



Extra Care Virtual Workshop

Anya Harris
Steve Lusk

22 September 2021



Kent Housing Group
The Voice of Housing in Kent



Housekeeping

- Can you please mute your microphones



- The workshop will be recorded



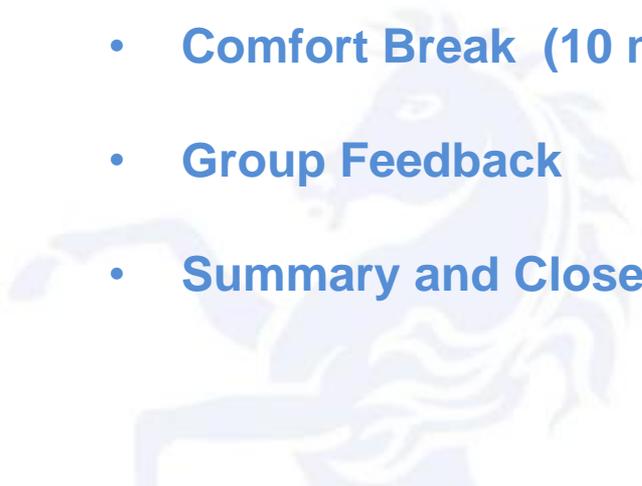
- Please use chat function to ask any questions



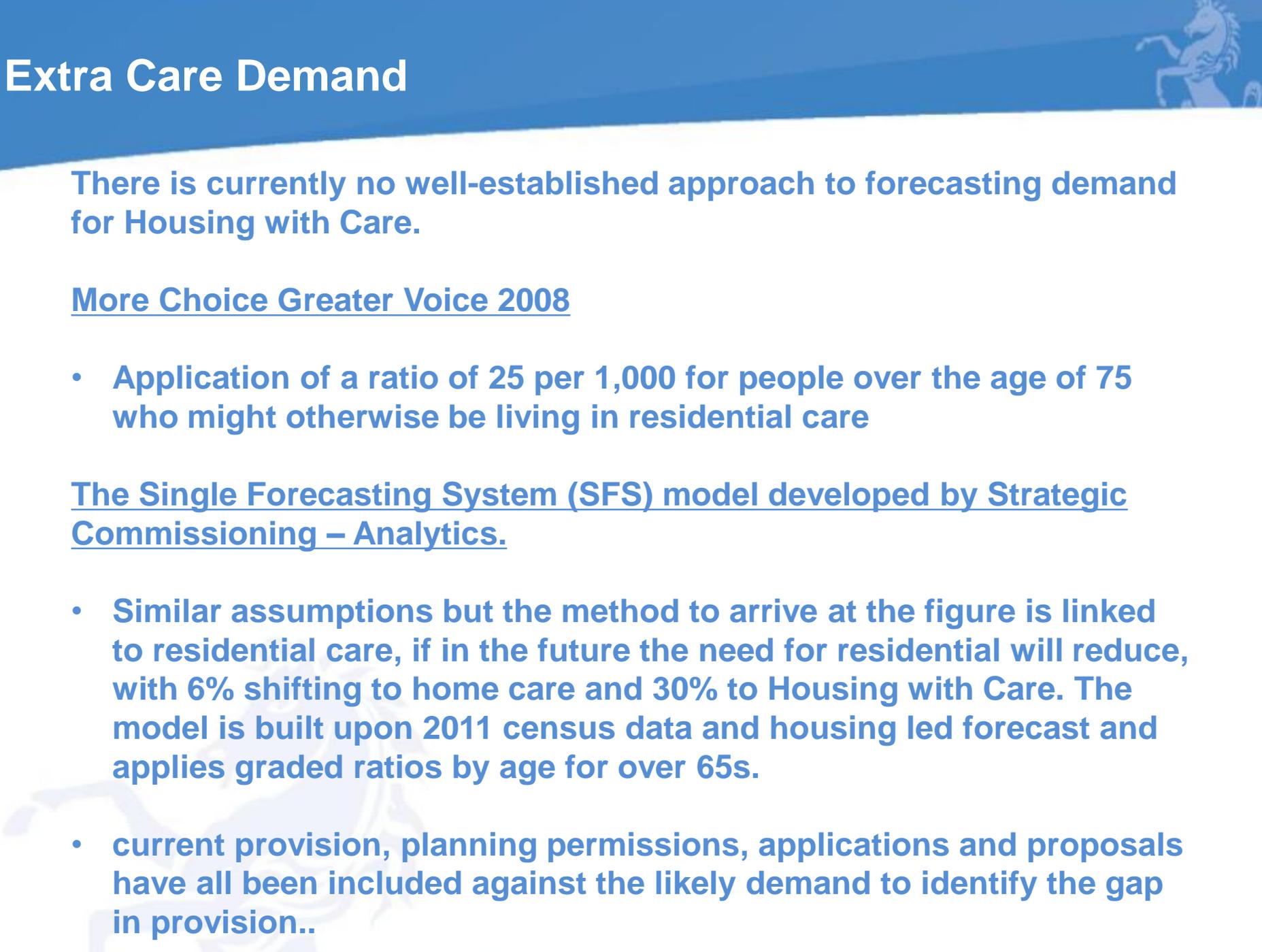
Agenda



- **Welcome and scene setting**
- **KCC Demand Forecast**
- **KCC findings of Extra Care Housing**
- **Breakout rooms**
 1. **Market Conditions and Demand**
 2. **Marketing Extra Care**
 3. **Strategy and Policy**
- **Comfort Break (10 minutes)**
- **Group Feedback**
- **Summary and Close**



Extra Care Demand



There is currently no well-established approach to forecasting demand for Housing with Care.

More Choice Greater Voice 2008

- Application of a ratio of 25 per 1,000 for people over the age of 75 who might otherwise be living in residential care

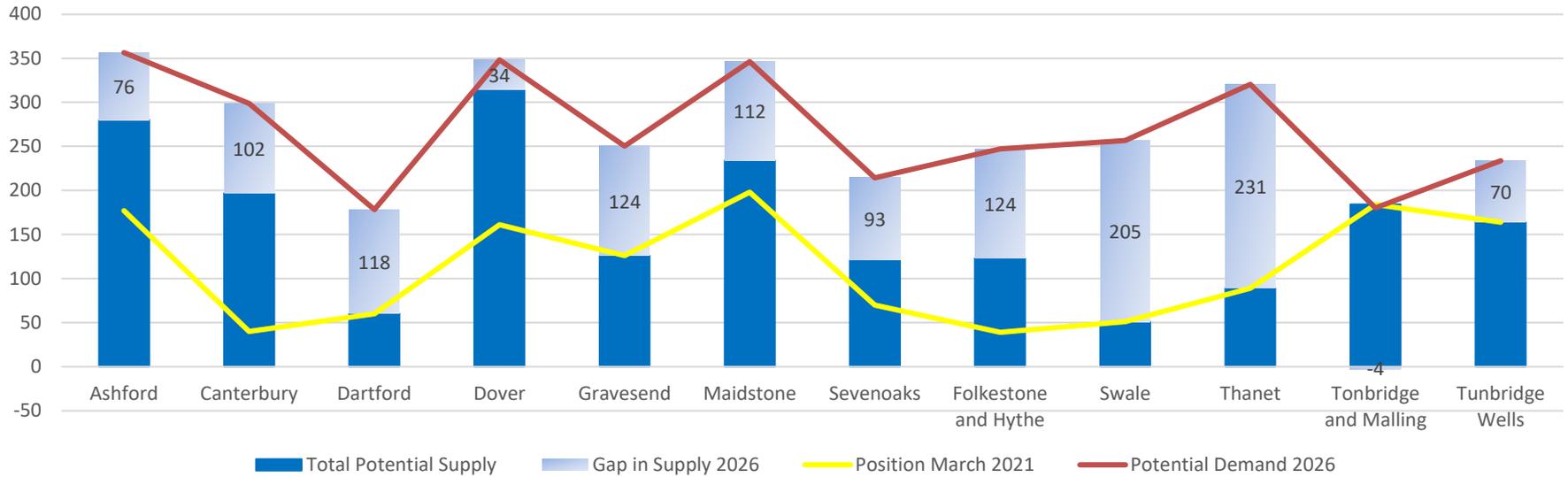
The Single Forecasting System (SFS) model developed by Strategic Commissioning – Analytics.

- Similar assumptions but the method to arrive at the figure is linked to residential care, if in the future the need for residential will reduce, with 6% shifting to home care and 30% to Housing with Care. The model is built upon 2011 census data and housing led forecast and applies graded ratios by age for over 65s.
- current provision, planning permissions, applications and proposals have all been included against the likely demand to identify the gap in provision..

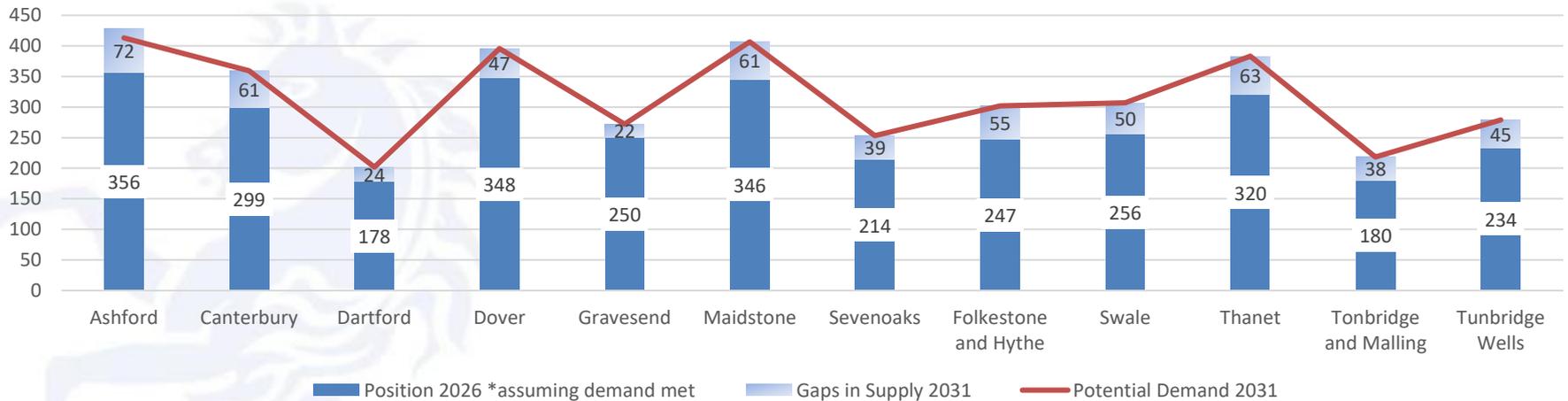
Extra Care Demand



Housing with Care Demand 2026

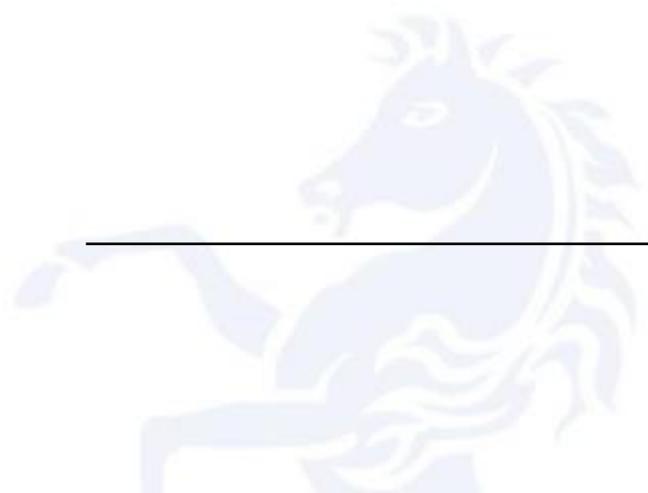


Potential Demand 2026 - 2031



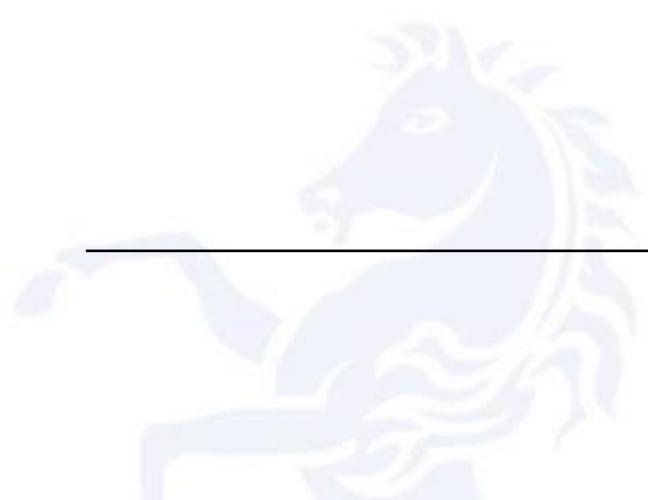


Pause for questions





KCC Analysis Findings



Current Model



Specialist Housing for Older People aged 55 and over

1 or 2 bedroom flats with accessible bathroom and kitchen

Average 40 units within each scheme

Mixed Tenure Type

- Assured tenancies
- Shared Ownership



Range of Amenities

- On site restaurant
- Hairdressers
- Gymnasiums
- Mobility Scooter Room
- Communal Launderette
- Assisted Bathrooms
- Parking
- Community Activities
- Accessible Communal Gardens
- 24 hour care and support provided on site (Commissioned and Funded by KCC)



Bowles Lodge Hairdressers



Bowles Lodge Communal Lounge

Spires Communal Garden Tenterden



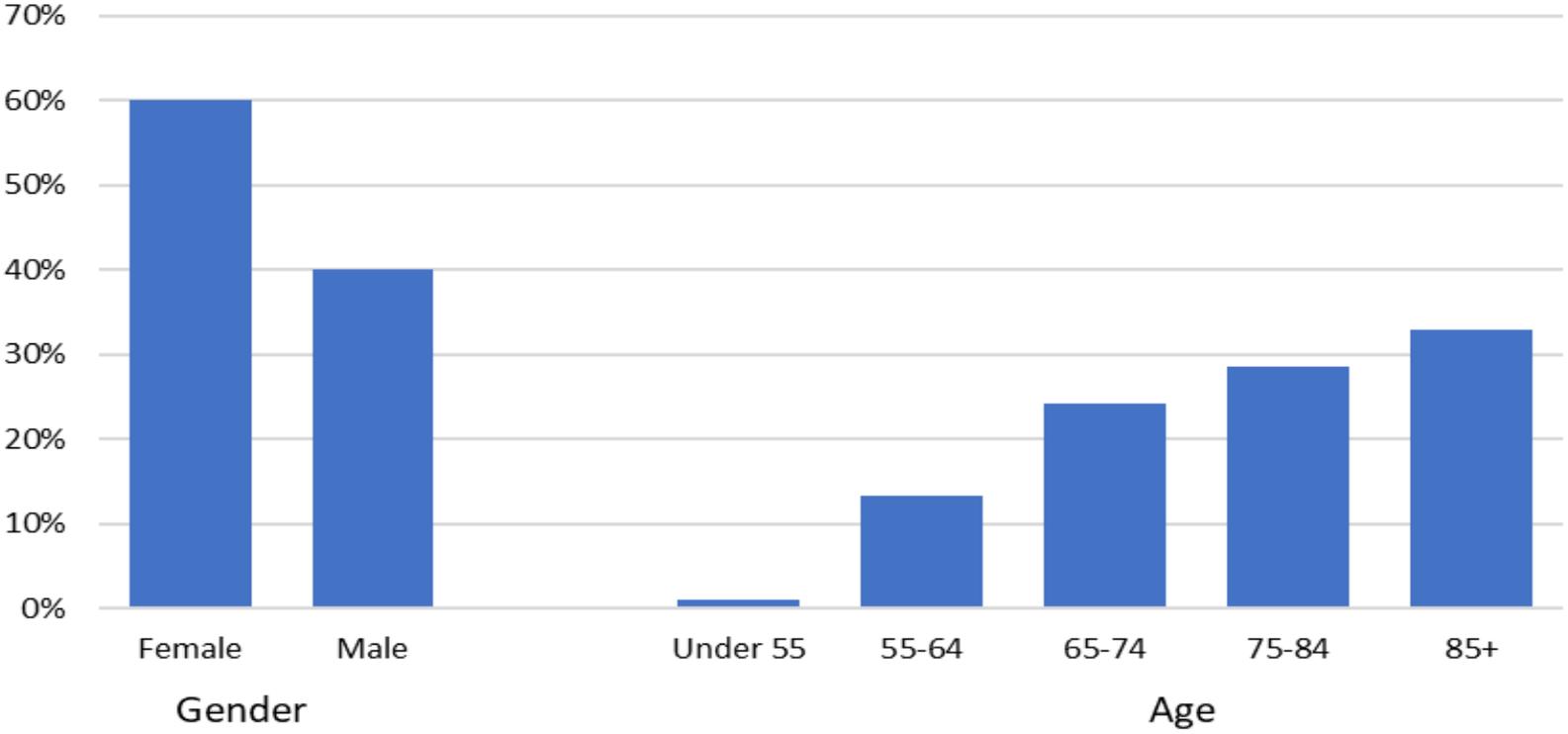
23/09/2021

Cohort needs - Who is in Extra Care?



The profile of current residents is 40% male, 60% female, with around 60% of residents aged 75+

Demographic profile: Extra care residents



Source: Spend & Cost, March 2019

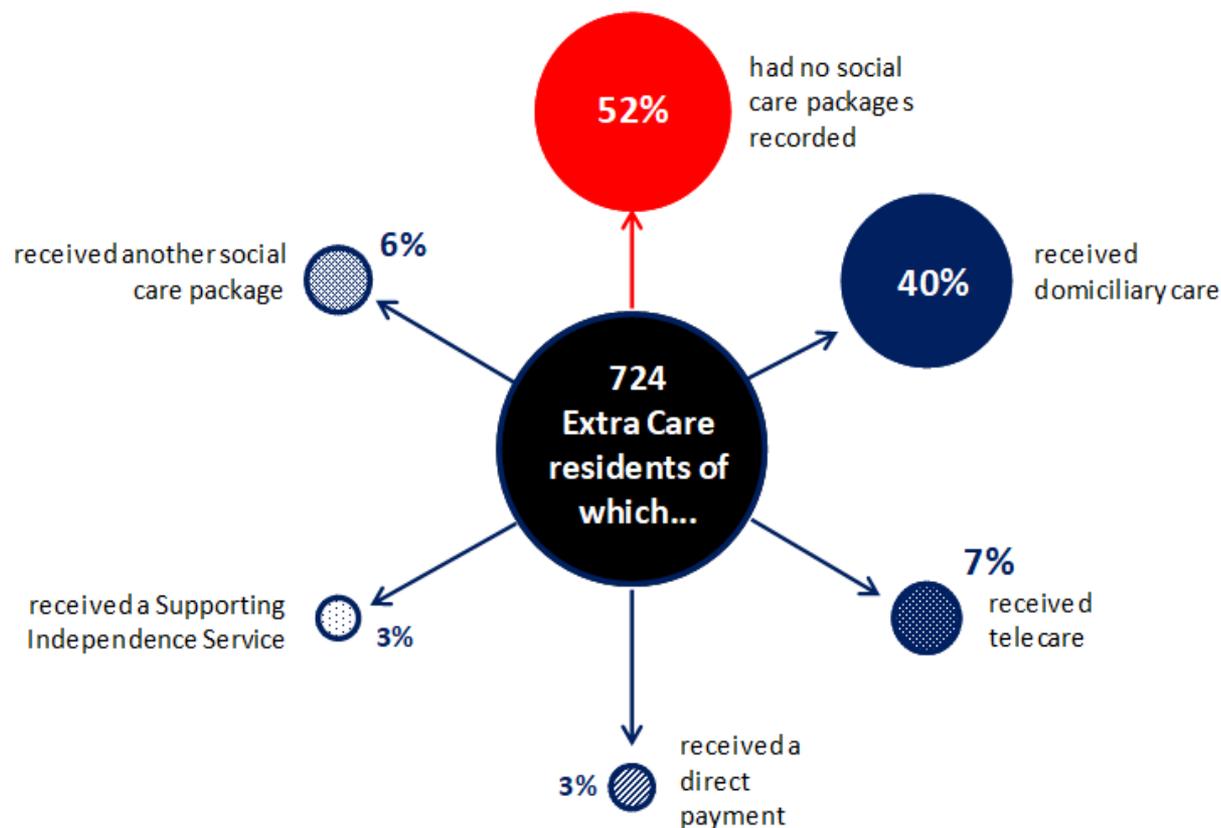
Cohort needs – What is their needs profile?



Through the qualitative research, care providers reported a feeling that a considerable proportion of tenants who were living in extra care due a housing need rather than a care need.

Care packages received by extra care residents

March 2019



Source: KCC SC Analytics, Spend & Cost, April 2019

Cohort needs – Who are the residents with no care needs?

Care providers

- **Housing rather than care needs**

- need to fill new schemes quickly

“I filled in all the forms and I was accepted so I was really, really happy about that. Especially

now because of how things have progressed. I haven't had to use the care system at all, up until now. So, it is nice for myself and my

family to have the comfort that I've got the back up as an when I need it.”

Tenants

- **Ill health often mentioned**

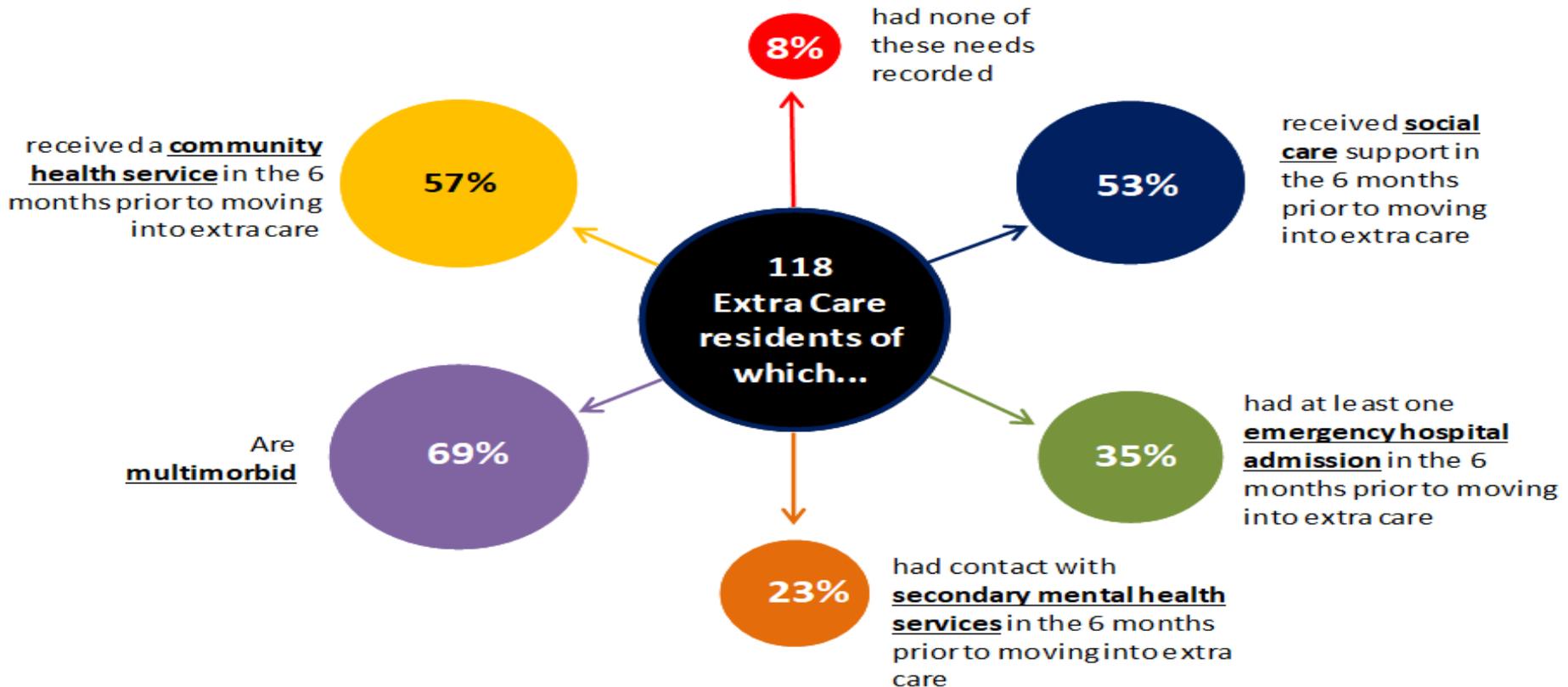
- **Reports of feeling it would be more suitable in the future**

Cohort needs – Who are the residents with no care needs?

- But probably will need care in the future
- Ill health often mentioned

Wider health & social care needs of extra care residents

Service usage in the 6 months prior to moving into extra care, GP registered morbidities



Cohort needs – Who is Extra Care for?



The qualitative research suggests that there may be some issues around clarity of expectations in what the extra care offer is and who it is for

- **Different views from different organisations in terms of who is most suitable for extra-care**
 - **Care providers and housing providers are not necessarily of the same view**

The care providers participating felt that extra care residents should have a range of care needs but that they should have care needs

One housing provider was of the view that more of a mix was required for the community to thrive



The qualitative research revealed a number of specific instances of misunderstandings on the part of tenants, relatives and sometimes outside agencies, including:

- **Relatives not appreciating that residents are not monitored**
- **Ambulance crews bringing tenants home from hospital and leaving them in the entrance hall**
- **Expectations that some form of non-emergency, 24-hour care is included**
- **Tenants not understanding how care needs are assessed and why other residents were receiving different care packages to themselves (e.g. laundry)**
- **Tenants not understanding the wellbeing charge**



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- Ambulance crews bringing tenants home from hospital and leaving them in the entrance hall

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Could it be that a lack of clarity around what extra care is and who it is suitable for might explain the variation in terms of applicant profile and in terms of resident profile?



The qualitative research highlighted that generally tenants had not heard about extra care before they moved in

- **Tenants reported advice on extra care coming from housing providers or family**
- **KCC and social care services more generally were not mentioned**
- **Tenants didn't always feel that they had had an active role in the choice to move to extra care**



“It was put to us by (the Housing provider), it would be much better for you there...I was in tears when I had to sign the form, I really did not want to come...we go down to xxxx once a week and have a meal, but that doesn’t alter the fact that we’re not happy here. When we come back we often sit in the car for an hour before we come in.”

- **Tenants didn’t always feel that they had had an active role in the choice to move to extra care**

User voice

“I’m happy, and I think these places are a good idea because now there’s no wardens you’ve always got somebody a button away and they’ll come to you. They’ll get you the ambulance or sort you out whatever’s necessary and there’s always someone at night.”

“yes mornings, afternoons, they’ve just given me my dinner and tea time. When I came out the hospital, I had one in the evenings but they always came when I was looking at something on tele, so I struggle to undress myself.”

Tenants we spoke to who receive care within the scheme they were happy with the standard and acknowledged that the care supported them to continue living independently. Some who didn’t receive regular care reflected that knowing help was only a button push away gave them great reassurance and again supported their independence

“If you’re in your own accommodation I suppose you can sit there and not feed yourself. I know they’re [the carers] a pain sometimes when they keep coming round saying you must eat, you must do this, you must do that. Whereas if you’re in your own home you’d probably sit there and not eat. But personally speaking I think they are a good thing.”

User voice



“I’d pick the phone up and ring the ambulance, I don’t need to pay £700 a year for them down there to do it. I wouldn’t go down there to them, none of them are trained nurses.”

“We’ve got a phone there we would pick that phone up dial 999. It’s exactly what they would do. But it doesn’t cost me £700 a year to pick up a phone. So, we do begrudge that. We really begrudge it.”

There were very strong feelings from some tenants about the payments that they make towards living in extra-care

Some felt that the amount charged did not correspond with the service they received, this was particularly the case for the amount of money contributed towards the emergency buzzers, even more so for those tenants who received no care or who felt they had no need for the buzzer.

“No, what angers me, and I don’t understand, why will the government pay out £1300 for me to live here and I’ve got to pay another £50 or whatever it is for the services. Yes, but we do begrudge paying £62 for the two of us a month for these [the emergency fobs]. I do begrudge that, that’s Kent County Council though, he said, oh you’re on benefits you can pay for that. And that was it.”

Technology



Current opportunities for technology

- **Telecare**
- **Tunstall technology developments**
- **WIFI available in all areas of schemes**
- **Digitalise current analogue call button system**

KARA PROJECT

- **Project funded by KCC due to impact of COVID-19**
 - **Tablets providing ability to connect with family members and friends**
 - **Provide a level of support for social care needs and reduce social isolation**



Challenges



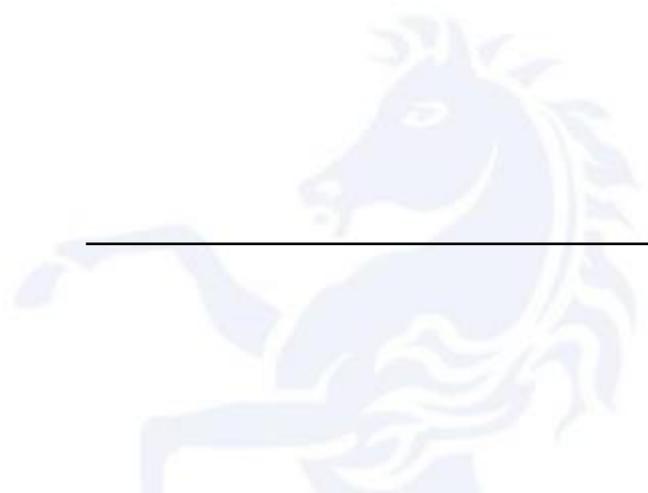
- **Affordability**
- **Understanding of Extra Care**
- **Appropriate housing for Older People**
- **Suitability of people with needs**
- **Future model of Extra Care**
- **Alignment of policies and strategy across partners – housing and social care**
- **Land Availability**
- **Future Aspirations for Older People**

- **What else ?**



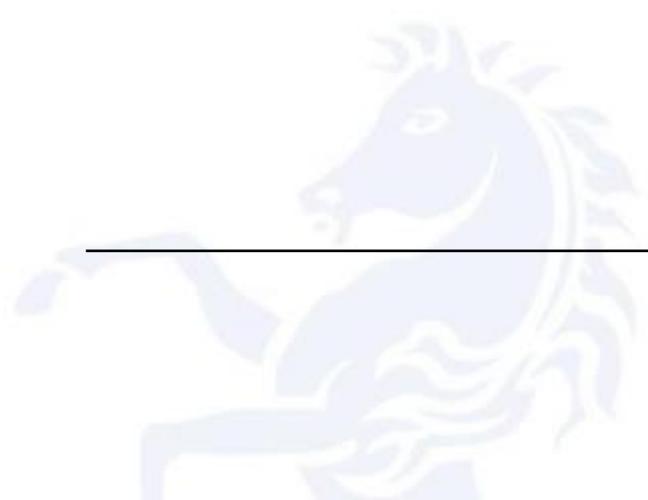


Pause for questions





Break 10 minutes



Breakout Rooms



Room	Topic	Facilitator	Description
1	Market Conditions and Demand	Steve Lusk	This breakout room will provide the opportunity for participants to discuss their perspective on demand for extra care housing, market conditions including challenges and enablers.
2	Marketing Extra Care	Anya Harris	This breakout room will provide the opportunity for participants to share best practice in marketing extra care internally, and externally with citizens.
3	Strategy and Policy	Simon Thomas	This breakout room will provide the opportunity for participants to explore the issues with strategy, planning, and other

Up to 30 minutes for discussion

Breakout Room 1 - Facilitator Notes



- Discussion pointers:
- View on demand forecast and covid impacts on market appetite.
- Availability of funding
- Experience an appetite new models e.g., intergenerational.
- Commercial model – tenure, procurement, what do developers/providers need to ensure sustainable developments.



30 minutes for discussion

Breakout Room 2 - Facilitator Notes



- Is there a common understanding of ECH across stat and non-stat partners.
What is the user experience, understanding?
- Should there be a Kent definition of ECH – how will it be developed, how should it promoted and agreed by all parties.

30 minutes for discussion

Breakout Room 3 - Facilitator Notes



Discussion and pointers:

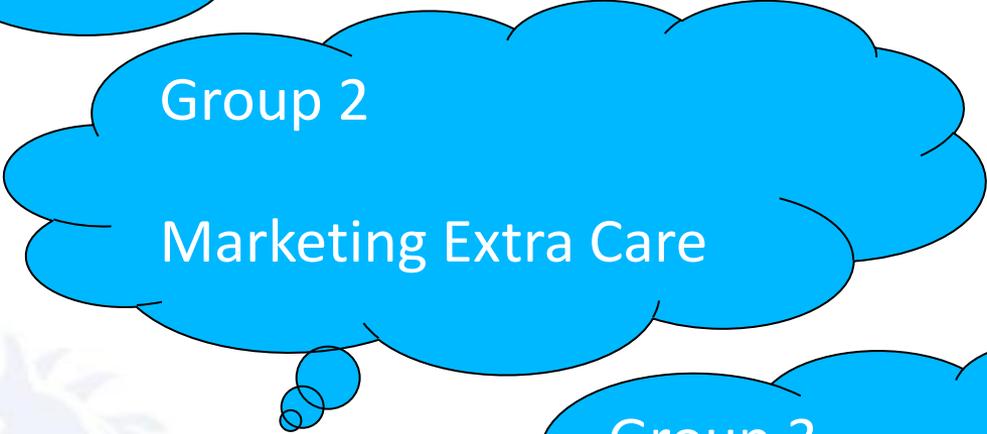
- Planning policy and class use, S106 large developments ?? and any other salient issues.
- Housing allocation policies/choice based letting for affordable housing. E.g. Requirement for person to stay in area for minimum 3 years
- Opportunities for District/Borough councils to waiver some criteria to promote cross boundary moves and/or do not meet minimum residence criteria?

30 minutes for discussion

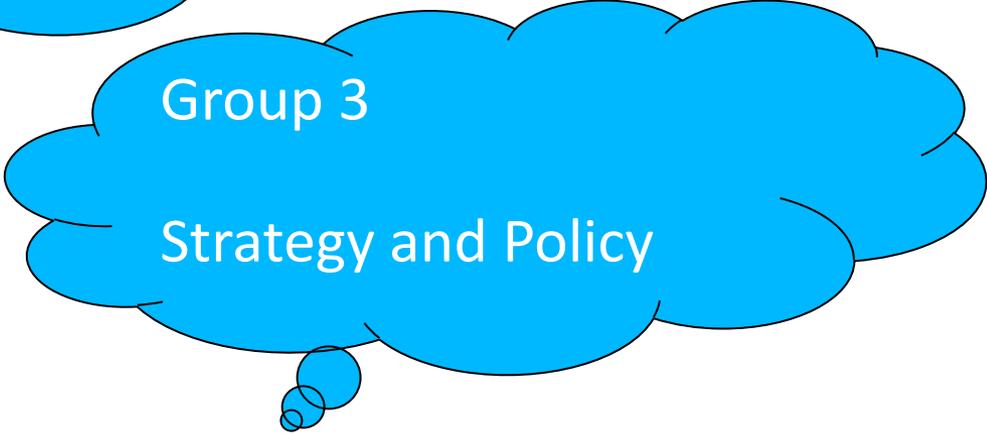
Group Feedback



Group 1
Market Conditions and
Demand



Group 2
Marketing Extra Care



Group 3
Strategy and Policy



Summary and Close

