# Housing Options for Older People service. (HOOP)

# An Evaluation of First Stop Manchester.

***"Where will I live when I'm older?"***

**May 2015 – April 2016.**

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## Contents:

## SUMMARY

As the UK continues to see an ageing population where appropriate housing solutions are scarce and high quality advice and information about these is limited, Manchester Move and Northwards Housing are pleased to present this report about the work that has taken place in North Manchester over the past 12 months.

The Manchester Move relationship with First Stop began in early 2015 as the service was beginning to look at how it could provide better quality advice and information to older people. Through work with the Housing for an Age Friendly Manchester Board and funding via the Housing Revenue Account and the North Manchester Clinical Commissioning Group the first Housing and Care Options advisor post was established in North Manchester in April 2015.

Over the first year of the service savings to health and social care services have been conservatively estimated to be in **the region of £1m** for a £40k investment and funding has been secured for a further year solely from the North CCG.

Over 250 people have received bespoke housing options advice and 64 people have moved into a home that better meets their health and care needs so they can continue to age well and live independently. Many people now have less need to use these services as they feel more confident in their home environment and less isolated in a home that was not meeting their needs in later life.

The service has worked with people aged from 50 – 95 and has taken referrals from a wide range of health and social care professionals. Both the individual people and the professionals have valued having a service that can provide the missing link – good quality and practical housing advice (whether to move or stay put) alongside looking at care needs and signposting to financial advice where necessary.

The partnership with First Stop is crucial if the service is to continue to meets these needs. Their comprehensive website and telephone/live chat service can provide advice that people need to start to think about their choices in later life and the locally based Housing and Care Options Advisor has changed the lives of many people over the past 12 months as the case studies at the end of this report show.

More information about the First Stop Service is available at their website www.firststopcareadvice.org.uk and more information about the local service in Manchester can be gained by contacting Anne Duffield, head of Housing Access at Northwards Housing on anne.duffield@northwardshousing.co.uk

## 1. INTRODUCTION

FirstStop aims to help older people make informed decisions about their housing and support, maintain independent living in later life and avoid health problems and unplanned care home admissions. The national service was launched in 2008 as a joint initiative by four national organisations in response to a report by the Office of Fair Trading (OFT) into how well the care homes market served older people, and which recommended the establishment of "*a central information source or one-stop-shop for people to get information about care for older people*".

This work fits well into the strategic direction that Manchester has outlined within "Living Longer, Living Better". This is to ensure that people can get timely information and advice on their housing and care options to stop inappropriate care home admissions and to make the best use of Extra Care and other housing options. For some this will be about remaining independent within their own home.

Undertaking this work in partnership with First Stop gives access to an experienced team and an established service and increases the capacity of the service that can be delivered locally within the City.

While we have also developed the on-line HOOP tool and a booklet regarding Extra Care in Manchester this paper very much concentrates on the referrals that we have received into the service since it has begun.

## 2. MODEL OF LOCAL SERVICE DELIVERY

FirstStop specified to the local partners that the model of provision should be based on a three level analysis of service user need/assistance, set out in the diagram below.
The North Manchester model works slightly differently to the national model as we are focussed very much on referrals from health professionals who are working with complex cases. Where a service sits in an Age UK or a Care and Repair there is much more of a focus on self-referral. Our model therefore may deal with less people but is probably dealing with more complex cases; with an ability to make considerable savings to the public purse.

### Level 1 - Information

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

**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 personal situation and tailored information provision about the enquirer's housing and care options.

**Level 3 – Casework**

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

**Relationship to the FirstStop national service**
There is an expectation that partnership projects will make referrals to FirstStop Advice and that conversely, FirstStop Advice will refer people who need one to one assistance to local partners.

## 3. MONITORING OF THE SERVICE.

To enable the service to be evaluated the Elderly Accommodation Council (who run First Stop) have set out a number of useful outcomes – These outcomes are:

1Older people will be enabled to retain their independence in later life through making informed decisions about their accommodation and care arrangements.

2. Older people will be enabled to maintain good health and avoid accommodation-related acute health problems (e.g. falls); will be enabled to delay or avoid unnecessary care home admission; will be enabled to avoid unnecessary delay in returning home after a period of hospitalisation.

3. Older people who wish to do so will be supported to downsize to more suitable accommodation.

4. Older people who wish to do so will be enabled to release equity safely and financially efficiently through downsizing or through equity release products.

5. More effective use will be made of the supply of family-sized accommodation through supporting older people who wish to do so to move to more appropriately sized accommodation.

6. Older people will have access to expert advice and services to adapt and repair their homes, improving their safety and quality of life, which will also contribute to the

maintenance of the housing stock and to the local economy through increased expenditure on building work.

7. Older people will have access to information about local services and networks which will enable them to remain independent and active in their local community.

## 4. VALUE FOR MONEY

The cost for the advisor, including oncosts and such things as mileage, phone etc was approx. £40k for an initial 12 months.

This section will evaluate how time has been split between the 3 levels of case

On the previous evaluation work that First Stop carried out they assessed that the average case worker would spend 10% of their time on level 1 cases, 20% on level 2 and 70% on level 3. Over the last year our split has been slightly different:

8% on level 1
12% on level 2
80% on level 3

Over the 12 months 923 cases were logged.

679 were level 1 cases.
79 were level 2 cases
165 were level 3 cases.

This gives an average cost per case as follows:

| Level | Number | Cost per case | Budget (pro rata) |
|---|---|---|---|
| 1 | 761 | £4.20 | £3,200 |
| 2 | 68 | £70.58 | £4,800 |
| 3 | 187 | £171.12 | £30,000 |

When comparing these figures with those of the other First Stop services around the country our model shows that we are dealing with more level 3 cases than most other services. (The average for other services is 122). These do take up more time and therefore we have adjusted the costings above. However, we also look at overall cost savings at the end of this report

## 5. REFFERALS

The advisor has taken on 255 level 2 and 3 referrals over the 12 month period.

These can be broken down by tenure, referral route, main issue and outcome.

This data is as follows:

**Referral from:**

| Referral agency | Number | % of cases |
|---|---|---|
| Social workers | 58 | 23% |
| Active Case Managers | 51 | 20% |
| Housing application | 35 | 14% |
| First Stop | 24 | 9% |
| PAT manager | 19 | 7.5% |
| Other professional | 19 | 7.5% |
| Self-referral | 14 | 5.5% |
| District Nurse | 7 | 3% |
| GP Practice Manager | 7 | 3% |
| Mental health team | 6 | 2.5% |
| CASS | 5 | 2% |
| Housing Connect | 5 | 2% |
| Age UK/C&R | 2 | 1% |
| **Total** | **255** | **101%** |

By the end of the year referrals were being received from a wide range of health professionals (in part to the large amount of work that the advisor has done raising awareness of the services). A number of sessions have taken place at team meetings etc of health and social care professionals and these are refreshed when it is thought necessary. The referrals from Active Case Managers and social workers show that this awareness raising has worked and there is no doubt that for those professionals that use the service it can resolve issues and make a difference in the advice and information that a person is receiving at an earlier stage. This is borne out in case studies that are attached at the end of this report.

There are also a number of two way referrals happening with the national First Stop service and there is a good pathway for those applying for housing and already

thinking of moving to be given extra advice and information to aid their decision making.

**Tenure:**

| Tenure | Number | % of cases |
|---|---|---|
| Council tenant (HRA) | 77 | 28% |
| HA tenant | 64 | 25% |
| Home owners | 64 | 25% |
| Private rented | 28 | 11% |
| Living with family/friends | 6 | 2.5% |
| Hospital discharge | 5 | 2% |
| B&B | 2 | 1% |
| Supported housing | 2 | 1% |
| Shared Ownership | 2 | 1% |
| Homeless | 4 | 1.5% |
| Residential Care | 1 | 0.5% |
| **Total** | **255** | **100%** |

53% of cases are from council and HA tenants. There has been an increase in referrals from home owners and people living in the private rented sector over the past 6 months which was one of the targets that was set at the 5 month evaluation stage.

It's good to see a number of referrals for older home owners; however it can be difficult to meet some of their needs and aspirations around either purchasing another property or renting from Northwards or a HA. Often as well, people wish to remain in their own homes for as long as possible and at this stage may just be starting to think about the future and not be necessarily looking to move at this stage.

This report will also look at the tenure of those people that have moved over the past year after involvement with this service.

**Main issues:**

| Main Issue | Number | % of cases |
|---|---|---|
| Heath issues – needs more suitable accommodation | 134 | 52.5% |
| Planning for the future | 77 | 30% |
| Move closer to family | 24 | 9.5% |
| Safeguarding/homelessness | 8 | 3.1% |
| Hospital discharge | 5 | 2% |
| Advocacy needs | 2 | 1% |
| Family breakdown | 3 | 1% |
| Carer breakdown | 1 | 0.5% |
| Issues with Private landlord | 1 | 0.5% |
| **Total:** | **255** | **100%** |

There are a wide range of issues and concerns that people wish to talk about – although for the vast majority it is health issues that has led them to seek advice about housing and/or care options.

The two main issues/concerns are unsurprising – those needing more suitable accommodation and others just thinking about planning for future.

A number of cases could have fallen into more than one category and many are complex with dementia and capacity issues playing an ever larger part in many cases. However we have tried to use the main issue of using the service for this monitoring.

Advice could be in the form of many different things and includes such things as:

- Repairs/disrepair
- Housing options
- Local activities
- Visits to retirement/EC schemes
- Money advice referral
- Monitoring/pendant services (Care Call).

**Outcomes:**

| Outcome | Number | % of cases |
|---|---|---|
| Advice given | 112 | 44% |
| Moved home | 64 | 25% |
| On offer for a new home | 3 | 1% |
| Staying put | 57 | 22% |
| Deceased | 7 | 3% |
| In respite | 1 | 0.5% |
| Referred back to Adults (re residential Care) | 3 | 1% |
| Still open | 8 | 3% |
| **Total** | **255** | **100%** |

The table above shows the different outcomes at the end of the year. A large number have an outcome around “advice given”. This is primarily due to a case being closed if no other interaction at this stage is due. Many of these may return to the service in the future.

25% of cases have resulted in a move to a new home. However part of this service is also about ensuring that people are well paced for moving in the future should they wish to do so and therefore the work around giving options advice and Extra Care referrals is also important to ensure this accommodation is used appropriately going forward. A total of 64 people moved home to improve their circumstances or their health.

**Destinations for Movers:**

| Property type/tenure | Number | % of movers |
|---|---|---|
| Extra Care Housing | 11 | 17% |
| Sheltered/Retirement Housing | 28 | 44% |
| Age restricted general needs | 12 | 19% |
| Adapted general needs | 1 | 1.5% |
| Bungalow – HA/ALMO | 4 | 6% |
| Bungalow - purchased | 1 | 1.5% |
| Private rented | 3 | 5% |
| Supported | 1 | 1.5% |
| Residential Care | 3 | 5% |
| Total | 64 | 100% |

**Previous tenure of movers:**

| Previous Tenure | Number | % of movers |
|---|---|---|
| Social Tenant | 35 | 55% |
| Home Owner | 12 | 19% |
| Private rented | 7 | 11% |
| Lodger | 2 | 3% |
| Hospital | 4 | 6% |
| B&B/Homeless | 2 | 1% |
| Supported Housing | 1 | 1% |
| Shared owner | 1 | 1% |
| Total | 64 | 100% |

Of the 64 people that have moved, 35 were current social tenants (RP and council). This service has brought in 29 new social tenants from other unsuitable housing to meet their current health needs. This will hopefully also mean that they may now have a lesser need for other health services and a case study attached to this report gives an example of this.

As Sheltered/Retirement Housing can be more difficult to let, this new source of tenants is also helpful to the ALMO/HAs as otherwise there may be also greater rent loss on some of these properties.

A move into the social sector is normally a move to a one bedroom property. Moving can help to maintain independent living, for example, by moving to an adapted property, and can help to maximise income, for example, because a smaller property is cheaper to heat and the social landlord maintains it. This has been the case in the majority of moves carried out. The average age of a “mover” is 70.

**Age:**

The average age of clients in all cases was 70 in this time period with a range of 50 – 95. The breakdown has been as follows:

| Age | Number | % of cases |
|---|---|---|
| 50’s | 51 | 21% |
| 60’s | 59 | 25% |
| 70’s | 58 | 24% |
| 80’s | 62 | 26% |
| 90’s | 8 | 3.5% |
| Total | 238 | 100% |

It is encouraging to see people in their 50's and 60's seeking advice about their housing options.

**Isolation:**

It is estimated that approximately half of cases to date have had some element of isolation for the older person. All of these are single people where they may have lost a partner, have limited contact with others and/or have a health condition that makes leaving their home difficult.

From the cases that have moved house, it was believed that 37 from the 64 (58%) were feeling some level of isolation.

## 6. COSTS AND SAVINGS TO THE PUBLIC PURSE

Savings to public budgets may be realised is different ways. For example, some of the vulnerable older people using the casework services had a history of falls as a result of inappropriate accommodation. Home adaptations and repairs can reduce the risk of falls, saving money from health budgets.

The savings to the public purse may be realised over a number of years, for example, where someone is assisted to remain living independently in their own home rather than make a premature move to a residential home.

Prevention of hospital admissions and the speeding up of discharge also has potentially significant savings to health budgets. Some of the older people using this service had a history of hospital admissions as a result of living in unsuitable housing, with the knock on effects on their health, anxiety levels and wellbeing. Being assisted to adapt their current home or to move to more suitable housing can significantly reduce the risk of a hospital admission.

Preventing premature moves to residential care has the potential to generate savings for local authority social care budgets. This service has been able to undertake a number of referrals to Extra Care Housing and to enable others to move to retirement housing schemes. It is hoped that this work will enable people to live in their own home for longer and not have a need for residential care in the near future.

There are a number of challenges in analysing the costs and benefits of services such as the HOOP. One is the relatively short time frame of the service to date. It can be hard to identify savings as 'hard' outcomes are needed which may not be achieved during the evaluation time frame, particularly with time consuming cases where clients are assisted to move home. There is intuitively a value to and potential benefits and savings from early preventative work but this is very hard to monitor and quantify as it would require people to be tracked over long periods of time and this has not been possible to do here.

However, a further difficulty in assessing the impact of the casework is the ability to demonstrate that the outcomes are directly a result of the information, advice and support provided by the advisor.

The following data is taken from the First Stop research that was conducted in 2014. It shows costs of being helped to stay put or move and it also shows estimated costs if an intervention has not taken place – although as said earlier, it is difficult to prove a cause and effect.

At this stage we have tried to put a public purse saving onto this work using the information from the First Stop evaluation that was published in Nov 2014. These are very conservative estimates. However some of the information in the case studies attached at Appendix 1 give some evidence of benefits to individuals from using the service. We have only looked at savings around those people that have moved. There will also be potential savings based around those that have received advice and information, however for the purposes of this report we have concentrated on those that have moved home.

At Appendix 1 we have included 5 short case studies from the 255 cases that have been referred to date to give a flavour of the type of work involved.

## POTENTIAL SAVINGS

### A) Delay going into Residential Care

The service has assisted 39 people to move into Extra Care or Sheltered/Retirement Housing. If this move has enabled all of these people to delay a move to residential care for 12 months then the saving would be **£1,078,155** a year to the public purse. This is calculated by deducting the cost of Sheltered/Retirement housing from the cost of residential care (see below).

**Increased need for social care - Move to residential care**
For some older people independent living would not have been possible without support and they would have had to move into residential care. The current cost of local authority residential care for older people is estimated as £53,352 per year (Curtis, PSSRU, 201318, Pg 39). However, evidence suggests that about one third of people who enter care homes are self-funders. For those who rely on the local authority to meet their costs, this is an estimated average cost of **£35,568** a year.

**Helped to move - Specialist housing - social housing**
Many of the older people who were assisted to move by the FirstStop services entered specialist social housing for older people, most commonly referred to as sheltered housing. The cost to a local authority of providing sheltered/Retirement housing over one year is **£7923** (Curtis, PSSRU, 20107, Pg 56), this includes the capital and revenue costs but not household expenditure on personal living expenses.

## B) Wellbeing

We have recorded that 37 people (58%) of those that moved were affected by isolation. If we calculate the saving that the move for these people has made then we would calculate a saving around social isolation of **£28,860** a year and for anxiety/depression of **£68,640**. (The 2nd figure here uses the 65% model from the example below).

**Reduction in wellbeing - Social isolation**
Loneliness caused by social isolation is associated with poor quality of life, impaired health, and increased mortality among older individuals. Because of the greater use of health services amongst people suffering from loneliness, one study estimated the costs to the state at about **£780** per person (Kaisu et al, 200919).

**Reduction in wellbeing - Anxiety/depression**
Without support many people would have experienced anxiety and depression. Although people do not always seek help with anxiety and depression, for those that do the cost was estimated at £2085 in 2007 for people in treatment or where their condition was recognised (McCrone et al, 200820, Pg 22), which is £2538 today. This research estimated that 35 per cent of those with depression are not in contact with services (Page xix). We do not know if the FirstStop clients were in contact with such services so we will assume the same proportion as the national average were and use this as the cost in the analysis. If 65 per cent of people were in contact with services and therefore incurring a cost, the cost is estimated at **£1650.**

## C) Hospital Discharge

The service has helped 4 people move from hospital to their own home and therefore using these figures we would be looking at a saving of **£4,224.**

**Increased demand for health services - Delayed hospital discharge**
One issue faced when older people are admitted to hospital is that they may not be able to be discharged as their home could potentially no longer be suitable for them to occupy, or because they have to wait for a space in alternate accommodation such as residential care. This can result in delayed discharge from hospital. The average cost of an excess bed day is £264 (Department of Health, 201216). It is difficult to know how much additional time people would have spent in hospital waiting for suitable accommodation without assistance, but in 2009-10, the average length of stay among over 65s varied from approximately seven days to 11 days17. We assume here the people delayed from being discharged from hospital stayed the higher average of 11 days, a difference of four additional days at an estimated cost of £1056.00.

## D) Moving into a General needs tenancy in social housing.

The service has helped 17 people move into better suited general needs accommodation in the social sector. Using the calculations below this is an estimated to **cost the public purse £68,816 a year**. However if half of those people that have moved now need less health or social care intervention then it is also possible that an overall saving can be made due to improvements in their circumstances or overall general health or feelings of isolation.

### Helped to move - General needs - social housing

Older people may move into general needs social housing, or may already be in the social sector and move to a more suitable property. The cost is estimated at £4048 per year, based on data from Statistical Data Return Dataset8 (2012) and assumes receipt of housing benefit, based on the interview findings.

## E) The benefits of accommodation that meet health needs

From the 64 people that the service has helped to move we could assume the following:

10% may suffer a fall in their old home – COST = **£14,000k**

10% may have an avoidable hospital admission – COST = **£11,300**

30% may have needed more ongoing Adult or Health Service involvement via a social worker (60% of those that moved were referred to the service by a health or social care professional). If we calculate that for these 38 people they are now having 1 hour less a week of social work involvement this would save **£235,040** a year.

10% of people will now not need to move from a low to median care package – COST Saving = **£66,456.**

### Increased demand for health services - Risk of fall(s)

The costs (to the State) of falling depend on the severity of the fall, and the degree of medical treatment necessary (Clarke, 201113). A large number of falls are not serious and either require no treatment or involve the victim being checked over at A&E but no further treatment required. A small proportion of falls result in very serious consequences, including death and hip fractures. Some of these serious falls result in very high costs, sometimes in excess of £30,000 to the NHS and to social services if the person requires a long stay in hospital and a move to residential care, or a very intense care package, as a result.
The most recent study on the costs of falling in the UK comes from 2003 (Scuffham et al, 200314). Overall the data from the Scuffham study suggest that the average cost of a fall requiring A&E attendance was around £1500, which would be about **£2000** at today's prices.

**Increased demand for health services - Risk of hospital admission**
Living in unsuitable housing has wider health consequences which can result in an admission to hospital. The estimated cost of one hospital admission is **£1739**.

Tian et al found that the total cost of in-patient hospital admissions to the NHS in England in 2009-10 was estimated at £20.5 billion, of which emergency admissions alone cost about £12.2 billion (60 per cent), based on Department of Health data from 2011 and NHS reference costs for 2009-10 (Tian et al, 201215). Ambulatory care-sensitive conditions
(ACSCs) are conditions for which effective management and treatment should prevent admission to hospital. The estimated cost to commissioners of emergency admissions in these circumstances is £1.42 billion, which accounts for 11.6 per cent of the total cost of all emergency admissions. This is equivalent to an average cost of £1,739 per ACSCs admission in England.

**Increased need for social care - Social care staff involvement**
Without housing related support some people may have continued to live in their current home but would have needed more support from statutory services to enable them to do so. For example, they may have needed support from an adult social care social worker. The average cost of an hour of face to face contact with a social worker is estimated at **£226** (Curtis, PSSRU, Pg 198).

**Increased need for social care - Social care support at home**
Without housing related support some people may have continued to live in their current home but would have needed more intense support from statutory services to enable them to do so. For example, they may have needed more care at home. We do not have evidence from the local partners about the care at home received by their clients, whether before or after support was provided. They simply record whether there was likely, in their view, to have been an increase in the amount of social care at home provided if housing related support had not been provided.

The average weekly cost of low cost local authority-organised home care is £141 for four hours a week which is £7332 a year (Curtis, PSSRU, 2013, Pg 126), assuming the cost is covered by the local authority. The median weekly cost of local authority-organised home care is £354 for ten hours a week which is £18,408 in a year (Ibid, Pg 127). If we assume that there is a shift from the low cost to the median average cost care package, this is an increase in cost of **£11,076** a year.

**SAVINGS TOTAL**

**If all of the above potential spend and savings are calculated, we could estimate that the HOOP service (which cost £40k per year) has the potential to save the tax payer £1,437,859 a year. Even if we were more conservative around residential care costs and halved these we would still be looking at an annual saving of £898,782 a year. Taking off the £40k for the post the minimum annual saving for 2015/16 would be £858,782.**

**The average cost per case (which was also outlined at the beginning of this report) is as follows:**

| Level | Number | Cost per case | Budget (pro rata) |
|---|---|---|---|
| 1 | 761 | £4.20 | £3,200 |
| 2 | 68 | £70.58 | £4,800 |
| 3 | 187 | £171.12 | £30,000 |

**All the cases that have moved are level 3 cases and the cost of these 64 cases on a per case basis was just £10,951.68 bringing solid value for money and a return of at least 85% on outlay.**

**This report does not look at the potential savings that the advice given to a further 191 people may also bring in the future. This group of people, many who are planning for their housing needs in years to come, will also bring savings as they make informed choices in the years ahead.**

*References above:

**Curtis, L. (2013) Unit Costs of Health and Social Care 2013. Personal Social Services Research Unit: University of Kent.**

http://www.pssru.ac.uk/project-pages/unit-costs/2013/

**Kaisu H. Pitkala, Pirkko Routasalo, Hannu Kautiainen, and Reijo S (2009). Effects of Psychosocial Group Rehabilitation on Health, Use of Health Care Services, and Mortality of Older Persons Suffering From Loneliness: A Randomized, Controlled Trial. Gerontol A Biol Sci Med Sci. 2009. Vol. 64A, No. 7, 792–800**

http://biomedgerontology.oxfordjournals.org/content/64A/7/792.full.pdf

**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. 32**

http://www.kingsfund.org.uk/sites/files/kf/Paying-the-Price-the-cost-of-mental-health-care-England-2026-McCrone-Dhanasiri-Patel-Knapp-Lawton-Smith-Kings-Fund-May-2008_0.pdf

**Department of Health (2012) Reference Costs 2011/12.**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213060/2011-12-reference-costs-publication.pdf

**Scuffham, P, Chaplin, S and Legood, R (2003) Incidence and costs of unintentional falls in older people in the United Kingdom J Epidemiol Community Health 2003;57:740–744**

http://jech.bmj.com/content/57/9/740.full

**Tian, Y., Dixon, A., and Gao, H. (2012) Emergency hospital admissions for ambulatory care-sensitive conditions: identifying the potential for reductions. The King's Fund.**

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/data-briefing-emergency-hospital-admissions-for-ambulatory-care-sensitive-conditions-apr-2012.pdf

All the above references are taken from a report from the Cambridge Centre for Housing and Planning Research - **FirstStop local partners: costs and potential savings to public budgets of client casework 2014 - November 2014**

http://www.housingcare.org/downloads/kbase/3363.pdf

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A new report has also been released on the 8th June 2016 by the APPG on Housing and Care for older people: Housing our ageing population: positive ideas

http://www.insidehousing.co.uk/journals/2016/06/07/o/x/p/HAPPI3.pdf

In this one of the recommendations from the enquiry Chair, Lord best is for Government to increase its support for housing and information services – like the First Stop Advice service – so older people can better exercise their housing choices and make informed decisions about the options available to them in retirement.

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## APPENDIX 1

This section has 5 case studies bringing to life just a small number of the people that have used the service in the past year.

### First Stop Manchester Case Study 1

LS is 64 years old and has suffered ill health most of her life. She lived on her own in a Northwards property with no support until she fell earlier this year and was admitted to hospital. When LS was discharged from hospital she was visited by the re-ablement team for 4 weeks then they referred her to the Active Case Management (ACM) team as she was still struggling day to day with managing her health (diabetes, mobility due to fracture).

The active case manager referred LS's case to HOOP after attending to Lynn for a few weeks. ACM discussed with me LS's struggles with day to living, cooking, washing, diet etc. It was apparent Lynn was physically capable, but lacked enthusiasm and organisation rather than her physical health holding her back. The ACM was also concerned about LS's lack of money and LS's comments about her family taking her money.

On my first visit to LS I asked her if she had any plans for her future. We talked about how health, social, financial and housing needs change as you get older. LS told me she was very lonely and her family only visited to lend money that they did not repay. LS did not want to take this further when I explained that nobody should take her money even her children. LS was very interested to visit a local Sheltered/Retirement scheme when I showed her leaflets.

I arranged an appointment to the scheme; LS loved it as soon as she went in. She was particularly taken with the communal area. When Lynn expressed an interest in next available property I arranged to register Lynn on the rehousing register (Manchester Move). I bid on the next available property on Lynn's behalf and she was successful. With 6 weeks of registering to move. I then worked with the scheme manager to facilitate LS's move as she had no friends or family available to help her. Her cooker was faulty so LS did not take that with her, I applied for a grant to buy a new microwave. We sourced a new settee from a partner agency as the old one was broken.

When LS moved into her new home I arranged for re-ablement service to assess her again to see if they could work with her in the short term to help her get into a

routine with daily bathing, diet , housework etc. They agreed. The scheme manager successfully applied for PIP mobility component for LS. Her family do visit occasionally but LS tells us they have not asked her for money since she has moved. The ACM has now discharged LS from their service.

**OUTCOME**

LS is no longer isolated. She has made new friends and is very active in the social life of her scheme. Her health has improved due to a regular routine and because she lives in a warm, comfortable, affordable and clean home. LS has bought herself a new TV, the first thing she tells us she has bought for years

**First Stop Manchester Case Study 2**

PM is 75 years old and lives in his home which he has owned for over 30 years. He was referred to this service by his friend who had spoken to us when we were advertising the service at a local event.

In the last 5 years PM's health has deteriorated greatly. He has severe balance and mobility problems due to back, neck and knee issues. As his home has a bathroom and toilet upstairs (and he now has a prostate problem) Phil is finding it very hard to get up and down stairs. He is also struggling with the upkeep of the house, repairs, cleaning etc. Phil told me he is lonely and can go days without seeing anyone.

We discussed all housing options available to Phil on our first appointment. We also spoke about planning for the future. I explained about HOOP tool for help with repairs etc. and arranged for Philip to be sent a personal housing options report for all properties showing as suitable for older people within areas Philip expressed an interest in (both leasehold and rental). Phil has started to visit all properties he thinks may be suitable. I have helped with rehousing application forms and spoken to other local authorities on his behalf. Phil is talking to his local estate agent to get an idea of what to do /valuations when/if he decides to sell.

I have made arrangements for Phil to visit local schemes and also given him information about activities and events in the local area. The most important thing to Phil is that he is not sure exactly what he wants to do. I have re-assured him that the decision is his alone, that my aim is to provide information and advice to help him if/when he makes a decision.

OUTCOME

PM is actively considering his future housing options with the support of the HOOP service.

**First Stop Manchester Case Study 3**

AN (age 94) was referred to FirstStop Manchester service by a social worker (SW) in response to a safeguarding query. AN lived for many years in a social rental flat on the floor below the home of one of her daughters who was her main care giver. Their relationship had broken down because AN had started to contact her daughter both day and night asking for help with personal care, housework and to prepare food and drinks. Her daughter said her relationship with her husband was suffering and she was at breaking point due to her mum's constant demands.

Adult Social Care arranged for an emergency care package to be implemented immediately. AN received four calls daily and was issued with an alarm pendant. AN has severe mobility issues and was very frightened and anxious between calls and without her daughter's attendance. AN's younger daughter who lives in another area did visit daily, but this was only possible on a short term basis.

The first HOOP visit was with AN at her home with her younger daughter. AN expressed how frightened she was in her own home at times without the security of knowing her daughter was just a call away upstairs. AN said she had started to forget things and felt she was getting confused, she said her GP had examined her and felt at this stage it was age related memory loss. Her sight was deteriorating and her hearing is very poor. We spoke about arranging tests for sight and hearing, and I suggested a possible visit by the sensory team to AN's home. Her daughter said they would discuss and then arrange.

We discussed different housing and care options available to AN. We spoke briefly about residential and nursing care but AN did not want any further information. SW had completed a living community assessment for AN and the report concluded that sheltered or extra care accommodation would be suitable for AN. We discussed the insecurity and anxiety that AN felt in her current home without constant access to daughter upstairs so I suggested that AN apply for Extra Care housing as this type of accommodation is staffed 24/7 which may help AN's anxiety. Extra Care housing is designed to accommodate tenant's changing health needs so would provide further security over the next few years. AN and her daughter agreed to apply for Extra housing.

HOOP managed AN's Manchester Move rehousing application to make it valid as AN was registered, but it was not active. I liaised with SW to complete the Extra Care assessment form which was presented with all supporting information about AN's

care/housing needs to Chair of the extra care panel within four weeks of our initial meeting. AN asked to be considered for a home in Whitebeck Court which is in the same area as her old home.

AN was assessed at panel as having medium care needs for extra care housing. She was offered one bedroom apartment within two weeks of the panel meeting. AN received 4 x daily care calls from the in-house care team when she moved into her new home. Her mental health improved straight away due to her feeling secure in the knowledge that staff were in the scheme 24/7. AN 's visits then decreased to 1 x daily from the care team as she repaired her relationship with her older daughter, who now calls to her daily to help prepare food, clean and do laundry. AN is able to go to the café in the scheme for lunch and enjoys socialising with other tenants on a regular basis. Her family are thrilled and say that because AN now socialises she is less dependent on them. Her older daughter says she has got her relationship with her mum back on track because they both now agree that due to the distance between their homes, and even though she visits daily, she will not attend unless the visit has been arranged or there is an emergency. AN's case has been closed by social work team.

**OUTCOME**

The move to Extra Care Housing occurred within 6 week of ANs involvement with the HOOP service. Her health and care needs have reduced as a consequence of housing better suited to her needs. AN is now less isolated and anxious.

**First Stop Manchester Case Study 4**

EE (age 68) was referred to FirstStop Manchester by a hospital discharge social worker (SW). EE had been in hospital as an in-patient for a few months due to health complications related to excess alcohol. Department of Adults and Social Care had provided temporary respite care for EE as she was ready for discharge from hospital, but she was unable to return to her own home of 10 years because of concerns for her safety from former friends as well as stairs and layout in her home.

HOOP liaised with EE, her daughter (who has power of attorney over EE's affairs) and SW to register EE for rehousing with Manchester Move and to provide information about all the housing and care options available. EE and her daughter agreed that EE would not be able to purchase a new home with the proceeds of a sale from her old home due to house prices in the area it was in, and that she was in danger if she stayed in that area as her health had deteriorated greatly resulting in numerous hospital stays over the past ten years. Private rental was discussed, the pros (choice) and cons (lack of security) weighed up and it was decided this was not a suitable option for EE at this time. I explained rehousing policy about home owners

and that she would be eligible for priority as she could not go home in the near future.

We discussed EE areas of preference and the types of accommodation available. We discussed general needs flats, bungalows, sheltered/Retirement and Extra Care schemes. EE said she would prefer general needs accommodation. Her daughter encouraged her to consider sheltered for the support it offered. I suggested a property on the peripheral of a sheltered scheme that may offer the best of both. When EE said she hoped to replace her late pet dog in her new home, it was agreed that a flat on the peripheral of a sheltered scheme that accepted pets would be ideal.

I made enquiries into which schemes in EE's chosen area would accept dogs in their peripheral properties. When a suitable scheme was identified I asked the scheme manager to contact me as soon as there may be a vacancy. There was a bid placed for a property that met all EE's needs, she was offered that property. I liaised successfully with the housing officer for the new property to remove an additional charge for a furniture package in the property that EE did not need/want. Her daughter was insistent they would not sign for the property until the charge was removed. We discussed assessments for possible adaptations that may help EE in her new home, opportunities in the area for voluntary work and access to short courses at local colleges and community hubs. EE's daughter arranged her mum's move and EE's case was closed by SW when she settled in.

**OUTCOME**

EE is now settled in her new home. The move occurred within 8 weeks of her involvement with the HOOP service meaning that she can now live independently in her own home, without social work involvement or in expensive respite care.

**First Stop Manchester Case Study 5**

MT (age 71) and PT (53) are mother and son who were referred to FirstStop Manchester by Mental Health Team (MHT) and Active Case Management (ACM). MT suffers mental and physical ill health using a wheelchair now and PT is her full time care giver. They lived in a social rented house with three bedrooms and a bathroom upstairs, and a WC downstairs for 15 years. For 3 years MT was unable to go up the stairs which resulted in MT and PT living and sleeping in the living room. PT was helping MT to bathe in the kitchen.

When the HOOP service first met MT and PT they were both very anxious about their current living conditions and possible resolutions. It was noted that they had been on the rehousing register Manchester Move for over two years and been offered suitable properties which they had refused. It was obvious from the first meeting with them that they were both overwhelmed by the prospect of moving. On my first visit I introduced myself and explained about the HOOP service. I reassured

them that they were the people who would make the decisions about their future, that FirstStop was there to make sure they knew all their options including moving home or staying put by providing information , advice as well as practical help arranging a move/adaptations if required. I explained that with their permission I would share information with MHT and ACM and Manchester Move about their housing options and requirements. MT and PT gave me their permission.

On my subsequent visit we discussed possible adaptations to make their home more accessible e.g. stair lift but this was quickly ruled out as MT was scared of going upstairs in her home due to mental health problems as well as suffering from very poor mobility. We discussed how MT not being able to go upstairs was having a negative impact on PT's health as well as he was sleeping in living room in a chair as he did not want to leave his mum downstairs alone at night. The upstairs of their home was not being heated or ventilated so we discussed the implications of this. As their home had a big garden around three sides of the house, it was a struggle to upkeep due to PT being busy looking after MT. When we discussed issues about upkeep of home and garden, utility bills, access in and out of their home (step at front and back door), as well as the detrimental effect that sleeping in the living room was having on their health and their relationship, they decided that moving into a home on one level was the most suitable option for them.

As PT was 53 years old, he would be able to move with his mum into age restricted property. They decided to look at 2 bedroom properties on one level where PT met the age restriction. This gave options of ground floor flats, some bungalows and high-rise living in the areas surrounding their current home.

MT and PT did not have computer access, so I spoke to them on a weekly basis to update them with all suitable properties on Manchester Move. I checked that they had all priority that they were entitled to on their application. As they were moving out of a family type property into non-family type properties they were awarded band 1 priority for rehouisng. I placed bids on suitable properties and they were successful in their bid for a 2 bedroom flat in a block of flats for people over fifty. The flat is on one level with lift access, and close to local amenities (café, extra care scheme with access to events, shops, bus stop).

Once the offer was made; I liaised with housing officers for both their current and new homes about their move. It was arranged that MT and PT could leave any unwanted items in their old home without charge. Their new housing officer helped them through the whole process from the sign up to their move into their new home. She met them at the new flat for viewing then arranged the sign up at their convenience. The housing officer helped with reading the meters at both properties and reported the readings to utility companies so they would not get more anxious. We discussed MT required any further adaptations in their new home , and I helped MT and PT book the moving company and arrange for carpets and blinds to be fitted. Both the housing officer and I were available for the day of move in case of

emergencies (however this wasn't needed). This reassurance reduced the stress and anxiety of moving for MT and PT considerably.

MT and PT had been visited weekly, as well as on a crisis ad hoc basis, by MHT and ACM for many years. In the 12 months previous to their move, the crisis ad hoc visits by MHT and ACM had become more frequent. Due to MT's mental and physical diagnosis/prognosis it is unlikely that the visits will stop completely but it is expected that crisis ad hoc visits will continue to decrease considerably. MT and PT are now able to live comfortably and securely in a spacious home with minimal upkeep. They are utilising all the local amenities that are within walking distance of their home, and they are gaining confidence in the knowledge they can access support and integrate with their neighbours and community if they wish to.

**OUTCOME**

MT and PT have now moved into a property that meets their health and care needs by no longer having to use stairs or only live in part of the home. They are now being visited less often by mental health and active case manager services less and are hopeful that these visits will be able to stop completely as they gain further confidence in their new living environment. They are less isolated, there is less chance of a fall in the home and they live near enough to Whitebeck Court and Victoria Avenue to use local facilities should they wish to do so.