Integrating housing and care for older people

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Structure

1. Background to our research.
2. The research: Adult Social Services in Environmental Settings (ASSET) and the Provision of Social Care in Extra Care Housing (ECHO)
3. Models of integrated housing & social care
4. Reflections on models and challenges faced
5. Resilience and innovation
6. Discussion

Policy Context

- An increasing focus on 'joined-up' or 'integrated' services.
- The 2014 Care Act states that housing is part of local authorities' new duty to promote the integration of health & care.
- A precarious context: increasing levels of need; cuts to adult social care budgets; changes to the funding of housing.

'Extra Care Housing is housing with care primarily for older people where occupants have specific tenure rights to occupy self-contained dwellings and where they have agreements that cover the provision of care, support, domestic, social, community or other services.' (Housing LIN factsheet 1 2015).

Claims about Integration

- Improves the quality of service.
- Supports capacity for living independently.
- Leads to improved outcomes for people using services.
- Is more effective and cost efficient.

Evidence of Impact

- The evidence about integration *per se* is not overwhelming (Cameron 2016).
- Evidence about ECH suggests that social care costs for those living in extra care are lower than those in the community and that average NHS costs for those in extra care reduced more over 12 mths than for those in the community (Holland et al 2015).
- But there are consistent factors identified in literature that improve the chances of success (Cameron 2016).

ASSET & ECHO

- Both studies focused on the provision of social care in ECH and funded by the NIHR School for Social Care Research.
- ASSET combined surveys of providers and commissioners with in-depth case studies at 9 ECH schemes (including interviews with residents and managers).
- ECHO longitudinal study at 4 schemes over 20 months (4 rounds of interviews with residents, 2 with managers and commissioners of ECH and 1 with care workers). The schemes are drawn from 2 different locations.

Participant Characteristics - ASSET

144 residents from 9 different schemes. The mean age was 78.9 years and ranged from 45 – 95 years. **81** (56%) were aged 80+.

98 (68%) were women. Just under half were widowed.

80% were living alone in the scheme. 77% of those who responded said they were living in rented accommodation.

The main reason why people moved into ECH was need for care **61** (42%) or the spouse/partners need for care **13** (9%).

88 (61%) received social care at the scheme, of whom **6** (4%) received a Direct Payment or alternative.

When asked what the best thing about living in the scheme was, **46** (32%) said friendliness of people, **31** (22%) 24hr care, **24** (17%) independence and 19 (13%) security.

Participant Characteristics - ECHO

40 residents from 4 different schemes. The mean age was 77 years and ranged from 57 – 95 years. **18** (45%) were aged 80+.

33 (82.5%) were women. **16** (40%) were widowed.

34 (85%) were living alone in the scheme. **31** (77.5 %) of those who responded said they were living in rented accommodation.

The main reason why people moved into ECH was need for care, spouse/partners need for care and isolation.

17 (42.5%) received social care at their scheme

Participant Characteristics – ECHO

Area	Site	Participants	Average Age	Receiving Social Care	Tenure
1	Site A	12	69	10	12 rent
1	Site B	10	77	6	10 rent
2	Site C	4	71	1	4 rent
2	Site D	14	84	1	8 rent, 4 own, 2 shared
Average/ Total		40	77	18	34 rent, 4 own, 2 shared

Models of Integrated Housing & Social Care

- **Fully Integrated:** housing support and care provided by same agency who is also the landlord.
- **Partially Integrated A:** housing support and care provided by same agency who is not the landlord.
- **Partially Integrated B:** housing support and care provided by different agencies, one of whom may or may not be the landlord.
- **Personalised Care:** use of Personal Budgets and Direct Payments in ECH settings, a cross cutting model.
- **Community Hubs:** a variant model of how social care is organised

Reflections on Models 1

- Fully & partially integrated models appear to be understood by residents.
- The funding arrangements of any model are rarely understood by residents.
- Few residents appear to understand the concept or operation of personalised care.
- Fully & partially integrated model appears to support timely responses to changes in care needs.
- Fully integrated model supports timely responses to maintenance needs.

Reflections on Models 2

- Further roll out of Personal Budgets and Direct Payments could undermine ECH, whatever the model.
- The personalised PBs/ DPs approach can have unanticipated problems for the main care provider of the scheme.
- The lack of integration with health services is not understood by residents.
- Recognition from managers (implied by some care staff) that ECH is under threat from changes in the context.

Resilience and Innovation 1

- Commissioners, managers and care staff remain committed to the ECH model.
- Working with commissioners can enable proactive rather than reactive responses to changes in the context.
- Maintaining control over nominations gives managers an opportunity to preserve the balance of care needs.
- The importance of fostering a sense of community.

Resilience and Innovation 2

- Sites that are embedded in their local community may fair better during times of austerity.
- Finding ways to ‘co-produce’ activities and facilitate engagement both within schemes and wider community.

Comments & Questions

References

Cameron, A. (2016) What have we learnt about joint working between health and social care? *Public Money & Management* 36(1)7-14.

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Housing LIN (2015) What is it in 2015? http://www.housinglin.org.uk/_library/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it_2015.pdf