

# **FirstStop Somerset West Care and Repair Value for Money Case Study**

## **Introduction**

FirstStop Advice is an independent, free service offering advice and information for older people, their families and carers about housing and care options in later life, funded by the Department of Communities and Local Government. It is led by the charity Elderly Accommodation Counsel (EAC) working in partnership with other national and local organisations. FirstStop delivers information and advice through a national telephone helpline and website.

FirstStop has also seed-funded a number of local information and advice services. These local projects aim to raise the profile of housing options for older people in their area and to provide a face to face case work service to older people. The case work is a mixture of information and advice provision and more intense case work to assist older people in resolving their housing and care problems. The Cambridge Centre for Housing and Planning Research at the University of Cambridge is undertaking an independent evaluation of the FirstStop service. This report draws on data between November 2009 and June 2011.

Somerset Housing Options for Older People is a county wide project which provides training and information about the housing options for older people in the county of Somerset to health, housing and care professionals, older people and community activists. The project also has a casework service which provides information and practical assistance to older people and their relatives' carers who are thinking about their housing options, primarily operating in the West Somerset, Sedgemoor and Taunton Deane area, but offering advice and support to caseworkers in other parts of the county.

The project sits within Somerset West Care and Repair which is a Home Improvement Agency which covers two districts Sedgemoor and West Somerset. Customers of the housing project also have access to all other services provided by the HIA including handyperson services and energy efficiency advice either directly from Somerset West Care and Repair or by referral to a partner agency Mendip Care and Repair.

This service helps older people who are thinking about their housing options as they are struggling to manage at home, many of whom are particularly vulnerable through illness and disability. The project has a caseworker within a Home Improvement Agency with cases referred

from social workers/OTs which are too complex, difficult and time consuming and/or fall outside their clear remit. The case worker provides information, advice and hands on support to help older people to make appropriate changes, such as to move or have home adaptations.

This report from the Cambridge Centre for Housing and Planning Research analyses the value for money to the public purse of the service. It is part of an ongoing project. Value for money is always based on a combination of research evidence and assumptions based on that evidence. Readers should refer to the Source Document (published mid January 2012) for more detailed information about the analysis. The evaluation reports can be found at:

<http://www.cchpr.landecon.cam.ac.uk/>

For more information about the evaluation please contact Dr Gemma Burgess at the Cambridge Centre for Housing and Planning Research ([glb36@cam.ac.uk](mailto:glb36@cam.ac.uk) or 01223 764547).

For more information about FirstStop please contact the Director of FirstStop Daniel Pearson ([daniel.pearson@firststopadvice.org.uk](mailto:daniel.pearson@firststopadvice.org.uk) or 07907 911851).

## Analysis

### Cost of new scheme

- Cost of case work service £60 000 over eighteen months

### Outputs

- Outputs:
  - 16 in depth cases with outcomes in eighteen months
  - 163 other cases
  - Total clients 179

### Proportion of time spent on these cases

- Approximately two thirds of case worker/supervisor time spent on these 16 cases
- Proportion of cost of the service ascribed to these cases £40 000

The only cases for which there are evidenced outcomes that can be ascribed a monetary value and therefore can be used in the VFM assessment are the cases where clients were provided with long term in depth case work. This does not mean that there are no benefits to the other types of case work or activities of the local project, but the evaluation was not able to follow up these cases to determine outcomes. Phase 2 of the evaluation identified a whole range of benefits of the local pilots. Here we are focusing on the VFM and potential savings to the public purse of the people who were provided with in depth support by the service.

The assessment is based on the evidence from the 16 clients who were provided with a lot of support and who had a known outcome within the evaluation period. Following the methodology detailed in Phase 2 of the evaluation, the outcomes for each client were identified and where possible ascribed a monetary value. The alternative outcomes which were likely to have occurred without the case work intervention were then costed for comparison. The difference between the two represents a saving/cost to the public purse. The cost of providing this part of the service is then deducted to give an estimated saving/cost to the public purse of this part of the service. Clearly this is based on a number of assumptions and has limitations as detailed in the Phase 2 evaluation reports, but is based on available information of client outcomes.

### Outcomes

- Outcomes which can be given a monetary value = Main outcomes were moved to sheltered housing – in some cases preventing falls, hospital admissions, saved OT/SW time, reducing care at home needs.

### Actual and alternative outcomes by client

Based on the 16 case studies provided, the actual outcomes were identified for each client and based on the in depth case notes, an informed assumption about the likely alternative outcomes was made for each client.

	<b>Actual Outcome</b>	<b>Alternative outcome without intervention</b>			
1	Moved to SH	Increased care needed	Hospital admission	Fall	OT/SW time
2	Moved to SH				OT/SW time
3	Moved within PRS		Hospital admission	Fall	OT/SW time
4	Moved to SH	Increased care needed	Hospital admission	Fall	OT/SW time
5	Moving to SH	Increased care needed			OT/SW time
6	Adaptation			Fall	OT/SW time
7	Adaptation				
8	Moving to tenure unknown			Fall	
9	Moving to SH			Fall	OT/SW time
10	Moving to extra care	Increased care needed	Hospital admission	Fall	OT/SW time
11	Moving to tenure unknown			Fall	
12	Moved to extra care	Increased care needed	Hospital admission	Fall	OT/SW time
13	Moving to SH			Fall	OT/SW time
14	Moving to SH				OT/SW time
15	Adaptation	Increased care needed		Fall	OT/SW time
16	Moving to SH				OT/SW time

**1) What did it cost the public purse to fund the case work service outcomes?**

The actual outcomes for each client were then costed to assess what cost they will have to the public purse over one year. In the original analysis there was insufficient information about the adaptations to include a costing, however, further research established that all the adaptations were paid for by the local authority so this has been included in the VFM analysis below.

**With intervention by case worker: outcomes by client**

	<b>Main outcome 1</b>	<b>Cost to LA of outcome 1 per yr</b>	<b>Average rent and service charge paid 2009</b>	<b>Overall cost to LA</b>
1	Moved to SH	8476	4148.56	4327.44
2	Moved to SH	8476	4148.56	4327.44
3	Moved within PRS	0	0	0
4	Moved to SH	8476	4148.56	4327.44
5	Moving to SH	8476	4148.56	4327.44
6	Adaptation	6000		6000
7	Adaptation	6000		6000
8	Moving to tenure unknown	0		0
9	Moving to SH	8476	4148.56	4327.44
10	Moving to extra care	21840	4148.56	17691.44
11	Moving to tenure unknown	0		0
12	Moved to extra care	21840	4148.56	17691.44
13	Moving to SH	8476	4148.56	4327.44
14	Moving to SH	8476	4148.56	4327.44
15	Adaptation	6000		6000
16	Moving to SH	8476	4148.56	4327.44
				88 002.4

Cost to public purse of providing actual outcomes £88 002.4

**2) What would it have cost the public purse over that year without the case work service?**

The cost to the public purse of the identified alternative outcomes for each client if there had been no case work intervention were then costed to estimate what they would have cost the public purse over one year.

**Without intervention: likely outcomes by client**

	<b>Alternative outcome</b>	<b>Cost</b>							
1	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
2							OT/SW time	442.5	
3			Hospital admission	298	Fall	2108	OT/SW time	442.5	
4	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
5	Increased care needed	23608					OT/SW time	442.5	
6					Fall	2108	OT/SW time	442.5	
7									
8					Fall	2108			
9					Fall	2108	OT/SW time	442.5	
10	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
11					Fall	2108			
12	Increased care needed	23608	Hospital admission	298	Fall	2108	OT/SW time	442.5	
13					Fall	2108	OT/SW time	442.5	
14							OT/SW time	442.5	
15	Increased care needed	23608			Fall	2108	OT/SW time	442.5	
16							OT/SW time	442.5	
		141648		1490		23188		5752.5	<b>172078.5</b>

Cost of the alternative outcomes without intervention £172 078.5

### ***Saving to public purse***

The saving to the public purse can be found by deducting the cost of the actual outcomes from the cost of the likely outcomes if there had been no case work intervention.

*Cost of alternative outcomes without intervention - cost of outcomes with intervention = £172 078.5 - £88 002.4= £84 076.1*

The cost of providing this part of the service must then be deducted.

£84 076.1- £40 000 = £44 076.1

**£44 076.1 = saving to public purse over one year**

***£44 076= annual saving to public purse once cost of the service has been deducted***

### **Savings to individual clients**

The evaluation did not really analyse this but estimate it at £2600 per person over one year through benefits checks (average increase in benefits after check is £50 per week).

### **Assumptions used in the analysis**

Based on qualitative interviews with the case worker and manager, broader data analysis and literature review, it was assumed that without intervention:

- Within the one year assumed they would all have remained in their current home without the new case work service.
- Those who had a history of recent falls would have fallen once in the year.
- Those who had a history of hospital admissions through poor housing would have been admitted once in the year.
- Those receiving care at home would have need to increase it over that year.
- Those referred by OTs/SWs would have had three one hour visits over the year.

These are conservative estimates of likely alternative outcomes.

### **Moved to residential care**

One outcome of the case work was that some clients moved into residential care. This has a cost to the public purse.

The cost to a local authority of providing residential care for older people is £24 336

<http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf>

Median costs were £468 per week.

£24 336 annual

### **Moved to sheltered housing**

One outcome of the case work was that some clients moved into sheltered housing. This has a cost to the public purse.

The cost to a local authority of providing sheltered housing over one year is £8476.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

Average rent and service charge paid for sheltered housing by occupants 2009 is £4148.56.

- Based on averages from Dataspring.
- Assumed older people paid an average rent towards the sheltered housing. Some will get HB but some were owner occupiers so made assumption that cancels each other out.

Overall cost to a local authority of providing sheltered housing over one year is £4327.44.

- Cost of providing SH minus income in rent.

### **Adaptations**

One outcome of the case work was that clients avoided home adaptations. The average cost of a major housing adaptation is £6,000 (Heywood and Turner, 2007).

### **Increased care needed**

Without the case work intervention one alternative outcome was that some clients would have required a more intensive care package. This would have a cost to the public purse.

Assumed increase from a median care package to a high cost care package (£677-£223= £454 per week).

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

### **Hospital admission**

Without the case work intervention one alternative outcome was that some clients would have made a hospital admission as a result of their housing and care problems sometime in the year period. This would have a cost to the public purse.

Assumed one additional hospital admission over a one year period £298.

- Based on Hospital Episode Statistics 2009-10.

### **Fall**

Without the case work intervention one alternative outcome was that some clients would have fallen at least once during the following year. This would have a cost to the public purse. This assumes double the average cost of a fall which results in A&E attendance as many of the local pilot clients had a history of serious falls.

Assumed one fall in a one year period £2108.

- Based on Hospital Episode Statistics 2009-10.

### **OT/SW time**

Without the case work intervention one alternative outcome was that some clients would have required further assistance from OTs or social workers. This would have a cost to the public purse.

Assumed without intervention a further three hours of OT/SW time would be required at £147 per hour.

- Based on Curtis, L. (2010) Unit Costs of Health and Social Care 2010. Personal Social Services Research Unit: University of Kent.

### **Under-occupy family housing**

Continuing to under-occupy family housing where housing benefit is being paid has a higher costs. Where client moved from a 3 bed to a 2 bed there is a saving in the difference between the housing benefit costs. Annually a 2 bed costs £3,461 and a 3 bed £3,807 so there is a saving of £346.

<http://www.cchpr.landecon.cam.ac.uk/Downloads/EHO%20Trailblazers%20final%20report.pdf>

