

Evaluation of an Extra Care Housing: Initial Cost Findings

Theresa Bäumker

PSSRU

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

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Context and Costs

- Public funding cuts, need to justify expenditure
- Need to measure costs and outcomes, neither of which straight-forward
- Extra Care Housing
 - A relatively new, limited, but expanding area
 - 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?
- Findings from two studies: DH & JRF-funded

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

Development Costs I

- Not straight-forward to compare building cost
- Average cost per m²
- Cost per standard flat (i.e. cost per m² x average area of flats across schemes)

- In comparison to Tinker et al.'s study
 - Remodeling no less expensive than new-build (Methodology: no land, less communal facilities)
 - vs. £64,300

- Sources of capital funding
 - Land subsidy, DH, other grants
 - HA private finance

Development Costs II

- Viability: rent-only schemes viable
 - (Cross-)Subsidies: LA land, Sales Incomes
- Impact of current economic climate
 - Sales stalled: housing assets
- Development Cost Overruns
 - percentage of budgeted costs
 - Delays ~ land negotiations, planning consent, construction difficulties, design changes
- But capital costs only one of the cost elements

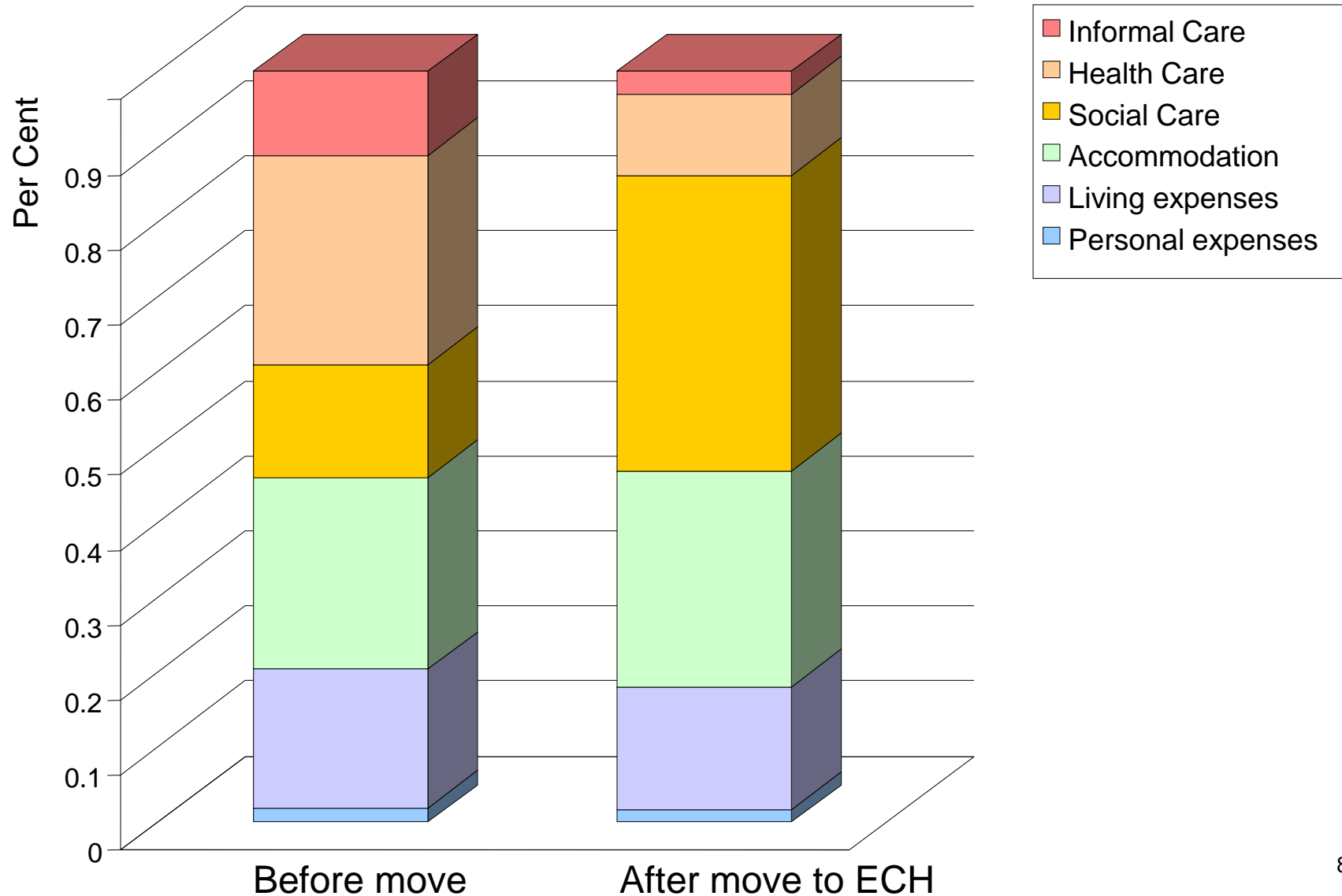
JRF Bradford study

- JRF-funded; April 2007 for 1 year : before & after study
- Objective: To compare the costs before and after residents moved to Rowanberries
- Data collection:
 - Residents: Baseline assessment data, Interviews at 0m & 6m, self-completion informal carer questionnaire
 - Scheme-level: MHA Capital costs & operating costs at 6 months
 - Bradford Adult Services: Local costs and care contracts
- Sample
 - At moving in: 40 out of 52 residents, and at six months 22
 - Before-and-after comparison only possible for sub-sample
- Rowanberries:
 - Joint project between MHHA & Bradford Adult Services
 - Mixed tenure dev. of 46 self-contained apartments; care services on-site provided by MHA

Bradford study I: Outcomes

- Outcome Measures:
 - Single Qol, Social Care Outcomes (ASCOT): before & 6m
 - CASP 19, Self-perceived Health: 0m & 6m ~ recall difficulties
- Improvements in social care outcomes
 - Reflects decrease in unmet need across all seven ASCOT domains
 - E.g. nearly two-thirds reported good social life at Rowanberries, compared to >50% feeling lonely and socially isolated previously
- Improved quality of life on seven-point scale
 - 68 % reported very good/ good compared to 23 % before move
- Well-being (CASP 19) and self-perceived health
 - Same outcome: Measures did not show any change based on situation 0m & 6m
- Also no real change found in abilities in activities of daily living / functional ability before and after move

Bradford Study: Cost elements



Bradford study II: Costs

- Increase in costs: Social Care , Accommodation
 - £130 increase on average: home care, but less unmet need
 - Well-being: support costs, but therefore better Qol.
 - Accommodation: new-build, communal space
- Decrease in costs: Health Care, Informal Care
 - £70 decrease on average: nurse consultations, hospital inpatient
 - Pattern of service use: increased access vs. decreased freq. of use
 - Informal care ~ replaced by formal care
- Like-for-like comparison problematic
 - Increase in costs to public sector ~ 80 % falls to public sector
- Level of receipt and costs of services seemed to increase in part due to meeting previously unmet needs
- Overall costs per person (£380→£470) increased but associated with improved outcomes

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 surprise at increased costs (or indeed no saving)

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