

The costs of recuperative care housing

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Introduction

Intermediate care is a core element of the Government's programme for improving services for older people. When the NHS plan (Department of Health, 2000) set out a major new programme to promote independence for older people and provided funding for a new range of intermediate care services, an underlying objective was the "effective use of resources" (Department of Health, 2001). In order to evaluate whether resources are being used effectively, it is important to carry out a comprehensive costing so that the unit costs of different services and their benefits can be compared and ultimately informed decisions can be drawn about cost effectiveness. Research carried out at HomeBridge, a recuperative care and rehabilitation scheme for older people (55+) living in the area of Ashford has provided the opportunity to cost in detail an innovative service. Contact with all professionals involved in managing and administering the service was made during the year 2005 and details of each resource input was provided or estimated by them enabling the calculation of various unit costs which can be used to compare with other similar services.

The scheme

The scheme consists of seven purpose-built units that have been incorporated into an existing specialist-housing complex next to a day centre run by Age Concern. These specially designed units provide temporary accommodation with a range of support and recuperative care services to promote independence, always with the goal of people returning to their own homes. Accommodation is provided on one level and each unit has a sitting room, kitchen area, either a single bedroom or bed-sit accommodation for a couple, and separate bathroom with shower. Each unit is fitted with a range of alarm systems enabling contact in an emergency and to detect falls.

The service is for those who have had a stay in hospital and are apprehensive about returning home or are in need of a period of rehabilitation. It is also available for those who have had a period of health crisis at home and are finding it difficult to cope or even those who have been living in residential care and need a stepping-stone to living on their own again. Priority is given to those motivated to return home and assessed as being able to achieve specific goals by accessing resources available through this recuperative care service.

Accommodation (including electricity and heating) and support services are free of charge for the client for the first 6 weeks and thereafter a small charge is made.

The scheme is staffed by a part time scheme manager and full time community care manager and a private domiciliary agency provides support workers based at HomeBridge seven days a week for 10 hours a day. The Community Assessment & Rehabilitation Team (CART) provides community nursing, occupational therapy, physiotherapy and rehabilitation workers.

Care managers refer the majority of HomeBridge clients from hospital. During the first week the client is assessed by a community care manager and given a provisional length of stay with an agreed care plan. Support workers are available on a daily basis and arrangements are made for the CART team to become involved if necessary. During the stay the care manager will spend time with the client to resolve any problems stopping them from going home. The care manager also prepares the discharge of the client from HomeBridge, including a visit to the client's home and liaison with professionals and family to put the care plan in place.

Estimated costs

Detailed information was provided about expenditure and resource use, the number of clients treated and average length of stay. Between January 2004 and January 2005, a total of 32 clients were referred to HomeBridge staying a total of 1061 nights. The average length of stay for these clients was 33 nights. Fifty per cent of clients had an average stay of 29 nights, 25 per cent stayed on average 10 nights and 25 per cent stayed for on average 65 nights.

Detailed information for 35 clients who stayed at HomeBridge between August 2004 and May 2005 was received on the number of hours of therapy or nursing care provided by the CART team. On average clients received just over 7 hours during their stay, with 25 per cent of clients receiving an average of just over one hour and 25 per cent an average of 18 hours of services. Fifty per cent of clients received on average 5 hours of services during their stay. Based on the actual salaries of CART team members and using a multiplier to calculate a rate for face-to-face contacts, it has been possible to estimate the total costs per client to reflect the costs of three different types of client episode. However, it was not possible to link an individual client with details of the health services they received during their stay.

The cost per unit, taking into account an estimated occupancy rate of 5 out of 7 units, is estimated to be £28,109 per year, which is a weekly cost of £539. Since this information was collected, it has been reported that occupancy has improved and now it is closer to 6 units and sometimes even 7 units. If full occupancy were achieved, the cost would be £20,078 (£385 weekly). This includes 10.5 hours per day provided by support workers and care and scheme manager time. It includes overheads, direct and indirect and capital and land costs. It does not include any health service costs or costs incurred by the hospital care manager in the referral process. Costs were incurred in the development phase of HomeBridge which have not been included in the estimated unit costs but maybe of interest. These included the staff costs of the project manager, Scheme Manager and CART coordinator and also the cost of the surveyor. If these costs are annuitised at a rate of 3.5 per cent over a period of 15 years, they are estimated to be £4,118 per annum.

The costs of three different types of episode shown in the table below have been identified, based on the number of nights spent at HomeBridge. A typical episode is assumed to last for 29 nights which is the average duration of stay for 50 per cent of clients. It has been estimated that a typical client receives 10 hours of input from a support worker per week and the average input received by 50 per cent of clients from the CART team (5 hours). Twenty five per cent of clients spending an average of 65 nights at HomeBridge are assumed to receive a higher level of client support. This has been estimated as being 15 hours per week from a support worker and 18 hours in total from the CART team per week. The remaining 25 per cent of clients who have spent on average 10 nights at HomeBridge are assumed to receive a lower level of client support which is estimated to be 7 hours from a support worker and in total just over one hour's input from the CART team.

The costs of each episode type have been calculated using unit costs for the professionals providing the service multiplied by the appropriate number of hours. Each client incurs the cost of referral from hospital and discharge from HomeBridge and also the cost of a care manager's time which varies according to length of stay. Ambulance costs of £35 from hospital to HomeBridge can also be added if necessary and also the cost of £3 for each meal (Meals on Wheels). All clients also have the opportunity to attend sessions of Age Concern at a cost of £3.70 per session but these have not been added to the costs as they are rarely taken up.

Episode type	Cost for Support Worker £	Cost per referral from hospital £	Cost of Care Manager's time £	Cost of discharge from HomeBridge £	Cost of CART £	Total costs £
Average (50% of clients)	430	132	454	223	117	1,356
High cost (25% of clients)	1,446	132	944	223	469	3,214
Low cost (25% of clients)	104	132	196	223	22	676

Discussion

A schema for the service showing this information and providing a range of unit costs is on page 113 (7.7). In addition to the yearly and weekly cost per unit, separate costs are given for making the referral and discharging the client which are used to calculate different types of episode. When using and adapting this information, it is important not to add the costs of these procedures or the costs of the different types of episode to the costs per unit as this will result in double counting.

As with many new services, HomeBridge was not yet operating at full capacity when the research was carried out (71 per cent) and has increased since. The unit cost per resident week at the level of occupancy recorded between January 2004 and January 2005 has been estimated at £539 and this is comparable to a week's stay in a nursing home (£558). However at 100 per cent occupancy, this weekly cost is more directly comparable to a week's stay in a residential care home - £385 per week compared to £402 in a residential care home.

Acknowledgements

Homebridge is a joint initiative between Ashford Borough Council, Kent County Council Social Services, Age Concern Ashford and Ashford Primary Care Trust who provided additional funding for the CART team. We are very grateful to all those who helped provide

information: Barbara Sleator and Mary Stewart from KCC Social Services, Richard Robinson from Ashford Borough Council and Ruth Moemken from Ashford PCT.

References

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