

## **Medway Council**

## **Extra Care Housing Needs Analysis**

## **Report**

**July 2011**

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#### 1 Introduction

This extra care housing needs analysis has been conducted by the Institute of Public Care at Oxford Brookes University to support a bid by Medway Council and Registered Provider partners to the Housing and Communities Agency for funding for the development of a number of extra care housing schemes.

Currently, there is no fixed definition of extra care housing (ECH). However, there is a broad consensus that extra care housing should provide a fully accessible home for life for older people, meeting both their accommodation and care needs: the provision of access to flexible 24-hour care is a key component of extra care housing. It therefore has the potential to provide an alternative to residential care for older people who can no longer be cared for in their own homes.

Medway plans to work to an ECH model which will allocate accommodation on the basis of one third to residents having low or no care needs, one third to residents needing around six to seven hours of care per week and the final one third to residents with high care needs equivalent to residential care. The creation of mixed communities of both active and frail older people, and housing with different types of tenancies, has been identified as desirable by the Department of Health's Housing Learning and Improvement Network. Extra care housing can include a range of housing types such as groups of bungalows, flats, and care villages, each providing security of tenure.

As a housing-based model of care, ECH encompasses principles such as independence, choice, empowerment, and participation. It is promoted by central Government as part of its vision for improving older people's quality of life, housing, health and social care. Policy guidance supports the development of ECH that meets the needs of older people with dementia, the needs and wishes of black and minority ethnic older people and learning disabled older people.

This report looks at the likely need for extra care housing, the current supply of specialist housing for older people, and presents an estimate of the need for new extra care housing in Medway.

#### 2 Population projections

The older population in Medway is increasing, with the numbers of people aged 65 and over projected to increase from 36,000 to 46,100 by 28% in the next ten years (see Table 1). The numbers aged 85 and over are projected to increase by 38% in the next 10 years, and more than double in the next 20 years.

**Table 1: Population aged 65 and over, projected to 2030**

	2010	2015	2020	2025	2030
People aged 65-74	20,200	23,900	25,000	25,000	28,300
People aged 75-84	13,600	13,200	15,300	18,500	19,600
People aged 85 and over	4,200	4,800	5,800	7,400	9,200
<b>Total population 65 and over</b>	<b>36,000</b>	<b>41,900</b>	<b>46,100</b>	<b>50,900</b>	<b>57,100</b>

Figures may not sum due to rounding  
Source: POPPI

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The projected population of older people from the BME community is less than 5% of the total, and less than 1.5% of those aged 85 and over. The largest BME group in the older population is Asian or Asian British (see Table 2).

**Table 2: People aged 65 and over by age and ethnic group, year 2007**

	People aged 65-74	People aged 75-84	People aged 85+
White (this includes British, Irish and Other White)	17,936	10,973	3,936
Mixed Ethnicity (this includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed)	68	34	9
Asian or Asian British (this includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British)	491	176	34
Black or Black British (this includes Black Caribbean; Black African; and Other Black or Black British)	136	45	8
Chinese or Other Ethnic Group	74	27	5
<b>Total population 65 and over in 2007</b>	<b>18,705</b>	<b>11,255</b>	<b>3,992</b>

Figures may not sum due to rounding  
Source: POPPI

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### 3 Vulnerable older people

There are a number of categories of older people for whom ECH housing is likely to be particularly valuable in meeting their care and social needs and enabling them to live independently, in particular: people aged 85 and over, older people who live alone, and older people with learning disabilities. People with health and self-care needs are discussed later.

#### 3.1 Over 85s

As indicated in Table 1, the numbers of people aged 85 and over are projected to increase from 4,200 in 2010 to 5,800 in 2020 and to 9,200 in 2030. This represents an increase of 38% in the next 10 years, and more than a doubling in the next 20 years.

### 3.2 People who live alone

Older people who live alone are more likely than others to move into residential care. This may be because they are less likely to have access to informal care to enable them to remain in their own homes and be more socially isolated. Table 3 indicates that the number of older people aged 75 and over who live alone is projected to increase by more than 28%.

**Table 3: People aged 65 and over living alone, by age, projected to 2030**

	2010	2015	2020	2025	2030
People aged 65-74 predicted to live alone	5,100	6,030	6,310	6,290	7,140
People aged 75 and over predicted to live alone	7,937	9,016	10,475	12,748	14,132
<b>Total</b>	<b>13,037</b>	<b>15,046</b>	<b>16,785</b>	<b>19,038</b>	<b>21,172</b>

Figures may not sum due to rounding

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Source: POPPI

### 3.3 People with learning disabilities

Many people with learning disabilities have no need for extra care housing. However, due to overall increases in life expectancy, there is projected to be a steadily increasing number of older people with learning disabilities in Medway over the next 20 years (see Table 4). Many of these people will have been cared for by their parents. As they approach old age, their parents may no longer be able to care for them, and extra care housing provides a positive alternative to a residential placement for this group.

**Table 4: People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age**

	2010	2015	2020	2025	2030
People aged 65-74 predicted to have a moderate or severe learning disability	71	84	87	88	99
People aged 75-84 predicted to have a moderate or severe learning disability	24	28	32	39	40
People aged 85 and over predicted to have a moderate or severe learning disability	8	9	10	13	17
<b>Total</b>	<b>103</b>	<b>120</b>	<b>130</b>	<b>140</b>	<b>156</b>

Figures may not sum due to rounding

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Source: POPPI

## 4 Health, mobility and self-care

The health of people in Medway is generally worse than the average for England. Although early deaths from cancer, heart disease and stroke, and deaths from all causes, are falling, these remain higher than the national average (Health profile, 2010).

There are a range of data sets which provide an indication of the numbers of older people with ill-health and care needs who could benefit from the accessible environments provided by ECH along with access to 24 hour care.

#### 4.1 People with a long-term limiting illness

A projected 2,437 people aged 85 and over have a long-term limiting illness in Medway (see Table 5). An evaluation of an extra care housing scheme in Bradford for the Joseph Rowntree Foundation found that people's use of health services reduced following their move into the ECH scheme.

**Table 5: People aged 65 and over with a limiting long-term illness, by age, projected to 2030**

	2010	2015	2020	2025	2030
People aged 65-74 with a limiting long-term illness	8,131	9,620	10,063	10,063	11,392
People aged 75-84 with a limiting long-term illness	6,250	7,112	8,243	9,967	10,560
People aged 85 and over with a limiting long-term illness	2,437	2,786	3,366	4,294	5,339
<b>Total</b>	<b>16,818</b>	<b>19,518</b>	<b>21,672</b>	<b>24,325</b>	<b>27,291</b>

Figures may not sum due to rounding  
Source: POPPI

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People with long-term limiting illness who live alone are particularly vulnerable. Table 6 indicates that the number of people aged 85 and over who live alone with a long-term limiting illness is projected to increase from 1,529 to 2,111 between 2010 and 2020, an increase of over 38%.

**Table 6: People aged 65 and over with a limiting long-term illness, living alone, by age, projected to 2030**

	2010	2015	2020	2025	2030
People aged 65-74 with a limiting long-term illness, living alone	2,160	2,521	2,733	2,679	3,015
People aged 75-84 with a limiting long-term illness, living alone	2,867	3,246	3,792	4,539	4,944
People aged 85 and over with a limiting long-term illness, living alone	1,529	1,747	2,111	2,694	3,349
<b>Total</b>	<b>6,553</b>	<b>7,514</b>	<b>8,636</b>	<b>9,912</b>	<b>11,308</b>

Figures may not sum due to rounding  
Source: POPPI

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#### 4.2 Mobility

As extra care housing is designed to meet Lifetime Homes standards, it can provide a fully accessible home to people with mobility difficulties, who might otherwise move into residential care when they can no longer move around their home. While adaptations may enable some people to remain in their own homes, appropriate adaptations are not always feasible or affordable.

Table 7 indicates that the number of people aged 85 and over, unable to manage activities such as getting to the toilet, or getting up and down stairs, is projected to increase from nearly 2,000 in 2010 to over 2,600 in 2020, and over 4,000 in 2030.

**Table 7: People aged 65 and over unable to manage at least one mobility activity on their own, by age, projected to 2030**

(Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed)

	2010	2015	2020	2025	2030
People aged 65-74 unable to manage at least one activity on their own	2,149	2,497	2,718	2,649	2,992
People aged 75-84 unable to manage at least one activity on their own	2,303	2,640	3,056	3,647	3,965
People aged 85 and over unable to manage at least one activity on their own	1,955	2,160	2,620	3,265	4,045
<b>Total</b>	<b>6,407</b>	<b>7,297</b>	<b>8,394</b>	<b>9,561</b>	<b>11,002</b>

Figures may not sum due to rounding.

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Source: POPPI

### 4.3 Self-care

Extra care housing provides a housing-based model for the delivery of care and support to those who need it. Tables 8 and 9 indicate projected current and future numbers of older people in Medway who are unable to manage at least one self-care activity and unable to manage at least one domestic task. People in these groups are likely to benefit from ECH, especially where they live alone with little informal care available.

Table 8 indicates that the projected number of people aged 85 and over unable to manage at least one self-care activity, such as washing or dressing themselves will increase from 2,883 in 2010 to 3,860 in 2020 and 5,957 in 2030.

**Table 8: People aged 65 and over unable to manage at least one self-care activity on their own, by age, projected to 2030**

(Activities include: bathing, showering or washing all over, dressing and undressing, washing their face and hands, feeding, cutting their toenails, taking medicines)

	2010	2015	2020	2025	2030
People aged 65-74 unable to manage at least one self-care activity on their own	4,440	5,193	5,555	5,468	6,191
People aged 75-84 unable to manage at least one self-care activity on their own	4,453	5,109	5,907	7,067	7,617
People aged 85 and over unable to manage at least one self-care activity on their own	2,883	3,184	3,860	4,809	5,957
<b>Total</b>	<b>11,773</b>	<b>13,486</b>	<b>15,322</b>	<b>17,344</b>	<b>19,765</b>

Figures may not sum due to rounding

Crown copyright 2010

Source: POPPI

In Table 9, the number of people aged 85 and over who are unable to manage at least one domestic task, such as vacuuming and household shopping is projected to increase from over 3,300 in 2010 to over 4,500 in 2020 and over 7,000 in 2030.

**Table 9: People aged 65 and over unable to manage at least one domestic task on their own, by age, projected to 2030**

(Tasks include: household shopping, washing and drying dishes, cleaning windows inside, jobs involving climbing, using a vacuum cleaner to clean floors, washing clothing by hand, opening screw tops, dealing with personal affairs, doing practical activities)

	2010	2015	2020	2025	2030
People aged 65-74 unable to manage at least one domestic task on their own	5,302	6,188	6,671	6,541	7,391
People aged 75-84 unable to manage at least one domestic task on their own	5,695	6,537	7,547	9,041	9,717
People aged 85 and over unable to manage at least one domestic task on their own	3,344	3,712	4,530	5,662	7,026
<b>Total</b>	<b>14,341</b>	<b>16,437</b>	<b>18,748</b>	<b>21,244</b>	<b>24,134</b>

Figures may not sum due to rounding

Crown copyright 2010

Source: POPPI

#### 4.4 Dementia

ECH can provide an alternative to residential care for people with dementia, particularly those who develop dementia while living in ECH, and those who are cared for by their partner. Extra care housing has an important role in enabling couples to continue to live together where one partner has dementia.

Table 10 indicates a projected increase of 34% in the number of older people with dementia in Medway from 2,364 to 3,176 between 2010 and 2020, and of 87% between 2010 and 2030.

**Table 10: People aged 65 and over predicted to have dementia, by age, projected to 2030**

	2010	2015	2020	2025	2030
People aged 65-74 predicted to have dementia	386	446	498	477	537
People aged 75-84 predicted to have dementia	965	1,104	1,293	1,526	1,707
People aged 85 and over predicted to have dementia	1,013	1,136	1,386	1,740	2,192
<b>Total</b>	<b>2,364</b>	<b>2,684</b>	<b>3,176</b>	<b>3,742</b>	<b>4,436</b>

Figures may not sum due to rounding

Crown copyright 2010

Source: POPPI

#### 4.5 Carers

Older people who provide a large amount of unpaid care provide a vital role in enabling others to maintain their independence in their own homes. It is likely

that most of the older people providing large volumes of unpaid care are caring for partners. When these arrangements break down, due to the illness or death of the carer, it is often the trigger for an admission to residential care. ECH can potentially help to relieve some of the carer burden and isolation, by providing access to formal care and social support, thereby helping to prevent or delay an admission to residential care.

There are a projected 1,379 people aged 65 and over currently providing 50 or more hours of unpaid care per week (see Table 11). This figure is projected to rise to 1,754 by 2020 and 2,122 by 2030.

**Table 11: People aged 65 and over providing unpaid care to a partner, family member or other person, by age and by hours of care provided, projected to 2030**

	2010	2015	2020	2025	2030
People aged 65-74 - Provide care for 50 or more hours per week	855	1,012	1,058	1,058	1,198
People aged 75-84 - Provide care for 50 or more hours per week	447	509	590	713	755
People aged 85 and over - Provide care for 50 or more hours per week	77	88	106	136	169
<b>Total</b>	<b>1,379</b>	<b>1,609</b>	<b>1,754</b>	<b>1,907</b>	<b>2,122</b>

Figures may not sum due to rounding  
Source: POPPI

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## 5 Tenure, prices and deprivation

### 5.1 Tenure

According to the 2001 Census, nearly two-thirds (66%) of those aged 85 and over were owner-occupiers, and more than one fifth (22%) of those aged 85 and over rented social housing. Since then, the proportion of owner-occupiers will have increased as younger age cohorts have higher rates of owner-occupation. Although levels of owner-occupation among older people in Medway are above the national average, they are below the regional average. In 2007, it was calculated that 62% of the older population were outright owner-occupiers (ie mortgage free).

**Table 12: Proportion of population aged 65 and over by age and tenure (2001)**

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	80.76%	71.72%	65.97%
Rented from council	4.66%	7.15%	8.13%
Other social rented	9.76%	13.67%	14.20%
Private rented / living rent free	4.82%	7.45%	11.70%

Figures may not sum due to rounding  
Source: POPPI

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## 5.2 House prices

Land registry data indicate that average house prices in Medway in December 2010 were £142,175. Average prices are £101,711 for a maisonette/flat, £121,610 for a terraced house, £170,894 for a semi-detached house, and £285,470 for a detached house. This indicates that a significant majority of older people in Medway could potentially buy or lease extra care housing, if available.

## 5.3 House conditions

According to Census data, there were nearly 4,300 older people living in homes with no central heating in 2001, representing more than one in eight of the older population (see Table 13) and significantly higher than the average for England of 9.78%. Extra care housing built to modern standards of heating and insulation provides a positive alternative to homes with no central heating which may also be poorly insulated.

**Table 13: People aged 65 and over by age, living in a dwelling with no central heating, year 2001**

	<b>Number of 65 and over population with no central heating (2001)</b>	<b>Percentage of 65 and over population with no central heating (2001)</b>
People aged 65-74	2,099	6.66%
People aged 75-84	1,629	5.17%
People aged 85 and over	568	1.80%
<b>Total</b>	<b>4,296</b>	<b>13.63%</b>

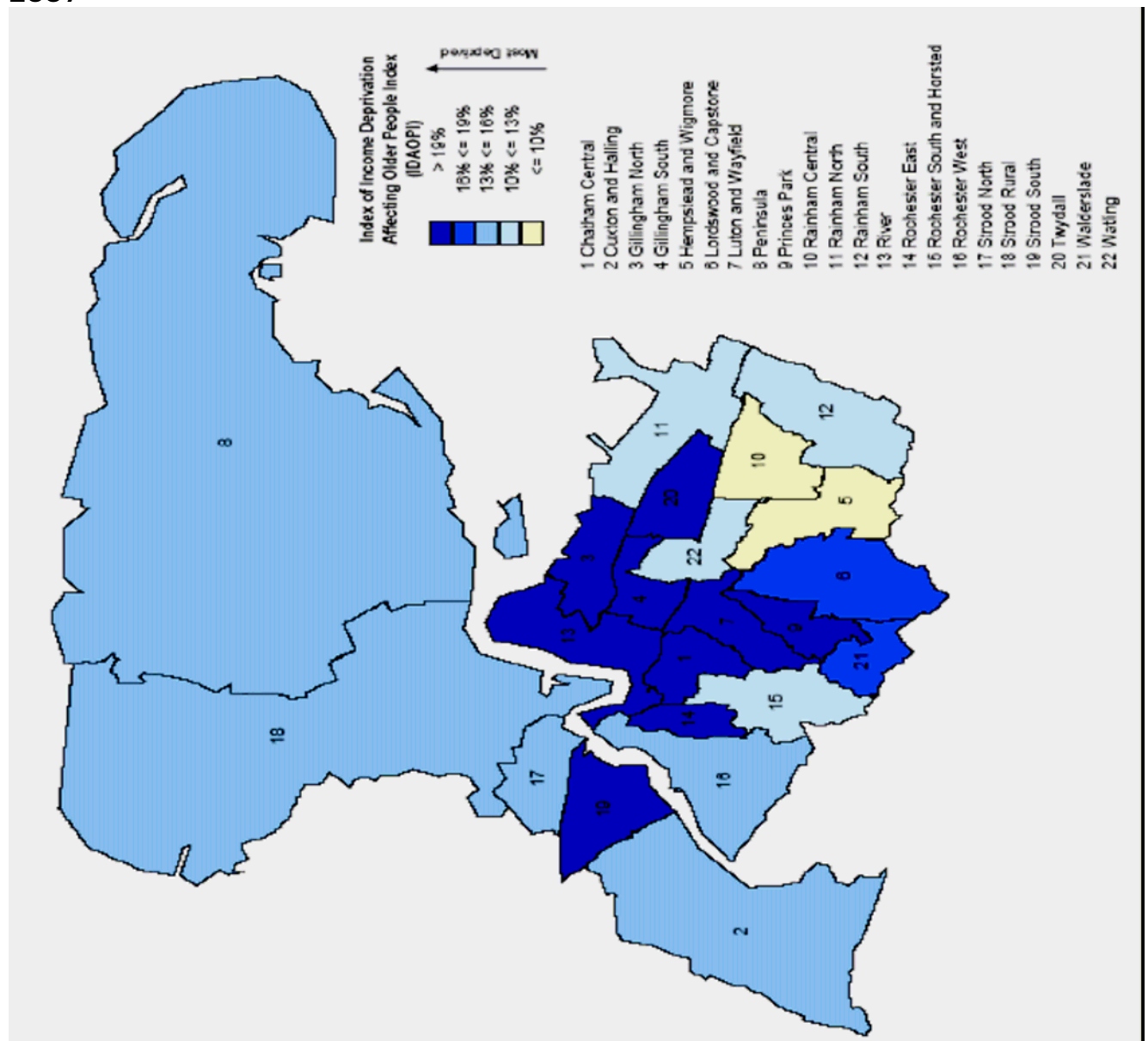
Figures may not sum due to rounding  
Source: POPPI

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## 5.4 Deprivation

According to the Medway Joint Strategic Needs Assessment 2008-2009, Medway has a relatively diverse level of deprivation with three wards falling within the 20% most deprived wards of England, and two wards falling within the 20% least deprived. The three most deprived wards: Gillingham North, Chatham Central and Luton & Wayfield, have the highest levels of people estimated to have future health problems. Deprivation among older people appears to be concentrated in the southern central part of Medway (see Figure 1).

**Figure 1: Map of Index of Deprivation affecting Older People by ward 2007**



## 6 Current accommodation and services

### 6.1 Care and support services

There are 85 care homes providing services to older people and people with dementia in Medway according to the CQC Care Directory (of which 24 provide care homes with nursing care), providing an estimated 1,124 care home places for older people in Medway.

In 2009-2010, 289 people aged 65 and over were admitted to permanent residential or nursing care purchased or provided by Medway, and a total of 704 older people were in permanent residential or nursing care purchased or provided by Medway. Based on CQC data obtained for NMDF study of self-

fundings in 2010, at 30.3.09, there were an estimated 359 self-funders in care homes in Medway.

A total of 2,762 older people were helped to live independently and 2,227 received community-based services in Medway in 2009-2010. Of these, a total of 1,280 received home care, of whom, 540 people received intensive home care services (ie more than 10 hours and more than 6 or more visits a week). In addition, an estimated 633 people aged 65 and over funded their own home care<sup>1</sup> (NMDF study).

From RAP data, 515 older people received a day care service, 230 received a meals service, 175 received one or more telecare services from adult social care exclusively or in partnership with another agency, and 217 older people received either a direct payment or had a personal budget in 2009-2010.

## **6.2 Sheltered housing**

There are a total of 1,442 affordable sheltered housing units of accommodation in Medway, of which 573 are described as bedsit or studio apartments (see Appendix I for map). Average void times for Medway council sheltered stock appear to be rising steadily from 22.9 days in 2006-2007, to 55.1 days in the first ten months of 2010-2011. This increase reflects, at least in part, the changing expectations and requirements of older people in terms of housing standards. MHS homes, which owns 601 sheltered housing units, have had an average void time of 22 days in the year 2010-2011 to date. The high proportion of bedsits and studios is no longer likely to meet the aspirations of today's older people.

The Council's housing register indicates that there are 674 applicants who have indicated a preference for sheltered housing. However, in 2009-2010 there was a total of 79 voids in sheltered social housing and in the first ten months of 2010-2011, there have been 57 sheltered social housing voids. At these rates, it is likely that it would take at least ten years to house all current applicants.

There are 86 two-bedroom sheltered flats and 6 three-bedroom sheltered flats, with 57 applicants on the housing register aged 65 and over who are looking for two-bedroom accommodation. It can be assumed that the wait for two-bedroom sheltered accommodation is considerably longer than that for bedsit and one-bedroom sheltered housing.

According to the Elderly Accommodation Counsel, there are 78 sheltered housing schemes in Medway of which 12 provide leasehold or shared ownership options. The Medway housing needs survey in 2006 stated that there were 727 sheltered housing units in the private sector.

## **6.3 Extra care housing**

There is currently no extra care housing provision in Medway, although there are a number of schemes on site and in the pipeline. Medway has a target of 300 new units of affordable extra care housing over the two years to 2012. These

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<sup>1</sup> Unpublished technical appendix to LGID/ADASS/LGA (2011) People who pay for care: quantitative and qualitative analysis of self-funders in the social care market

are predominantly being delivered using S.106 Agreements with funding from the Homes and Communities Agency (HCA) and include:

- Berkeley First and Housing 21 Extra Care Scheme – . This 60 unit (social rented) scheme is currently under construction with an estimated completion date of June 2012.
- Rochester Riverside Extra Care Scheme to be provided by Hyde – 41 units (social rented). Construction due to start in September 2011.
- Liberty Park Extra Care Scheme to be provided by Crest – 56 units (social rented).
- The former Horsted college site to be provided by Countryside. 40 units (tenure mix not yet determined)

A number of other extra care housing schemes are currently being considered by Medway Council with a preference for new schemes to be delivered as mixed tenure where possible. The master plan and planning brief for the new settlement at Lodge Hill also contain a requirement for a minimum of one extra care scheme. The delivery of this is likely to be delivered in one of the later phases when demand from within the settlement for such provision has arisen to at least partially require such accommodation, and therefore will not count towards meeting any identified need from the rest of Medway.

#### **6.4 Delayed transfers of care**

Health service data indicate that in the third quarter of 2010-2011, there were 16 delayed transfers of care of people aged 75 and over. If delays are consistent across the year, this would indicate a total of 64 delayed transfers of care across 2010-2011. It has not been possible to obtain details from the local NHS trust on how many delayed transfers are due to housing circumstances.

#### **6.5 Intermediate care**

Within NHS Medway's boundary, there is a range of intermediate care beds. *Our Future Health Secured; A Review of NHS Funding & Performance (DoH 2008)*, identifies intermediate care services as having made a significant contribution to the reduction in delayed discharges from hospital. ECH schemes can sometimes provide a limited number of units for people receiving intermediate care.

A review and remodelling of intermediate care services in Medway has been scheduled as part of a series of actions falling out of Positive Ageing in Medway - the Older People Strategic Plan and Joint Commissioning Strategy for Health and Social Care 2010-13.

## **7 What do older people want?**

### **7.1 National Perspective**

Most older people want to remain in their own home for as long as possible. However this does not necessarily mean that they do not want to move. Older people move for a variety of reasons including: convenience, location, better accessibility, security, easier to maintain and manage property, availability of care, and to release equity.

Research by Karen Croucher to inform *Lifetime Homes, Lifetime Neighbourhoods* (DCLG, 2008) found that the factors which underpinned older people's decision to move or to stay put are common across very diverse groups. The key factors were: attachment to current home, complexity of family/caring relationships, neighbours and neighbourhood (especially for lesbian, gay and transgender older people), access to services and amenities, and health and well-being<sup>2</sup>.

Croucher found that two bedrooms were seen as a minimum requirement for most people. Some people (particularly from the Asian community) wanted better independent advice about the housing options available to them; and there was also felt to be a lack of low intensity support, for example, help with small repairs. Sheltered housing was seen as a 'good thing' but there was little awareness of extra care housing or the potential of assistive technology.

The Audit Commission, in partnership with Better Government for Older People<sup>3</sup> set out some of the aspirations of older people gleaned from a range of consultation exercises, including:

- Having choice and control over how they live their lives.
- Opportunities to contribute to the life of the community, and for that contribution to be valued and recognised (interdependence).
- Comfortable, secure homes.
- Safe neighbourhoods.
- Friendships and opportunities for learning and leisure.
- The ability to get out and about.
- Good relevant information.
- The ability to keep active and healthy.
- Being involved in making decisions.
- Joined up services.

## 7.2 Local perspectives

A recent local study of Older People's Housing Needs and Aspirations indicated a strong consensus that two-bedroom accommodation for older people is "a must". The study which involved focus groups found little knowledge or understanding among participants of extra care housing.

The next generation of older people from the baby boomer generation are likely to have higher expectations and demands of public and private services, with a more individualistic and consumerist approach to housing and support services than their predecessors.

## 8 Gap Analysis and the Need for Future Provision

From this survey of the current and future characteristics of the population and current services in Medway, a range of indicators emerge which point to a gap in terms of the profile of accommodation and related services to meet the needs of

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<sup>2</sup> Karen Croucher (2008) *Housing Choices and Aspirations of Older People*, DCLG

<sup>3</sup> Audit Commission (2004) *Older People: Independence and Wellbeing*, Audit Commission

older people across the continuum of housing, health and social care, such as that provided by extra care housing.

There are a number of approaches to assess the need for extra care housing in Medway: a review of the current and future population projections; looking at existing service use and applying a set of assumptions about the proportion of people that would be more appropriately housed in extra care housing; or applying rates developed in *More Choice, Greater Voice*<sup>4</sup> to the Medway population.

### **8.1 Current and future population projections**

The steady overall growth in the population will put pressure on existing services. The increases in particularly vulnerable groups: very old people living alone, with long-term limiting illness and needing high levels of care; older people with learning disabilities; and older people with dementia, will add to the pressure for more intensive support.

Between 2010 and 2020, increases of an additional: 1,600 people aged 85 and over; 3,748 older people living alone; 4,814 older people with a long-term limiting illness; 375 older people providing 50 or more hours a week of unpaid care; 27 older people with a moderate or severe learning disability; and more than 800 people with dementia are projected. In addition, the growth in the projected number of older carers providing high levels of unpaid care from 1,379 to 1,754 in 2020 is likely to increase the need for two-bedroom housing with support as many will be part of a couple.

Medway will need to plan how it will accommodate and care for these groups. Extra care housing potentially has a vital part to play in meeting the accommodation and care needs of many of these people.

### **8.2 Current service use: care homes, social care, sheltered housing**

The most recent data indicate 704 older people in permanent care home accommodation, purchased or provided by Medway, with an additional 359 people paying for their own place in a care home. If it is assumed that one-third of the total 1,063 could be accommodated in mixed tenure extra care housing<sup>5</sup>, this alone would indicate a need for 235 social rented units of ECH, and 120 leasehold or shared ownership units, totalling 355 units for the current population, and rising to 490 in ten years' time (applying population projections for the over 85 population).

Currently, 540 people receive intensive packages of social care. If it is assumed that 10% of this group could be better accommodated in extra care housing, this would indicate a need for 54 units of extra care housing.

Demand for ordinary sheltered housing remains high, but it appears that much sheltered housing will not meet rising expectations in terms of wheelchair accessibility, size, and the needs of couples. It is not known how much existing

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<sup>4</sup> DCLG/CSIP (2008) *More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people*, DCLG/CSIP

<sup>5</sup> CSIP/Housing LIN (2006) *Extra Care Housing Toolkit* considers that 30% of individuals currently in residential care would be better provided for in extra care scheme (p79) .

sheltered housing is fit for future needs, and how much could feasibly be adapted to meet those needs.

Making a conservative assumption that 10% of the current sheltered housing population could be better accommodated in extra care housing, this would indicate a need for 144 units of extra care housing.

Using this approach to estimating the current need for extra care housing in Medway, indicates *a need for 553 units of extra care housing, including 120 leasehold or shared ownership units.*

### **8.3 Applying rates proposed by DCLG/CSIP**

The toolkit - *More Choice, Greater Voice*<sup>6</sup> suggests a 'norm' for conventional sheltered housing of 125 units of sheltered housing per 1,000 population aged 75 and over is assumed, with a combination of housing for rent and leasehold according to the local tenure balance. Applying this rate to the current population aged 75 and over would indicate a need for 2,225 units of conventional sheltered housing for rent, leasehold or shared ownership. Assuming the pattern of provision followed the current tenure pattern among the very old of 66% owner occupied and 34% other tenures, this would indicate a need for 756 units of affordable sheltered housing – a little more than half the current level of provision in Medway.

In terms of extra care housing, the toolkit recommends: "*Full extra care housing offers the possibility of housing a balanced community of people with relatively limited care needs through to those who might otherwise be living in residential care, total provision is projected at 25 per 1,000, again divided between rent and sale*".

Applying this rate to the current projected population of 17,800 people aged 75 and over, *indicates a need for 445 units of extra care housing in Medway in 2011.* If current tenure patterns among the very old are applied, this indicates a need for 151 units of affordable extra care housing with nearly 300 units in other tenures. Based on population projections, *the total need will increase to a total 527 units of extra care housing by 2020.*

## **9 Concluding remarks**

The population of older people in Medway is diverse, with deprivation among older people concentrated in the southern central part of the authority. There is a need to develop a range of housing and services recognising that these different populations may have different needs.

The Medway housing needs survey in 2006 identified a need for 1,929 units of sheltered housing over the next 3 years: 1,202 in the affordable sector and 727 in the private sector. Whilst some of this requirement is being addressed through relets, the ability of the existing stock to meet today's standards and expectations needs to be considered in calculating future provision.

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<sup>6</sup> DCLG/CSIP (2008) *More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people*, DCLG/CSIP

While the development of extra care provision is not seen as a *solution* to bricks and mortar issues, the future role of sheltered housing needs to be linked to the contribution it is able to make to meeting the care, as well as the accommodation, needs of dependent and vulnerable older people. For future generations of older people, it is likely that there will be less demand for conventional sheltered housing than there has traditionally been.

Medway has identified a long term objective to "*ensure that all appropriate people can access Extra Care Housing as an alternative to residential care*" as set out in Positive Ageing in Medway - the Older People Strategic Plan and Joint Commissioning Strategy for Health and Social Care 2010-13. However, there is currently no extra care housing for rent, and no extra care housing for sale or shared ownership, although there are a number of schemes in the pipeline.

This analysis indicates a need for between 445 and 553 units of extra care housing to match the requirements of the current older population for both social/affordable rent, leasehold and shared ownership extra care housing. By 2020, this need is likely to have increased to a minimum of 527 units.

The emergence of owner-occupation as a significant factor in old age has shifted the balance between estimates of need and response to demand. The benefits of providing more leasehold and shared ownership extra care housing, for example, may be as much in its effect in releasing family sized accommodation into the market, as in meeting the particular needs of those who move into it.

There are a considerable number of older people who are mortgage free owner-occupiers who could use their assets to downsize or move to accommodation better suited to their needs. Given the proportion of older owner-occupiers, some people will be attracted to leasehold schemes as a way of preserving some of their equity.

In summary, there is scope to widen the range of housing and support options available to older people across tenures, and a need to configure specialist housing and services differently to enable the growing number of older people to live independently.



## Appendix I – Map of specialist accommodation in Medway

