An evaluation of extra care housing

- Background
- The evaluation
- Residents’ expectations and outcomes
- Costs and cost-effectiveness

Models

- Design
  - Small housing development
  - Village
  - Apartment buildings
  - Group of bungalows with resource centre
- Facilities
  - Lounges, meeting rooms, hobby rooms, gyms
  - Restaurant facilities
  - Assisted bathing, laundries
- Care
  - Joint or separate provision of housing and care
  - Dedicated team or variety of providers
  - On site or off site night cover

Characteristics

- Multiple objectives
- Multiple agencies
- Multiple streams of funding
- Dispersed social costs
- High expectations

What is extra care housing?

- Aims
  - To meet housing care and support needs while maintaining independence in private accommodation
- Features
  - Own front door to self contained unit
  - Accessible buildings with AT/SMART
  - Communal facilities and community amenities
  - Meals/ catering services
  - ‘Home for life’
  - 24 hour care
  - Flexible individual levels of care

Project Team

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- 26 local researchers
**Policy**

- Longstanding commitments
  - Independence
  - Personalisation
- Extra Care Housing Fund (ECHF)
  - £227million capital funding 2004 - 2010
- Current policies
  - Partnerships
  - Plurality
  - Personalised support
  - Prevention
- Dilnot
  - Options and choices in planning for the future

**Current context**

- Levels of provision 2009
  - 43,300 ECH dwellings
  - Residential 276,000 places
  - Nursing 179,000 places
- Financially straightened times
- Should we invest?
  - Does extra care deliver better outcomes?
  - How much does it cost?
  - Productivity - is it cost effective?

Sources: Elderly Accommodation Counsel 2009, Laing and Buisson 2009

**The evaluation**

- 5 year study – 2006-2010
- 19 ECHF schemes
- Linked studies
  - JRF-funded
    - Study of social well-being
    - Single scheme costs and outcomes
  - EVOLVE
    - EPSRC-funded study of design evaluation
      (Sheffield/PSSRU)
    - Pocklington

**Key aims**

- Short & long-term outcomes
  - What happens to people
  - Well-being
- Costs
  - Comprehensive
  - Cost variations
  - Cost-effectiveness
  - Comparison with care homes

**Data collection**

- ECH resident data
  - ADLs, services, expectations & well-being
  - Moving in, and 6, 12, 18 & 30 months later
- Scheme data
  - Contextual information on opening
  - Costs and context 1-2 years after opening
  - Fieldworker questionnaire at end of data collection
- Care home resident data
  - 1995 longitudinal follow up of admissions
  - 2005 survey of admissions

**The schemes**

- All new build, opened 2006-2008
- 1468 dwellings
- 3 retirement villages
  - 770 dwellings (242-270)
- 16 smaller schemes
  - 716 dwellings (35-75)
- People with care needs
  - 909 dwellings
Residents

- Views on moving in from 1182
- Baseline assessment data
  - 817 moved in during study period
    - 172 to care villages
    - 645 to smaller schemes
- About 67% response rate

Reasons for moving

- Small schemes:
  - 56% own physical health very important
  - Health-related (lack of services, coping daily tasks)
  - Inappropriate housing
- Villages:
  - 33% own physical health very important
  - Very important for 66% of those with an assessment
  - Health-related unimportant for more than half
  - Housing mostly unimportant apart from garden maintenance

Attractions of Extra Care

- Very important for great majority (60 - 80 %)
  - Tenancy rights and front door
  - Flexible care support on-site
  - Security
  - Accessible living arrangements
- In addition for villages
  - Type of tenure
  - Social facilities
- Alternative to care home?
  - True for about 17%
  - Not at all for 70%

Expectations on moving in: social life

- 65% expect no change in contact with family/friends
- 60% in villages & 69% in schemes expected improved social life
  - Social facilities as an attraction ranked after housing and care features
  - Isolation, living alone unimportant for >60%

Six months later...

"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)

After a year...

- 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 well-being and dependency

- Findings suggest villages suit more able, active older people very well
- But 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

Expectations on moving in: the future

- 91% expect to stay long as they wish
- No intention to move on to care home:
  - 50% people moving to schemes
  - 30% people moving to villages
- High expectations of extra care as ‘home for life’

Location at end of study

- 47% Still in scheme
- 23% Moved
- 14% Died in scheme
- 10% Died elsewhere

ECH and care home residents: Abilities in activities of daily living

- Bar chart showing distribution of Barthel index scores

ECH and care home residents: Cognitive impairment

- Bar chart showing distribution of MOS CFS scores

Mortality & Survival

- Model from 1995 longitudinal study
- Predicts 50% moving in 2005 will die by
  - Residential care - 21 months
  - Nursing homes - 10 months
- ECH sample residents - 32 months
- In practice
  - Only 34% of those followed to 30 months had died
**What does it cost?**

- Comprehensive opportunity cost estimates
- Capital investment
  - Average cost per apartment £158,500
  - Results supported view remodelling not less costly
- Ongoing costs
  - At 6 months
    - Including capital, housing support, social care, NHS, living expenses etc
  - £416 per week (2008 prices)

**Cost components**

- ECH cost components
  - Annual capital cost
  - Housing management and support cost
  - Living expense estimates
  - Social care cost
  - Healthcare cost

**Comparative cost-effectiveness**

- Compared with care home admissions
  - ECH younger, less likely lived alone, fewer medical conditions & less dependent
- Propensity score matching
  - 240 matched pairs with 1995 admissions
  - 136 matched pairs with 2005 admissions (30%)
- Costs and outcomes at 6 months
  - ECH costs lower and Barthel outcomes better
    - Incremental cost effectiveness ratio over 6 months = -1,406
  - How sure can we be?

**Costs and Outcomes**

1. Excluded
   - Intervention less effective, and more costly than O
   - $E_b < E_i$
2. Cost effective
   - Intervention more effective, and more costly than O
   - $E_b > E_i$
3. Questionable
   - Intervention less effective, and less costly than O
   - $E_b < E_i$
4. Dominant
   - Intervention more effective, and less costly than O
   - $E_b > E_i$

**1995 sample comparison**

- 240 matched pairs
Cost variation
- Residents: higher costs associated with
  - Dependency
  - Living alone
  - Well-being (CASP-19)
- Schemes: lower costs associated with
  - Joint provision of housing & care services
- Schemes: higher costs associated with
  - Problematic staff turnover
  - Larger housing associations
  - London

Conclusions
- First large-scale DH funded study of ECH
- Important contribution to evidence base
- Plurality
  - Valuable option
  - People move in with positive expectations
  - ...and like it when they get there
- Prevention
  - Positive outcomes
- Productivity
  - Cost-effective alternative for proportion of people moving into care homes

Reports
- Netten, A., Darton, R., Bäumker, T. and Callaghan, L. (2011) Improving Housing with Care Choices for Older People: An Evaluation of Extra Care Housing. Personal Social Services Research Unit, University of Kent, Canterbury
  - www.pssru.ac.uk

Selected papers