

<u>TOOLKIT</u>

EXTRA CARE

THE FINANCIAL BENEFITS









March 2011 Toolkit

Housing Support Unit

Financially Modelling the benefits of extra care

Overview:

Being able to model the financial effects of diverting people away from residential and traditional domiciliary care is important for local authorities developing strategies to tackle budget pressures whilst providing quality services.

This model has been developed as a working tool with user inputs that authorities can update with their own financial data and diversion rates in order to inform local decision making. It is an evolving model which is continually being further developed.

The model can project cashable savings arising from people moving from a more expensive service into extra care as well as cost avoidance which occurs when people enter extra care as opposed to a more expensive setting such as residential or nursing care. The model does not "net off" the difference in the cheaper cost service and the more expensive service at present nor does it differentiate between costs and age bands of people whether entering or already within the system.

The validity/accuracy of the modelling does, as always, depend upon the accuracy and availability of the input data.

The Example shown is for Wiltshire Council. The costs and assumptions should not be taken as typical or possible for any authority.

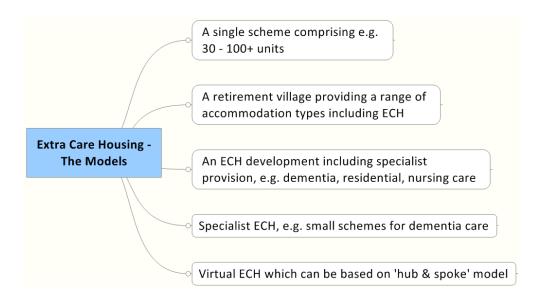
Acknowledgements: The HSU would like to thank all those who contributed to the development of this model, particularly Wiltshire Council.

1. Background to the model

This model has been produced by the Housing Support Unit (HSU) which was established in 2009 to bring together commissioners and providers across housing and adult social care in the South West of England to determine how best the region could meet the demographic challenges surrounding accommodation for older people. In early 2010 the 'Use of Resources' project sponsored by ADASS and the Department of Health (DH) South West was set up and comprised three work stream topics, i.e.: Reablement, Customer Focus and, Accommodation. Subsequently it was agreed that the work of the HSU and the 'Use of Resources' accommodation work stream should be integrated and his factsheet has been prepared to support this, given that Extra Care Housing (ECH) is acknowledged as a key component in diverting people from accessing higher forms of accommodation based care provision.

2. Introduction

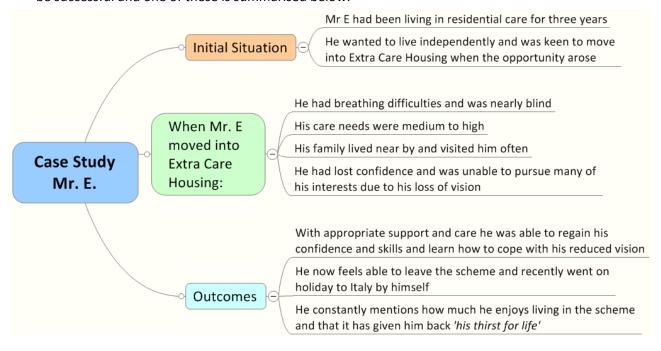
There are a range of developments which can be described as ECH which include:



Although the models vary the key ECH features have generally been accepted to be:

- A self contained and fully accessible home
- A property where the occupier has an assured tenancy or is a leaseholder
- Having 24 x 7 care and support services within the building
- The ability to provide an alternative residential care
- Having a range of facilities that can be used by all the residents within the building and possibly older people living in the nearby community.

It should also be emphasised that ECH not only represents alternative solution to residential care for people relocating from their own home; it can also offer advantages for existing residents of residential care moving out of the provision. There are already many examples of where the latter has proven to be successful and one of these is summarised below.



It is submitted that ECH can play an important part in the provision of a range of housing for older people irrespective of whether their new home is for rent, shared ownership or outright sale. In addition, ECH provision will also assist in the South West of England's agenda for reducing Local Authority care budgets by diverting funds from residential care provision while enabling people to maintain their independence for longer.

3. The Financial model

The model works by taking individual extra care schemes and provides a detailed projection and chart showing the impact of new clients for that scheme. Where more than one scheme is projected, the model provides a monthly and annual summary of the cost projections.

There are a number of user defined inputs to the model which are highlighted in yellow on the model (Site or Scheme TAB) and are:

Cell Ref	User Data Required
В 3,4,5	Scheme Details
D 13	Clients entering Scheme
D 15	Proportion of clients diverted from domiciliary care
D 16	Proportion of clients diverted from residential care
D 19	No clients already in scheme (if any)
D 31	Base Cost Dom' care
D 32	Base cost Night care
D 38	Average cost reduction for Dom' care in ECH setting
D 47	Average Dom' care hours per week
D 70	Average Dom' care hours per week in normal setting
D 72	Average hourly cost Dom' care
D 79	Average cost per client in residential care per week

4. Example model output

Screen prints from the model are shown below.

5. Implementation

For a copy of the model and to discuss implementation, please contact

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