Blazing a trail: Extra Care Housing in Blandford Forum, Dorset

This case study showcases the improvements in the quality of life of residents that have been achieved at Trailway Court, a 40 unit Extra Care Housing scheme in the market town of Blandford Forum in Dorset.

Designed by PRP Architects and managed by the Aster Group, the £6.1m scheme was supported by a Department of Health capital grant of £1.75 million in 2008.

Drawing on research undertaken by Dorset County Council, this case study highlights the cost and benefits of an Extra Care Housing scheme compared to alternative services, and evidences the improved outcomes for older people after a move into Extra Care Housing.

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February 2014

Overview

This case study highlights the cost and benefits of an Extra Care Housing scheme compared to alternative services and shows the improvements in the quality of life of residents that have been achieved at Trailway Court, a 40 unit Extra Care Housing scheme in the market town of Blandford Forum in Dorset. Few studies exist comparing the costs of Extra Care Housing (ECH) with other accommodation and care options. So, when Trailway Court first opened in 2011, the Trailway project team used the opportunity to follow participants who moved there, comparing their outcomes with those of participants who chose alternative options.

The aim was to give commissioners a better understanding of costs and outcomes to inform the efficient use of resources by addressing the questions:

- Does ECH provide better outcomes than alternative forms of care over time?
- Is ECH cheaper than alternative forms of care over time?
- Are there differences in costs for agencies?

Face to face surveys were conducted before people moved and again 6 months after they moved, (or not), to capture self-reported Adult Social Care Outcomes Tool (ASCOT)[1] scores, which were linked with additional administrative data for cost and usage.

Background

In 2004, Dorset County Council produced an Extra Care Housing Strategy with the broad aim of creating greater opportunities for choice in terms not only of housing, but also of the forms of support that people require.[2] The rationale was based on the lack of housing options and poor housing stock in Dorset combined with the needs of an ageing population[3] and the consequential burden on informal carers of caring responsibilities. Since then, Dorset has developed four Extra Care Housing (ECH) schemes, adhering to the principles set out in the strategy, with a capacity of accommodating 356 residents, although this is dwarfed by the residential and nursing care capacity of over 4,000 beds. ECH resources currently represent less than 9% of overall residential and nursing provision for older people in Dorset.

The development of Trailway Court provided an opportunity to look closer at the role of ECH in Dorset. A partnership was established between the County Council and North Dorset District Council, the local planning and housing authority, to oversee provision of the scheme. During the planning stages of the scheme, Dorset commissioners set out in detail how to target residents in a way not originally prescribed in Dorset's Extra Care Strategy. This reflected focusing more on people with higher levels of care needs and helping Dorset Adult Care and Community Services achieve their aims of responding to budget constraints and reducing high cost residential placements.[4]

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[1] The ASCOT measure is a research method designed to capture information about an individual's social care-related quality of life. More at: www.pssru.ac.uk/ascot/

[2] Dorset County Council (2006) Extra Care Strategy. Available from: www.dorsetforyou.com/media.jsp?mediaid=166613&filetype=pdf

[3] Dorset County Council (2010) Dorset JSNA Demographic Chapter. Available from: www.dorset.nhs.uk/WS-Pan-Dorset/Downloads/NHS-Dorset/About%20us/Our%20priorities/JSNA/Needs%20Assessments/Demographics.pdf

[4] Housing Support Unit (2011) First Phase Informed Plans. Available from: www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/HSU/HSU_first_phase_report_June_2011.pdf

Ten years on from Dorset's Extra Care Housing Strategy, Dorset County Council (DCC) commissioners have had a chance to re-examine the outcomes of their strategy by looking specifically at Trailway Court tenants who have many positives to report.

DCC are keen to promote the benefits of Extra Care Housing to improve the health and well-being of people at the same time as reducing more expensive residential care costs. The Council has recently launched its new draft Extra Care strategy, which has an ambitious aim to deliver more schemes across the county. New schemes will be based on the Trailway Court model which combines care and support services for a core service for all residents living there. The holistic health and wellbeing support programme, which began at Trailway Court, is thought to be key to the positive outcomes seen in the evaluation.

In the future the allocation of Extra Care places funded by DCC will continue to be by an allocation panel, which worked so well for Trailway Court. This comprised of representatives from DCC, the housing authority and the landlord, with the care and support provider(s) as non-voting member(s) of the panel. The evaluation at Trailway Court echoes the findings from other research (Housing LIN Case Study 78)[5] to show a robust allocations panel is needed to keep a balance of scheme's residents with a range of needs to ensure a vibrant community but sufficiently in need of care to reap the financial gains by preventing moves to more expensive care options.

The location of future new schemes in Dorset is based on a sophisticated needs analysis and aims to use a combination of discounted or free land, planning conditions and capital resources from a variety of sources including local authorities, Homes and Communities Agency, registered providers and others. It is also intended to promote shared ownership as a positive option of good financial investment for many people and also to help cross subsidise new schemes.

About Trailway Court

Trailway Court is an affordable, 40 flat ECH scheme, located centrally in the market town of Blandford Forum in the north of the County. It received a £1.75 million capital grant under the Department of Health's 2008-2010 Extra Care Housing Fund programme and officially opened in April 2011.

Trailway Court, Blandford Forum

Designed by PRP Architects, it includes all the expected features of an ECH scheme with good accessibility throughout. Its central location to the town presented some initial planning challenges but the decision to site it there has been a powerfully attractive feature for tenants. Further information about the build quality of the scheme can be found on the Housing LIN's directory of DH funded schemes at: www.housinglin.org.uk/Topics/ECHScheme/search/

[5] Weis W & Tuck J (2013) *The Business Case for Extra Care Housing: An evaluation of Extra Care Housing Schemes in East Sussex*. Housing Learning and Improvement Network

Residents' characteristics

In terms of resident characteristics, not all ECH schemes in Dorset are the same. Despite some lack of robust data on comparative levels of need, the age profiles of residents within Trailway Court indicate that there is a higher proportion of people over 85 years of age, typically a threshold age associated with levels of higher need, when compared to local and regional averages. Median age at Trailway Court is 84 yrs, compared to 79 yrs in other Extra Care settings in Dorset. This is highlighted in Table 1, which brings together local and national data from a study by the Personal Social Services Research Unit (PSSRU) at the University of Kent:

Table1: Characteristics of Residents in Extra Care Setting in Dorset

Age Band	Trailway Court (n=47)	Bure House (n=59)	Foyle Bank (n=51)	Westhaven (n=83)	Dorset Average	UK Average
Under 65	2%	12%	8%	19%	13%	16%
65-69	4%	8%	10%	8%	9%	8%
70-74	11%	14%	20%	14%	16%	13%
75-79	17%	12%	16%	12%	13%	17%
80-84	21%	19%	20%	14%	18%	18%
85-89	30%	24%	24%	17%	21%	18%
90 and over	15%	12%	4%	14%	10%	12%

Source: Dorset County Council, 2011 & Darton et al., 2012

The age profile at Trailway Court probably reflects both the ageing population generally and the specific allocations policy already referred to and set out in more detail below.

Allocations policy

The Trailway Court Allocations policy states:

"The Lettings Panel will endeavour to ensure that in making offers of tenancy it targets people:

i) with degenerative conditions where a move to the Scheme could prolong independent living.

ii) who are vulnerable and at risk making access to support and care invaluable, although their actual care package may not be large, including those:

- with moderate levels of anxiety
- who neglect themselves
- who are socially isolated

iii) who may be in accommodation, which is no longer suitable, or require re-housing on medical grounds, or have a carer who would derive relief and support from their move into the Scheme.

iv) in residential care who have potential for greater independence and would benefit from more independent living."

Dorset County Council nominations panel, 2011

As a result of this explicit targeting, the Trailway team believe that more people with higher levels of need have moved to Trailway, including two who moved out of residential care where they had been for a number of years, at the point of initial intake than when compared to other ECH schemes in Dorset, albeit this is anecdotal as comparative intake evidence from other schemes was not available. Built into their successful bid to the Department of Health's Extra Care Housing Fund, was a commitment to evaluate the benefits of moving into the scheme. In particular, commissioners sought a better understanding of costs and outcomes to inform the efficient use of resources by addressing the questions:

- Does ECH provide better outcomes than alternative forms of care over time?
- Is ECH cheaper than alternative forms of care over time?
- Are there differences in costs for agencies?

Improved outcomes: evaluating residents' quality of life

Initial discussions with the Trailway Court project team (made up of representatives from all partner agencies) identified a number of areas that should come within the scope of the evaluation including the outcomes for residents and costs to agencies. The wider societal benefits of Extra Care Housing, such as lessening the burden on carers and the positive impact this may have[6], are important externalities, but have not been included formally because the resources required to capture this accurately were beyond those available to the Trailway project team.

Aims and objectives of the evaluation

As highlighted earlier, the Trailway evaluation attempted to capture 'before' and 'after' outcomes for Trailway residents to be compared with existing quality of life data for the wider social care population in Dorset using ASCOT. And, in order to begin to understand the cost effectiveness of Extra Care, albeit at a small, local level, the evaluation was informed by cost and outcome analysis used by the Joseph Rowntree Foundation (JRF), which looked at the comparative costs before and after residents moved to a new Extra Care scheme in Bradford and examined some of the practical data collection issues in relation to cost and outcome measures.[7] A key recommendation from JRF, that future studies need to compare costs with alternative forms of care, was useful in scoping this work. In addition, a report by the Social Care Institute for Excellence (SCIE) was also used to assess the methods.[8]

About the sample

The most practical option at the time of Trailway Court commissioning was to use a mixed methods design for the case study. For outcomes measurements using ASCOT, before and after comparisons were made between the Trailway Court residents and compared against a wider social care population using data from Dorset County Council Adult and Community Services gathered from 385 respondents through the Adult Social Care Survey conducted in 2011. Despite the shortcomings of this method, which meant that postal survey data was compared to data from face to face interviews, the wording of the questions was identical and did allow existing quality data to be used. For cost comparisons the sample consisted of 70 people in total, 54 individuals who accepted a place within Trailway Court and 16 who formed a

[6] Dutton, R (2009) *'Extra Care' housing and people with dementia: A scoping review of the literature 1998 – 2008*. Joseph Rowntree Foundation

[7] Baumker, T. et al (2008) *Costs and Outcomes of an Extra Care Housing Scheme in Bradford*.York:JRF

[8] Francis, J & Byford, S. (2011) *SCIE's approach to economic evaluation in social care*. Available from: www.scie.org.uk/publications/reports/report52.pdf

control group who had been offered a place but declined. Those who declined an offer did so for a variety of reasons including distance from current residence, the scheme being full, or the fact that the build completion was delayed by eight months and therefore the offer of accommodation and care in this setting was not available at the time required by some individuals.

It was recognised that there were a number of confounding variables within the two groups that could have an effect on the systematic variation such as age, level of need, and current housing situation. For example, if people within the control group for costs have higher levels of need than those entering the ECH scheme, then it is likely that their costs of care will be higher after six months. An example of this would be if the delay in the opening of the scheme meant that a person with a high level of need could not wait eight months to take up a nomination in Trailway Court, then this could indicate higher future costs. It may have been possible to match individuals within these groups more closely by changing the inclusion criteria for the study, and this has been done previously[9], but it was felt that this would not reflect the reality of commissioning Extra Care in Dorset.

Attempts to use predictive risk scores were made in order to better understand the differences between residents at Trailway Court and individuals in the control group. It was hoped that the PARR++[10] combined model could be used to quantify future risk for each individual to enable a statistical comparison between the two groups, as was used successfully by the Nuffield Trust in its evaluation of POPP projects.[11] The main benefit of this approach is that it draws on a wide range of data using a less obtrusive method than approaching frail individuals. However, in this instance it could not be used because it was not possible to link the data (from within the NHS) to social care clients, either due to the lack of NHS Number, or a lack of PARR++ data.

A look at the demographics of both groups shows some similar characteristics in terms of gender split. The main difference is that the mean age is six years younger in the control group compared to the residents within the ECH scheme. In the absence of data measuring level of need, age profiles give us a basic understanding of possible differences between the two groups. See Table 2 on next page.

The Data Collection Methods

Data was collected before and after residents moved into Trailway Court. In reality this was only possible for around two thirds of participants. Self-reported data was collected from participants using a simple three-page ASCOT survey. This was conducted face-to-face with tenants before their move into Trailway Court and repeated in the same way between 6 and 9 months following their move.

Originally, participants were asked directly about cost information but after having concerns regarding the validity their recall[12], it was decided to collect data from statutory agencies. This issue was not a concern for the ASCOT measure as this has been through a more thorough piloting stage and does not rely on recall.[13]

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[9] Kneale, D (2011) Establishing the extra in Extra Care. London: International Longevity Centre.And Netten, A. et al (2011) *Improving housing with care choices for older people: an evaluation of extra care housing.* PSSRU: Kent University.

[10] Kings Fund (2006) Combined Predictive Model.Available from: www.kingsfund.org.uk/sites/files/kf/field/field_document/PARR-combined-predictive-model-final-report-dec06.pdf

[11] Billings, J et al (2006) case finding algorithms for patients at risk of re-hospitalisation PARR1 and PARR2. London: Kings Fund.

[12] Evans, E et al (2010) Using Administrative Data for Longitudinal Substance Abuse Research, *Journal of Behavioural Health Service Research*, 37 (2), 252-271.

[13] Netten, A et al. (2012) *Outcomes of social care for adults: developing a preference-weighted measure*. Health Technology Assessment, 16 (16). Available from: www.hta.ac.uk/fullmono/mon1616.pdf

Table 2: Comparing the participant characteristics

	ECH Residents		Control Group	
	No.	**%**	**No.**	**%**
Age				
Min	54		54	
Mean	82		76	
Max	96		99	
Age Group				
Under 65	1	2%	4	25%
65-69	2	4%		
70-74	5	9%		
75-79	10	19%	7	44%
80-84	9	17%	1	6%
85-89	19	35%	3	19%
90 and over	8	15%	1	6%
Sex				
Male	22	41%	7	44%
Female	32	59%	9	56%

Gathering and linking administrative data from statutory agencies was challenging.[14] In Dorset, this meant working with key stakeholders from social care, housing and health, and extracting data on cost and usage from their internal client databases. This was not a simple exercise even where the researchers had good access to systems, as cost and usage data are not always linked on a central client database. Complete data was available to compare social care costs for both groups. It was only possible to link health costs using NHS numbers for two thirds of participants in both groups. Even then, the study relies on secondary health care costs, (such as hospital costs), as data from primary care (such as GP data) or the ambulance service has proved impossible to access. Nor was it possible during the study timescales to gather data from the housing authorities to document changes in housing benefit following any changes in circumstances. This situation is not uncommon for this type of audit or research[15] and highlights a lack of integration and data sharing protocols.[16]

[14] Evans, E et al (2010) Using Administrative Data for Longitudinal Substance Abuse Research, *Journal of Behavioural Health Service Research*, 37 (2), 252-271., Lix, L M et al (2010) Comparing administrative and survey data for ascertaining cases of irritable bowel syndrome: a population-based investigation, *BMC Health Services Research*, 10 (31)., Stiles, P G et al (2010) Ethically Using Administrative Data in Research: Medicaid Administrators' Current Practices and Best Practice Recommendations, *Administration and Society*, 43 (2) 171-192.

[15] Lyon, D et al (2007) Predicting the likelihood of emergency admission to hospital of older people: development and validation of the Emergency Admission Risk Likelihood Index (EARLI), *Family Practice*, 24, pp 158-167., Georghiou, T et al (2011) *Predictive Risk and Health Care: an overview*. Available from: www.nuffieldtrust.org.uk/sites/files/nuffield/publication/Predictive-risk-and-health-care-an-overview_0.pdf

[16] Taylor, M & Lynch, E (2010) *Linking social care, housing & health data*, Data Linkage literature review 2010 Paper 1 Available from: www.scotland.gov.uk/Resource/Doc/924/0119579.pdf

Analysis

Some of the original 70 participants, 2 in Trailway Court and 2 in the control group, died within a month of data collection at the period of six months into the research. This raised issues in relation to whether to include or exclude these participants in this analysis. A decision was made to exclude participants who had died within 3 months of their move, as there was insufficient data to reflect the true cost for these people over the six-month period. This ensured that data was based on participants who completed at least 75% of the study period and was based on a common sense decision. However, it is acknowledged that excluding participants could result in selection bias.[17]

Ethics

In conducting the evaluation, three particular issues arose: informed consent, involvement versus benefit, and wider costs benefit issues.

Informed consent was taken throughout the data collection phase and every effort was made to ensure that taking part was not overly burdensome.[18]

Involving participants who do not stand to benefit from an intervention is inevitable when attempting research with any type of control or comparative group.[19] However, participants in the control group for costs were not deprived of a place in Trailway Court in favour of a less attractive alternative as every effort has been made to secure a place in the scheme for these individuals. To minimise intervention and inconvenience for the wider comparative group living in the community or in residential care, ASCOT data was obtained through the Adult Social Care Survey data (as outlined on p4).

The broader *ethics of cost benefit analysis* refer to the extent that this type of evidence should play a role in decision making.[20] Very little was known about the role ECH played in Dorset and so a greater understanding of some of the costs and benefits could only support any future discussion about how it could be developed. Therefore, the ethical argument about using economic analysis to choose priorities is outweighed by the benefits of having a clearer understanding of cost effectiveness to ensure an efficient care system.[21]

Data sharing also raised ethical concerns but this has been allayed given the established process to obtain consent from service users during their initial assessment. This consent takes a view on the future use of data for statistical purpose, such as the planning and development of services with statutory partners.The statement on the consent form is worded as follows:

> *"I agree to the agencies named below sharing and/or seeking information about me with each other. The information should only be used for the purpose of providing a service to me; however I understand that agencies may use information for statistical purposes, but this will not identify me."*
>
> *Dorset County Council, Protecting your personal information consent form, Multi Agency Agreement, 2008*

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[17] Jadad, A et al. (2008) *Randomized Controlled Trials: Questions, answers, and musings*. Available from http://onlinelibrary.wiley.com/doi/10.1002/9780470691922.ch3/summary

[18] Bailey, C & Buckley, V (2011) Recruiting and retaining older persons within a home-based pilot study using movement sensors. *Health and Social Care in the Community*, 19 (1), 98-105.

[19] Bryman, A. (2004) *Social Research Methods*, second edition. Oxford: Oxford University Press.

[20] Gold, L et al (2011) Violence: What Do We Know and What Else Should We Look for?, *Violence Against Women*, 17(3), 389–403.

[21] Mooney, G (1980) Cost benefit analysis and medical ethics. *Journal of Medical Ethics*, 6, 177-179.

An overview of the findings

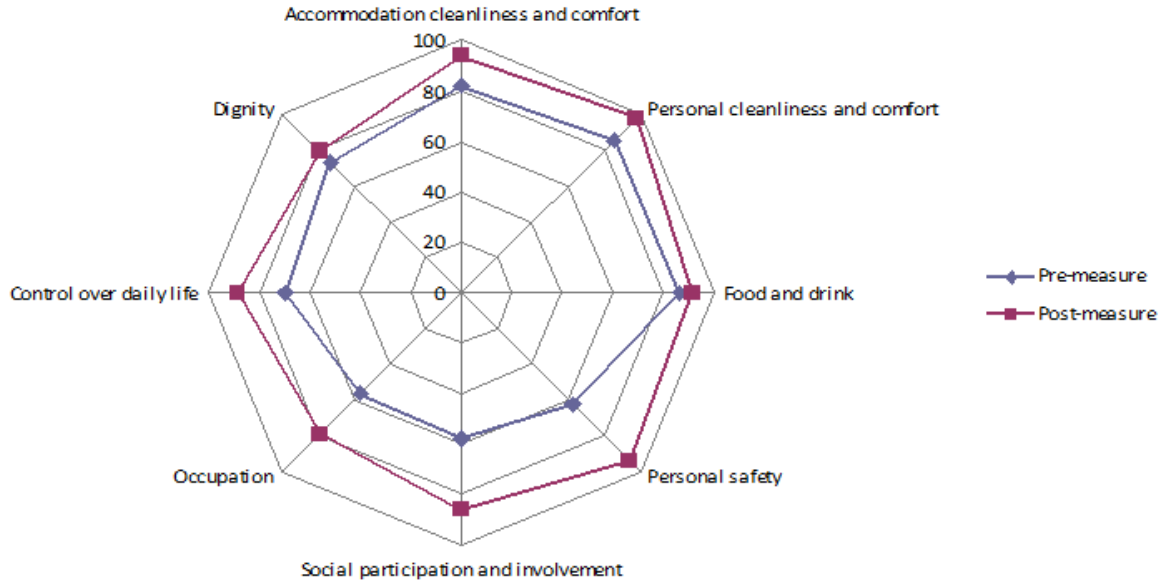
ASCOT Measure Outcomes Results

Using ASCOT, marked improvements were noted after six months across all the 8 domains measuring quality of life, with tenants reporting greater control and feeling safer. Of significance, results improved particularly after six months for tenant's ability to do things they enjoy and having more social contact with people they like. And importantly, tenants reported that the way they are helped by staff at Trailway Court makes them feel better about themselves, indicating they are treated with dignity and respect. See Table 3 below and Radar Chart.

Table 3: Ascot Measure Outcomes before and after move to Trailway Court

Outcome	Pre-measure	Post-measure	Difference
Accommodation cleanliness and comfort	81.75	94.02	+12.27
Personal cleanliness and comfort	84.92	97.44	+12.52
Food and drink	86.51	91.45	+4.95
Personal safety	61.90	94.02	+32.11
Social participation and involvement	57.94	85.47	+27.53
Occupation	56.35	78.63	+22.28
Control over daily life	69.84	88.03	+18.19
Dignity	73.33	78.79	+5.45

Radar Chart to show difference between measures taken before move to Trailway and afterwards



Most marked improvement (32%) was in terms of people's perceptions of their own personal safety, closely followed by improvements in participation, socialisation, involvement (28%) and occupation (22%), each vital element combating social isolation and the negative miasma that brings. Control over their daily lives also ranked highly (18% improvement) compared to previous lifestyles.

These improvements not only represent significant benefits to residents but also reflect positively on scheme design and accessibility as well as on the scheme manager and care staff, who responded constructively to residents needs early on in their sojourn at Trailway. Tributes to staff and scheme design were well reflected in the ASCOT interviews. Accommodation cleanliness and comfort, and personal cleanliness and comfort ranked as a joint 5th in terms of importance (12% improvement). Dignity and food and drink were reported as less marked, but nevertheless positive, differences compared to previous lifestyles (5% improvement).

This evaluation also looked at personal outcome measures for tenants, as self-identified at the time of their move into ECH and reviewed in terms of achievement after 6 months. This proved to be methodologically difficult and not fully understood despite everyone's best efforts. Nevertheless the limited data garnered reinforced the improved ASCOT findings and certainly gave additional insight into the personal struggles and achievements that the move into Extra Care represented for individuals. In all aspects, residents at Trailway Court reported a positive difference since moving to Extra Care accommodation.

In addition, quality of life scores for a wider group of clients living in the community and in residential care were compared to those in Trailway Court. The outcomes are shown in the Radar Chart below.

Significantly, Trailway residents' scores were lower than average before their move and higher than average after. This suggests high unmet need pre- and better outcomes post-move. The fact that Trailway residents' scores have improved so markedly does suggest that the allocations policy appropriately targeted people for ECH. Having control over their own lives is an indicator that stands out in ECH results. Further aspects to note are improved occupation, social participation and involvement, and personal safety in both ECH and care homes scores, often factors associated with accessibility, personal mobility and not feeling captive within your own home.

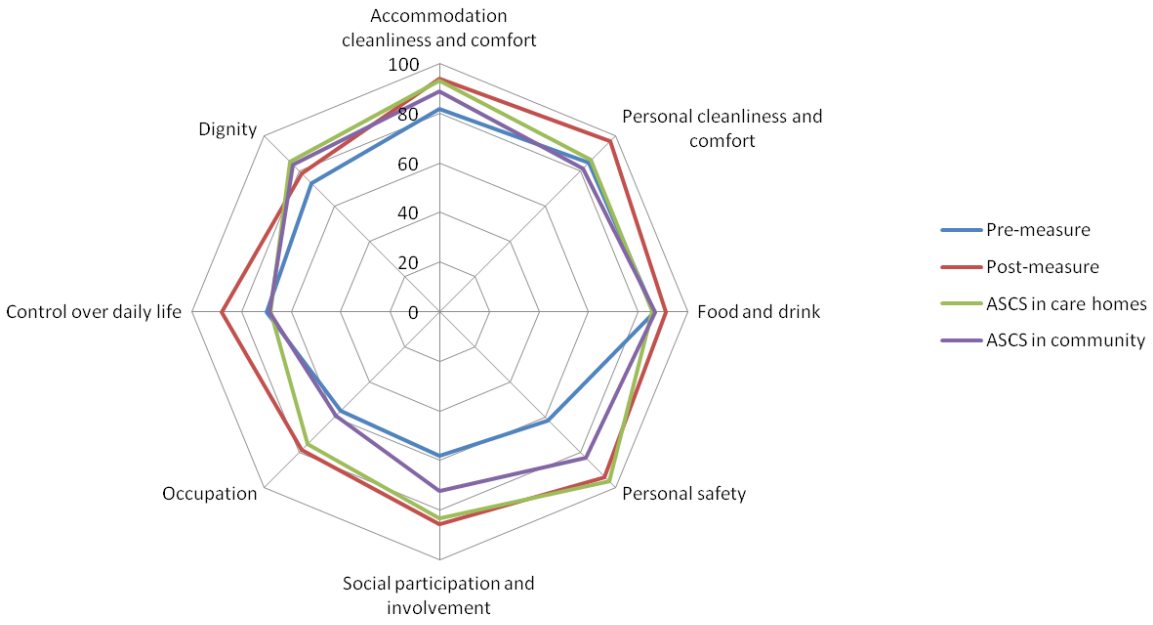
Comments from residents and their families uphold the outcome findings and sum up what an impact these changes have, not only on the tenant but also on the lives of their entire wider family. Typical comments are, '…Mum is a different person. I cannot believe the change in her since she has lived here. She is enjoying life again. Previously she was isolated, doing nothing but watching TV all day and a shadow of her former self.'

A daughter commenting on her late 95 yr. old mother, who prior to moving into Trailway Court had a protracted hospital stay, then returned to her previous accommodation where she was unable to manage the stairs, 'My mother recovered her freedom, her independence and her confidence. She was really enjoying a new lease of life'.

Or from a son about his father who has dementia, ‘Living at Trailway Court is a palace to live in. …it is such a friendly and inclusive place to live (I call it the Trailways family). People are all brilliant in helping my father find his flat, and he is forever getting lost, so it brings me peace of mind too’.

The evaluation set out to measure outcomes not to analyse how they were achieved but, anecdotally, people have pointed to the scheme’s positive design and accessibility features, including a farmhouse style, rather than a commercial style, kitchen which gave opportunities for creative group cooking sessions; strong dynamic leadership; good working between commissioners, landlord and care provider; a culture of an inclusive community which holistically focuses on developing everyone’s wellbeing, not just individualised care and support; last, but not least, a sense of pride from all, be they residents, staff, families, volunteers, or commissioners, in what they were achieving.

Radar chart to show before and after measures for Trailway with measures from ASCS for comparison



Understanding costs

Some basic analysis of cost data for participants is tabled below. See Table 4. However, these findings should be viewed as indicative only due to the low numbers within the overall study group. The data in Table 4 is presented as the average gross weekly costs for participants to aid comparison with other services and to present findings in an understandable way.

Table 4 Health and Social Care Costs before and after move to Trailway Court

	Trailway Court				Control Group			
	Count	**Before**	**After**	**% Change**	**Count**	**Before**	**After**	**% Change**
Health Care Costs	**37**	**£83.17**	**£33.73**	**-59%**	**12**	**£101.74**	**£34.50**	**-66%**
- A&E department cost		£1.47	£1.43	-3%		£2.31	£1.78	-23%
- Outpatient (per day) cost		£7.62	£9.62	26%		£3.48	£4.25	22%
- Inpatient (per day) cost		£74.08	£22.68	-69%		£136.66	£42.28	-69%
Social Care Costs	**54**	**£66.02**	**£116.34**	**76%**	**16**	**£83.59**	**£158.91**	**90%**
- Residential Care		£22.43	£8.81	-61%			£111.49	
- Domiciliary Care		£36.43	£64.58	77%		£27.66	£10.35	-63%
- Direct payments		£4.75	£9.15	93%		£55.94	£37.07	-34%
- Daycare		£5.84	£5.84	0%		£3.22		
- Trailway Court			£28.64					
- Supporting People Contribution			£7.98					
- Contributions		-£3.43	-£8.66			-£3.23		
Housing Costs		**n/a**	**n/a**			**n/a**	**n/a**	
Combined total		**£149.19**	**£150.07**	**1%**		**£185.33**	**£193.41**	**4%**

Health Care Costs

Health Care costs in Table 4 focus on hospital costs. Before costs for the control group were around 23% higher than for residents in Trailway Court indicating higher usage of hospital services. A key finding is that health care costs reduced by 59% for residents of Trailway Court compared to a reduction of 66% in the control group.

Significantly, the most expensive item, inpatient hospital costs, went down by a similar proportion of 69% for both the Trailway ECH and the control group, whilst less costly outpatient costs per day rose for both groups at similar rates, 26% for Trailway and 22% for the control group. The main variation between the groups was in respect of A&E costs that fell by 3% for Trailway but by a much higher rate of 23% for the control group.

In this Trailway Court case study it is possible that a small number of people who moved into the area from other parts of Dorset may have resulted in a local perception of increased costs to the system. Inevitably, high costs of one individual can skew data but it is worth noting that many participants in both the ECH and the control groups made high use of hospital health services, in itself probably a significant factor in their change of lifestyle whether into Extra Care Housing or elsewhere.

In relation to primary care, a lack of local data, particularly GP data, meant that it was not possible to find out if full health care costs increased or decreased for participants in this case study. It was noted that more work could be done to engage with GPs if this evaluation were to be repeated in the future. However, by way of comparison, the JRF study of ECH in Bradford found that costs decreased slightly for visits to GPs and nurses at their surgery, and a larger decrease was found for home visits.

Social Care Costs

Table 4 shows that costs in Trailway Court increased by 76% compared to 90% for the control group. It should also be noted that before costs of social care provision in the control group were 28% higher than for residents in Trailway Court, which may indicate higher support needs and suggest this group may have already been more likely to enter residential or nursing care and/or could not await for the opening of the ECH scheme. In fact this was what happened as four of the control group, a quarter of the control sample, moved into residential and nursing care. One resident in Trailway Court also moved on to a residential care home.

However, interestingly, the increase in social care costs for residents in Trailway Court were less than those reported in the JRF Bradford ECH study where average weekly costs increased by 188% due to increases in housing and support, and decreases in unmet need. The difference between this case study and the JRF findings is largely due to the smaller increases in domiciliary care and well-being charges at Trailway Court, compared to other schemes.

Despite the caveat that the Trailway Court evaluation was on a short time frame, it is extremely relevant to note that other studies, such as 'Establishing the Extra in Extra Care'[22] and 'The Business Case for Extra Care Housing: An evaluation of Extra Care Housing Schemes in East Sussex'[23], do indeed estimate long term savings to social care services due to a decrease in the likelihood that residents will move to residential or nursing care.

[22] Kneale, D (2011) *Establishing the extra in Extra Care*. London: International Longevity Centre.

[23] Weis W & Tuck J (2013) *The Business Case for Extra Care Housing: An evaluation of Extra Care Housing Schemes in East Sussex*. Housing Learning and Improvement Network

Housing Costs

It was reported that the housing authority was unfortunately not able to provide any cost data for this study.

Combined Costs

In the absence of further data, the combined average weekly cost in the table should be viewed with caution. Findings are therefore only indicative of costs for this small sample size and caution should be exercised when generalising to a wider population.

Discussion points

The evaluation of Trailway Court raised some key issues, both positive and negative.

Positives

At the time of conducting the evaluation, the analysis of cost and outcomes of a new Extra Care Housing provision compared to other local alternatives was not widely used in local authorities and although the methods could be improved, the principle of testing interventions using these methods should be encouraged and developed.[24]

Findings have given local commissioners a clearer pointer to the costs of ECH and the costs of doing nothing. Furthermore, it is acknowledged that the positive way in which Trailway Court was able to support people with dementia and high care needs is not fully reflected in the findings. It was suggested that it might also be worth looking at other ways of obtaining a control group such as randomising by geography, or randomising to the nominations' panel.

Negatives

As has been noted, this evaluation could have been improved with higher numbers of people in the control group. Some of the weaknesses also relate to the difficulties of undertaking research with frail elderly people, as often experienced by researchers. High attrition rates due to death and cognitive decline pose more challenges to the robustness. To overcome this, it may be more useful to look in detail at the lifetime costs of Extra Care and, in future, focus on length of stay, or track people's journey into and out of Extra Care to establish whether schemes are 'a home for life'.

In addition, better access to data from partner agencies was a weakness and this needs to be explicit from the start, both with participants and partners. As mentioned, it was impossible within timescales to capture any housing data and limited data on health care costs. In looking at the impact that Extra Care can have on the care community as a whole, as well as a drive towards greater integration, it is imperative to find improved ways of recording and sharing data.

Implications for future provision of Extra Care in Dorset

This evaluation provided the Dorset County Council Adult and Community Services Directorate with an opportunity to understand the impact of Extra Care Housing on both the individuals and agencies involved. Above all, it clearly evidenced improved outcomes for older people after a move into ECH which, importantly, appear to have been achieved with minimal extra cost compared to the control group in the short term, although these findings are presented with caution given the small numbers in the cost control group. The holistic health and wellbeing programme has been a key positive development to the way ECH will be provided in the future.

[24] Haynes, L et al (2012) *Test, Learn, Adapt: Developing Public Policy with Randomised Controlled Trials*, Cabinet Office.Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/62529/TLA-1906126.pdf

It also revealed age and level of need mix of an Extra Care setting is critical to its success at providing a viable home for life, which prevents premature admissions to either hospital or residential care. The nominations' panel for Trailway set itself strict parameters that have influenced the mix of need. This has resulted in a higher median age at Trailway Court (84 yrs) compared to other Extra Care settings in Dorset (79 yrs). The impact of this is to ensure Extra Care is available to people who might otherwise have needed high cost residential placements.

Whilst not in the scope of the study, information gleaned from some interviews with residents in Trailway Court found the individual costs to older people to be a major issue for them. Particular issues related to a lack of understanding of charges before their move, benefits changes and therefore the level of disposable income following the death of a partner, and equity release that puts service users into a self-funder bracket.This is not to say that residents didn't think the charges were good value but it is definitely an area where more information could be supplied to potential residents.

Summary

The aims and objectives of this evaluation set out to answer 3 questions:

1. **Does Extra Care provide better outcomes than alternative forms of care over time?**

   It is clear to see that based on evidence from ASCOT scores there was a remarkably high level of improvement sustained over the duration of the scope of the study. The answer is therefore a resounding yes.

2. **Is Extra Care cheaper than alternative forms of care over time?**

   With the caveat of limited access to data, again this study has had a positive impact. The data suggests that doing nothing also costs money, and that Extra Care can be a viable alternative to high cost residential care up to and including end of life

3. **Are there different costs for different agencies?**

   Inevitably, yes; health care costs dropped over time for both Extra Care tenants and the control group whilst Adult Care costs rose, partly in response to previously recognised unmet need.

   While full differential comparative costs impact could not be assessed, greater transparency and sharing of information between agencies is necessary and would lead to further improvements.

   And finally, the study demonstrated high satisfaction amongst tenants of design, staff and lifestyle available in this Extra Care scheme. However, on a cautionary note, there was also some concern as to whether full personal cost implications are understood and/or clear to people. With many older people unsure about what welfare reform and changes to the way care is funded may mean to them, commissioners and providers should explain clearly what residents are expected to pay as well as any benefits, care and support that they may be eligible for.

Note

The views expressed in this paper are those of the authors, and not necessarily those of the Housing Learning and Improvement Network.

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Acknowledgements

We would like to thank Ann Swann at Aster Living, Theresa Baumker at PSSRU, University of Kent, Derek Hardy at Dorset County Council and Jeremy Porteus for their support and helpful comments.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If there is a subject that you feel should be addressed, please contact us.

For further information about the Housing LIN's comprehensive list of online resources and to participate in our shared learning and service improvement networking opportunities, including 'look and learn' site visits and network meetings in your region, visit: www.housinglin.org.uk

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