

The Extra Care Housing Initiative Evaluation

PSSRU

at the University of Kent,
the London School of Economics
and the University of Manchester

Evaluation of the Extra Care Housing Initiative
Feedback Day, 19 November 2009

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ECHI Evaluation Aims

- Short and long-term outcomes for residents and schemes
- Costs and funding
- Comparison with care homes
- Factors associated with costs and outcomes
- Role in overall balance of care

Linked Studies

- Main evaluation of ECHFI funded schemes
- Thomas Pocklington Trust schemes
- JRF study of social well-being
- JRF study of costs and outcomes of Rowanberries
- EPSRC funded study of design evaluation (EVOLVE)

Data Collection

- Resident data
 - Abilities, services, expectations & well-being
 - Moving in, 6, 12 and 18 months later
 - 30 month follow up where possible
- Schemes
 - Contextual information on opening
 - Social activities at 6 months
 - Costs and context a year after opening

Progress to Date

- All 19 schemes open
- Fieldwork progressing well
- Social well-being study complete
 - Report and findings available from today
- EVOLVE main fieldwork complete
- Thank you!!!

Looking Forward

- Last year of data collection
- EVOLVE instrument finalised and tested
- Due to report end 2010
- Possible add on study on workforce?
- Dissemination
 - Final feedback day next year
 - Series of focused papers
 - Key issues for you?
 - Link with Housing LIN

Today

- Evaluation findings:
 - Changes and turnover
 - JRF Social well-being
 - Costs of extra care housing
- Three workshops:
 - Housing and sight loss
 - Enriched opportunities for people with dementia in extra care housing
 - Marketing extra care housing

Contacts

- PSSRU publications on the evaluation:
 - www.pssru.ac.uk/projects/echi.htm
- Housing and Care for Older People Research Network:
 - www.hcoprnet.org.uk/

Changes in the Characteristics of Residents, Turnover and Destinations of Those who have left Extra Care

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Entrants to Extra Care: Data Collection

- Baseline assessment data:
 - 762 residents in 19 schemes (November 2009)
 - 602 residents moved in during 1st 6 months
- Six month follow-up:
 - 424 residents in 17 schemes (November 2009)
- Comparison with 494 (personal) care home residents admitted in 16 authorities in 2005 & 1366 admitted in 18 authorities in 1995

PSSRU Evaluation: Response (November 2009)

	No.	No. units	No. resids	Ref-usals	Not able	Resid q'aire	Assess q'aire
Smaller schemes	16	716	920	289	65	566	594
Villages	3	770	869	86	29	538	168
Total	19	1486	1789	375	94	1104	762

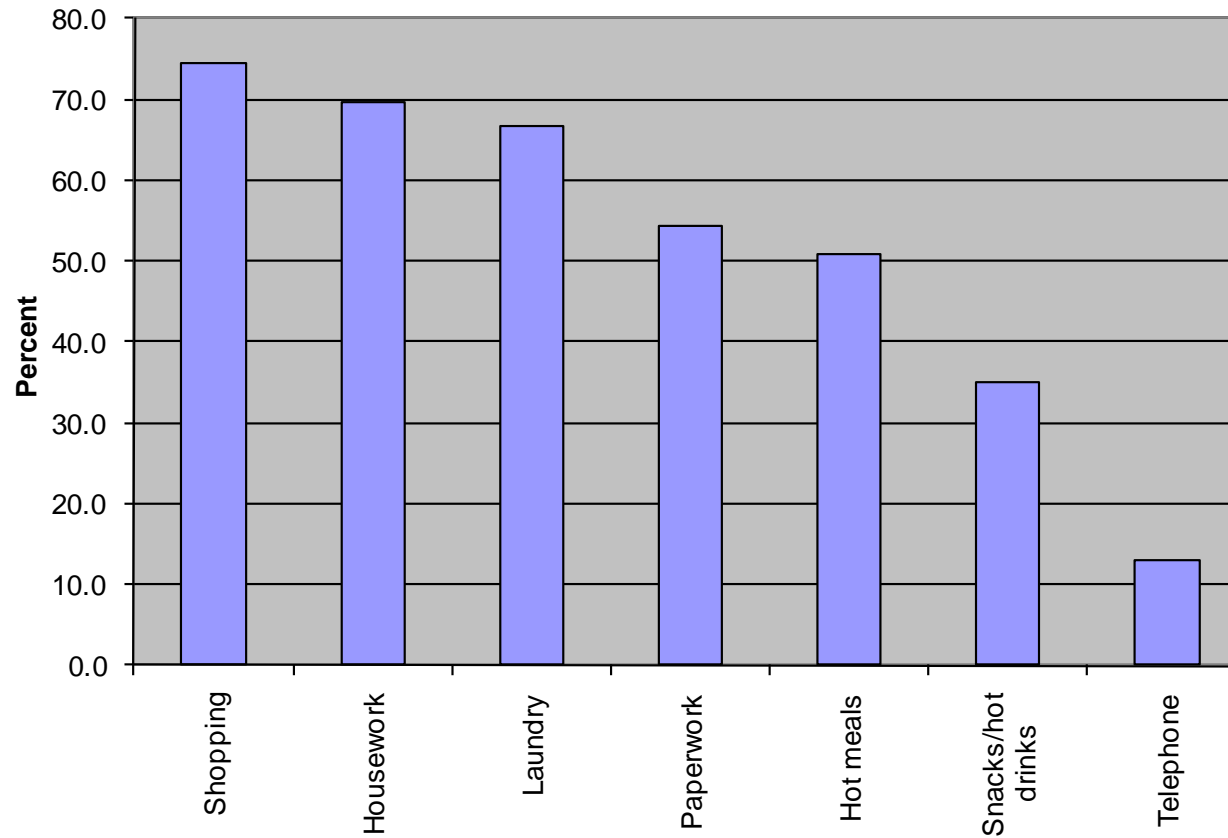
Entrants to Extra Care (2006-09) & Care Homes (2005): Demographics

	Extra Care	Care Homes
Mean age [Range]	77 [28-104]	85 [65-102]
Female (%)	66	73
Single/divorced/separated (%)	24	14
Married (%)	29	17
Widowed (%)	47	68
Non-white (%)	4	1
Lived alone (%)	60	77

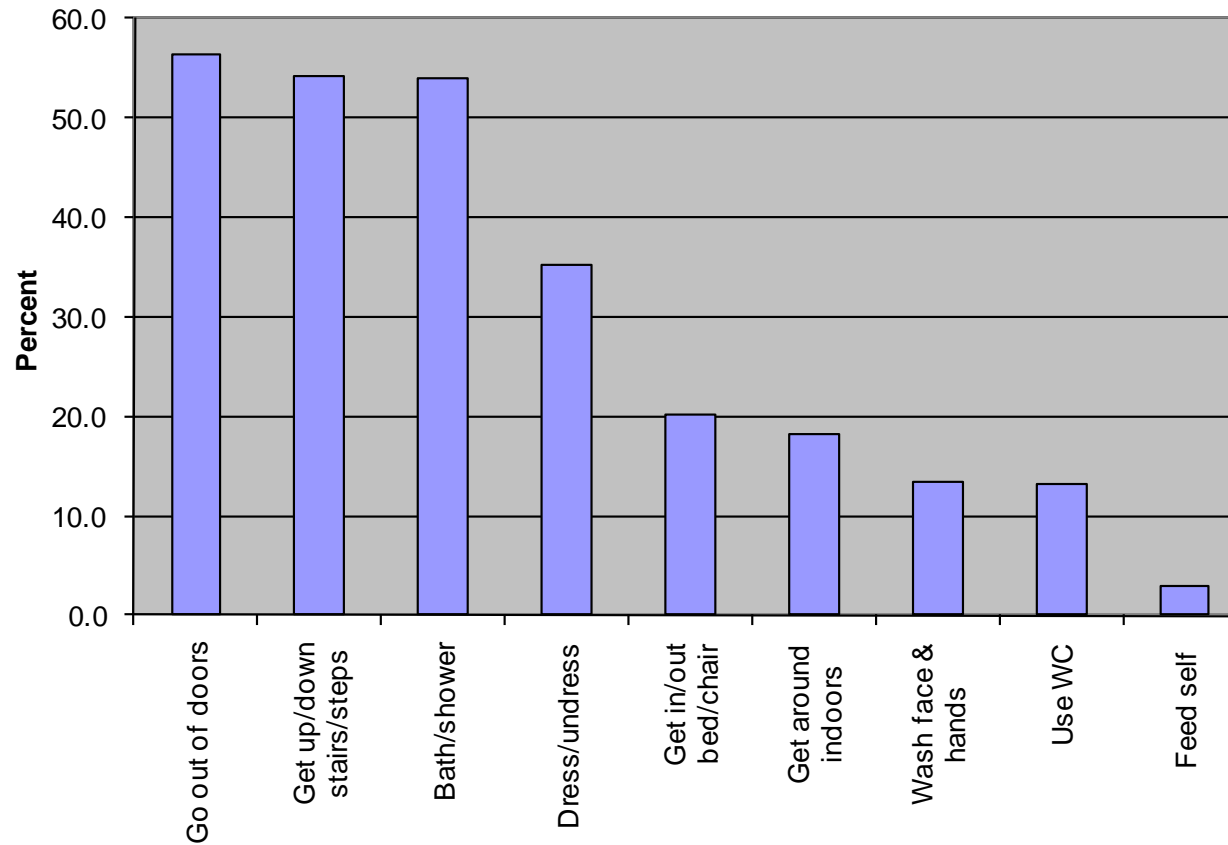
Entrants to Extra Care (2006-09) & Care Homes (2005): Housing

	Extra Care (%)	Care Homes (%)
Domestic household	65	27
Sheltered housing	19	10
Care home	10	12
Hospital	4	38
Intermediate care	1	7
Other previous accommodation	1	6
Rent	67	73

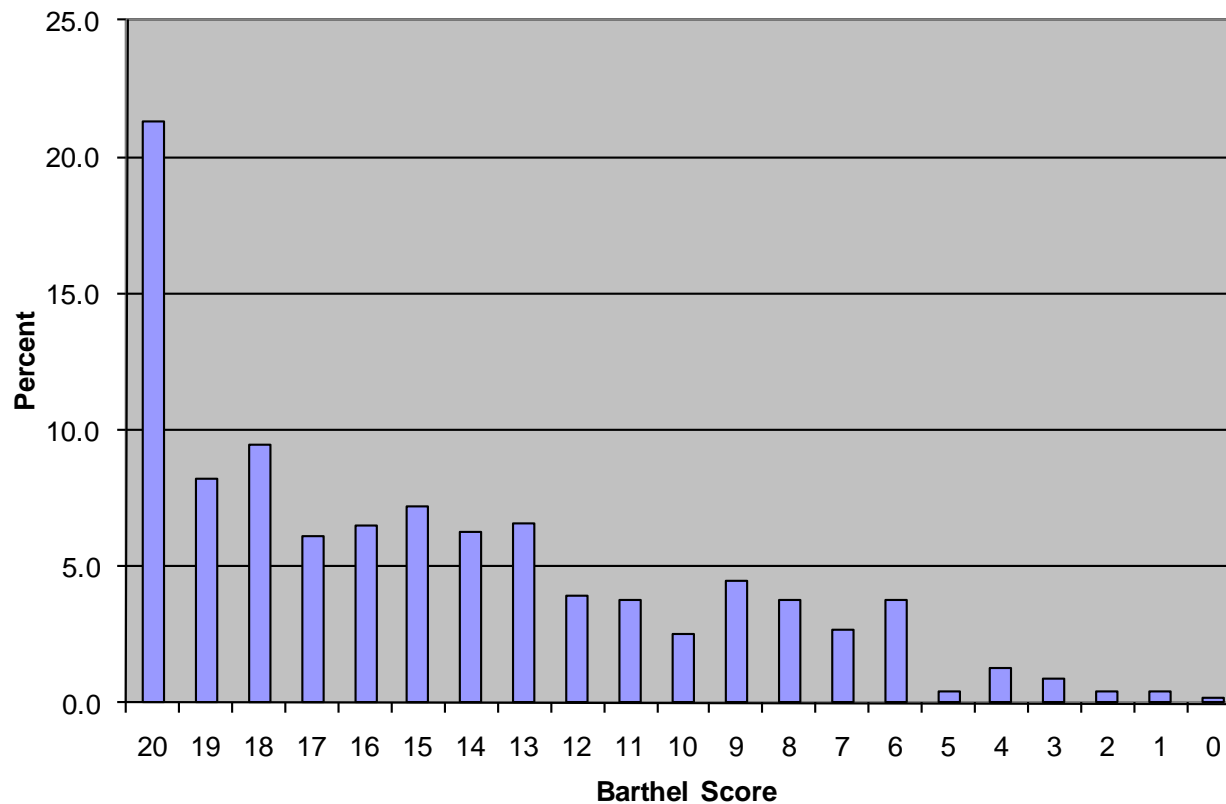
Entrants to Extra Care (2006-09): Require Help with IADLs



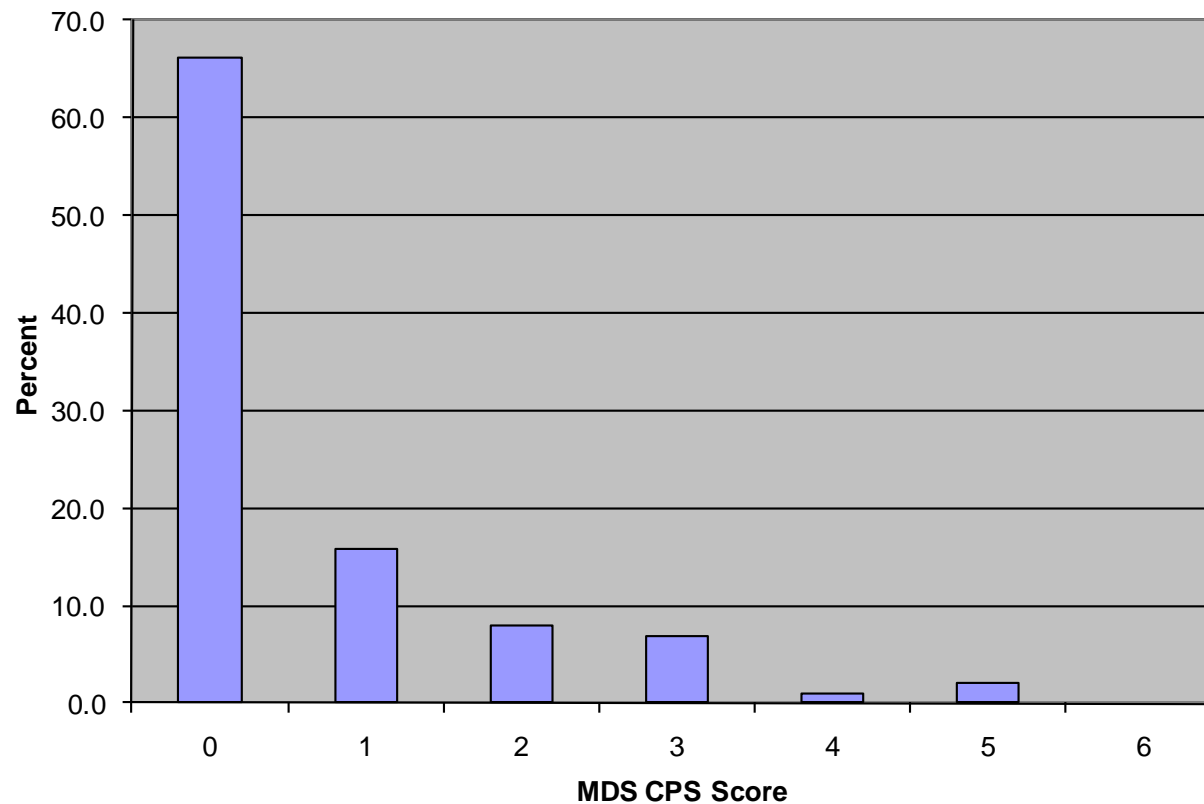
Entrants to Extra Care (2006-09): Require Help with ADLs



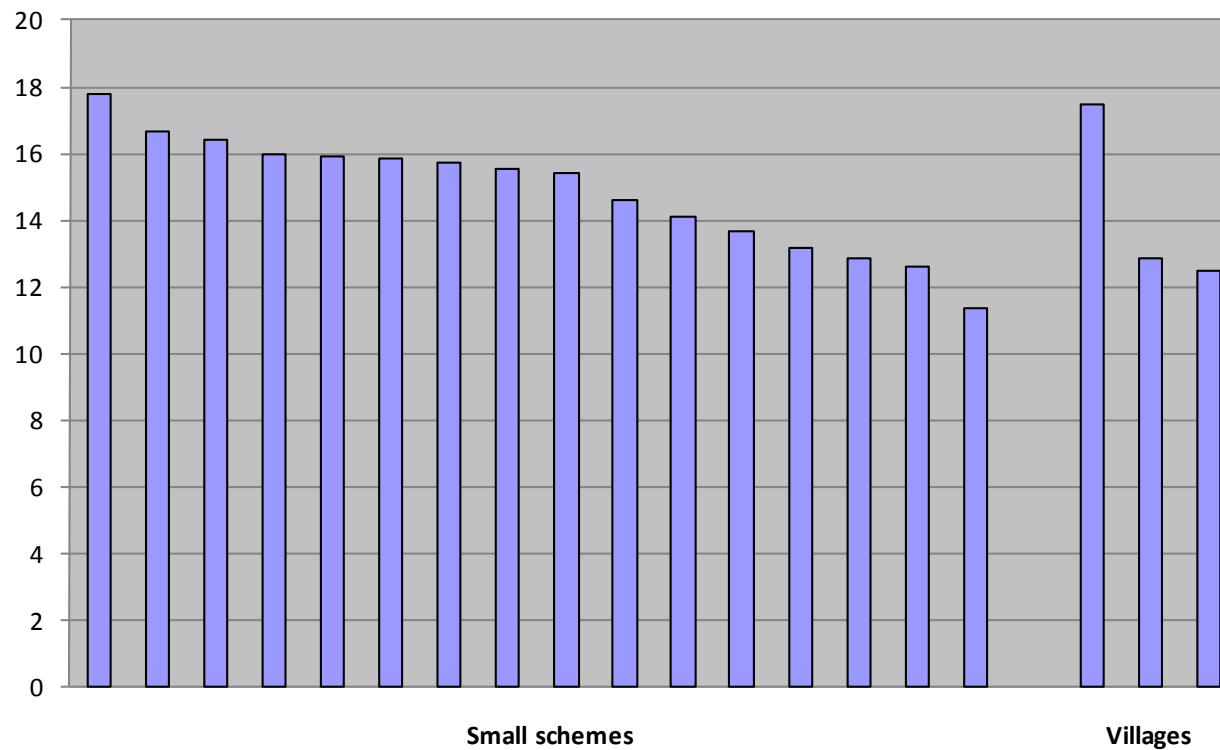
Entrants to Extra Care (2006-09): Barthel Index of ADL



Entrants to Extra Care (2006-09): MDS Cognitive Performance Scale



Entrants to Extra Care (2006-09): Mean Barthel Score by Scheme



Entrants to Extra Care (2006-09) & Care Homes (2005): Dependency

	Extra Care	Care Homes
Mean Barthel score [0-20]	14.8	10.4
Barthel score 0-12 (%)	28	66
MDS CPS score 0 (%)	66	15
MDS CPS score 1-3 (%)	31	46
MDS CPS score 4-6 (%)	3	39
Total cases	602	494

Entrants to Extra Care (2006-09): Dependency by Time of Entry

	0-6 Months	>6 Months
Mean Barthel score [0-20]	14.8	15.2
Mean MDS CPS score [0-6]	0.67	0.74
Total cases (8 time nk)	602	152

Entrants to Extra Care (2006-09): Change in Barthel Index, 0-6 Months

Entry	Deteriorated (>3)	No change (≤ 3)	Improved (>3)
Very low (17-20)	13	111	-
Low (13-16)	10	64	7
Moderate+ (0-12)	4	57	26
All (0-20)	9%	79%	11%
Care homes (1995)	22%	55%	23%

Entrants to Extra Care (2006-09): Change in MDS CPS, 0-6 Months

Entry	Deteriorated (>1)	No change (≤ 1)	Improved (>1)
MDS CPS score 0	18	196	-
MDS CPS score 1-3	8	69	13
MDS CPS score 4-6	0	3	3
MDS CPS scores 0-6	8%	86%	5%
Care homes (1995)	14%	63%	23%

All Identified Individuals (1789 Cases): Reasons for Leaving Extra Care

	Number
Died	209
Nursing home	32
Care home	18
Hospital	25
Other facility	5
Returned home	4
With/near family/spouse	6
Moved to other locality	6
Left, destination not recorded	36

All Identified Individuals (1789 Cases): Turnover by Year of Opening

Year	Stayed/no information	Died	Moved	No. of residents
2006	76%	15%	10%	659
2007	79%	13%	8%	762
2008	94%	4%	2%	368
All schemes	81%	12%	7%	1789

Discussion - 1

- For those receiving care, main need for help is with IADLs & mobility
- Very few with severe cognitive impairment
- Residents receiving care in smaller schemes and villages have similar dependency profiles
- Average level of dependency lower in extra care
- No evidence of increasing dependency among recent entrants, but limited information
- Relatively little change in dependency in 1st 6 months

Discussion - 2

- Recorded death rates variable, & average likely to be underestimate
- Two-thirds of deaths occurred in schemes
- Death rates for established villages lower (c.10%), but numerical impact substantial
- Majority of moves to hospitals & care homes, but some for personal reasons

Social Well-Being in Extra Care Housing: Main Findings

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The project

- Aimed to:
 - Explore development of social activities and community during first 6 months
 - Identify differences in social climate and individual social well-being after 12 months

- 15 schemes:
 - 2 villages: 258 and 270 units
 - 13 smaller schemes: 35-64 units

Methods

- 6 months after opening:
 - Interviews with 2 staff members per scheme
 - Interviews with 4-6 residents per scheme
- 12 months after opening:
 - Questionnaires from 599 residents
 - Interviews with 166 residents
 - 'Indicators' of individual social well-being
 - Social climate at scheme level

Quality of Life & Social Well-Being (1)

- Residents valued independence, security and social interaction offered by ECH

'I think more people should know about [extra care]. We get together and talk about all sorts of things, there's entertainment. And you've got a bell to push if you need anybody. It couldn't be better.' (Female resident)

'I would have thought it's the best answer to everything – you've got privacy but you've got activities that are there.' (Female resident)

Quality of Life & Social Well-Being (2)

- 2/3 rated QoL as 'good' or 'very good'
- 90% had made friends since moving
- 80% felt positively about social life
- 70% took part in an activity at least once a week
- 75% were fully occupied in activities of their choice

Social Isolation (1)

- Some residents were socially isolated
 - More likely to be in receipt of care
 - Rated health as worse
 - Mobility problems a barrier

'The biggest problem is needing the carers to get you to anything' (Female resident)

Social isolation (2)

- Some schemes were addressing social isolation
 - Support for people with mobility problems
 - Encouragement to participate
 - Support for people with memory problems

'We've also employed [member of staff] whose job it is to work with people on a one-to-one basis, primarily people with memory problems, but will also work with people who maybe just need a bit of support' (Staff member)

Communal Facilities

- Communal facilities play important role in friendship development
- Restaurants and shops key; importance of lunchtime

'The shop has been a catalyst to getting people integrating well together.' (Staff member)

- Facilities should be operational when schemes open

Social Activities

- Social activities valued by residents, and important for friendship development
- Friendship cited as most important benefit of participation
- Some schemes encountered difficulties in providing for diverse group of residents
- Wide range of activities should be developed soon after opening

Resident-Led Social Activities

- All schemes took 'resident-led' approach
- Differences in residents' and staff involvement
- Benefits of resident involvement
- Resources to support social activities crucial

Local Community Links

- Residents valued maintaining or building up links with local community
- Local context important in determining extent of involvement

'What we do find is used quite a lot is the restaurant and shop, because in the local vicinity there isn't anything. So you get school children at school time that come and use it, and you get people in and out during the day.'
(Scheme manager)

- Mixed opinions from residents about others coming in to use scheme facilities, join activities etc.

Villages and Schemes

- Overall, better social well-being in villages
 - Residents more positive about social life, less likely to report being lonely/isolated, participate more often, have more contact with friends
 - Villages may offer some social advantages
 - However, not a clear conclusion...

Provision of Facilities and Activities

- Villages:
 - Have a wider range of facilities e.g. gyms, craft/hobbies rooms, bars
 - Have larger variety of social activities
 - Have more resources (funding, staff) to sustain such facilities and activities

The Residents (1)

	Schemes	Villages
Receiving personal care	57%	7%
Very low dependence	49%	93%
No cognitive impairment	66%	99%

- Village residents less dependent than those in schemes

The Residents (2)

- Findings suggest villages suit more able, active older people very well
- Evidence not as clear for those with some level of disability
 - In villages, some links between lower social well-being and higher levels of dependency
- Attitudes to frailty

Attitudes to Frailty

'The village seems to me to be becoming a nursing home rather than a retirement village, which was not expected before moving here.' (Male resident)

- Schemes' aims should be explained to prospective residents

Conclusions

- ECH can provide an environment supportive of social well-being
- Communal facilities and social activities were valued, and were important for friendship development
- Resident involvement in running the schemes' social lives was beneficial, but staff support is crucial both early on and over time
- Local community links were valued; location is important in facilitating these links
- Smaller schemes and villages have different challenges to overcome to promote social well-being

Costs of Extra Care Housing: Initial Findings

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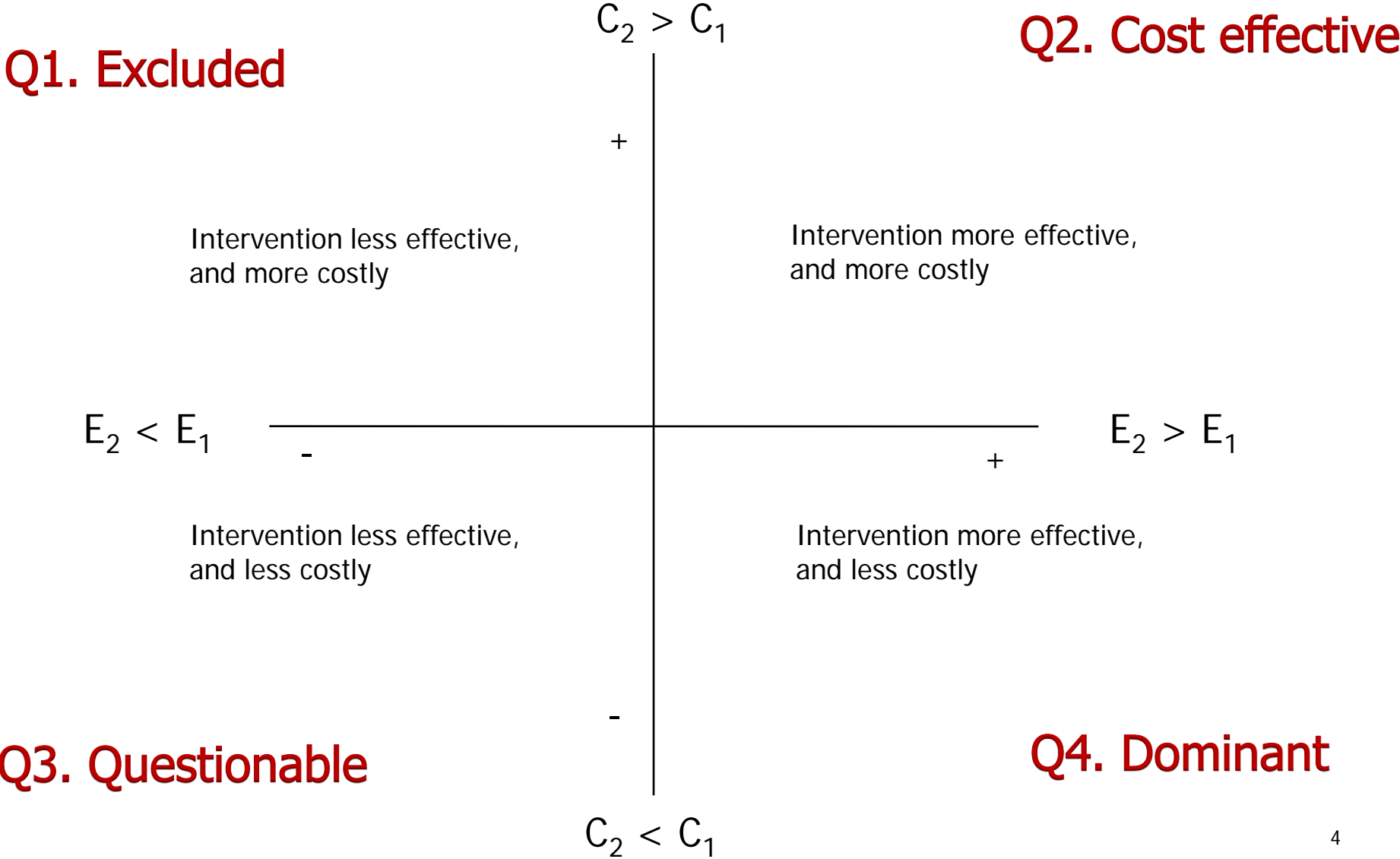
Economics of Housing and Care

- Relevance of economic analysis
- Focus on Costs:
 - Some emerging findings on capital costs
 - Other cost elements as highlighted by the Bradford study
- Next steps

Context and relevant questions

- Era of public funding cuts
- Housing with Care, specifically Extra Care Housing
 - Is capital expenditure on ECH justified?
 - Is ECH more cost-effective than care homes, than sheltered housing, than care in the community, or other alternatives?
- To answer, need to measure costs and outcomes, neither of which straight-forward

Cost-Effectiveness Plane



Costs and Outcomes

- Need to identify costs and the outcomes they were incurred to achieve
- Greatest lack of evidence in terms of costs
- Costing methodology / 'rules'
 - Comprehensive; social perspective
 - Reflecting variations
 - Comparisons on a like-with-like basis
 - Costs in relation to outcomes

PSSRU Evaluation (19 Schemes)

- 2004/05
 - 2 retirement villages: 258 & 270 units
 - 7 new-build: 344 units (38-75)
- 2005/06
 - 1 retirement village: 242 units
 - 9 new-build/remodelled: 372 units (35-48)
- Opening dates: 7 in 2006, 8 in 2007, 4 in 2008

Capital Costs I: ECHFI 2004/05 – 2008/10

Financial year	Fund	Bids	Successful bids	
			No.	Units
2004/05	£29.0m	205	16	1422
Pre-allocated	£17.7m		6	306
2005/06	£40.3m	>140	21	1238
2006/07	£20.0m		5(4)	
2007/08	£40.0m	43	14	967
2008/10	£80.0m	61	25	2035

Capital Costs II: Findings

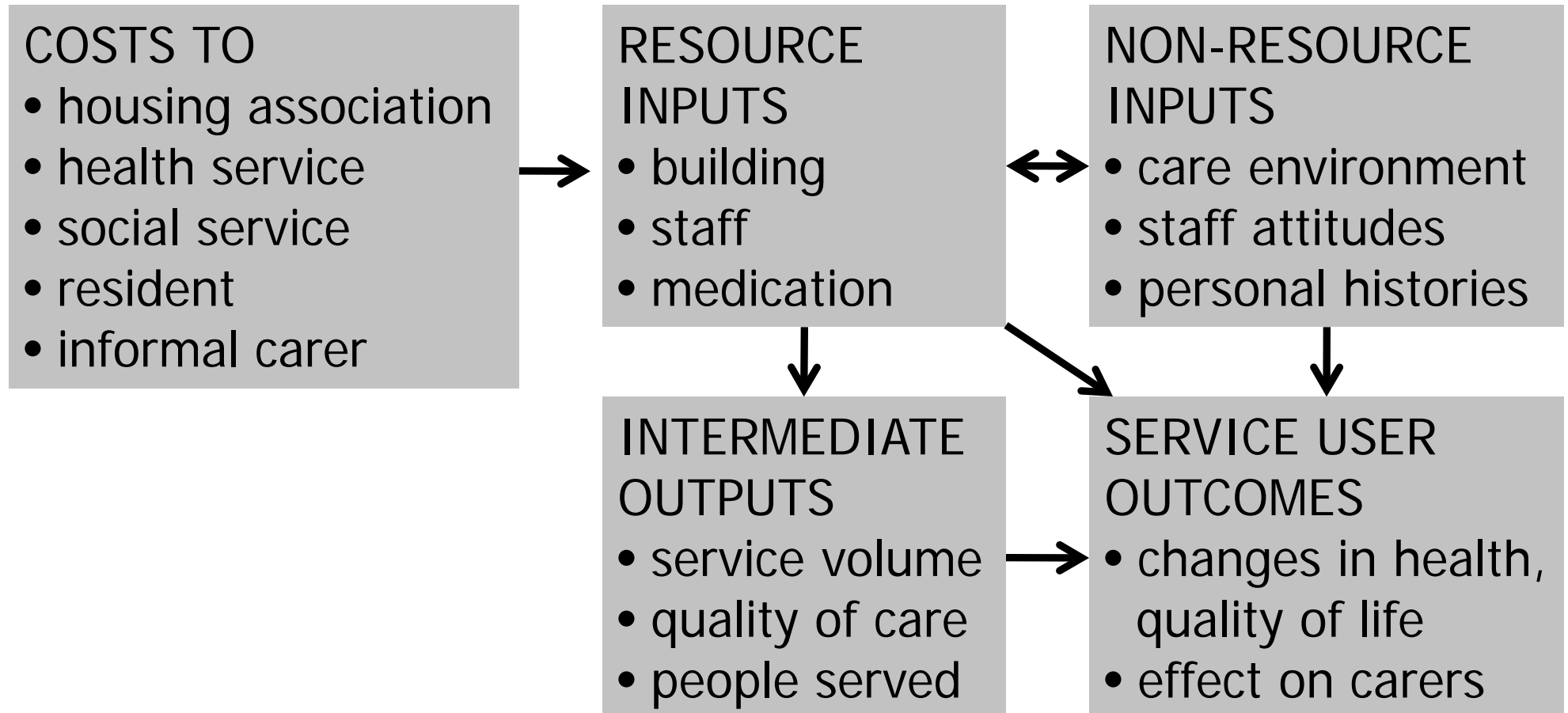
- Average cost per m²
- Cost per standard flat (i.e. cost per m² * average area of flats across schemes)
- In comparison to Tinker et al.'s study
 - Remodeling no less expensive than new-build?
- Sources of capital funding; funding ratio

Capital Costs III: Questions raised

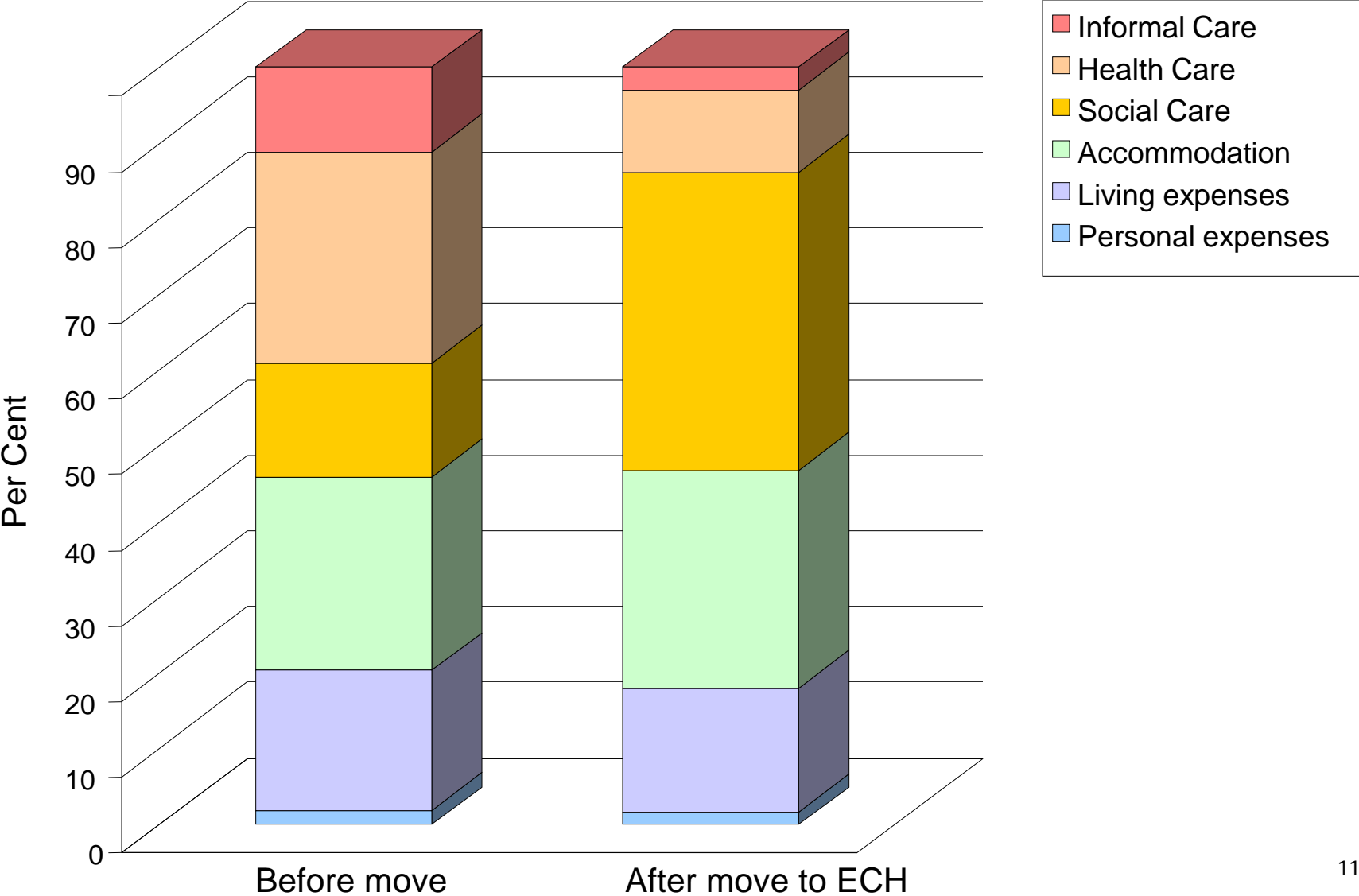
- Financial viability in long-term?
- Who bears the cost?
- Do capital costs influence rental rates?
- Impact of current economic climate?

- But capital costs only one of the cost elements ...

Cost Elements, and Outcome links



Bradford Study I: Cost Elements



Bradford study II: Key messages

- Social care: £130 increase on average
 - Two-fold increase in home care costs + well being charge
- Health care: £70 decrease on average
 - Pattern of service use: increased access vs. decreased frequency
- Level of receipt and costs of services seemed to increase in part due to meeting previously unmet needs
- Overall costs per person increased but associated with improved outcomes

Bradford Study III: Conclusions

- People assessed eligible with desire to change circumstances had unmet needs = not surprising
- Hope that situation would change on moving = it did
- Question then is more what are costs of improved outcome, rather than to be surprised at increased costs (or indeed no saving)

Cost Findings: Conclusions

- THUS, initial evidence that ECH situated in Q2 of C-E Plane
- BUT, could unmet needs have been met in previous homes?
 - Lower capital investment, lower costs to public purse?
- BUT, do not yet have an ideal comparator:
 - People eligible for ECH who cannot or don't take that option, who remain in own home (amended care package) or move to care home

Next Steps

- Complete data collection
- Costs
 - Individual level – receipt of health and social care services at 6m+18m, receipt of benefits 0m+6m
 - Scheme level – capital cost, operating cost (HA accounts after 1 and/or 2 yrs) & funding sources (LA), charges to residents, variation between schemes
- Outcomes
 - Functional ability (Barthel, MDS) at 0m, 6m, 18m;
Self-perceived health at 0m +12m; Quality-of-life at 12m;
Well-being (CASP 19) at 6m +12m +18m
- Series of comparisons with different data sources (best alternative in absence of 'ideal comparator'):
 - E.g. previous PSSRU studies on care homes 1995, 2004/05 (approx. 500 residents in 16 local authorities)