

Establishing the extra in extra care

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International Longevity Centre

Association of Retirement Home Managers Conference

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dedicated to addressing issues of longevity, ageing and population change.



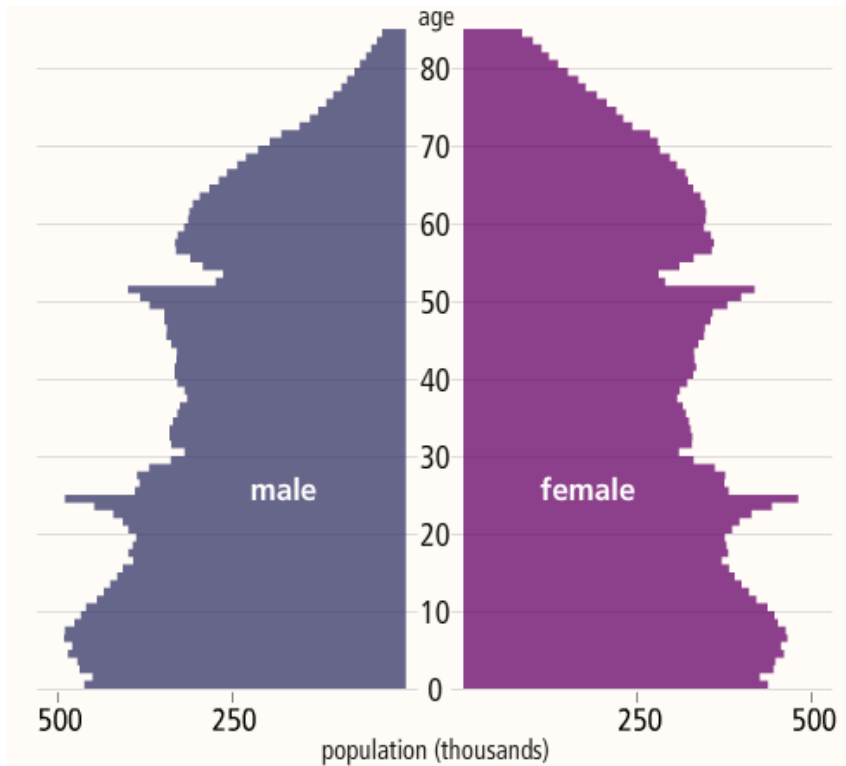
Overview

- ILC-UK = A Westminster based think tank dedicated to examining the impact of demographic change and an ageing population
- ILC-UK research into extra care housing funded by three providers of extra care housing as well as Department of Health/Housing LIN
- Used existing quantitative data held by partners as well as secondary data analysis of nationally representative datasets
- Full report of research to be launched on September 13th
- Headline (embargoed) results in today's presentation

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An Ageing Population



1971



2011

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Health, social care and housing among the ageing population

- Increasing longevity e.g. centenarians +8% per annum
- But commensurate compression of morbidity?
 - Disability rates
 - Example of stroke
 - Other challenges – dementia
 - Mental health
- Health and social care distinction; funding
- Dilnot vowed any social care funding will incorporate integrated solutions
- Over-occupancy? Lifetime Homes?
- Sheltered Housing decline; Extra care housing and the housing crash
- Need to develop range of specialist older people's housing; diversity

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Extra care

Wide spectrum of self-designated extra care housing

Some common principles of extra care housing:

- Ergonomically designed
- Flexible and continually adapting care packages delivered onsite
- Communal facilities
- Group activities
- Independent homes within small-medium sizes retirement communities
- Usually age specific
- Leasehold tenure as well as rental arrangements
- Community balance of care needs

Research Questions

- Extra care housing becoming a focus for many researchers
- Quantitative evidence; longitudinal evidence; how can we compare
- Can extra care housing be considered a home for life?
 - What inferences can be made when comparing with the general population?
- Does extra care accommodation facilitate older people to stay healthier and more independent?
- What impact does extra care have on the uptake of overnight hospital beds?
- Is residence in extra care housing associated with a decrease in the rate of falls?

Data and Methods

-Data: Longitudinal data from 3 partners on a total of 4,011 residents of extra care housing since 1995; British Household Panel Survey; English Longitudinal Survey of Ageing; Survey of English Housing

- Methods: Event history analysis; Zero-inflated negative binomial regression; Propensity Score Matching

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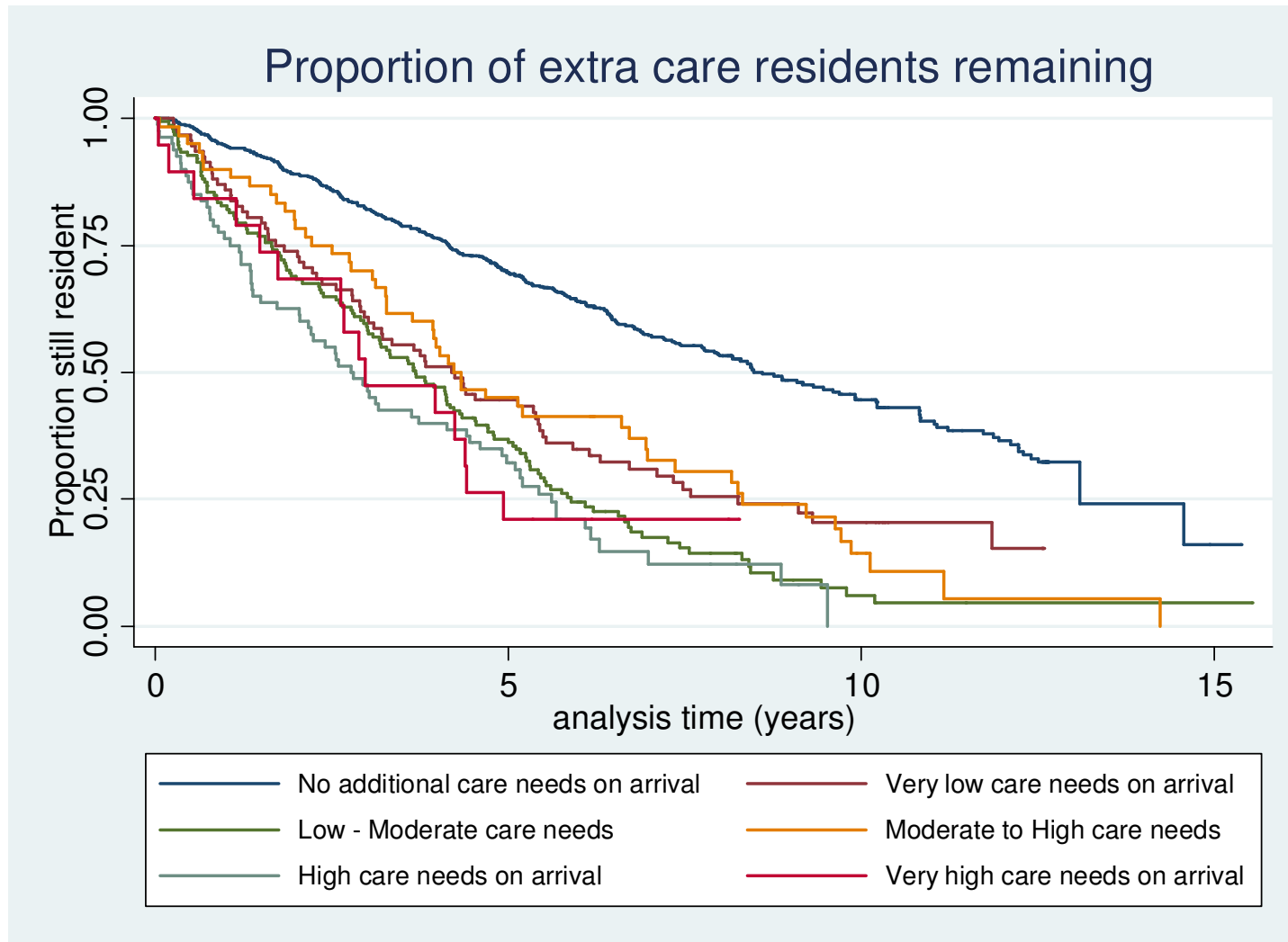


Unmet need and social profile

- “I want to have my chop when I feel like having it”
- Rise in population aged 65+ living in the community reporting activities of daily living limitation
- Analysis indicated fall in receipt of domiciliary services
- Among those with care needs?
- 24% (1991) 13% (2008)

- 25% stroke
- 3% diabetic
- 16% cardiac
- 10% mental health
- 16% dementia

Extra care as a home for life I



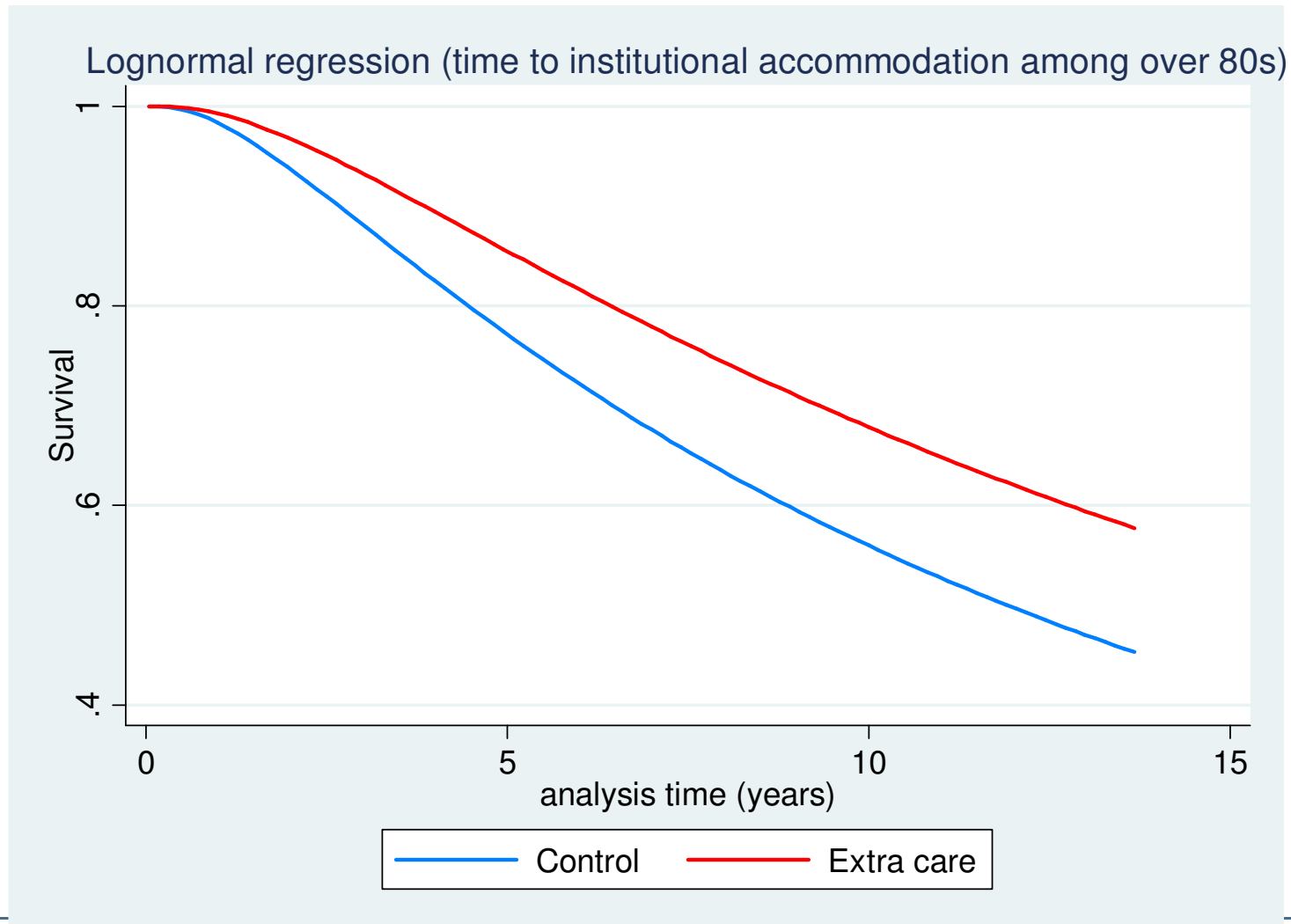
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Extra care as a home for life II

		Length of time until exit (all exits)	
		First quartile of exits (25%)	Median (50%)
All residents		3.1	6.5
Gender	Male	2.6	6.0
	Female	3.4	6.7
Health Status/Care Needs on Arrival	No support needs	4.3	8.9
	Level 1 (very low support needs)	1.7	4.3
	Level 2 (low support needs)	1.8	3.8
	Level 3 (moderate support needs)	2.5	4.3
	Level 4 & 5 (high or very high support needs)	1.2	3.0

Extra care as a home for life III

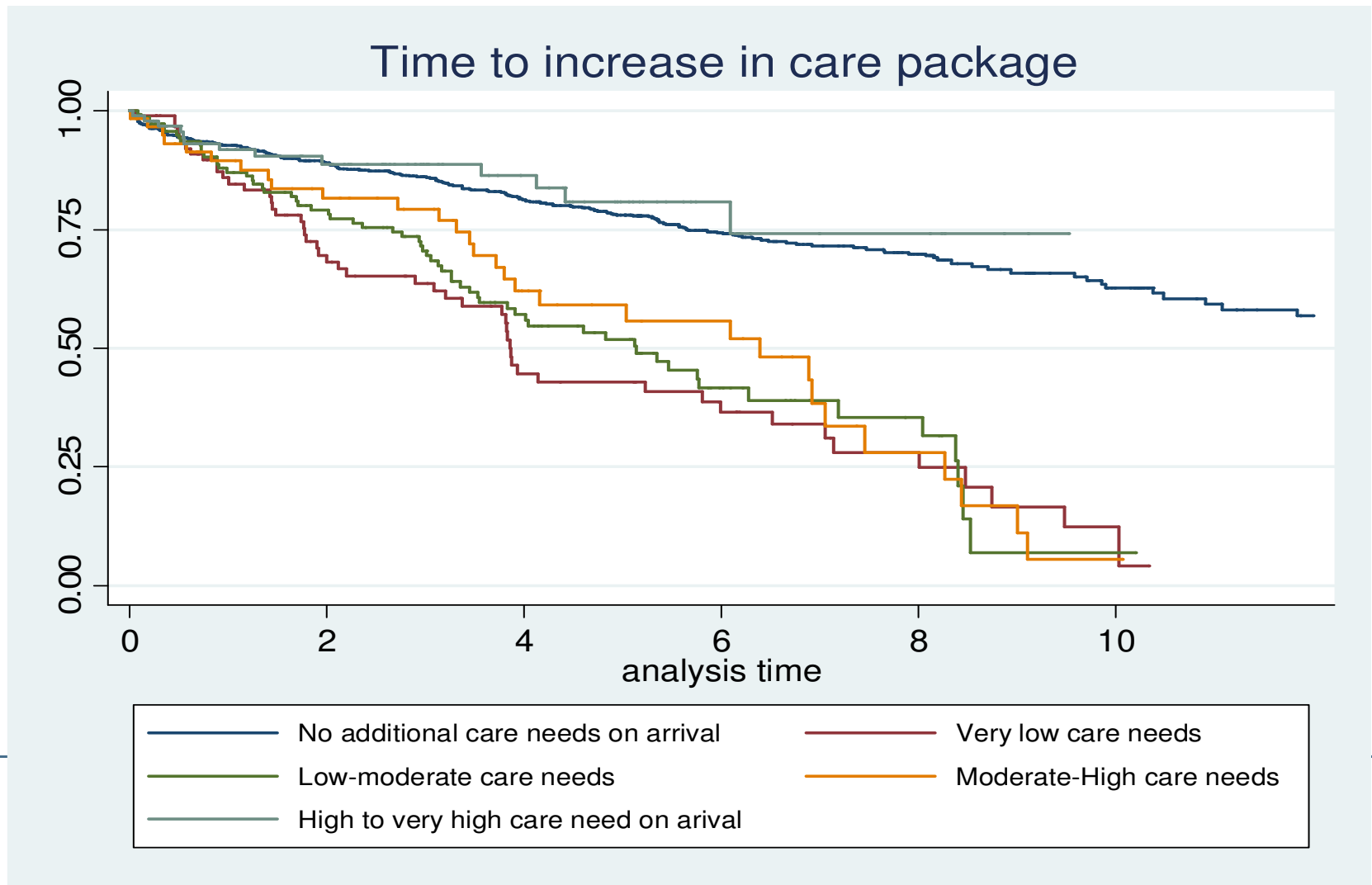


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Extra care as a healthy home for life

- Diminution in loss of functional ability?

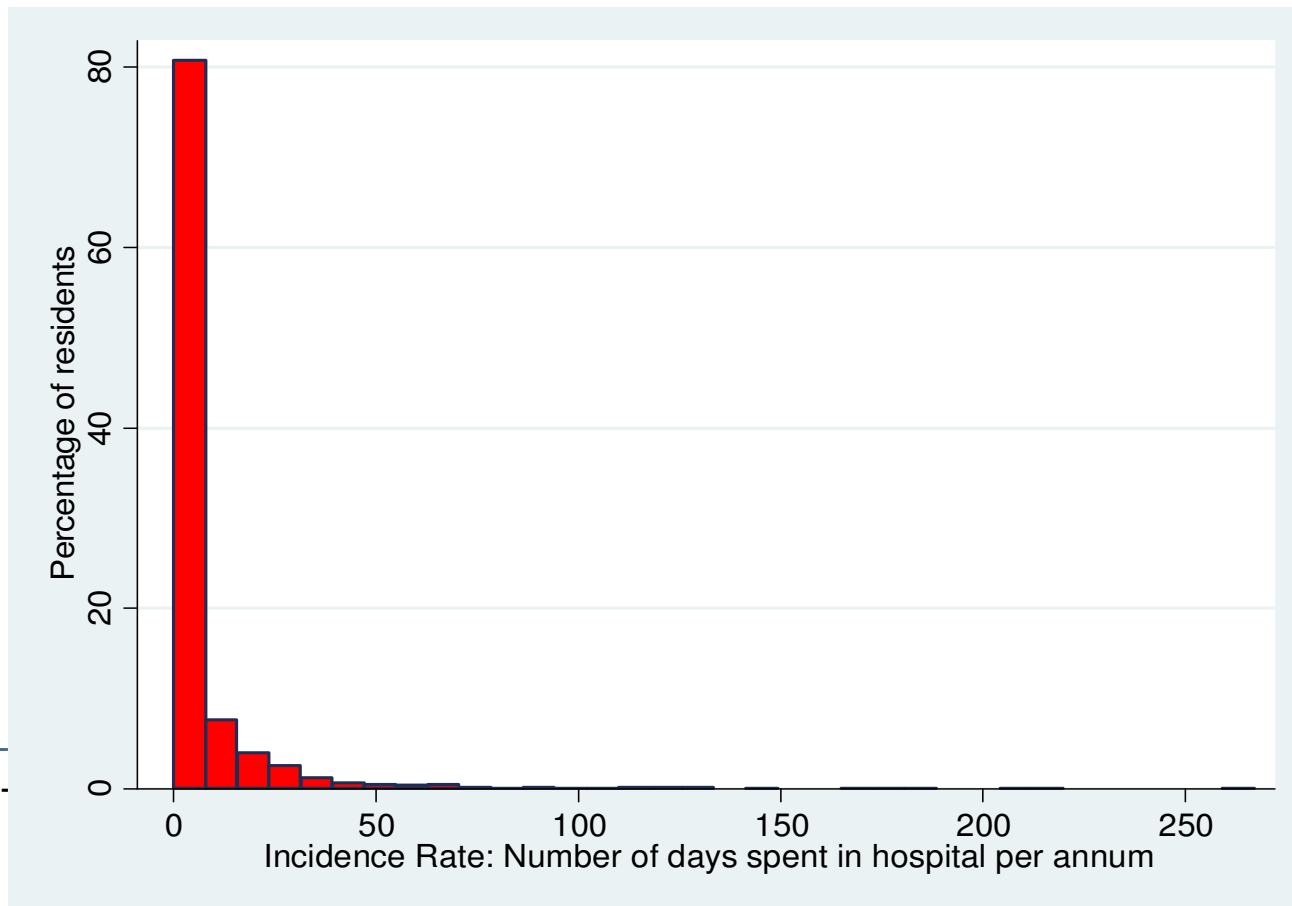


Falls in extra care

- Falls (fractures), stroke and heart disease account for the main financial burden of older people's health care
- Within extra care setting, most accidents represent falls (“loss of balance”, “got up too quick”, “turned around”)
- Ergonomic adaptation?
- Compare rates for small sample size with sample from ELSA
- Matching indicative of a lower rate in extra care (43% vs 35%; 38% vs 35%)
- Sample size – caution – indicative evidence
- Men susceptible to falls in extra care setting?

Extra care and helping a bed shortage

- Number of hospital beds available for geriatric medicine declined over recent decades
- Innovation?



Extra care and helping a bed shortage

- Comparison group – based on income
- Inverse care law – evidence in BHPS (or other effect?)
- Incidence rate is higher than in community sample nBUT reflects length of stay
- Number of episodes of admission consistently lower in extra care sample i.e. less people go to hospital in the extra care sample, but those that do stay longer
- Mechanism?
- Fiscal benefits?

Conclusions

- Recent evidence shows problems with home care
- Institutional care – need for a range of options
- Recent calls for mass development of owner occupied retirement housing (Ball 2011)
- Extra care analysis looked at housing in the community – under occupation rising; dissatisfaction rising. Movement in older people's housing market.
- Decline in some form of purpose built retirement housing

Conclusions II

- Analysis of extra care housing demonstrative of societal and individual fiscal, social and health benefits
- Extra care housing supports some of the most vulnerable in society
- Extra housing associated with:
 - prolonged length of time before moving to institutional accommodation
 - long length of time maintaining health/social care needs
 - reduced level of falls
 - reduced levels of overnight hospitalisation (but longer stays) – mechanism
- Limitations:
 - Selection effects – relatively unknown
 - Compositional effects – works the same in every setting?

Recommendations

- Important to think of mechanisms behind several of the findings:
 - Surveillance
 - Flexible care
 - Community setting - activities
 - Mixed dependency
 - Ergonomic adaptations
 - 1. Maintaining community balance and balance of staff key in ensuring good outcomes
 - 2. Extra care housing not appropriate for all, but must become a viable option for older people from all socioeconomic backgrounds
 - Important to ensure that extra care is presented as one of a range of options
 - 3. Innovations in the model must be trialled carefully
 - 4. Important that role of extra care housing is recognised as an integrated housing-social care-health solution. Need cooperation between relevant agencies – adult social care, planning, health (Localism Bill)
 - 5. Potential for mixed age dependency/intergenerational hubs (localism)

 - Data collection – room for standardising
 - Find out what works and for whom
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Thanks for your attention

Further details available from:

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