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no.1

The Home Support Service for Older People Evaluation

Executive Summary

Overview

The Home Support Service for Older People (HSSOP) is for older people with medium to severe and enduring mental health problems. It is provided by Community Links, a Leeds-based voluntary organisation with considerable experience of delivering specialist support services to people of working age with significant mental health difficulties. The funding is from Leeds City Council's Social Services Department. The service has been piloted from February 2004 in the LS7 area of the city, which has a diverse ethnic mix. This independent evaluation covers the period to the end of May 2005, using a combination of quantitative and qualitative approaches.

National and Local Contexts

The high prevalence of mental health problems such as depression and dementia amongst older people is well-recognised, as is their widespread under-detection. Emphasis is being placed on giving people choice and on providing person-centred care to help people maintain independence by living in the community, promoting their well-being and quality of life. Statutory mental health services in Leeds for older people are being modernised. Relatively few voluntary sector services focus on older people with mental health needs.

The Home
Support Service
for Older People

Evaluation Report 2005



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community links

linking community support
to health and housing



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The LS7 area of Leeds has a population of 25,362, with almost 3,900 being aged 65 years and above and about 1,000 being aged 80 years and above. National epidemiological studies suggest that there should be 390–585 people aged 65 years and above with depression (10%–15%), 115–195 people aged 65 years and above with severe depression (3%–5%), and approximately 200 people aged 80 years and above with dementia (20%).

HSSOP Ethos and Aims

Community Links emphasises the Strengths Model, which focuses on the person’s strengths, interests, abilities and competences. A guiding principle of HSSOP is “to make the service fit the person – NOT the person fit the service”. HSSOP aims to:

- Challenge age discrimination and promote choice
- Promote an active and healthy life
- Improve service users’ quality of life
- Reduce isolation
- Optimise the social functioning of the user
- Promote and maintain greater independence
- Reduce admissions to hospital/care
- Support timely discharge home
- Acknowledge the role of carers, and support them.

HSSOP Activity

HSSOP is designed to support a maximum caseload of 24 clients. By the end of May 2005 HSSOP had accepted 24 clients from 31 potentially suitable referrals. Just over half of the referrals (and two-thirds of the accepted clients) were made by Leeds Mental Health Trust’s local Community Unit. Almost half of the service recipients have dementia or related conditions. Most of the others are depressed, and some have psychotic illnesses. Many clients also have significant problems relating to their physical health. About one-third of both the accepted referrals and HSSOP clients were from the African Caribbean community. However,

although the local Asian community is of a similar size, no referrals were received for Asian people. Referrals have taken a considerable time to build up. At the end of May 2005 there were 17 active clients.

HSSOP Support

The team provide a wide range of support determined by the circumstances, wishes and needs of the clients/carers. This support is emotional and/or practical, focusing on:

- Maintaining/enhancing daily living skills
- Alleviating isolation and loneliness
- Building social skills
- Coping with worries
- Maximising coping strategies
- Help in tackling problems
- Linking with other services
- Supporting and advising carers.

HSSOP Outcomes

Outcomes in the service specification:

- Clients will have an increased ability to cope in the community
- Clients will be more integrated in ordinary community life
- The risks and frequency of crisis in clients’ lives will be reduced and better managed
- Clients’ need to use other parts of the mental health service will be reduced
- Clients will need fewer admissions to inpatient care
- Clients will be discharged sooner from inpatient care.

Outcomes for Clients and Carers

- Arranging for clients to receive other services such as Home Care or to attend day centres or luncheon clubs has increased their ability to cope in the community and to be more integrated in ordinary community life.
- Sorting out benefit entitlements has significantly improved household income for some clients and carers, which in turn has improved their ability to cope.
- Arranging outings for clients has helped them to be more integrated in ordinary community life.
- Clients’ mental and/or physical health is likely to have been improved

through attending routine and newly-arranged appointments with health care professionals.

- The team have also initiated reviews of current NHS services (e.g. medication) for some clients, which may also have improved their health and well-being.
- Support for carers has enabled some clients to remain in the community for longer than would otherwise have been possible – to the benefit of the client and the carer's own well-being.
- Carers have also benefited from help and support at times of crisis and significant change, which may have prevented them experiencing difficulties with their own mental and/or physical health.
- HSSOP has enabled some clients to move into accommodation more appropriate for their (changing) needs and supported them (and their carers) during this potentially difficult and unsettling time.
- HSSOP has helped some clients to live independently in the community for longer than initially envisaged by statutory services and/or their family.
- Some clients are making more use of other statutory and/or voluntary services due to the intervention of HSSOP. However, most hospital admissions have been due to deteriorations in physical rather than mental health.



“HSSOP has enabled some clients to move into accommodation more appropriate for their needs and supported them during this potentially difficult and unsettling time.

- By visiting and providing support to both clients and carers during such episodes, more appropriate discharges are likely to have resulted.
- The vignettes and interviews with clients, carers and members of the HSSOP team make it clear that the service is delivering many positive benefits for clients and carers, in line with local and national objectives.

Views of Clients and Carers

“She has time – she sits down and listens to you ... she helps me get treatment much quicker than if I was on my own ... I think I would have been in a very bad way (without the service) ... she sorts problems out ... I think she’s a marvellous person and she’s doing a really good job – I’m really grateful of her.”

“I can’t sing their praises enough - and her manner and her way, it’s just wonderful ...and I have to say if (all care staff) were as lovely as that and as well trained as that, it would be absolutely fantastic – I think that’s an ideal, how things should be and how you wish things were.”

The above quotes from a client and a carer reflect many of the views expressed in the questionnaires and during the interviews. Users and carers speak very highly of the service and are very positive and appreciative. They enjoy the person-centred focus and the fact that they do not feel rushed. They like the mix of practical and emotional support depending on their needs and wishes. Some clients are very lonely and socially isolated and they really welcome the visits by their support worker. Clients with dementia appreciate the contact even if they cannot subsequently remember the specific details. The HSSOP service has enabled some carers to continue in that role.

Views of the HSSOP Team

The members of the team are very positive about working for Community Links and HSSOP. Comments included “I love the job” and “Best organisation I’ve ever worked for”.

They find working with the clients enjoyable, varied, challenging and extremely satisfying. They have learned that it is vital to work at a speed determined by the client and that it is important to listen to the client and use their own judgement



rather than relying only on the views of others.

They enjoy the relative autonomy they have when working with clients and carers, but appreciate that support and advice are readily available when requested. Working with carers brings a new set of challenges and rewards, and family relationships may be very complex.



“They enjoy the relative autonomy they have when working with clients and carers, but appreciate that support and advice are readily available when requested. Working with carers brings a new set of challenges and rewards”

Views of Other Stakeholders

Interviews were conducted with a wide range of staff and representatives from statutory and voluntary organisations working in North-East Leeds. From these it is clear that Community Links and HSSOP have a good reputation and that HSSOP is generally well-regarded. Interviewees from the statutory sector recognised that it can take considerable time for the statutory sector to recognise and appreciate the contributions of voluntary organisations. They stressed the need to continue promoting the service and disseminating information about its achievements. Many potential referrers provide services over wider areas than LS7 and some interviewees felt that limiting the service to this area has reduced its exposure. Expansion of HSSOP to wider areas of Leeds would generally be welcomed.

Cost Analysis

The estimated weekly cost per client is £80–£96 (based on an annual average of 24 and 20 clients, respectively). This is expected to reduce to £72–£87 if the service doubles in size (i.e. to a maximum of 48 clients), due to economies of scale. Additional economies of scale may be available if the service expands further.

These costs compare favourably with an estimated median cost of £137 per week for floating support services for older people with mental health problems or dementia funded by Supporting People. Research on support services for older people in general suggests that the financial benefits to the Exchequer in terms of service use prevented are more than twice the expenditure on the support services.

Other weekly service costs as comparators:

- £1,162 per week for a generic older person’s hospital bed
- £1,246 per week for an older person’s mental health service bed
- £496 per week for a place in a private nursing home
- £395 per week for residential care.

These figures show that HSSOP provides good value for money – as well as delivering a wide variety of other benefits.

Taking HSSOP Forward

The following future challenges for HSSOP were identified:

- Increasing the numbers and range of referrals to include Asian communities and a wider range of other organisations
- Managing waiting lists
- Expanding the service – both in size and area – in a planned way.

Diana Sanderson, Mill Mount Consulting

July 2005

“HSSOP provides good value for money – as well as delivering a wide variety of other benefits.”

Copies of this summary and the full Report are available from the Community Links website