



Older People's Services

Why Older People?

Ensuring the health and wellbeing of older people is more important than ever - In the UK, the number of 65 year olds is [predicted to double in size](#) in the next 20 years. At the same time, there has been a significant increase in reported long-term health needs, particularly for people from lower socio-economic backgrounds. According to [Age UK](#), nearly one in eight older people now live with some level of unmet need. Demographic changes call for the right kind of health and care services to improve the experience of aging for everyone. There is also a drive to achieve value for money amidst growing demand:

- **Local authorities and health authorities face ongoing pressures in Adult Social Care**, especially in the face of increasingly complex needs, workforce pressures and cumulative shortages in the carer market, making it hard to maintain and improve the quality of life of elderly residents.
- **The pressures on GPs have increased substantially.** [The King's Fund](#) found that consultations grew by more than 15 per cent between 2010/11 and 2014/15 as a result of an ageing population, increasing numbers of people with complex conditions and rising public expectations. There has also been a 20% increase in direct reporting to accident and emergency services since 2010.
- **Longer hospital stays and delayed discharges are becoming more frequent** as a result of reduced capacity in Adult Social Care. The [National Audit Office](#) reports a 31% increase in bed days taken up as a result of a delayed discharge between 2013 and 2015. Research shows that longer hospital stays lead to worse health outcomes in older people and can increase their long-term care needs.

Further information

...on Social Impact Bonds:
Please watch [this video](#) to understand how SIBs work.

...on the Life Chances Fund:
Answers to frequently asked questions about the Life Chances Fund can be found [here](#)

...on applications: [Apply here](#) via our online platform. You can also discuss particular aspects of your proposal by [sending us an email](#).

Why SIBs?

[Social Impact Bonds](#) (SIBs) can be a mechanism to fund interventions that focus on supporting older people to achieve improved outcomes and reduce the pressure on health and social care services.

A SIB could also help overcome silo-working and separated funding streams, as it enables health and social care organisations to co-commission outcomes and involve the local voluntary community and social enterprise (VCSE) sector.

To improve people's chances to be well and happy in later life, transformational and sustainable change is essential. Investment is needed, but money is not the only answer. Based on our research and consultation with experts in the field, we are focusing in this guidance on helping people to improve their outcomes by promoting independence.

What kind of proposals is the Life Chances Fund looking for?

We anticipate a range of responses to the Life Chances Fund based on interventions to support older people. We are primarily interested in proposals that help **maintain independent living**, by focusing on outcomes that **support hospital discharge and reduce or delay long-term admissions to care homes**. We would ideally like to see proposals that put older people in the lead of designing the services they receive.

Why maintaining independent living?

At the point of hospital discharge, many older people don't receive the right kind of care to regain independence and to avoid or delay long-term care home admissions.

The [Local Government Association efficiency programme](#) study on Kent County Council showed that around 80% of older people that were placed in a standard residential care bed on a short term basis after hospital discharge remained in that bed for the rest of their lives. When people with similar assessed needs were placed in an intermediate care bed with a focus on recovery, over 80% returned home.

Social Impact Bonds (SIBs) could be developed to ensure the right type of care is provided to individuals at the point of hospital discharge to help them move to greater independence and remain in their own home for as long as that's a suitable place for the individual.

Outcomes and Metrics

The primary outcome for this SIB could be linked to a **reduction in admissions to residential care**. A possible outcome metric could be, for example, the average number of residential care days for a cohort of older people compared against a benchmark. Payments could be issued when a certain number of residential care days have been prevented by the intervention.

Other possible outcomes could include:

Outcomes for commissioners

Reduced length of stay in hospital
(e.g. number of delayed transfers of care from hospital attributable to social care)

Reduced care packages
(e.g. % of care package budget reduced over 3, 12 months)

Lower readmission to hospital after discharge
(e.g. % of emergency readmission within 28 days of leaving hospital)

Lower admission to acute A&E
(e.g. % of acute A&E admissions in over 65 year olds)

Outcomes for service users

Improved health outcomes after hospital stay
(e.g. Elderly Mobility Scale)

Improved quality of life / wellbeing
(e.g. Social Care related Quality of Life, EQ-5D Questionnaire)

Improved mental health
(e.g. Warwick-Edinburgh Mental Wellbeing scale)

Greater independence
(e.g. Activities of Daily Living Assessment Tool, Berg Balance Scale)

Ability to remain in own home
(e.g. number of days in residential care avoided)

Service Users

Projects could support older people (aged 65+) who are at risk of being admitted to residential care or becoming dependent on long-term care, especially those who

- exhibit common precipitants of care home admission, such as dementia, falls and fractures, declining mobility and incontinence but have evidenced potential for rehabilitation
- have been identified to have holistic therapy needs to improve overall physical, mental and emotional wellbeing
- are in hospital but have a documented confirmation by a consultant of medically fit for discharge (MFFD) status
- are signed up to less than 10 days of reablement
- have difficulties managing at home after hospital discharge
- frequently visit their GP

Interventions

This list is not exhaustive and only provides some examples. These interventions may not be suitable in all circumstances and commissioners may decide that other interventions can better address local service users' needs.

- Improving access to [Reablement](#) and occupational therapy. Reablement includes various approaches to recovery of older people after hospital discharge, lasting from two weeks to six months. Average cost per episode: [approximately £2,000](#).
- Improving access to [Intermediate Care](#) services, where older people can be assisted to regain independence, usually therapy led and supported by care workers. Average cost per bed day per person: [£143](#)
- [Falls Prevention Services](#) aim to reduce the number of falls and fall-related injuries and are made up of physiotherapists, occupational therapists, nurse and rehabilitation technicians. Average cost per programme per person: [£349](#)
- [Continence care](#). Incontinence is the 2nd highest reason for admission to residential care, and occurs for example, after catheterization in hospital. Average cost depends on treatment.
- [Housing adaptations, assistive technology](#) and [Telecare](#) can enable older people to live more independently and stay in their own home, delaying admission to residential care. Average annual cost of telecare per participant: [£2,064](#)

Cost Savings

According to the [New Economy Unit Cost Database](#), in 2015, approximately 165,000 older people in care and nursing care homes were fully or part-funded by Local Authorities with an average gross weekly expenditure of £370-£480 per person. The [Department of Health](#) estimates that it costs £400 per day to keep somebody in acute hospital.

Case Study - Reablement at Cooksons Court

The project aims to reduce patient flow at Yeovil District Hospital, reduce the length of stay in hospital and reduce ongoing care packages. The estimated savings to the local authority in the last year were £1.6m, achieved by reducing the need for ongoing home care in 42 per cent of cases. Evidence also showed that patients could be discharged from hospital several days earlier than expected.

We also see opportunities for SIBs to be applied in the following areas:

1. **Early intervention** to reduce and manage health conditions to manage demand, including mental health problems, dementia or injuries from falls.¹

Outcomes and Metrics

Measurable outcomes for commissioners

- Lower admissions to acute hospitals
(e.g. % of acute A&E admissions reduced in over 65 year olds)
- Reduced uptake of GP services
(e.g. number of GP consultations for over 65 year olds)
- Reduced home care packages
(e.g. number of hours/days of care avoided, % of care packages reduced)
- Increased social and economic contribution to the community by older people
(e.g. number of older volunteers)

Possible outcomes for service users

- Improved muscular-skeletal health and mobility
(e.g. Elderly Mobility Scale)
- Reduced injuries from falls
(e.g. number of falls that lead to A&E admission)
- Employment and volunteering
(e.g. sustained employment for given period)
- Improved wellbeing and self-management of Long-Term Condition
(e.g. Well-being Star)

Service Users

Older people (age 65+) at risk of developing a health condition or injuries, including those

- living in poor housing conditions
- malnourished and dehydrated
- taking more than four medications
- with certain medical conditions
- with a history of falls
- with low educational attainment and qualifications
- unemployed after the age of 50
- from lower socio-economic or ethnic minority backgrounds
- with mental health problems
- with low levels of physical activity

Interventions

This list is not exhaustive and only offers some examples of work in the area of early intervention with older people.

- [Social Prescribing](#)
- [Falls Prevention Services](#)
- [Dementia / Memory Services](#)
- [Re-employment and volunteering scheme](#)
- [Physical exercise, dietetics input and mental agility exercises](#)
- [Asset Based Community Development](#)
- [Multi-specialty community provider](#)

¹ [Age UK](#) reports that falls account for up to 40% of ambulance call-outs to homes for people aged 65+, costing £115 per callout.

2. End of Life Care - SIBs in this area would be concerned with improving end of life care to give people the options to die in their own homes².

Outcomes and Metrics

Measurable outcomes for commissioners

Lower unnecessary admissions to acute hospital
(e.g. % of admissions to acute hospital in people near the end of life)

Discharge from hospital for end of life care at home
(e.g. reduction in % of people who die in hospital)

Reduced uptake of GP surgeries
(e.g. *number of GP consultations for people near the end of life*)

Possible outcomes for service users

Dying in place of choice
(% of people who die in their place of choice)

Improved quality of life
(e.g. McGill QOL Questionnaire, EQ-5D Questionnaire)

Greater independence
(e.g. Activities of Daily Living Assessment Tool)

Greater satisfaction in quality of care
(e.g. Medical Outcome Study Satisfaction Survey)

Improved mental wellbeing
(e.g. Warwick-Edinburgh Mental Wellbeing scale)

Service Users

Older People (age 65+) identified by referring clinician as being in the last twelve months of life, who have indicated they wish to die in their own home or in a hospice.

Interventions

This list is not exhaustive and only offers some examples of work in the area of end of life care.

- [Dedicated specialist palliative care](#)
- [Rapid response specialist nursing services](#)
- [Non-clinical triage signposting to identify patient need](#)
- [Medical triage to inform the level of intervention](#)
- [Advance care planning for patients](#)
- [24/7 Single point of access for patients](#)

² The National Audit Office found that up to 74% of people want to die at home, but a lack of access to community services leads to unnecessary hospital admissions.

3. Reducing Loneliness - SIBs in this area would be concerned with preventing or reducing loneliness of older people who are likely to be living on their own, and may have difficulty in socialising.

Outcomes and Metrics

Measurable outcomes for commissioners

Reduced uptake of GP surgeries
(e.g. number of GP consultations for people near the end of life)

Increased social and economic contribution to the community by older people
(e.g. number of older volunteers)

Possible outcomes for service users

Reduced loneliness
(e.g. R-UCLA loneliness scale assessment at 6- and 18 months)

Improved quality of life
(e.g. McGill QOL Questionnaire, EQ-5D Questionnaire)

Improved mental wellbeing
(e.g. Warwick-Edinburgh Mental Wellbeing scale)

Service Users

Older people (age 65+) living in social isolation or at risk of developing loneliness, including those

- living in socially isolated areas
- unemployed after the age of 50
- from lower socio-economic or ethnic minority backgrounds
- living alone
- with mental health problems
- with low levels of physical activity
- who have recently lost a spouse

Interventions

This list is not exhaustive and only offers some examples of work in the area of early intervention with older people.

- [Community Navigators](#) and [Pathfinders](#)
- [Counselling, Group Therapy, Cognitive Behavioural Therapy](#)
- [Bereavement Care](#)

Case Study on reducing loneliness: Reconnections SIB Worcestershire

The SIB aims to directly reduce loneliness and isolation for 3,000 people over the age of 50 in Worcestershire. It is provided through a partnership of local organisations, led by Age UK Herefordshire & Worcestershire. The SIB has accessed £850,000 worth of social investment.

The intervention

The SIB provides one-to-one tailored support for lonely older people who will co-develop an action plan to establish ways in which they can (re)connect with a variety of local support networks. The SIB facilitates this access to services to link individuals with their communities.

Outcomes and payments

The primary outcome for this SIB is linked to the reduction in loneliness of supported individuals. The outcome is measured with the R-UCLA loneliness scale, developed by the University of California. If service users' scores have fallen at the six and 18 month assessment then a payment is released.

Payments are:

- £460 at the six month assessment
- £240 at the 18 month assessment

Proposals that are out of scope:

Based on our research, there are some areas where we believe the SIB model is unlikely to be appropriate:

- Interventions that have no or very limited evidence to support them
- As an additional revenue stream for existing non-outcomes-focused health and social care services
- Services that lack a clearly defined cohort of service users
- Interventions that only treat one specific health condition and that cannot demonstrate regard for the holistic needs of the patient
- Proposals that seek to finance capital build – LCF is a revenue programme