The PSSRU Evaluation of Extra Care Housing

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PSSRU Project Team

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- 26 local researchers

PSSRU Evaluation: Aims

- Evaluation of 19 new build schemes supported by the DH Extra Care Housing Fund (2004-2006)
- Main evaluation:
  - Short- & long-term outcomes for residents & schemes
  - Comparative costs
  - Factors associated with costs & effectiveness
  - Role in overall balance of care

The Extra Care Housing Fund: Aims

- To develop innovative housing with care options
- To stimulate effective local partnerships between the NHS, local housing authorities, social services authorities, care providers, housing associations and private sector and other developers of extra care housing in the interests of older people (Department of Health, 2003)

PSSRU Evaluation: Linked Studies

- Extension to additional schemes:
  - Wakefield
  - Birmingham & Plymouth (Thomas Pocklington Trust)
- JRF-funded study of social well-being
- JRF-funded study of Rowanberries, Bradford
- EVOLVE: EPSRC-funded study of design evaluation (Sheffield/PSSRU)
PSSRU Evaluation: Extra Care Schemes

- 2004/05
  - 2 retirement villages: 258 & 270 units
  - 7 newbuild: 344 units (38-75)
  - 2 newbuild/remodelled delayed: dropped

- 2005/06
  - 1 retirement village: 242 units
  - 9 newbuild/remodelled: 372 units (35-48)
  - 1 retirement village delayed: dropped

PSSRU Evaluation: Data Collection

- Resident data
  - Functioning, services, expectations & well-being
  - Moving in; 6, 12, 18 & 30 months later

- Schemes
  - Contextual information on opening
  - Social activities at 6 months
  - Costs and context a year after opening
  - Fieldworker questionnaire at end of data collection

PSSRU Evaluation: Response (November 2010)

<table>
<thead>
<tr>
<th></th>
<th>No. resids</th>
<th>No. with data</th>
<th>No. with Res Q</th>
<th>No. with Ass Q</th>
<th>No. Ass Q + 6m</th>
<th>No. Ass Q + 18m</th>
<th>No. Ass Q + 30m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smaller schemes</td>
<td>16</td>
<td>996</td>
<td>680</td>
<td>620</td>
<td>645</td>
<td>390</td>
<td>187</td>
</tr>
<tr>
<td>Villages</td>
<td>3</td>
<td>896</td>
<td>568</td>
<td>562</td>
<td>172</td>
<td>63</td>
<td>61</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>1894</td>
<td>1248</td>
<td>1182</td>
<td>817</td>
<td>453</td>
<td>248</td>
</tr>
</tbody>
</table>

Entrants to Extra Care (2006-10): Require Help with ADLs

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Require Help with ADLs</td>
<td></td>
</tr>
<tr>
<td>Require Help with IADLs</td>
<td></td>
</tr>
</tbody>
</table>

Entrants to Extra Care (2006-10) & Care Homes (2005): Barthel Index of ADL
**Entrants to Extra Care (2006-10) & Care Homes (2005): MDS CPS**

![Bar chart showing MDS CPS scores for Extra Care and Care Homes over time.]

**Entrants to Extra Care (2006-10): Change in Dependency by Follow-Up**

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>% deteriorated</th>
<th>% improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barthel Index of ADL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–6 months</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>0–30 months</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>MDS CPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–6 months</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>0–30 months</td>
<td>6</td>
<td>14</td>
</tr>
</tbody>
</table>

**Entrants to Extra Care (2006-10): Location at End of Study**

- Still in scheme: 408 (56.1%)
- Moved: 69 (8.4%)
  - Nursing home: 29 (3.5%)
  - Care home: 16 (2.0%)
  - Elsewhere/not known: 24 (2.9%)
- Died: 161 (19.7%)
  - Died in scheme: 62 (7.6%)
  - Died elsewhere: 99 (12.1%)
- Lost to follow-up: 129 (15.8%)

**Entrants to 11 Extra Care Schemes (2006-07): Mortality & Survival**

- Number of individuals: 374
- Number of deaths: 115
- Mean time to death: 20 months
- % died by 30 months (≥65): 34%
- Predicted median (50%) survival from model:
  - Extra care (≥65): 32 months
  - Care home (2005): 21 months
  - Nursing home (2005): 10 months

**Cost Variations: Factors Associated with Higher Costs**

- Individual factors:
  - Living alone
  - Higher levels of physical and cognitive impairment
  - Need for nursing care
  - Long-standing illness
  - Higher levels of well-being
- Scheme-level factors:
  - Separate housing management and care arrangements
  - Higher staff turnover
  - Larger housing providers
  - London location

**Cost-Effectiveness**

- Rowanberries study: higher cost/person associated with improved social care outcomes and quality of life
- Comparisons of costs and outcomes with matched sample from 1995 care home survey:
  - Lower costs: £374 vs £409 pw
  - Slight improvement in physical functioning and cognitive functioning stable for extra care
  - Slight deterioration in functioning for care homes
- Restricting comparisons to more dependent (2005 cases):
  - Outcomes for extra care remain better
  - Less evidence of cost savings
Social Well-Being Study

- Role of communal facilities in friendship development:
  - Smaller schemes: restaurants and shops – lunchtime
  - Villages: indoor street and role of resident volunteers
- Villages well-suited to more active people
- Poor health and receipt of care could hinder social involvement – importance of staff support
- Links with local community valued – importance of location
- Attitudes to other residents’ frailty and community use of facilities

PSSRU Evaluation: Other Issues

- Timescale of developments (restiting, redesign)
- Mixed tenure (demand)
- Future proofing (1-bed flats)
- Communal facilities and links with community
- Setting-up and participation in social activities
- Transport within and outside scheme
- Division of responsibilities for housing and care
- Expectations of partner organisations

PSSRU Evaluation: Summary

- Average level of dependency lower than in care homes
- Substantial need for help with IADLs & mobility
- Very few with severe cognitive impairment
- Cost-effectiveness analysis demonstrates potential as alternative for proportion of care home residents
- Follow-ups demonstrate that can be home for life, but support for cognitively impaired less certain
- Relationships between fit and frail, social groups etc: importance of support and managing expectations, especially in villages

Discussion

- Sustainability of extra care model:
  - Pressure resulting from local authority nomination rights
  - Maintenance of facilities (e.g. restaurants)
  - Development of new schemes (provision relatively limited)
  - Public understanding/demand (downsizing)
  - Local authority staff understanding and expectations
  - Impact of policy developments (e.g. personal budgets)
- Other issues:
  - Management turnover and stability
  - Relationships with local community
  - Is it expected to do too much?

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/