. These outcomes were established through interviews with 28 stakeholders representing clients, families and health and social care agencies. The survey was then sent to a random sample of 50 clients each from Tier I and Tier II whose files had been closed or who were no longer 'active' cases. 48 surveys were returned. Using this combination of survey and client file data, judgements were made firstly on the quantitative evidence of outcomes – how many people were affected by how many outcomes; and secondly on the value and impact of these outcomes – how much were they worth to the people affected.

Value and impact

A focus group of stakeholders was used to attach values to the outcomes, ranking them and comparing them with outcomes on which a financial value could be placed – for example increased income. These were then tested against other published studies, for example into social care-related quality of life, to ensure that the financial values set were realistic. They were also tested against certain questions. Would the change have happened anyway? Can the service claim all the credit or were others involved? Did some other service or activity get displaced? How enduring was the change?

Calculating the SROI

After taking account of all these factors, a social return on investment can be calculated. This is expressed as a ratio – the value of the sum of all the outcomes (return) compared to the value of all the inputs (investment).

"I don't like all the fuss of having people in but ACK always make me feel like it's not a bother. If I had another problem I would just give (Stay Well at Home staff member) a call."

Tier II client

Findings

Stay Well at Home worked with 682 older people during the pilot year: 150 in Tier I, 169 in Tier II and 363 in Tier III. The SROI is concerned only with the 319 people in Tiers I and II. Most of these were aged over 75 and a substantial proportion lived alone. The headline findings of the analysis of the service show:

- A social return on investment of 11:1 – £11 of value for every £1 spent.
- Savings in public sector expenditure of £268,000, around three times the investment made by NHS Kingston in funding the pilot. This is not the total cost of the service, however, since it was hosted and supported by ACK and benefited from its infrastructure, accommodation and resources.
- Volunteer input, fundamental to the success of the service, valued at £30,000, equivalent to 25% of the total investment. Volunteers could be said to be responsible for 25% of the total value or £350,000, more than 10 times the value of their input.
- An average value of £3,500 achieved for each client, 10 times the average cost of input to support them.

While these conclusions are subject to further testing in the independent SROI Assurance process, it is likely that the social return on investment will be substantial.

Outcomes for older people

The evaluation identified three primary outcomes for older people: increased independence; reduced worry and isolation; and more awareness and use of the help available. In turn, these led to further tangible outcomes, for example, being able to stay at home longer, improved quality of life and a greater sense of well-being. People usually experienced more than one outcome.

Increased independence

199 clients or 63% of those in Tier I and II felt more independent after having received the service.

This feeling of having more independence resulted from a sense of having greater control over daily life and, in some cases, also related to an actual increase in income. ACK's Advice and Information team secured additional benefit entitlement totalling £48,561 on behalf of 46 clients referred by Stay Well at Home. A value of £2,112 was agreed as representing the importance of this outcome to clients.

Reduced worry and isolation

Feeling less anxious and being less isolated was another important outcome evident in 52% of survey respondents, to which a financial value of £1,504 was attributed. At interview, people spoke of feeling reassured, having someone impartial to talk to about important decisions and being linked into a wider network.

More use of appropriate help

Older people often do not know where to go for help and are resistant to accepting it when it's offered. Sometimes this is because of a bad experience they, or someone they know, have had in the past. People became more aware of the kind of help available to them and Stay Well at Home helped them to overcome barriers to accessing it, persuading clients to seek and accept support where they may have resisted in the past.

Seeking help and being successful in getting it also makes people more likely to look for further help when needed. 19 people took up the offer of buying more support from the Handyperson service and 55 purchased support from Help at Home, both ACK services.

Being able to stay at home for longer

Anxiety about having to move from their home preoccupies many older people and resolving that fear or removing the threat of needing to move is of tremendous value to an older person. In the study, 83% of clients felt they would be able to manage at home for longer because of the support they had had from the service. In the review of case files, staff identified 37% of clients at risk of being admitted to residential care. This figure is close to the 36% of clients themselves who felt they faced a significant risk of needing to move that had been mitigated as a result of input from the service. By giving support and boosting people's sense of control and capacity to continue to live independently, the service reduced this anxiety. This together with the avoidance or deferral of costs associated with moving to a residential environment was awarded a value of £5,000.

Improved quality of life and a greater sense of well-being

People's experience was of feeling better about things as a result of having the Stay Well at Home service. 48% of clients responding to the survey said that they now took better care of themselves and 27% stated that their mental health had improved. This overall sense of a better quality of life at home was valued at £3,616 (the sum of values associated with increased independence and reduced isolation).

Outcomes for relatives and families

The evaluation did not obtain sufficient data on the proportion of clients with family members acting as carers nor the levels of care provided. However, reduced stress and physical demands on families is suggested strongly in the comments of family members and echoes other research indicating that around 33% of carers experience significant levels of stress.

Public sector outcomes

Creating capacity in Intermediate Care Services

The community healthcare provider in Kingston, Your Healthcare, runs an Intermediate Care Service (ICT) that targets support to people being discharged from hospital with an intensive six-week package of care to help them in the transition from hospital to home. Views of frontline staff in the ICT team can be taken to represent views across staff working to support older people to leave hospital and avoid readmission. ICT staff estimated that the existence of the Stay Well at home service released 15–35% capacity in the ICT service. In other words they could see 15–35% additional cases because of Stay Well at Home relieving them of work – they could refer straight to the service if clients did not need their specialist skills, secure follow-up and reduce the number of visits they had to make. This is equivalent to a minimum saving of £513 per client.

Other possible outcomes were identified by health and social care managers interviewed as part of the study. While insufficient data is available to confirm or quantify these outcomes, they are robustly supported by other research.

Extensive research literature supports the hypothesis that action taken by services to support clients to self-care reduces demands on public services in the future. It is likely, for example, that the Stay Well at Home service will have an impact on GP practices by lowering demand for GP nurse home visits. The project has put significant effort into working with GPs as a route to connecting with people at risk who may not be known to other services and 50% of the practices in Kingston are now engaged.

Prompter discharge and admission avoidance

It is likely that the service facilitates prompter discharge from hospital, by providing the Tier I support services; over the 12 month period 126 clients were referred directly from hospital wards. Taking into account the extent of, and reasons for, delayed discharge, the savings arising from Stay Well at Home were valued at £35,530.

In addition, 25% of those interviewed reported problems with hospital discharge, due to issues such as the time of discharge (evenings), inadequate arrangements to get home safely, inadequate arrangements for initially coping at home (e.g. appropriate aids not being provided), and lack of liaison with family. None of these problems appeared to have stopped discharge occurring, so it would appear in fact that discharge should have been delayed in these cases but was not. There appears, therefore, to be further scope for Stay Well at Home to assist in ensuring a smooth and appropriately prompt discharge in many more cases. Given the problems arising from 'revolving door' emergency admissions, there is significant potential for cost savings through increasing the community support capacity of Stay Well at Home.

Further, since Stay Well at Home addresses significant risks early and before they escalate, the evaluation estimated that around five unplanned hospital admissions were avoided (valued at £2,075 each) and around three admissions to residential care were, at the very least, delayed. This is further supported by evidence in the review of client files where 52% of people had not had a home visit from another service that would have given the opportunity to assess living conditions and identify risks. Avoided residential care admissions are the most significant outcome for public sector savings, valued at £48,471 for each avoided admission.

Service quality

Although the quality of service is not subject to measurement within the SROI methodology, the way in which the service is delivered is critical to achieving the outcomes that are measured. The service is well run with many clients, carers and professionals commenting on the smooth referral processes, timeliness, attention to detail and clarity of communication. Stay Well at Home is a person-centred service and there is clear evidence from the study that the Well Plans address the things that really matter to older people and their families. Stay Well at Home has also been well received, with the caring and professional attitude of staff and volunteers particularly notable: "He (ACK Volunteer) was really good – he thought about things". The service is trusted in a way that other services are not: "Patients are much less reluctant to go to ACK," (A Physiotherapist).

Conclusion

The Stay Well at Home methodology of early intervention, targetting people who are at risk of being unable to continue to live independently but who are not yet receiving a care package makes a big difference to people's lives and saves money that would otherwise have to be spent in the public sector. It is clear from the study that the public sector does not have the same ease of access to people who use Stay Well at Home; indeed 65% of them were not previously known to ACK. Given the changing demography of Kingston, the service extends the reach of the organisation into a critical and growing target population.

Around 80% of clients had some resistance to accepting services, consistent with what we know from other studies. The model of engagement used by Stay Well at Home fosters a relationship of trust because it focuses on the older person's aspirations, and what they would like to do to stay well rather than on assessing their entitlement to services or their financial means.

The service offers excellent value for public sector money, with a social return of 11 times the value of investment. While some assumptions will be further tested in the SROI assurance process, the return will be substantial. The study found potential savings to the public sector of three times the level of investment. The value of volunteer input attributed to the project is likely to understate the added value of the service in harnessing the goodwill of volunteers. Savings of three times investment are not insignificant but the value created for older people dwarfs this at 10 times the overall input.

In the context of increased pressure on public funds, maximising the value achieved with what is spent is vital. Based on the returns identified in this study, the case for further investment in expanding the capacity of the Stay Well at Home service is compelling. Based on demographic projections and reasonable assumptions of demand, it may be possible to avoid as many as 40 admissions to residential care by delivering the service to 1,685 people. Doing so at a cost of £500 per person, a total investment of £800,000 would yield savings of around £2m, a net benefit of £1.2m to the public purse, not to mention the benefits to older people in improved well-being and quality of life.

"The ACK volunteer was excellent, reliable and efficient. Up until I needed Age Concern I wasn't aware of what they offered. Now my home help is through Age Concern too. I haven't got anyone else who could do it. It's a wonderful concept."

Tier I client





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