

Healthy Ageing in the 21st Century

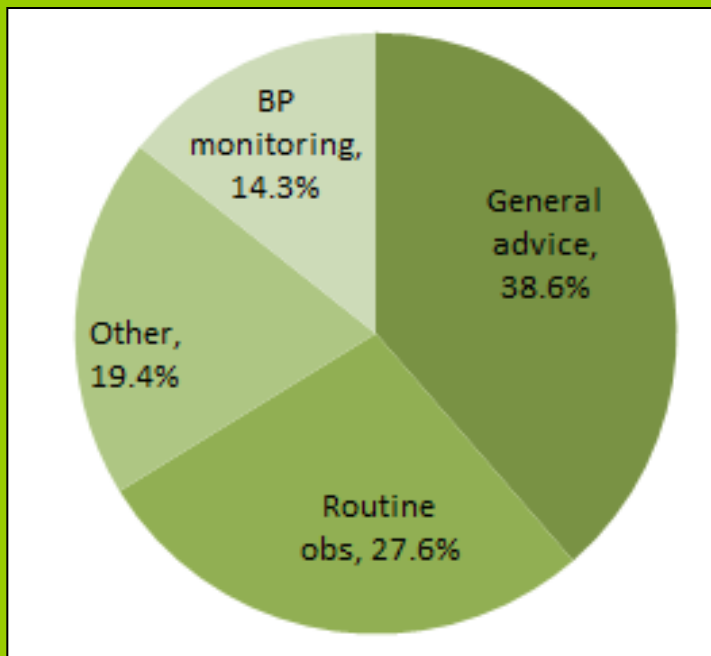
Angela Bradford – Commissioning &
Healthy Lifestyle Director,
The ExtraCare Charitable Trust

Wellbeing Service

- Prior to the introduction of the Wellbeing service a survey found that **75%** of residents living independently had not visited their GP.
- A pilot service was produced with the recruitment of Registered Nurses.
- Annual Wellbeing Assessments, health action plans, and health interest groups were implemented.
- The pilot found **122** previous undetected and untreated conditions amongst a population of **135**.
- Residents assumed the symptoms they were experiencing were just part of an ageing life.

Wellbeing Service

- There is a Wellbeing Advisor in every ExtraCare location.
- The cost of the project is **£500,000** per year.
- Drop-in sessions were also introduced



- On average residents had visited their ExtraCare
- **Well-being drop-in clinic twice in the past year.** Reasons for attending are shown left.

Wellbeing Service

- Offered Osteoporosis screening as part of the assessment.
- **3,000** residents assessed over 3 years.
- **31%** of residents assessed were at risk of developing Osteoporosis.
- **9%** increase in GP intervention
- **16%** went on to be prescribed Calcium Supplements

Change in NHS and ExtraCare Service Usage over Time



- The Well-being Assessment Service has been well used since **January 2012**.
- We can monitor **changes** in resident well-being if they have **multiple assessments across years**.
- There were **20 residents** having **baseline assessments** (when they first moved into ExtraCare) and then **annual assessments** in their second year.

Health Service	Mean at Baseline	Mean at Annual
No times seen GP or Practice Nurse in past 12 mths? Planned	2.0	3.3
No times seen GP or Practice Nurse in past 12 mths? Unplanned	1.7	1.6
No Outpatient Appointments in last 12 mths?	1.5	2.1
No Planned Admissions in last 12 mths?	0.2	0.1
No Unplanned Admissions in last 12 mths?	0.6	0.2
Approx. No times attended WB Drop-Ins in last 12 mths?	1.3	2.9
Number of Residents Working with Locksmith	0	3
Number of Residents Referred to Locksmith	3	1

The table left shows how **mean service usage changes** between baseline and annual for this cohort of 20.

- Mean **Planned GP** and **Outpatient** appointments had increased by Annual – possibly early referral by the WB nurse?
- **Planned admissions** decreased by second assessment to a total of 2 episodes (from the 4 reported at Baseline). At Annual these 2 episodes were from the same resident.
- **Unplanned admissions** decreased by second assessment to a total of 4 episodes (from the 11 reported at Baseline).
- **ExtraCare Well-being Clinic** usage had more than doubled from Baseline to Annual.
- There were 3 **Locksmith** referrals at Baseline, by annual 3 were working with Locksmith and one further resident had been referred.

Wellbeing Service Case Study



- Mary is an 85 year old female who moved into an ExtraCare Village at the end of 2011.
- She had a baseline Wellbeing Assessment in January 2012 and an annual assessments in early 2013, in this time she has shown significant improvements in her health and wellbeing.
- At her baseline assessment she was significantly underweight but through wellbeing advice and improved diet and gym use she was able to bring her weight up to a healthy level.
- At her baseline assessment she had high cholesterol which was untreated, the Wellbeing Nurse identified this as a problem. Mary was referred to her GP and her Cholesterol is now lower than the NICE level of 5mmol/l.
- Prior to moving in Mary had several falls, she was identified as at high risk of Osteoporosis and she was given dietary advice and referred to the gym to prevent future falls.
- Mary is a regular user of the wellbeing drop-in service and had used it 5 times in the year since her baseline assessment.



Aston University / ExtraCare Well-being Project

A 3 year longitudinal research study (2012-2015) examining the parameters that contribute to the well-being of older adults living in ExtraCare villages and schemes.

Well-being Project Summary (May 2013)

- There are **13 ExtraCare Locations** taking part in the study.
- Around **130 participants** (as at 14th May 2013).
- **Types of data** collected include...

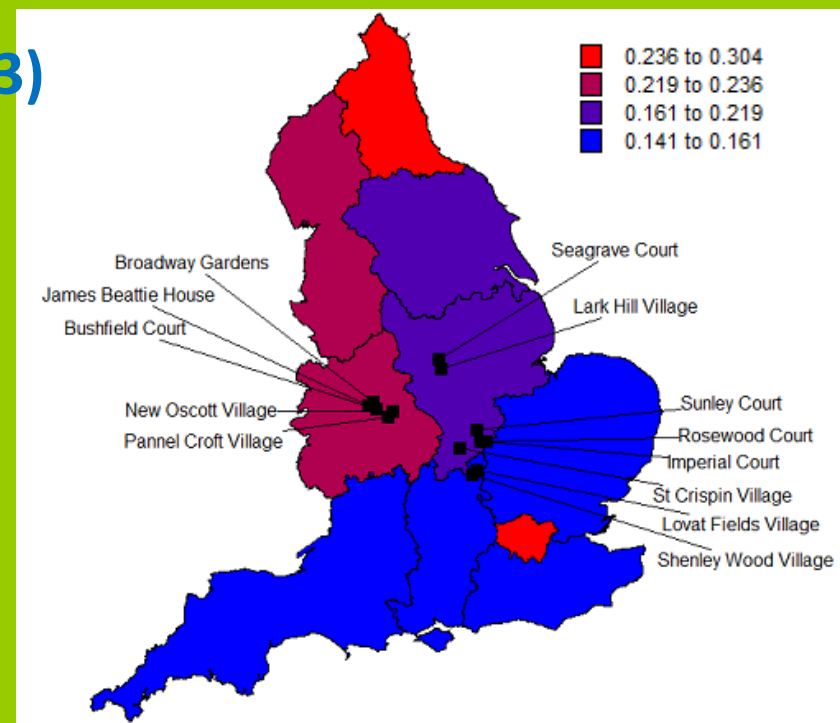
Well-being and health assessment



Psychological assessment



Qualitative data from focus groups

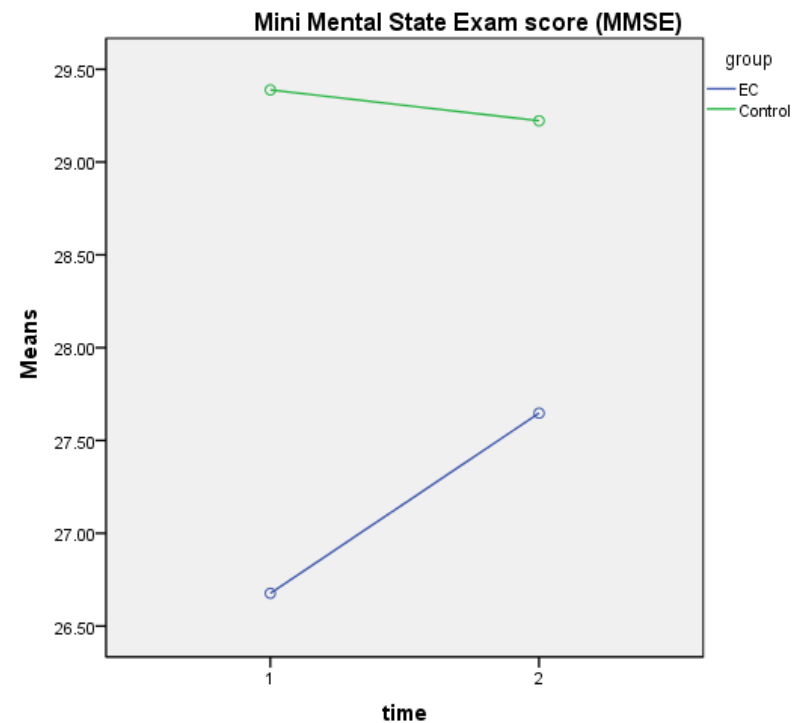
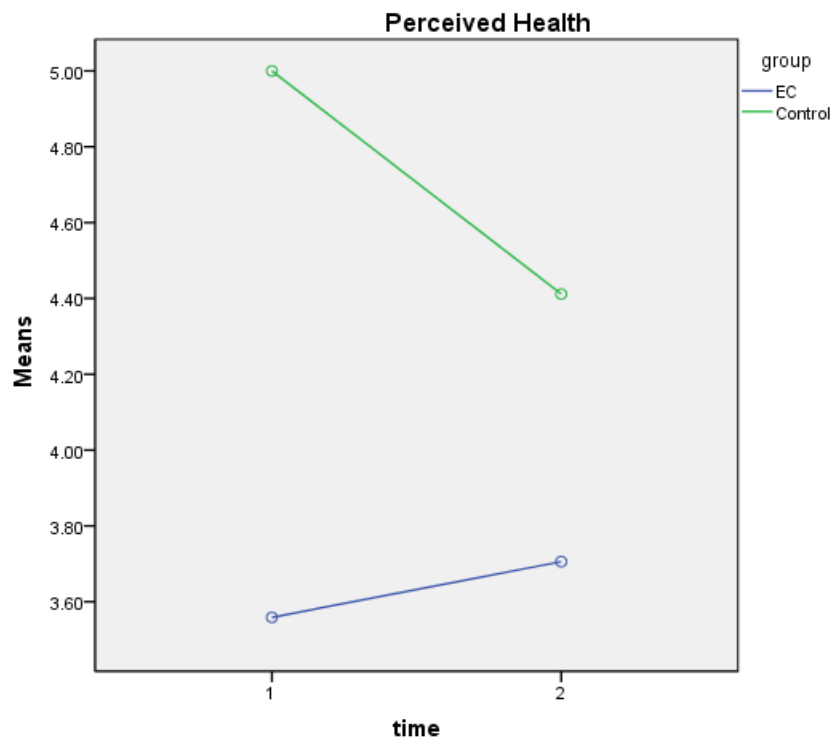


- Assessments are carried out **initially** on moving in to ExtraCare with follow ups at **3 months, 1 year and 18 months**.
- A **control group** of community dwellers matched for age and gender have been recruited.
- **Changes over time** are monitored, as well as **differences** between ExtraCare residents and the control group.

- Investigation is **cross disciplinary**, the models produced will be informative to ExtraCare and those designing, planning and managing similar retirement communities.

Initial Analysis

- Initial findings implied that the **perceived health score** and **mini mental state score** improved for ExtraCare residents after 3 months of living in their scheme/village (see the **blue** line in charts below).
- However, for control participants there was deterioration in these scores during the period (green lines).



- Note: The control participants were generally more able than the ExtraCare subjects. However, the **gap appears to be closing**.

Enriched Opportunities Programme (EOP)



A cluster randomised controlled trial for a new dementia care approach was carried out with the University of Bradford over 18 months using two roles:

EOP Locksmith – staff member with specific person centred dementia care training.

Project Support Worker – staff member with time available for any resident related need in the location.

Study results published in 2009 showed that EOP Locksmith intervention meant:

- **Residents were 50% less likely to have to move into a care home.**
- **Residents were less likely to spend time in hospital as in –patient.**
- **Residents had better access to primary and secondary health services.**
- **Residents were more likely to have their condition diagnosed**

Following this the EOP Locksmith post was rolled out to all ExtraCare schemes and villages

Enriched Opportunities Programme (EOP)



A National Audit Office report was carried in 2009 and concluded with this statement:

This EOP initiative has demonstrated that by providing a proactive and integrated service between health, social care, and housing services, people with dementia could be effectively cared for in extra-care housing. Furthermore our analysis, based on findings from the EOP study indicated that if EOP is rolled out to all extra-care homes in England, over a two year period the savings to the public through reduced inpatient care and less utilisation of more intensive housing care provision could be around £21 million, shared between local government and NHS.

Enriched Opportunities Programme (EOP)



In 2012 the Enriched Opportunities Programme supported 721 residents with dementia, depression, social isolation, and other mental illness.

- **36%** of ExtraCare residents receiving care also receive an EOP service.
- **18%** of the whole ExtraCare population receive an EOP service.
- The reported dementia diagnosis rate in the general population is **41%**, in ExtraCare it was **55%**
- A **38%** reduction in antipsychotic medication was achieved through EOP intervention

Enriched Opportunities Programme (EOP)



We continue to find new ways to support our residents with their mental health:

- The My Life system was introduced during 2012, helping ExtraCare staff, family, and friends to engage with residents using assistive technology.
- Healthy Minds Drop-in sessions, launched in National Dementia Week 2013 to offer all residents an opportunity to monitor their mental wellbeing and receive information and support from trained staff.
- An EOP Caseload monitoring system has been put in place to ensure that this approach to caring for mental illness in older age is documented and ensures that we can continue to provide innovative and effective services.

Healthy Ageing in the 21st Century

John Payne - Partnership Director,
The ExtraCare Charitable Trust

Who is ExtraCare?



- Charity – 25 years – CCHA Housing Associated roots
- 17 smaller projects 32-78 homes
- 13 Retirement villages (12 mixed tenure)
- 5+ village strategy in Birmingham



Key principles

- Security
- A home for life
- Life to years not years to life
- Activity based
- Affordable – State retirement pension



Key principles Development

- Mixed tenure vital to viability (80% of retired people Owner Occupiers)
- Seek minimal public subsidy
- New Oscott £5m Pannel Croft £13m Hagley Road £1.25m
- 9 exchanges a month



Key principles

Revenue

- Affordable service charges 70% get help
- Importance of shared ownership – flexibility
- Ownership a key ingredient – not well picked up
- Relationship between Housing poverty and health –
- Challenge of developing in Newtown and North Birmingham



Funding care costs using housing equity – care for life

- Circa £50,000 each
- Lump sum and deferred payments