

# Integration in Action

## Evaluation of Age UK Warwickshire's provision of impartial information and advice about housing, care and related finance in later life

Analysis of service delivered to older people by Age UK Warwickshire, including those identified through the GP Care Navigators and /or delivered as part of the EAC FirstStop national programme

March 2017

# Integration in Action

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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.

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## About Age UK Warwickshire

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. It has a national advice line for information, signposting and in-depth advice. Age UK Warwickshire is one of a network of local Age UK partners across the country that provides a range of services and products to support older people. These include local Information Services, Health, Wellbeing and Dementia Support and Housing Services for housing and care options advice and assistance around the home.

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## At a Glance Summary

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### Why?

Most people experience significant life changes as they become older. Health decline is very common, including onset or exacerbation of long term chronic health conditions, reduced mobility and/or eyesight decline. All of these physical changes can affect the suitability of an older person's home to enable safe, independent living.

Most older people wish to remain independent in their existing home for as long as possible. Many have their homes modified eg. putting in grab rails, installing bathroom alterations or stair-lifts, all of which can help to make daily living more manageable, as well as reducing health risks eg from falls. However in some cases this is not enough and the daunting prospect of moving home may have to be considered.

Facing these housing choices can be particularly challenging for 'older old' people, often living alone and with limited knowledge of possible alternative options, and without support from family.

The Care Act 2014 introduced a duty for local authorities to ensure that information and advice is available to all including on housing issues. The Act also reinforced the importance of integrating health, care and 'health related' provision, including housing.

### What?

In 2015 Age UK Warwickshire became part of a national Dept for Communities and Local Government (DCLG) pilot initiative – the Elderly Accommodation Council's FirstStop programme – designed to help to meet this need for integrated, impartial information, advice and practical help around housing, care and related finance in later life.

At around the same time AUKW was starting a ground breaking GP Care Navigator Pilot in South Warwickshire which was pro-actively visiting older people, identified by their GP as being at higher risk, in order to undertake a holistic assessment and offer interventions to reduce risk.

Clearly, housing was an important part of that intervention offer and so the two initiatives were connected and complementary.

### Outcomes – The National Evaluations

Both the South Warwickshire GP Care Navigators and the national DCLG EAC FirstStop locals programme were independently evaluated.

The evaluation of the GP Care Navigators identified savings of £3.44 for each £1 invested.

The national evaluation of the DCLG EAC FirstStop 14 local 'Housing & Care Options' services identified a saving of £23 for each £1 invested.

This evaluation specifically examined the Outcomes from the local Age UK Warwickshire Housing & Care Options service, applying the methodology developed for the above national evaluations.

## Findings

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### Outputs & Outcomes of Age UK Warwickshire Housing & Care Options Service

The older people who were helped by the service were in three categories.

**Level 1** - received information & awareness raised of later life housing & care options

**Level 2** - received information and one-off advice

**Level 3** - received information, advice and intervention ('casework') – extent of contact enabled identification and recording of Outcomes to individual's lives.

### Outputs in the 18 months of operation that were evaluated

From 1st June 2015 to end Nov 2016 (18 months) the (part time) specialist housing & care options adviser assisted:

- **Level 1: 1,357 older people received basic housing & care information**
- **Level 2: 117 older people assisted through provision of housing related information and advice**
- **Level 3: 163 older people assisted who needed more extensive help and casework level support e.g. to move home**

The evaluation methodology calculates the cost benefits for health and social care that result from the Outcomes achieved for older people only for **Level 3 cases**.

The evaluation identified that 70% of the Housing & Care Options Adviser's time was spent on Level 3 cases.

**The 12 month cost of delivering just Level 3 cases was £19,346\***

**The first 12 months cost saving to health and social care from Level 3 cases was £337,804.**

**This gives a cost benefit ratio of 1: 17.5**

**For every £1 spent on the Housing and Care Options Advice service to assist Level 3 cases, health and social care saved £17.50.**

*(\*Note that the cost benefits from just one of the case studies described in Chapter 4 more than covers the cost of the adviser).*

It should be noted that these are potentially cumulative annual savings ie when the outcome of a home move/alteration to a home has reduced the risk of falls/hospitalisation/enabled independent living without care/prevented admission to residential care, then for each year that an older person continues to live in this improved situation the potential savings increase year on year.

Given this cumulative annual saving, plus the likely savings\* arising from improvements to the living situations of older people who were helped through information and advice delivered at Level 1 and Level 2 it would not be unreasonable to estimate a cost benefit for the overall Housing and Care Options service at 50% higher than the first year's Level 3 only ratio.

***This would give an estimated continuing cost benefit ratio for the whole service of 1:26, which is just above the national evaluation figure of 1:23.***

# Contents

## At a Glance Summary

### **Chapter 1: Background** 6

- How the initiative came about
- Timeframes
- Scale of activity
- Evaluation methodology

### **Chapter 2: Context** 9

- Why integrate impartial housing, care & related information and advice into health care provision
- Cost benefits
- Operating environment

### **Chapter 3: The Results: Outputs and Outcomes of the Housing & Care Options Information & Advice Service in Warwickshire** 14

- Defining the service
- Warwickshire Housing Options Information & Advice Service Outputs
- Profile of older people assisted by the service
- Changes to older people's housing situations
- Outcomes to health and wellbeing as a result of intervention
- Service user views about the service

### **Chapter 4: Cost benefit modelling: Application to Individual Cases** 21

### **Chapter 5: Cost Benefit Modelling: Application to All Cases** 27

### **Chapter 6: Conclusions** 31

**Appendix 1:** The Age UK Warwickshire GP Care Navigator Service

**Appendix 2:** The EAC FirstStop Local Pilots Programme

**Appendix 3:** Specific Housing Questions included in the GP Care Navigator Assessment Prompts Checklist

**Appendix 4:** Qualitative feedback – comments from service users, families, carers and professionals about the benefits of the service

**Appendix 5:** Costed Case Studies

**Appendix 6:** References

# Chapter 1: Background

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## How the initiative came about

In 2015 South Warwickshire GP Federation (SWGPF) commissioned Age UK Warwickshire (AUKW) to work with 31 GP practices in South Warwickshire to deliver a Care Navigator service [see Appendix 1 for detailed description], commencing as a trial in April 2015.

This service was to pro-actively contact all patients over 75yrs who had the greatest health care needs (multiple long term conditions, frailty, frequent users of NHS services) offering them a holistic assessment and multifaceted interventions to reduce health risk/improve overall health & well being and also to reduce demand on NHS services.

In order to be able to identify and address housing related issues that were already (or would in future increasingly be) impacting upon patients' health, the model included integrated provision of housing related advice, information and interventions.

In order to add in this additional housing related information, advice and practical help, grant assistance was secured from the national EAC FirstStop initiative (from May 2015 to end March 2016), funded through the Department for Communities and Local Government [see Appendix 2 for full description]. This enabled AUKW to employ a specialist housing options adviser to complement the core GP Care Navigator team. The service was also seen as a useful resource to older people identified as needing housing help as a result of contact with other AUKW services, such as the home safety check scheme.

All GP Care Navigators received *Housing & Care Options in Later Life* training; housing prompt questions were included in the GP Care Navigator checklist [See Appendix 3]; housing intervention/outcomes measures were incorporated into the data collection/monitoring systems; and referral pathways were developed to direct more complex cases to the specialist housing adviser. To further alert people to the housing aspect of the GP Care Navigator initiative, '*Housing & care options in later life*' profile raising activity was undertaken in healthcare settings e.g. workshops and information stands in some of the GP practices.

## Timeframes

Initial funding for the GP Care Navigators pilot ran from April 2015 to March 2016. It was then extended [but with a 2/3rds reduction] from July 2016 to March 2018. The GP Care Navigators project was evaluated on the basis of 12 month data from April 2015 to March 2016.

The EAC FirstStop grant for the Warwickshire Housing & Care Options service ran from May 2015 to March 2016 [when all national programme funding ended]. As a condition of this grant, detailed data about outputs and outcomes had to be submitted to EAC, and hence is available for this evaluation, from May 2015 to end March 2016.

Because of the ongoing need, evidence of value and acknowledgement of the essential role of the housing options adviser as part of the GP Care Navigator work, as well as to the overall AUKW information and advice offer, AUKW continued to fund the housing options specialist post from a legacy during 2016-17, with the aim of identifying new income to secure the longer term future of the service.

Data about the activity of the housing and care options service was collected via AUKW's general Charity Log system from April 2016 onwards.

This evaluation of the housing & care options service is based on a combination of the EAC FirstStop data returns from June 2015 to March 2016 and then from AUKW's Charity Log from April 2016 to Nov 2016 (18 months in total).

## **Scale of activity**

From 1st April 2015 to 31st March 2016 1,265 category P1 patients (those who have the highest level of healthcare needs) aged over 75yrs were referred by the GP Practices to the team of 7 GP Care Navigators and 1,021 older patients were visited at home for full assessment/interventions.

From June 2015 to end Nov 2016 (18 months) the part time specialist housing & care options adviser assisted 117 older people through provision of housing related information and advice ('Level 2' cases), and 163 older people who needed more extensive help and casework level support e.g. to move home ('Level 3' cases), a total of 280 cases.

In addition, a further 1,357 older people have received 'Level 1' basic housing & care information e.g. through workshops, surgeries, outreach events etc.

## **Evaluation methodology**

The approach taken has been to utilise qualitative and quantitative data from a range of sources, including the findings of two related in depth evaluations – that of the South Warwickshire GP Care Navigators pilot plus the EAC FirstStop local partners' programme – and to apply the cost benefit methodology developed in these larger scale evaluations, particularly for the EAC FirstStop programme.

The local GP Care Navigators initiative was independently evaluated in 2016 [Cooper 2016] utilising data about activity from April 2015 to March 2016. This applied a mixed methodology including: Outcome data, including use of EQ-5D-5L and Warwick-Edinburgh Well-being Measures (Wemwbs) to look at people's self-assessment of the impact that the service had on their well-being and health; Performance dashboard collated by the SWGPs (Quest Over 75s Health Check database); Participation in AUKW Care Navigator team meetings; Telephone interviews to discuss progress with AUKW and primary care staff working on the project and those affected by it; Case studies compiled by the pilot; Service user reviews collated by Care Navigators; Desktop literature review, identifying unit cost and social value information.

*This report identified a return on investment ratio of 342% in the initial 12 months.*

The EAC FirstStop local pilots programme [Cooper 2015] was evaluated in October 2015. This gathered evidence from the national website and advice line data; output and outcome data returns from the 16 local housing & care options advice local pilots (including the Warwickshire service); 44 detailed semi structured interviews with service users in four localities; 16 written case studies from other localities; 21 interviews with staff and stakeholders; desktop literature review. A cost benefit methodology was developed as part of this evaluation which is being applied in this report.

*This report identified an overall **cost benefit ratio of 1:23** ie for every £1 spent on the local Housing & Care Options information and advice service health and social care saved £23.*

This evaluation report draws on the findings of each of these earlier evaluations, as well as retrospective examination of the outputs and outcomes data for the activity related to the AUKW specialist Housing & Care Options advice service. In addition it utilises: five case studies compiled from more detailed housing & care options service files; information gathered through three in depth face to face interviews with beneficiaries who had moved home [undertaken by the evaluator]; plus analysis of service feedback forms and related correspondence.

## Chapter 2: Context

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### Why integrate impartial housing, care & related information and advice into health care provision?

People's homes are central to their quality of life and a major determinant of their ability to live independently and maintain health, particularly as they age.

Good quality, impartial information and advice plays a critical role in enabling older people to make informed decisions about their later life housing and care, both of which fundamentally underpin wellbeing [Age UK 2013].

Most people experience a series of significant life transitions as they become older (e.g. retirement; bereavement of partner and/or friends; changes in health situation; onset of disability etc). Each change raises issues and questions about living arrangements, care and related finance that may not have been faced before [Cabinet Office 2013].

Decisions about where to live and access to care & support are underpinned by individuals' financial circumstances and assets – hence the need for fully integrated information and advice which straddles social care, housing & finance.

Good quality, impartial information and advice can help to enable older people to make the best decisions to maintain their health and independence at such transition points [Adams 2015].

### Health, care, housing – the inextricable links

The impact of housing quality & suitability on health has long been recognised [Marmot 2010]. Unsuitable housing can cause or exacerbate health problems and increase care needs, hence more appropriate housing can improve wellbeing and reduce calls on the NHS and social care.

Quote:

***“The distribution of health and well-being needs to be understood in relation to a range of factors that interact in complex ways. These factors include whether you live in a decent house”.***

*Sir Michael Marmot (2010) Fair Society, Healthy Lives: The Marmot strategic review of health inequalities in England post-2010*

Housing quality and suitability has a direct impact on the health and wellbeing of the occupants of a home, and so there are measurable impacts on the cost to the NHS of housing shortcomings.

As people require the greatest level of help from the NHS in later life, improving health through better housing has a particularly high level of impact on health costs.

The Building Research Establishment has quantified the annual cost to the NHS of specific aspects of poor housing as being in excess of £1.4 billion [Nicol 2015]. Further analysis of this data source reveals that approaching half of this NHS annual cost (£624m pa) is for treatment of older people [Adams 2016].

Likewise, a suitably designed and/or adapted home can extend independent, safe living in later life [Heywood 2007] and thereby also impacts on the need for social care & NHS services.

There is a quantifiable link between falls and housing characteristics and

- **Falls** are the reason for **over half** of hospital admissions for accidental injury & for 10-25% of the ambulance call-outs for older people.
- **Hip fractures** cost £2b+ pa/£6m+ each day – most are due to falls, the majority taking place in the home.

The focus of local health and care reform and integration has so far been primarily on the integration of adult Social Services provision & the NHS, with housing considerations something of an afterthought.

Joint pilots and isolated initiatives to involve housing services operating alongside health & care have been patchy, too often seen as 'extras' rather than a core element of statutory provision, whilst learning from pilots has not been applied to emerging systems.

## Cost benefits

A larger scale series of evaluation studies of the EAC FirstStop Housing & Care Options Information and Advice programme undertaken by the University of Cambridge [see Appendix 5 for full list] have identified a number of ways in which integrated information and advice for older people reduces costs including:

- i) **Reducing health care costs** through;
  - better management of long term health conditions, hence reduced GP/nurse visits
  - enabling faster, safe hospital discharge
  - reducing rates of hospital admission/readmission
  - falls reduction
- ii) **Reducing Social Care costs** through;
  - avoidance/delay of care home admission
  - reducing the amount of care at home needs
  - enabling best use of personal resources

These aspects of cost benefit are demonstrated in the case studies cited in this report and illustrated by the short example from one of the Cambridge studies below.

### **Helping [housing & care options advice] service users move to more suitable homes can save public services money**

*“We [local housing options service] help people with [the council’s] Choice Based Lettings to bid online, and, as it is difficult for many older people [to do this], we take them to view properties. For example, a man was living in a three-bedroom property and needed carers three times a day. We helped him move to a more suitable flat which already had adaptations, and this reduced his need for a carer to one visit per day.”*

*Source: Cambridge Centre for Planning and Housing Research, University of Cambridge – DCLG funded evaluations of FirstStop Information and advice*

## **Operating environment**

### **Rising numbers of ‘older old’**

The number of people aged over 85 is expected to more than double, rising from just under 1.5 million in 2011 to 3.2 million people by 2034.

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 4 million older people have a long term limiting illness, 40% of the 65 plus age group. Again, if the homes of these older people are warm, safe, secure and suitably adapted, healthy independent living can be extended.

### **Where older people live**

Any approach to preventing health and care needs through housing service integration needs to be based on realistic analysis of the housing situations and tenure of the local population in order to ensure that it reaches all sectors.

In particular, whilst many housing initiatives and good preventative services are targeted at older people living in social housing, particularly specialist and supported accommodation, this potentially risks missing the larger scale of need in the owner occupied sector.

- 96% of older people live in ordinary, mainstream homes
- 4% are living in specially built accommodation including sheltered, extra care, retirement
- 76% of older households are owner occupied (18% social rented, 6% private rental/other)
- 77% of specialist/supported housing is for rent, the vast majority social rent [Garret H, 2015]

## **Savings and prevention through integration**

There is a strong policy directive to integrate services, to enable more joined up delivery with the expectation that this will help to improve population health e.g. through prevention, and making more efficient use of available resources across health and care (e.g. by reducing avoidable hospital admissions and facilitating earlier discharge).

Integration steps that are already happening include implementation of the Better Care Fund, Sustainability and Transformation Plans (STPs) and local devolution.

One of the disincentives that has been an obstacle to provision of housing related services, including housing and care options information and advice, is that activity financed by one sector (e.g. Housing) potentially results in savings to another sector (e.g. NHS). Integration is intended to reduce the impact of such considerations.

## **Provision of integrated information and advice drivers**

The Care Act 2014 and the associated Statutory Guidance recognised the gap with regard to integrated information and advice provision in previous policy and practice and aimed to redress some of that imbalance.

The Care Act 2014 introduced a Duty for local authorities to ensure that information and advice on care and support is available to all and the Care Act Statutory Guidance makes it clear that this Duty includes information and advice about related housing and finance as well as care, and that these are interconnected. The Guidance sets out in detail essential levels of provision of integrated information and advice.

The Law and Guidance go significantly further than the requirements under earlier social care and current housing legislative requirements.

The Care Act 2014 also reinforces the importance of integrating health, care and 'health related' support – the legal definition of 'health related' specifically includes housing.

## **What older people want?**

Amongst the older population there is a high level of satisfaction with home and neighbourhood [DCLG, 2016] with 94% satisfied with their current home (86% for younger households). The frequently stated aspiration of the majority of older people is to live in their own home for as long as they possibly can. And whilst many accept that a time may come when this becomes impossible, there is relatively little awareness of what their realistic alternative housing options may be.

For the instances where the current home no longer meets the older person's needs and is putting them at risk, a move to alternative housing may be the best option. This is where an impartial person, able to offer a listening ear as well as hard facts, is highly valued by older people [CCHS 2013], along with practical help to move where the person does not have other people (family, friends) to help them.

For the majority, modifying the existing home to accommodate changes in later life e.g. mobility decline, will be both the preferred and realistic option. Information and advice about the most suitable and effective home adaptation is key for the many who can afford to undertake the work themselves, whilst financial help for those with few or no resources remains an important component in local housing related provision e.g. Community Equipment Services, or Disabled Facilities Grants for adaptations.

What is important in the provision of adaptations is speed and efficiency. Slow provision has a particularly costly impact on the NHS e.g. delays to hospital discharge, increased risk of falls etc. as the case study below illustrates.

### **Case Study 1:**

#### **Delays in installation of adaptations resulting in falls, injury and NHS costs**

#### **CASE STUDY**

##### **Mr and Mrs A**

Mr and Mrs A are both in poor health, particularly Mr A who has mobility problems. The only bathroom in their home is upstairs. Mrs A demonstrated to the GP Care Navigator how she ensured Mr A got to the bathroom by following behind him on the stairs in case he lost his balance. The Navigator identified if Mr A fell, then his wife would fall too and he would probably land on top of her. [In fact] Mr and Mrs A had suffered this worst case scenario. Mr A had fallen on the stairs along with his wife with Mrs A breaking her wrist in 3 places and splitting her head.

The Navigator arranged assessments with housing and Adult Social Care. Following telephone assessment, Mr and Mrs A declined care support [but wanted home adaptations] and they were advised there would be a three and a half month wait for a Housing Assessment Team visit about the adaptations.

Source: *GP Care Navigator Example*

## Chapter 3: The Results:

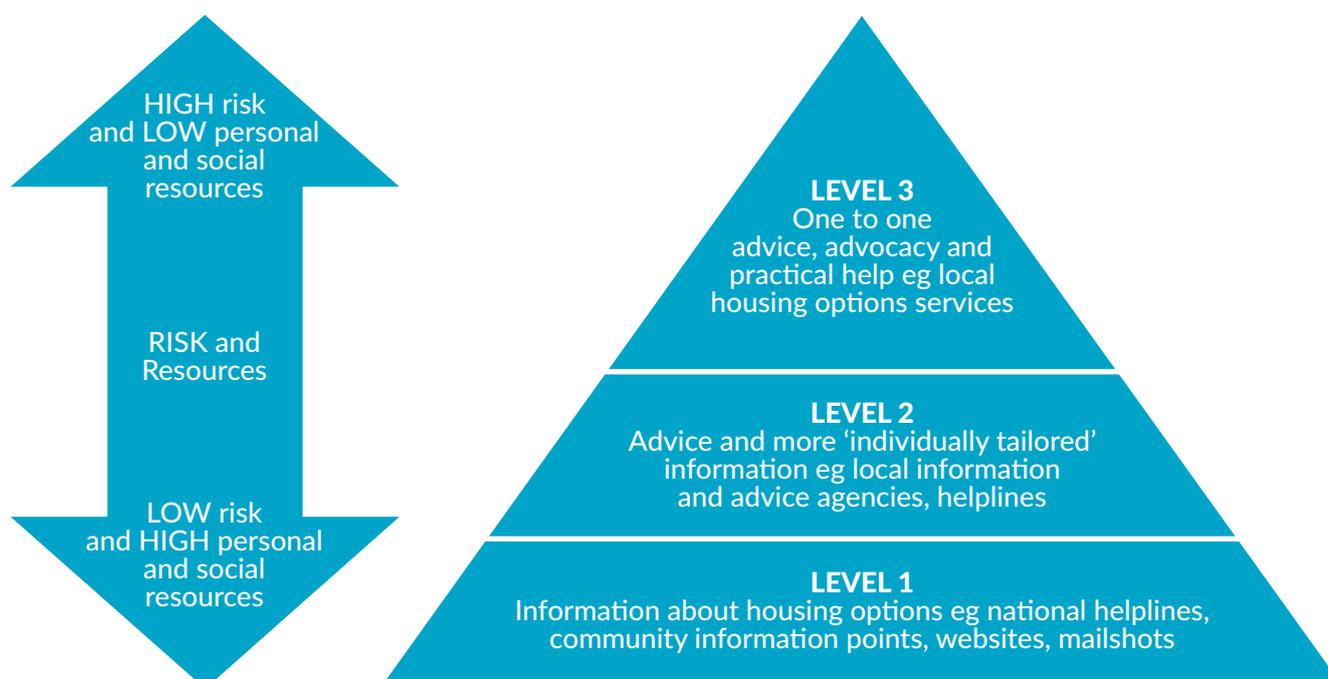
### Outputs and Outcomes of the Housing & Care Options Information & Advice Service in Warwickshire

#### Defining the service

The service was funded as part of the EAC FirstStop initiative and the model for the output measures divides the information and advice provision into three levels, described below.

This evaluation has focused on the more in depth work with Level 3 cases where a higher level of data capture and outcome measures was possible.

**Table 1: The FirstStop Service**



#### 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. General 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 websites and telephone help lines and the local advice services.

## 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.

## 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.

## Warwickshire Housing Options Information & Advice Service Outputs

From 1st April 2015 to 31st March 2016 1,265 category P1 patients (those who have the highest level of healthcare needs) aged over 75yrs were referred by the GP Practices to the team of seven GP Care Navigators and 1,021 older patients were visited at home for full assessment/interventions. The assessment and interventions included identification of housing related issues. Navigators could address some of these themselves, drawing on the expertise of the Housing Options Adviser/referring directly to the handyperson service etc, or for more involved cases, they could refer patients to the Housing & Care Options adviser.

Any of the AUKW generalist information and advice staff, or specialist project workers could also refer housing cases to the specialist adviser, or external organisations could make direct referrals to her.

Whilst the majority of referrals during the initial months of the service came from GP Navigators and internal AUKW services, a significant increase in external referrals such as community nurses and advocacy agencies was apparent in later months as the service became more widely known and understood.

From 1st June 2015 to end Nov 2016 (18 months) the (part time) specialist housing & care options adviser assisted:

- **Level 3 Cases: Assisted 163 older people who needed more extensive help and casework level support e.g. to move home**
- **Level 2 Cases: Assisted 117 older people through provision of housing related information and advice**
- **Total: 280 older people advised and assisted**

Another important element of the Housing & Care Options service is to raise awareness of later life housing and care options amongst older people and to alert them to the availability of the advice and services available from AUKW and others eg. EAC FirstStop website etc.

In addition to the Level 1 and Level 2 cases, a further **1,357 older people received 'Level 1' basic housing & care information** delivered through workshops, surgeries, outreach events etc. also undertaken by other AUKW staff.

## **Profile of older people assisted by the housing & care options service**

### **Age**

*72% of those using the service were over 75yrs with 31% aged 85yrs or over.*

### **Gender**

*60% of those using the service were female, 40% male*

### **Household type**

*67% of those helped were living as single householders, 28% couples and 5% other*

### **Long term health condition and/or disability\***

*75%\* of those helped had a long term health condition/disability (9% not known)*

*(\*Note that Long term health condition/disability data is taken from the data collected and submitted to EAC FirstStop for the 10 months of operation (up to 31st March 2016). Information was not recorded in the same way in subsequent data collection system from April 2016 onwards.*

### **Ethnicity**

*82% of service users were white, 1% Asian/British Asian (remainder other/not recorded).*

### **Housing type & tenure\***

*66% of households were living in mainstream housing, 31% in specialist stock and 3% other.*

*34% of households were owner occupied, 51% social rented, 11% private rented, and 4% other.*

*The national average for all older households (65+) is 76% owner occupation and 96% mainstream stock/4% specialist. However, these figures reduce for the 'older old' and the difference can partly be explained by the older age profile of service users and the high incidence of long term health conditions/disability.*

*(\*Note that Housing Type & Tenure data is taken from the data collected and submitted to EAC FirstStop for the 10 months of operation (up to 31st March 2016). Information was not recorded in the same way in subsequent data collection system from April 2016 onwards.*

## Changes to older people's housing situations

### Modifications to older person's home

The older person's home was improved (repaired, adapted, made safer/more secure) to enable them to live more safely and independently in 28% of cases.

*Note that in some instances the person not only moved home but also had some adaptation/security work done to the new home.*

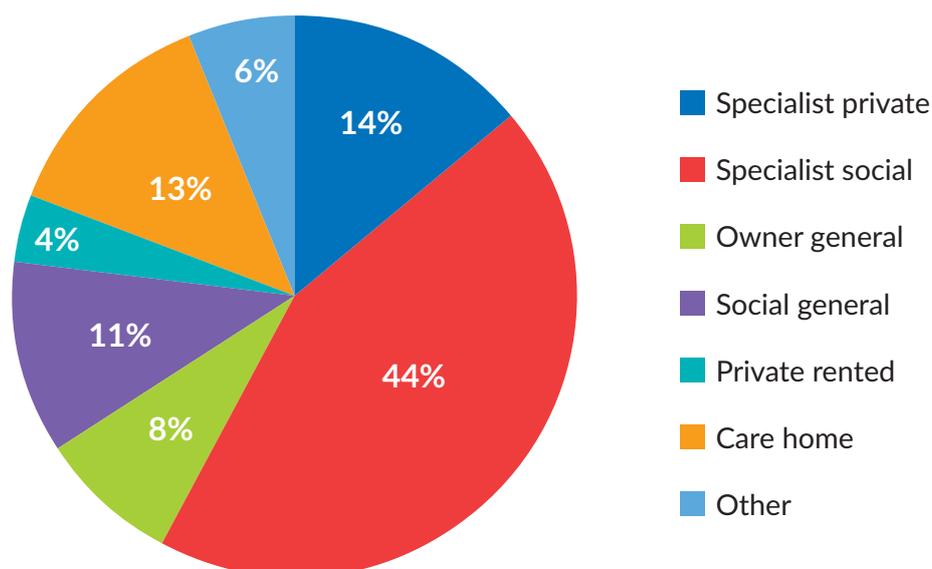
### Changes to living arrangements

One of the features of this particular Housing & Care Options service has been its integration within a wider team of advisers which in turn has resulted in capacity to provide a greater level of assistance to those with higher housing needs, often living in more challenging circumstances (described in the case studies) and who required practical assistance in order to move to a more suitable home that will reduce risks to their health and wellbeing (e.g. falls, accidents).

As a result of this specialist housing adviser arrangement, 72 older people (26% of all Level 2 and Level 3 cases) moved from unsuitable accommodation to a home which better meets their needs, and which is beneficial to their health and independence.

Of those who moved, the majority (n.42/58%) moved to specialist housing; 10 (14%) moved to specialist private sector; 32 (44%) to specialist social housing; 6 (8%) downsized to owner occupied mainstream housing; 8 (11%) to mainstream social housing; 3 (4%) to general private rented; 9 (13%) moved to a care home and 4 (6%) relocated to 'other' accommodation.

**Table 2: Type of homes older people assisted to move to**



## **Outcomes to health and wellbeing as a result of intervention**

*Note: This Outcomes section utilises the more detailed EAC FS Outcome data recorded for the Level 3 cases during the first 10 months of operation.*

### **1. Health Outcomes**

#### **1.1. Falls risk reduction**

Interventions resulted in reduced risk of falls in 33% of completed cases.

In the subsequent modelling of cost benefits we have assumed that this reduced risk of falling would result in reduced risk of resulting hospital admission in 20% of these cases, and reduced risk of hospitalisation as a result of falls related hip fracture in 10% of these cases.

#### **1.2. Improved long term conditions management**

Interventions resulted in improvements in 22% of completed cases.

Impact of improved long term conditions management was measured in terms of reduced GP visits – estimated as average of 4pa.

#### **1.3. Reduced risk of hospitalisation/delayed discharge**

This was reduced in 6% of completed cases.

### **2. Improved well-being**

#### **2.1. Reduced social isolation**

In 24% of cases social isolation was reduced.

#### **2.2. Improved access to practical support**

In 53% of cases there was improved access.

#### **2.3. Enhanced independence**

Reported in 6% of cases

### **4. Reduced risk of premature admission to residential care**

Reported in 4% of cases.

One instance was identified of enabling an older person to leave residential care and move to independent living [see costed case study 2 below]. This older person had been prematurely admitted to residential care following delayed hospital discharge because the hospital would not discharge the patient to a newly secured extra care housing flat, despite the support of a sister in law, adviser and carers. As a result of the housing options service a very distressing situation was eventually retrieved and the older person moved to the extra care supported housing where she is now living in good health, is fully mobile, has a high level of independence and with low level of social care paid support.

## Service user views about the service

Service user feedback was gathered using the FirstStop postal survey form (average 49% return rate). Content of unsolicited letters, emails and cards was also examined.

Survey form responses indicated that 95% of respondents would recommend the service to others (one form was only partially completed, otherwise would have been 100%).

90% of respondents said they felt more confident about making the right decision(s) about their housing and care as a result of the information and advice received from the service.

68% had actually made decisions about their housing/care as a result of the information and advice provided.

Appendix 4 lists comments by service users and carers which provide qualitative information about the value and impact upon individuals.

One example:

*"I want to thank you firstly for your great kindness on the phone last week to me when I was so consumed by fear & failure.*

*I do thank you so much for your kindness as well as your practical words, at that moment you offered a kind hand of help without a harsh judgement. It was really important and will stay with me like a little light in a dark place.*

*I have had hard times but I have never asked for help before.*

*Thank you again – Very kindest wishes to you."*

## Professionals' views about the service

Whilst gathering views of professionals about the service specifically in Warwickshire was not part of this evaluation methodology, it is worth both highlighting the findings of the national multiagency evaluation [Cooper 15] and noting the comments in examples of correspondence which was provided for the evaluation (see below).

Cooper found that;

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."*

*"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"*

Because the connections to the innovative GP Care Navigator scheme make this housing and care options advice service particularly relevant to identifying health gains to patients/the NHS, comments from two local health professionals who had worked with the adviser are noted below.

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*“This couple are extremely excited and happy with the outcome of the visits that the Housing Advisor & I made to them and they have said that they intend to write to the GP surgery to acknowledge their thanks.”*

mail from GP Navigator

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*“I am writing to say how wonderful it is to work with your Age UK [Warks] employees. I work for the Drs in [name of location] as a community nurse for the over 75’s offering enhanced assessments and case managing in an attempt to prevent hospital admissions.*

*My job is made so much easier with the support I receive from Age UK [Warks] staff. They are all such supportive people and a mine of information.”*

Letter from Specialist Nurse for Older People in GP practice

## Chapter 4: Cost benefit modelling:

### Application to individual cases

#### Defining the service

In both the GP Care Navigator Evaluation and the FirstStop Local Projects Evaluation a methodology was developed for estimating cost savings resulting from the respective service interventions.

This included application of the widely accepted unit costs of health and social care interventions developed by the Public Social Services Research Unit (PSSRU) as well as NHS Reference costs, to individual case studies.

In the case of GP Care Navigator report, it is notable the extent to which the cost benefit analysis case studies include a high proportion of housing related interventions (see illustration below).

In this section we reproduce a housing related costed case study from the GP Care Navigator Evaluation report [Cooper 16] and then apply the methodology to a sample of cases from the Housing & Care Options service.

#### Example from GP Care Navigator Evaluation Report illustrating cost benefits from housing interventions

##### CASE STUDY 1

Mr and Mrs W live in an isolated rural village. Mrs W has mobility problems associated with arthritis and Mr W has had several strokes, which have left him with poor balance and mobility problems. They both wish to remain independent in their own home.

Their GP was extremely worried about their safety at home and asked the Care Navigator to contact them. She discovered they were both struggling to get upstairs and Mr W was crawling up on all fours. They only had an upstairs toilet and weren't drinking enough. They also had an old roll top bath, with a shower over the top and were having to help each other in and out of the bath. There was a step down into the kitchen and they were both struggling to navigate this, especially if they were carrying food and drinks.

The large garden was becoming difficult for Mr W to manage and Mrs W was struggling with household chores. Mr W was also worried about their finances and the cost of any adaptations etc. They did not wish to move and were worried what would happen, as they realised they were at risk of falling/injury.

As a result of the GP Care Navigator service significant housing problems resolved:

- Home Safety check was carried out (by AUKW service) and grab rails, chair risers and a half step installed within a week.

**This immediately reduced the risk of falls and hospital admission**

- Referral made for OT assessment for home adaptations. The bathroom which was completely unsuitable, was converted into a wet room funded by the client, giving Mr and Mrs W their independence back and reducing the risk of falls and hospital admission, or requirements in the medium term for major care package or residential care admission.
- A stair lift was installed, meaning they could both go up and downstairs without the risk of falling. This in turn reduced the risk of hospital admission. They also felt they could increase their fluid intake, as they could now access the bathroom safely. This reduced the risk of UTI's, hence potential GP appointments or hospital admission.

**Avoided hospital admission resulting from fall and broken hip: £3,577 each, but in this case the saving was reduced by 50% to take account of cost of provision of equipment ie. £1,789**

- Attendance Allowance was awarded at higher rate for Mr W and lower rate for Mrs W. This means they now have additional income which is paying for gardener/odd jobs and cleaner. This again will help reduce the risk of injury/falls and hospital admission.

**Avoided unplanned hospital admission for each is £2,837 each = £5,674**

- Mr and Mrs W have kept their independence, which was important for their mental health and wellbeing. This has reduced visits to the GP, as they are no longer as anxious about their living conditions.

**Each GP visit reduced saves £46 for an 11 minute appointment i.e. will save at least £552 per year for the two of them. Reduced anxiety for each saves £1,800, and if reduced by 50% to take account of cost of equipment fitted by others equates to £900.**

### Total estimated cost saving

Avoided hospital admission resulting from fall and broken hip (minus cost of provision of adaptation)	£ 1,789
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Avoided unplanned hospital admission for each is £2,837 x 2	£ 5,674
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Saving on reduced GP visits (12pa @ £46 each)	£ 552
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Reduced anxiety (minus equipment cost) pa	£ 900
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<b>TOTAL</b>	<b>£ 8,915</b>

Mr and Mrs W are delighted with the results. They said if the GP had not referred them to GP Care Navigator for an assessment, things would be very different.

*"Mr and Mrs W invited me to go and have a look at the wet room and stair lift. When I arrived Mr W hugged me and said they were both so grateful. I was invited to sit in the chair lift, as Mr W proudly demonstrated how it worked. Mrs W had baked a cake to celebrate the occasion!"*

GP Care Navigator

## CASE STUDY 2

Miss S is 77yrs old. She had lived in a rented house in Leamington all her life, including alone for 14 years following the death of her mother. Miss S has moderate learning difficulties and her home had fallen into a state of extreme disrepair. There was no heating or hot water, windows and doors were rotting away, there was extensive damp and a great deal of mould growth as well as decomposing food, rubbish and rat/mouse droppings everywhere.

Miss S was very ill with sores on her legs, respiratory problems and other health issues, clearly being exacerbated by her very poor housing conditions. She was sleeping in a chair which was soaked in urine (as was the rest of the house & furniture) due to unmanaged incontinence. Miss S's sister in law, Mrs T, had made contact with Miss S and was doing as much as she could faced with such a difficult situation, although being older herself and living in Birmingham and reliant on public transport made it very difficult for her to get to Miss S on a regular basis, and the situation felt overwhelming. Mrs T therefore contacted Age UK Warwickshire for help, initially with regard to a garden fence which was resulting in a major dispute with the landlord.

After steps to try to deal with the most pressing problems (given Miss S's extreme reluctance to move), the housing options adviser was able to secure a place in a new Extra Care Housing scheme. Unfortunately, prior to this being finalised Miss S's health deteriorated further and she was admitted to hospital. Due to problems convincing the hospital that Miss S was capable of self care (with a support package) in the extra care housing scheme, she was kept in hospital for 8 weeks and then, without notifying the sister in law, the hospital discharged Miss S to a residential care home out in the Cotswolds.

Miss S stayed there for a further 6 weeks, and by this time she was seriously institutionalised and not walking at all. Through the perseverance of Mrs T and the housing options adviser, they secured Miss S's discharge from the Care Home and moved her into the extra care housing scheme with daily support visits by care workers. Within days, instead of using a wheelchair, Miss S regained her mobility and has since progressed to briskly walking at least a mile nearly every day, sometimes further.

As well as gaining mobility Miss S's health is greatly improved, with no further respiratory problems, no more falls or hospitalisation some 9 months after moving into the purpose built apartment, with its fully accessible design, including wet room bathing facilities. This transformation of Miss S has also had a beneficial effect on Mrs T, who still visits regularly and is now happy in the knowledge that Miss S is safe and cared for.

Had the adviser been able to reach Miss S just a little sooner, or persuaded the hospital that discharge to the extra care flat was viable as soon as she no longer needed to be in hospital for a medical reason (i.e. after estimated 2 weeks), 6 weeks of hospitalisation costs could have been avoided, as would 6 weeks of residential care costs.

### Identifiable Avoidable costs saving (PSSRU unit costs)

42 days in hospital for non-medical need @ £275 per day	£11,550
6 weeks in residential care home @ £493 per week	£ 2,958
<b>TOTAL</b>	<b>£14,508</b>
<b>Minus care and support package costs</b>	
Care support package (low level) £210 per week x 6 weeks	- £ 1,260
Note – the rental costs on the extra care flat were being incurred anyway	
<b>TOTAL SAVING</b>	<b>£13,248</b>

### Further ongoing savings to NHS & Social Services

Reduced risk of fall & hip fracture	£ 3,577
Reduced risk of unplanned admission for respiratory complaint	£ 2,837
Reduced annual costs through avoidance of residential care (£25,636pa) minus care support at home (£10,920pa)*	£14,716
<b>TOTAL SAVING</b>	<b>£34,378</b>

It is worth noting that the cost of the Housing and Care Options adviser post for a year is less than the combined savings on this single case.

*\*Note that as Miss S was in receipt of Housing Benefit and Council Tax Reduction in her previous home as well as the current home, no additional housing costs have been deducted.*

Comment from Miss S

*"In the old house I used to lie in bed and my feet were really cold as they were by the draughty rotten window."*

Comment from Sister in law

*"The change for (Miss S) has been transformative. As soon as we told her she could leave the care home she got out of the wheelchair and walked with the zimmer. Now she walks to the shops most days – nearly a mile. She is learning to prepare meals for herself and uses the cafe downstairs. This will reduce carer visits from three a day to two.*

*Without the help of [name, housing & care options adviser] she would never have moved here – she would still be in that care home – or worse."*

### CASE STUDY 3

Mr B [67] lived alone in a high rise block of flats. He had been diagnosed with Progressive Supranuclear Palsy, a rare and progressive condition. Despite having lifts in the building, he had a number of concrete stairs to negotiate in order to get to his flat. His living space was very small and he had fallen many times (in excess of 40 falls in past 12 months, estimated by Mr B]. He was reluctant to use his bath-lift as had almost fallen from it on more than one occasion. There were no carpets on the floor and the lounge was taken up by a hospital bed and an easy chair.

He didn't want to move but knew that he had to consider his housing options for the time when his condition deteriorated and he would need a safer environment and care support. He had been offered a care package but refused this on the basis that he wanted to remain as independent as he could for as long as possible. He is supported by the local mental health team who regularly visit.

The housing options advisor became involved and over time managed to persuade Mr B just to look at a local extra care housing scheme. Mr B was also estranged from his only brother and Age UK Warwickshire managed to locate this man, who immediately visited and is now a great help and support, taking Mr B to his many medical appointments, doing shopping etc.

With the support of the housing options adviser and his brother, Mr B agreed to move to the extra care housing scheme, much to the delight (and relief) of his GP.

#### Outcome

Mr B now lives in a safe, fully wheelchair accessible purpose built apartment and has a care visit most days. The flat has the space to allow him to use a walking frame to get around more safely – he was unable to use a walking aid in his old flat because it was too small and uneven. He has a wet room for bathing and additional grab rails have been installed.

Mr B also benefits from the social aspects of the scheme in that he eats at the restaurant once a week and will sometimes visit the cafe for a coffee. But as someone who prefers to be on his own, he enjoys the comfort and safety of his own apartment.

As his condition deteriorates and his care needs increase, the extra care scheme will be able to provide this, extending his independence and reducing risk of emergency hospital admission.

#### Estimated Savings

Reduced risk of fall & hip fracture	£ 3,577
Reduced risk of unplanned admission	£ 2,837
Reduced annual costs through avoidance of residential care (£25,636pa) minus care support at home (£5,460pa)*	£ 20,176
<b>TOTAL SAVING</b>	<b>£ 26,590</b>

*\*Note No additional housing costs have been deducted as Mr B was in receipt of Housing Benefit and Council Tax Reduction in both properties.*

#### Comment from Mr B

*"If it hadn't been for [name of adviser] I would never have moved. I just didn't see the point in anything, even though I'd fallen about 40 times in the last flat – and I didn't eat properly, but I can now see the benefits."*

## CASE STUDY 4

Mr and Mrs H (87yrs and 88yrs respectively) were living independently in a social rented house in a small hamlet between Coventry and Leamington Spa. Mrs H cared for her husband who had symptoms of early dementia and was finding the situation increasingly worrying as Mr H had gone out and got lost on a number of occasions. She felt isolated as there was just one daily bus to/from the village which made it difficult to socialise or do any shopping. She doesn't drive, and it was becoming clear that it would not be long before Mr H could no longer drive either as he got lost if Mrs H was not in the car with him.

She contacted Age UK Warwickshire because she thought that living in sheltered accommodation closer to shops, GP and her sister in Leamington would help her to cope. Mr H initially refused to even consider a move. Further to the AUKW adviser's intervention and lengthy discussions, Mr & Mrs H were offered a well located (on bus route, near sister) flat in sheltered accommodation and Mr H agreed to move. They were fully supported to move by AUKW, including providing help from the handyman service e.g. putting up curtain rails, sorting out electrics etc.

The result has been transformative, with both Mr and Mrs H far less stressed, feeling much safer and well supported to deal with the impact of dementia, with reduced risk of injury and with a better quality of life during their remaining years together. Mrs H is now feeling able to care for Mr H for the foreseeable future, with the likelihood that he will be able to extend independence at home and avoid residential care for longer.

### Estimated Savings

Reduced risk of unplanned admission (Mr H)	£ 2,837
Reduced annual costs through avoidance of residential care (Mr H)	£25,636
Reduced anxiety (Mrs H)	£ 2,538
<b>TOTAL SAVING</b>	<b>£31,011</b>

*\*Again, no change to housing costs as housing benefit/council tax reduction paid in both homes.*

Comment from Mrs H

*"I feel so secure now – you can't imagine how worried I was before when [Mr H] wandered off for hours. I had never asked for any help before and can't believe how wonderful [name of adviser and handperson] were."*

*See Appendix 5 for further costed case studies*

## Chapter 5: Cost benefit modelling:

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### Application to all cases

This section utilises the model developed and used to evaluate the whole national EAC FirstStop local programme cost benefit analysis (Cooper 2015) and applies it to the Warwickshire housing & care options service.

#### The Model

The model is based on the following risk-reduction cost benefit system which examines whether, as a result of the housing & care options intervention, the service user:

*i) was able to avoid hospital admission as a consequence of a fall and potential hip fracture [used a weighted cost of £3,577 for unplanned admissions with hip trauma (NHS Ref Costs)]*

*ii) does not require an unplanned hospital admission for other reasons related to their living circumstances, particularly excess cold and winter admissions [assumed cost of an unplanned admission £2,837 (PSSRU)]*

*iii) is able to stay in their own home without requiring home care support at the national median level [costed at £370 per week/£19,240pa (PSSRU)]*

*iv) avoids being admitted to a residential care home [assumed average weekly cost of £493 for a single room and £513 for a double room – £25,636/ £26,676pa (PSSRU)]*

*v) can be discharged without delay following a hospital admission [used a cost of £1,100 based on the average cost of £275 for a non-elective day's stay in hospital (NHS Ref Costs) and the calculation in previous research that delayed discharges averaged four days (Cambridge 2014)]*

*vi) reduces their number of GP attendances, [costed at £46 per appointment (PSSRU)]*

*vii) 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 [used a saving to the NHS of £900 (Windle et al 2011)]*

*viii) the impact on the service users' or others' level of anxiety, assessed at £2,538 (McCrone et al), or mental health issues, calculated to be £2,142 (PSSRU).*

The cost benefit model takes a conservative approach to assessing potential savings as it only applies the savings to Level 3 cases ie. where there is extensive contact with the service user and detailed information about outcomes is recorded.

The model does not include any estimated cost benefits from improvements to older people's living situations as a result of receiving Level 2 assistance, nor from any of the Level 1 information only cases. This does not mean that there are no cost benefits arising from these levels of intervention, just that without more detailed follow up and research these are harder to quantify.

## Application to the Warwickshire service

The Level 3 case outcomes were recorded on the EAC FirstStop data returns from the Warwickshire service from June 15 to March 16 (10 months). During this period there were 80 Level 3 cases, 51 closed. From April 16 a different database was used but the percentage rates of case outcomes achieved in the first 10 months have been applied to the Level 3 equivalent cases completed in the subsequent 8 months – April 16 to Nov 16 (a further 113 closed cases).

The sample survey of case studies (detailed in Appendix 5) and the three home visits data (above) provided an extra check with regard to assessment of risk reduction recorded and potential cost benefits.

One outcome which is most frequently reported is reduced risk of falls (reported as an outcome in 33% of cases) and hence a resulting reduced risk of unplanned hospitalisation, including reduced risk of hip fracture. As features in the home environment are one of the three main risk factors in falls, it is logical that improving an older person's living situation, particularly enabling (in the majority of cases) the older person to move from unsuitable housing to a fully accessible, purpose built home will reduce risk. However, again, in order to avoid concerns about overstating the case, in applying the national evaluation model to the Warwickshire service, we have estimated only two in ten cases where reduced falls risk resulted in avoidance of hospitalisation and one in ten resulting in avoidance of a hip fracture.

Reduced anxiety and/or improved mental health and resulting cost benefits have only been applied to the in depth case studies as this outcome was not routinely recorded on the database.

Outcome	% of cases *1	L3 cases *2 163 over 18 months	£ Unit saving/pa	Total saving (18m)	Total saving (12m)
Reduced falls risk Resulting avoidance of hospital admission due to fall (20% of cases) Prevent hip fracture (10% of cases)	33%	54  20% = 11  10% = 5	  2,837  3,577	  31,207  17,885	  20,805  11,933
Other unplanned hospital admission	4%	6.5	2,837	18,440	12,294
Live independently at home without care	6%	10	19,240	192,400	128,267
Avoids residential care	4%	6.5	25,636	166,634	111,089
Faster hospital discharge	2%	3	1,100	3,300	2,200
Reduced GP attendance (est 4 visit reduction pa)	22%	36	184 [46 x 4]	6,624	4,416
Reduced isolation	24%	39	900	35,100	23,400
Reduced anxiety [for the 4 case studies only]	n/a	4	2,538	10,152	10,152
Additional savings*3 (Case study 2)				13,248	13,248
<b>TOTAL SAVING</b>				<b>£494,990</b>	<b>£337,804</b>

\*1 Based on the detailed outcomes reported in EAC FS returns – 80 cases/51 closed

\*2 163 closed cases

\*3 Actual cost of excess time spent in hospital and cost of residential care incurred because of not discharging client to newly secured extra care housing flat.

## Cost of service delivery

To deliver the Housing & Care Options Service in AUKW for a year cost £27,637  
(for a 4/5ths adviser post with associated costs eg. travel and overheads).

The estimated division of the adviser's time between Levels 1, 2, & 3 cases is as follows

	Cases	% time	Av case cost
Level 1	1357	15%	£4.6
Level 2	117	15%	£53.1
Level 3	163	70%	£178.0

Based on this division of the adviser's time gives an annual cost of delivery of Level 3 of £19,346, Level 2 £4,146 and also £4,146 for Level 1, though it should be noted that other AUKW staff to contribute to the Level 1 Outputs.

## Summary

Applying the conservative national methodology to assess cost benefits arising from risk reduction outcomes achieved by the AUKW Housing & Care Options Service **Level 3 cases** only, completed during 18 months (June 15-Nov 16) resulted in annual savings to health and social care of £494,990.

**For a 12 month period the cost saving to health and social care is £337,804.**

**One year revenue cost delivering these Level 3 case savings is £19,346\*.**

**This gives a cost benefit ratio of 1: 17.5**

**So for every £1 spent on the Housing and Care Options Advice service to assist Level 3 cases, health and social care saved £17.50.**

*(\*Note that the cost benefits from just one of the case studies described in Chapter 4 more than covers the cost of the adviser).*

It should be noted that these are potentially cumulative annual savings ie when the outcome of a home move/alteration to a home has reduced the risk of falls/hospitalisation/enabled independent living without care/prevented admission to residential care, then for each year that the older person continues to live in this improved situation the potential savings increase year on year.

Given this cumulative annual saving, plus the likely savings\* arising from improvements to the living situations of older people who were helped through information and advice delivered at Level 1 (a further 1,357 older people provided with information) and at Level 2 (a further 117 older people advised), it would not be unreasonable to estimate a cost benefit for the overall Housing and Care Options service at 50% higher than the first year's Level 3 only ratio.

***This would give an estimated continuing cost benefit ratio for the whole service of 1:26, which is just above the national evaluation figure of 1:23.***

*\*It should be noted that it has not been possible to accurately quantify health/care gains arising from those helped but classified as Level 2 and Level 1 cases using the outcomes methodology and within the constraints of a small scale evaluation.*

## Chapter 6: Conclusions

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This evaluation provides evidence of significant savings to the NHS and Social Care resulting from the activities of the Housing & Care Options information and advice service operated by Age UK Warwickshire (AUKW).

The changes to older people's housing situations that result from the interventions of this service are;

- improving older people's physical health
- improving older people's mental health
- reducing risk of health acute episodes, particularly reduced falls risk
- reducing risk of unplanned hospital admissions
- reducing risk of delayed hospital discharge
- improving management of chronic long term health conditions
- reducing GP visits/calls on other health professionals' time

*[Thereby contributes to meeting NHS and Public Health Outcomes]*

### **For Social Care**

- extending independent living
- delaying/preventing admission to residential care
- reducing care and support need
- reducing isolation and enhancing social engagement
- improving wellbeing and quality of life

*[Thereby contributes to meeting Care Act 2014 obligations and ASC Outcomes]*

### **For older people and carers**

- improving quality of life
- enabling older people to make best use of their limited resources
- increasing independent living capacity
- avoiding crises eg. hospitalisation, residential care admission
- resulting in greater security and 'peace of mind'

## Cost benefits

Applying the conservative methodology to assess cost benefits arising from risk reduction to the Level 3 cases completed during 18 months (June 15-Nov 16) resulted in annual savings to health and social care of £494,990.

For a 12 month period the cost saving to health and social care is £337,804.

One year revenue cost of post to deliver these savings is £19,346\*.

**This gives a cost benefit ratio of 1: 17.5**

**So for every £1 spent on the Housing and Care Options Advice service to assist Level 3 cases, health and social care saved £17.50.**

*(\*Note that the cost benefits from just one of the case studies described in Chapter 4 more than covers the cost of the adviser).*

It should be noted that these are potentially cumulative annual savings ie when the outcome of a home move/alteration to a home has reduced the risk of falls/hospitalisation/enabled independent living without care/prevented admission to residential care, then for each year that the older person continues to live in this improved situation the potential savings increase year on year.

Given this cumulative annual saving, plus the likely savings\* arising from improvements to the living situations of older people who were helped through information and advice delivered at Level 1 (a further 1,357 older people provided with information) and at Level 2 (a further 117 older people advised), it would not be unreasonable to estimate a cost benefit for the overall Housing and Care Options service at 50% higher than the first year's Level 3 only ratio.

***This would give an estimated continuing cost benefit ratio for the whole service of 1:26, which is just above the national evaluation figure of 1:23.***

## Contributing to achieving NHS, Public Health and Social Care Outcomes

The national Dept for Communities and Local Government Programme Evaluation (Cooper 2015) of local FirstStop Housing and Care Options Advice services (which included this Warwickshire service) concluded that such services were directly facilitating the achievement of specified health (NHS & Public Health) and adult social care (ACS) outcomes in the nationally set NHS/PH/ASC Outcomes Frameworks including:

### 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

## Reaching those in need

As the age, gender and household status of the service user analysis demonstrates, the service is proving particularly adept at reaching those in greatest need, particularly 'older old' people (72% were over 75yrs, nearly a third 85yrs or over); those who are isolated; living alone; with significant health problems and disability; and/or who are more likely to be reluctant to ask for help.

This higher age profile/higher levels of disability go some way to explaining the above average levels of service users who live in social housing (51%).

This extended outreach is probably partly due to the interconnections between this service and the innovative GP Care Navigators scheme, which pro-actively contacted higher risk older people with the greatest health needs. Because this service is part of a wider team of advisers within AUKW, it has demonstrated a particular expertise and focus on assisting older people living in particularly challenging housing situations to move home.

This positioning as part of a wider team enables the housing and care options adviser to be a source of special expertise that in turn supports more of the generalist advisers to undertake more straight forward housing related inquiries. In addition, those who need practical housing help with repairs and adaptations can be assisted by AUKW's handyman team or its small Care & Repair service.

Inclusion of the housing related questions in the GP Care Navigators checklist, combined with raised awareness about the housing and care options service amongst healthcare staff, are also very likely to be contributing factors to this service's improved reach to those in greatest need.

## Qualitative findings

The benefits to individual older people, their carers and families, and also to the professionals who work with them, go beyond benefits to public expenditure.

The feedback survey forms, the interviews and unsolicited correspondence all indicate a high level of trust in the independence, impartiality and reliability of the services of AUKW generally, as well as specifically for this service.

This issue of trust and impartiality is key to enabling older people to feel confident about making significant life changes.

The many evaluations of the EAC FirstStop local and national information and advice services (CCHPR) have all highlighted this finding, showing how highly valued such services are by the older people who use them.

This evaluation too found that when speaking to service users, they were overwhelmingly positive about the service, describing the exceptionally high quality of the support that they received, the ways that they always felt in control and 'un-judged', and how they were treated as individuals. The value of this human side of the service cannot be underestimated.

As one man with a terminal illness said *“She helped me to find my long lost brother who now visits me every week – you can’t put a price on that”*.

Knowing that AUKW’s services are there should they ever need them again clearly gives many older people great peace of mind.

## **Constraints**

A housing and care options adviser can only find a suitable home for those whose health is being adversely affected by their current housing situation if there are alternative, better homes available.

This evaluation finds that for those in the worst situations this has usually meant moving to supported social housing. The value of this option is clearly demonstrated in the case studies, but it is noted that there is a limited supply of such stock and is unevenly distributed across the county. The concentration of supported housing in the social rented sector (which is a national phenomenon) also means that there may be fewer options for lower income/lower equity home owners who are unable to afford even the limited supply of private sector retirement housing, which tends to be aimed at a higher or middle market.

A further constraint on finding suitable alternative housing that will improve health & increase independence for older people, is the affordability of this option and the current uncertainty that is resulting from planned changes to welfare benefits. Such uncertainty can make it harder for older people to make well informed decisions about moving home.

Further constraints on the adviser being able to find suitable solutions to housing problems faced by older people are the systems within which the service is operating. Sometimes the work of the adviser is to intervene and broker solutions to problems that have arisen as a result of higher level system shortcomings e.g. disabled facilities grant long waiting lists, rigidity of housing allocation systems, risk averse procedures e.g. hospital discharge and exclusion of those who are on the margins from means tested assistance despite having considerable needs and inadequate personal resources to meet those needs, which if not addressed, will impact on (non-means tested) NHS provision.

## Prevention and future crisis aversion

There is currently a great deal of interest in enabling/encouraging more people to think and plan ahead for their later life, including considering moving home prior to possible health decline.

Whilst this is clearly ideal, there are many people who have few options, particularly when it comes to housing choices, and in the case of supported social housing, this may be hard to access prior to a crisis because of needs assessment. Nevertheless, as case studies in this evaluation illustrate, there are significant savings to be made if older people living in homes which are clearly becoming unsuitable are supported to move prior to a crisis.

This emerges as a particular issue for isolated older people living in rural areas, especially as a consequence of lack of local facilities and poor public transport.

## Integration in action

Housing quality and suitability has a significant impact on the health and wellbeing of the occupant(s), and hence on NHS and Social Care demands.

However, whilst this may be tacitly acknowledged at a higher level, with the virtues of inclusion of housing considerations in the integration of health and care frequently extolled, at a practice level housing remains an afterthought at best.

The critical role of the housing and care options adviser working closely and even within the structure of the NHS, either within GP practices and/or within a hospital setting is a logical next step in order to secure the potential benefits which are indicated by this evaluation.

The evaluation demonstrates positive outcomes and cost savings for both the NHS and Social Care. However, future provision of housing and care options services is at risk due to a lack of joint/integrated commissioning across health and care. Because it is not a core function or responsibility of any one sector it is all too easy for the provision to fall between the cracks, batted from pillar to post with no one sector willing to take the lead.

Ironically, as it is a low cost service dealing so far, in NHS terms, with relatively small numbers of people, it is a service that is also at risk because it may be seen as too small to matter. Such high impact, low cost interventions for modest numbers can easily be lost in the grand scheme of things, where, understandably, volume crisis management is dominating the integration debate.

Nevertheless, looking to the future, embedding housing and care options information and advice for older people within emerging integrated health and care systems can play an important role in reducing costs and improving lives.

## Appendix 1

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### The Age UK Warwickshire GP Care Navigator Service

#### Extract from Independent Evaluation by KHC Consulting Ltd (2016)

The South Warwickshire GP Federation was commissioned by South Warwickshire Clinical Commissioning Group (CCG) to undertake a pilot project working with Age UK Warwickshire (AUKW) at 31 GP Practices to provide well-being co-ordination support to frail people aged over 75. AUKW is delivering the service through a team of 7 Care Navigators who are based in clusters of GP practices across the area.

GPs are carrying out assessments of people aged over 75 using a risk stratification tool to identify these patients. GP Practices then divide patients into 3 categories – P1, P2 and P3.

- P1s are high users of NHS services. The pilot aims to interview people in the P1 category in their homes as a key element of the assessment process. They are then supported by the AUKW Care Navigators to address the key needs that they have identified, with the care navigator acting as co-ordinator, and if necessary, advocate. The project's target is to support 1,000 P1 people. Those who are apparently less dependent on NHS services are categorised as P2s. P2s are interviewed by telephone, supported by the AUKW Gateway team. The target number is 3,000 people at P2 level.
- P1s and P2s also have enhanced clinical reviews via GP Practice staff.
- An agreed proportion of P3s are also receiving an enhanced clinical review via the GP Practice, but these P3s are not part of this evaluation.

The pilot is designed to identify and fill any gaps in the system and to provide an accessible service in South Warwickshire by creating a new, integrated service model using Care Navigators. It aims to:

- enable AUKW and Primary Care to provide integrated services by joining up what they do and how they do it
- identify needs earlier
- support older people to navigate the internal services and external systems they are faced with to access help
- enable older people to explore services to remain independent
- ensure that AUKW and the GP practices have the flexibility and capacity to respond to what people say they want
- gather data to evidence whether the intervention is having an impact and improves the lives of older people

## The core outcomes of the pilot

The pilot programme aims to achieve four core outcomes:

- To deliver personalised, appropriate and timely access to services
- To improve the quality of people's lives and maintain independence
- To ensure that we offer a service that provides satisfaction
- To deliver a programme of work that delivers value for money across the local health economy by
  - reducing demand at the front door of primary care and reducing avoidable admissions to hospital
  - demonstrating the effectiveness and cost efficiency of the AUKW coordination service model to GPs and informing future commissioning arrangements

## Appendix 2

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### The EAC FirstStop Local Pilots Programme

Extract from Independent Evaluation by KHC Consulting Ltd (2016)

#### 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.

The FirstStop Advice service is delivered via a website, a national advice line, a network of 25 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 Care & Repair England, local FirstStop partners aim to:

- ensure that 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.

## Appendix 3

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### Specific Housing Questions included in the GP Care Navigator Assessment Prompts Checklist

Are there any repairs needed to your home?	
Do you have difficulty getting in and out of the bath/going up and down steps and stairs/using other areas of your home, e.g. toilet or kitchen?	
Would you like advice or information about small aids or adaptations to make these things easier?	
Are there any small maintenance jobs in your home or garden that you can no longer do yourself and would like help with?	
Do you find it difficult to keep warm in the winter?	
Do you have a gas fire/boiler?	
When was it last serviced?	
Do you have a working smoke alarm/CO detector/had a home fire safety check?	
Would you like any housing info or advice, e.g. about alternative accommodation?	

## Appendix 4

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### Qualitative feedback – comments from service users, families, carers and professionals about the benefits of the service

Older service users

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*I would like to say that [name of adviser] was the perfect person to help with the enquiries I made. She was enormously impressive with wide ranging knowledge and advice and a very compassionate approach.*

*I wish to thank Age Concern [i.e. Age UK Warwickshire] for the help that was given and on a personal basis [name of adviser] in particular.*

*I would certainly approach your organisation again should the need arise.*

*Many thanks.*

*Yours sincerely*

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*The information you sent is proving invaluable and has enabled us to move matters forward with both [name of landlord] and Warwickshire and even though everyone is being kind and helpful, it is a tortuous process at a time of pain and grief, but I hope we are now on the right tracks.*

*We cannot thank you enough for your guidance and help on the phone, we would not have known where to start without you. Thank you for your kind offer of further help if needed.*

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*You've given me some of the most helpful comments that I've had from all the agencies that I've spoken to.*

*Thank you*

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*Thank goodness I rang you.*

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*It is good to have found such a source of knowledge, I do not feel alone in this quest... thanks.*

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*I just wanted to thank you for taking the trouble to give me such good advice. I've followed several things up this week, and am making good progress. It's such a relief to be doing something positive.*

*I can't tell you how much I appreciate the Age UK [Warks] service in general, and you in particular.*

*So many thanks*

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*Thank you so much for your help and for the links you sent me. I've had a look and it's given me a lot to consider.*

*Looking into having the house valued in the near future, as you suggested, and planning on looking at some of the retirement housing as soon as that is done.*

*Thank you again for your help with this matter.*

#### Carers/family members

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*On the home front we're keeping everything crossed that the house sale will go through and she moves to ....., she's been and met a couple of the 'inmates' and was a different woman, brought a tear to my eye. I've kept your details in case we need your help in the future. Once again very many thanks for all the help you gave us it is much appreciated.*

---

*Thank you so much for your prompt reply and helpful suggestions. You have been such a help during this difficult time.*

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*With regard to mum she is now at a care home – hopefully to move to sheltered housing after Christmas. Thanks for your help in getting us this far.*

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*Thank you so much for all you've done for mum. I don't know how we would have done without you.*

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*Thank you for your e mail and all the links. I will download the information tomorrow and see if any of it helps our situation.*

*I duly made contact with social services on the number you provided and gave them all the relevant information. They say a social worker will be allocated to us and will be in contact in due course to arrange the assessments required but this will take at least a week.*

*In the meantime thank you for your helpful advice. Regards*

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*Thank you so much for your prompt reply and helpful suggestions. I will take them all on board tomorrow. You have been such a help during this very difficult time. Hopefully tomorrow will yield a result.*

## Appendix 5

### Costed Case Studies

Case	Living circumstances	Service support	Outcomes/cost savings										
<p>Mr M, 68yrs, lived alone in poor housing, depressed, anxious</p>	<p>Living solitary life in social housing bedsit for 15yrs. No lift – four flights of stairs.</p> <p>Ulcerated legs made negotiating the stairs very difficult – feared that any deterioration would lead to being housebound. Also unable to use the bath. Alternative home had been offered but felt unable to manage the move.</p> <p>Spent most of the time sitting with curtains drawn and a row of buckets capturing leaking water from the cracks in the ceiling. Only time out of flat was 2 hours accompanied by care worker once a week. No family or friends.</p> <p>The district nurse visited regularly to change medical dressing on legs.</p> <p>Suffered with extreme anxiety and depression and took prescribed medication for these conditions.</p>	<p>Age UK Warks Psychological support team became involved. Referred Mr M to housing &amp; care options adviser who secured offer of extra care accessible one bed flat.</p> <p>She supported Mr M through all aspects of the move, both practical and emotional – latter was very important.</p> <p>Sorted finances, removal, obtained charitable grants to meet cost of basic furnishings/disposal etc.</p> <p>Handyperson service also assisted.</p>	<p>Mr M is a great deal more positive – district nurse and home support staff commented on this – noted that Mr M laughed for the first time in years.</p> <p>Happier because new home provides;</p> <ul style="list-style-type: none"> <li>• a more secure environment</li> <li>• increased opportunity for social interaction</li> <li>• a safer and more spacious living space</li> <li>• the opportunity to leave the apartment without assistance and fear of falling</li> </ul> <p>Level access shower means able to wash independently – beneficial to leg ulcers.</p> <p>No longer taking anti-depressants or using psychological support service.</p> <p><b>Cost benefits (annual)</b></p> <table border="1"> <tr> <td>Less risk of hospital admission</td> <td>£ 2,837</td> </tr> <tr> <td>Reduced anxiety</td> <td>£ 2,538</td> </tr> <tr> <td>Reduced isolation</td> <td>£ 900</td> </tr> <tr> <td>Reduced GP visits (x4)</td> <td>£ 184</td> </tr> <tr> <td><b>Total</b></td> <td><b>£ 6,459</b></td> </tr> </table>	Less risk of hospital admission	£ 2,837	Reduced anxiety	£ 2,538	Reduced isolation	£ 900	Reduced GP visits (x4)	£ 184	<b>Total</b>	<b>£ 6,459</b>
Less risk of hospital admission	£ 2,837												
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<p>Miss S, 80yrs, lived alone in council bungalow, isolated, multiple falls.</p>	<p>Poor (deteriorating) mobility due to severe arthritis – uses a wheeled frame to get around indoors. Numerous falls at home necessitating paramedic visits and hospitalisation. Socially isolated – no family or friends – but had small dog which was important company.</p> <p>Finding it increasingly difficult to manage at home and only able to leave the house with assistance. Home Support worker visited twice weekly to do shopping.</p>	<p>Housing &amp; care options adviser became involved to support move to a ground floor sheltered flat.</p> <p>She organised the move, including the important emotional support as well as financial and practical tasks.</p> <p>She also found new home for pet dog.</p>	<p>Miss S is now living in</p> <ul style="list-style-type: none"> <li>• a more secure environment</li> <li>• with increased opportunity for social interaction, so less isolated</li> <li>• a safer and more spacious living space with less risk of falling</li> <li>• has access to on site practical support</li> <li>• financially better off to meet needs as welfare benefits claims organised</li> </ul> <p><b>Cost benefits (annual)</b></p> <table border="1"> <tr> <td>Reduced falls hospital admission risk</td> <td>£ 2,823</td> </tr> <tr> <td>Reduced isolation</td> <td>£ 900</td> </tr> <tr> <td><b>Total</b></td> <td><b>£ 3,723</b></td> </tr> </table> <p>[no change to Home Support costs] Also likely to have delayed admission to residential care in medium/longer term.</p>	Reduced falls hospital admission risk	£ 2,823	Reduced isolation	£ 900	<b>Total</b>	<b>£ 3,723</b>				
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Case	Living circumstances	Service support	Outcomes/cost savings								
<p>Mrs M, 82yrs, lived in isolated, detached house in rural area which was in state of disrepair and unsafe.</p>	<p>Mrs M has sleep apnoea and memory issues so had lost driving licence. Bus stop considerable distance from the house and although some drivers would stop outside her home most didn't and she struggled with the long walk back with heavy shopping, made worse by ulcerated leg.</p> <p>Since her husband's death Mrs M had struggled with the maintenance of both the garden, which was now unkempt, and house, which had fallen into a sad state of disrepair and in places unsafe. In order to make ends meet had taken in tenants from eastern Europe who would come and go with the local seasonal work.</p> <p>Felt very vulnerable and realised should move but overwhelmed by prospect with no family or friends to call on for practical support.</p> <p>Was visited by the GP navigator who referred the Housing Options adviser.</p>	<p>Adviser helped to find a local estate agent who dealt with the marketing and sale of the property and also found a small bungalow for Miss M to rent.</p> <p>She managed all of the practical aspects of the move such as packing, removals, cleaning, disposal of unwanted effects etc.</p> <p>Just as importantly, she provided emotional support, encouragement and reassurance throughout the process, which was very challenging for Mrs M as she had lived in the house for most of her married life.</p>	<p>Mrs M is no longer constantly worrying about the maintenance of the garden or the property.</p> <p>She can catch a bus into the town centre (and sometimes walks) as this is less than a mile away and can now take part in the many available activities. The landlord has even replaced the bath with a level access shower.</p> <p>She now benefits from</p> <ul style="list-style-type: none"> <li>• a more secure environment/far less anxious</li> <li>• increased opportunity for social interaction</li> <li>• a safer living space with a lesser risk of falling</li> </ul> <p>She reports that her health has improved – the breathing difficulties that she sometimes experienced have disappeared altogether and with reduced stress and anxiety, reports that her memory issues do not feel as acute.</p> <p><b>Cost benefits (annual)</b></p> <table border="1"> <tbody> <tr> <td>Reduced falls hospital admission risk</td> <td>£ 2,823</td> </tr> <tr> <td>Reduced anxiety</td> <td>£ 2,538</td> </tr> <tr> <td>Reduced GP visits (x6)</td> <td>£ 276</td> </tr> <tr> <td><b>Total</b></td> <td><b>£ 5,637</b></td> </tr> </tbody> </table> <p><i>Also likely to have delayed admission to residential care in medium/longer term through extending safe, independent living.</i></p>	Reduced falls hospital admission risk	£ 2,823	Reduced anxiety	£ 2,538	Reduced GP visits (x6)	£ 276	<b>Total</b>	<b>£ 5,637</b>
Reduced falls hospital admission risk	£ 2,823										
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<b>Total</b>	<b>£ 5,637</b>										

Case	Living circumstances	Service support	Outcomes/cost savings
<p>Mr &amp; Mrs L, both in their late 70s, Mr L with dementia, lived in one downstairs room in a cold, damp privately rented cottage</p>	<p>Mrs L is 77 years and has severe mobility problems. Mr L has dementia. As neither could manage the stairs they were confined to living in a small downstairs lounge in their small privately rented cottage. Mrs L spent her days on the settee with a commode nearby reached using a walking frame.</p> <p>Her poor mobility and the problem of navigating a small space with a zimmer frame also put Mrs L at risk of falling. They had to convert the settee into a bed at night. There was no central heating and they both felt the cold.</p> <p>Whilst Mr L could use the downstairs shower Mrs L was unable to due to stepped access. Both had care packages.</p> <p>Mrs L has a brother who is supportive but their location and situation meant they were isolated. They had been on the waiting list for social housing for a year when an independent advocate put them in touch with the housing and care options adviser.</p>	<p>Housing and Care Options advisor immediately contacted the Housing Team at the local council raising their awareness of the risk of the current situation and arranged for the completion of a Health and Disability form.</p> <p>She also contacted the local housing association, Orbit, with whom she had a good working relationship.</p> <p>Within four weeks they had offered Mr &amp; Mrs L a two bed bungalow in a sheltered housing complex within close proximity to her family. Orbit also installed a walk in shower. The adviser supported the family to organise the move.</p>	<p>Mr &amp; Mrs L are now living in a safe, healthy home where both of them can sleep undisturbed in their own bedroom.</p> <p>They can both shower safely and independently. They have central heating and are now warm and at reduced risk of cold related illness.</p> <p>The space and layout means that Mrs L is at reduced risk of falling and there is a community alarm system that enables them to call for help if needed, significantly reducing Mrs L's anxiety.</p> <p>With the help from carers Mr &amp; Mrs L are still able to help to look after each other and be independent to a significant degree. They are now closer to family and have shops just 50 yards away, whilst there are social activities in the sheltered housing scheme meaning that they are less isolated.</p> <p><b>Cost benefits (annual)</b></p> <hr/> <p><b>Mrs L</b></p> <hr/> <p>Reduced falls hospital admission risk £ 2,823</p> <hr/> <p>Reduced anxiety £ 2,538</p> <hr/> <p><b>Mr L</b></p> <hr/> <p>Reduced risk of residential care £25,636</p> <hr/> <p><b>Total</b> £30,997</p> <hr/> <p>Also likely to have delayed Mrs L's admission to residential care in medium/longer term through extending safe, independent living. Should either of them need to go to hospital, discharge to a safe suitable home will also be faster.</p>

## Appendix 6

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### References

#### Evaluations of Housing & Care Options Information & Advice Related Services

Cooper K (2016) Independent evaluation of the Age UK Warwickshire GP Care Navigators programme in South Warwickshire KHC Consulting Ltd

Cooper K (2015) FirstStop Advice for Older People: An independent evaluation of local services London Elderly Accommodation Counsel

Cambridge Centre for Housing and Planning Research (CCHPR) at the University of Cambridge has undertaken a series of independent evaluations of the FirstStop service since November 2009, funded by Dept for Communities and Local Government.

These are the main published reports to date, all available on:

- FirstStop local partners: Costs and potential savings to public budgets of client casework, November 2014
- FirstStop Evaluation: Summary to DCLG, July 2014
- FirstStop Evaluation: Report on progress of the funded local partners 2013/14, May 2014
- Analysis of FirstStop Local Partner Client Case Studies: Did clients benefit long term from the housing options support they received?, April 2013
- FirstStop Evaluation Report 2011/12: National & local services evaluation, November 2012
- FirstStop Local Partner Value for Money: Analysis of case studies, November 2012
- Summary of the FirstStop Evaluation Findings, November 2012

#### Basis of cost benefit analysis costings

NHS reference costs (for 2010/11 and 2013/14).

Public Social Services Research Unit (PSSRU) Unit costs of Health and Social Care 2014:

University of Cambridge (2014) FirstStop local partners: costs and potential savings to public budgets of client casework,

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

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

## Information and Advice Provision – General

Adams S & Green G (2015) [Making the Case](#) – for integrated, impartial information and advice about housing and care for older people London EAC et al

Cabinet Office (2013) *Barriers to choice – a review of public services and the government's response* [www.gov.uk/government/publications/barriers-to-choice-public-services-review](http://www.gov.uk/government/publications/barriers-to-choice-public-services-review)

Age UK (2013) Information and Advice for Older People: Evidence Review [www.AgeUK.org.uk/Documents/EN-GB/For-professionals/Research/IA\\_for\\_Older\\_People\\_Evidence\\_Review\\_update.pdf](http://www.AgeUK.org.uk/Documents/EN-GB/For-professionals/Research/IA_for_Older_People_Evidence_Review_update.pdf)

Independent Age/Think Local, Act Personal (2013) Advice and Information Needs in Adult Social Care [www.independentage.org/media/566556/tlap-report-july-2013.pdf](http://www.independentage.org/media/566556/tlap-report-july-2013.pdf)

ONS (2014) Internet Access <https://www.ons.gov.uk/ons/rel/rdit2/internet-access...and.../2014/stb-ia-2014.html>

## Health and Housing

Marmot M (2010) *Fair Society, Healthy Lives Marmot Review* UCL [www.ucl.ac.uk/ghcg/marmotreview](http://www.ucl.ac.uk/ghcg/marmotreview)

Nicol S. et al, (2015) *Quantifying the Costs of Poor Housing* Watford Building Research Establishment

Heywood, F.S. and Turner, L (2007). *Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvements and equipment – a review of the evidence*. HM Government Office for Disability Issues and University of Bristol

Adams S (2016) *Off the Radar: Housing disrepair & health impact in later life* Nottingham, Care & Repair England

Garrett H, Burriss S, (2015) *Homes and ageing in England BRE* Bracknell, IHS BRE Press

DCLG (2016) English Housing Survey, Housing for Older People Report 2014-15 DCLG

### **Care & Repair England**

Care & Repair England is an independent charitable organisation which aims to improve older people's housing. It is a Registered Society with Charitable Status Reg No 25121R.

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### **Age UK Warwickshire**

Age UK Warwickshire is one of a network of local Age UK partners across the country that provides a range of services and products to support older people. It is a company limited by guarantee, registered in England and Wales No. 4221822, Registered Charity No: 1090007.

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