



REVIEW OF SOCIAL HOUSING PROVISION FOR OLDER PEOPLE IN GRAVESHAM

Prepared for Gravesham Borough Council

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1 Executive Summary

1.1 Introduction

1.1.1 Dartford and Gravesham Borough Councils have both commissioned a review of their respective social housing services for older people and The Consultancy Company was commissioned to undertake both reviews. This report concentrates on Gravesham. The review took place during the period April - July 2008. This report concentrates on issues relevant to Gravesham Borough Council ("GBC").

1.1.2 The need for a review emerged from a Housing Needs Survey in 2006¹ which recommended the development of an Older Persons Housing Strategy to address the current and future growth in older people and frail older households across all tenures and their related care and support needs. The strategy would:

- Assess and prioritise the need for support services and adaptations required to keep people in their own home;
- Re-assess existing sheltered stock in meeting today's housing standards and preferences;
- Assess the need for 'extra care' accommodation for the growing frail elderly population.

1.1.3 This report provides information regarding social housing provision for older people in Gravesham to enable GBC to develop such a strategy.

1.2 Main Findings

1.2.1 GBC and its partner organisations are committed to developing a clear vision for services for older people in Gravesham.

1.2.2 Relationships between GBC and its key partners, especially KCC, the PCT and RSLs, are underdeveloped but are slowly improving. Relationships with and between front line staff are quite good but there is considerable scope to improve joint working arrangements. RSLs are few in number in Gravesham and there is under-provision in the BME sector.

1.2.3 Demand for sheltered housing is quite high in the area and there are some variations between schemes and different parts of Gravesham. There is a significant shortfall in current sheltered housing stock as outlined in recent surveys. 2-bedroom properties are in very short supply. Void levels in sheltered schemes are low.

1.2.4 GBC has retained management of its own stock following a tenants' ballot and is not planning to invest in developing new schemes for Council management but will look to partnerships with the independent sector to do this. Extra care scheme developments are starting to appear but they are few in number and insufficient to meet current and future demand.

1.2.5 BME community social housing needs are significantly under-represented, both in terms of current tenure across GBC and more so in sheltered schemes.

1.2.6 The impact of the developments in the Thames Gateway area need to be better understood internally within GBC in respect of its influence on availability of land for sheltered housing development and the potential to influence house prices and affordability in the medium/long term.

¹ David Coultie Associates Ltd (DCA: (2006): Gravesham Housing Needs Survey, page 13.

- 1.2.7 The quality of GBC's sheltered housing stock is reasonable and in good condition. GBC is working towards meeting Lifetime Homes standards in its existing properties.
- 1.2.8 The impact of self-directed care will have a significant impact on how older people could manage and direct their care in the coming years. This, coupled with a significant increase in numbers of older people needing care and support in the future, will mean that GBC will need to re-evaluate its model of support in consultation with other stakeholder organisations. The Supporting People programme, which underpins much of GBC's care services to tenants in sheltered schemes, will need to be reviewed in light of these developments. The impact of increased incidence of dementia and more older people with severe/chronic health problems and disabilities will also challenge GBC to think more innovatively about how it uses its stock in the future.
- 1.2.9 GBC is not taking sufficient advantage of local care and support initiatives (e.g. telecare; telemedicine; Brighter Futures). Its relatively low percentage of older people (2nd lowest in Kent) may mean that insufficient priority is given to Gravesham needs in the Kent county context.
- 1.2.10 Scheme Managers/Community Wardens in Gravesham are an experienced group of staff but their role is perceived as passive by external organisations. This is in spite of (or perhaps because of) a change in role 3-4 years ago which led to a reduction in direct care/support and an increase in co-ordination and management roles. Scheme Managers have also expressed concerns about their role - they feel under-valued, do not have sufficient means of communication with other services (e.g. no computer/e-mail/internet access). Nevertheless they remain a committed group of staff who are keen to develop services in the future.
- 1.2.11 Over 40 tenants were consulted during the course of this assignment. The vast majority spoke highly of their Scheme Managers and other support staff but were concerned about the reduction in support they received from these staff. Whilst changes had resulted in improvements regarding, for example, information/advice, help with paperwork, improved co-ordination of repairs/maintenance, this was countered by less direct social contact and support.

1.3 Options

- 1.3.1 A range of options were developed across four areas. Each area includes three options for further consideration.
- 1.3.2 Council sheltered housing stock. Options:
- Maintain current configuration.
 - Reconfigure some schemes.
 - Develop more schemes.
- 1.3.3 Partnership developments with RSLs and private developers. Options:
- Continue current level of development.
 - Expand and accelerate RSL partnership developments.
 - Continue with current level of development and let the market determine growth in the future.
- 1.3.4 Partnership developments with KCC, West Kent PCT and other Council departments. Options:
- Maintain current level of partnership working.
 - Make modest changes to partnership arrangements.
 - Make more radical changes to partnership arrangements.

1.3.5 Development of improved frontline support services for older people in supported housing.
Options:

- Maintain current working arrangements.
- Make modest changes to working arrangements.
- Make more radical changes to frontline working arrangements.

1.4 Recommendations

Recommendations covered three areas, as follows:

1.4.1 Assess and prioritise the need for support services and adaptations required to keep people in their own home.

In the short-term:

- Examine reasons for delays in assessments for aids and adaptations in collaboration with other organisations, acknowledging that GBC-related work is handled promptly when assessment information is received.
- Improve involvement in telecare/telemedicine developments.
- Review the role of Scheme Managers/Community Wardens with a view to strengthening these roles.
- Review current operational arrangements between Scheme Managers/Community Wardens and local health and social care teams/services with a view to improving joint working.
- Make arrangements for Scheme Managers to be provided with computer equipment, internet access and e-mail accounts.
- Review the extent of support provided by volunteers and discuss how this could be improved.

In the medium term:

- Work with the Tenants Participation Scheme and KCC funded/supported developments to improve levels of housing information and advice available for older people in Gravesham.

1.4.2 Re-assess existing sheltered stock in meeting today's housing standards and preferences.

In the short-term:

- Acknowledge shortage of 2-bedroom properties and make plans to tackle this issue.
- Work towards phasing out provision of bedsits in sheltered schemes.
- Review the joint stock allocation process with KCC.
- Undertake modest improvements to schemes to improve external appearance, security and in-scheme amenities.

In the medium term:

- Given the current state of the housing market and a shortfall of sheltered housing accommodation, consider the extent to which GBC could build additional units as part of a collaborative development which would include RSL developments.
- Identify opportunities to develop schemes in rural areas.
- Identify the number of sheltered units not meeting Decent Homes Standards and prepare proposals to undertake relevant work.
- Review the role of the Housing Improvement Agency to determine how it can extend its role to provide support to enable more older people to live in their own homes for as long as they wish.

- Ensure that the needs of older people who require support services are properly included when Choice Based Letting rolls out in 2009.
- Work with other GBC departments and local organisations to review the levels of transport services local amenities (e.g. shops) to meet the needs of a growing older population.
- Develop robust sheltered housing stock development plans in collaboration with RSLs and private developers.

1.4.3 Assess the need for 'extra care' accommodation for the growing frail elderly population

In the short-term:

- Jointly review the future extra care accommodation needs of the 50+ population, using previous reports and information sources.
- Work with BME community representatives to ensure that these needs are properly included in plans.
- Accelerate the rate of development of extra care schemes.
- Reconstitute the RSL Forum and update its terms of reference to reflect the current agenda.

In the medium term:

- Further clarify the impact of developments in the Thames Gateway area on demand for supported accommodation in Gravesham.
- Develop a joint strategy for extra care accommodation in collaboration with KCC, the PCT and other stakeholder groups.

2 Methodology

2.1 Rationale

2.1.1 Given that a Housing Needs Survey was undertaken in 2006 to obtain information regarding housing trends across all aspects of services in Gravesend, this assignment concentrated on discussing a range of specific issues concerning social housing with key staff and stakeholder organisations working in Gravesham and surrounding areas. Some desktop analysis was undertaken but the majority of time was spent identifying more detailed issues to enable GBC to construct a wider strategy.

2.1.2 This approach enabled more detailed discussions to take place with stakeholder organisations, front line staff and service users to explore in more detail how current services were performing and how they could be improved.

2.2 Methodology

2.2.1 The assignment was undertaken in several stages, as follows:

- Background reading/research. Identifying and reading relevant policy, planning and research documents at national, regional and local level.
- Desktop research to provide a 'snapshot' of where Gravesham is currently positioned in relation to its capacity and capability, with reference to changing demographics and local developments.
- Meetings with key senior staff in GBC.
- A series of focus groups meetings with representatives from three groups of organisations:
 - ❖ Registered Social Landlords;
 - ❖ National Health Service and Local Authority (Kent County Council)²;
 - ❖ Voluntary sector support organisations operating in the area.
- Meetings with tenants. This was undertaken in two parts:
 - ❖ Visits to meet tenants at three schemes;
 - ❖ A meeting with the Tenants Forum, at which the majority of schemes were represented.
- A meeting with Scheme Managers.

2.2.2 A feedback meeting (to senior staff from both Councils who commissioned the work) mid way through the assignment.

2.2.3 Production of a draft report for discussion with senior Council staff.

2.2.4 Production of a final report.

² This was supplemented by attending a multi-agency Health, Social Care and Housing sub group meeting.

3 Gravesham's Current Position

3.1 Introduction

3.1.1 This section provides a summary of where GBC is now generally in terms of capacity and capability and with particular regard to future challenges posed by changing demographics, new developments and existing strengths and areas which need to be addressed.

3.2 Future Population Changes

3.2.1 The most recent estimated total population of Gravesham district is 96,600³. DCA's estimates were based on the ONS 2001 Census population projections. Based on the same estimates, but taking 2006 as a starting point, rather than 2001, the current overall population of Gravesham is predicted to gradually rise over the next 10 years by 3,300 people (3.4%) and to reach 99,900 by 2016.

Figure 1: Population Age Band Forecasts, Gravesham Borough Council, 2001-16

	2001	2006	2011	2016	Change 2001-16
0-15	20,500	19,400	18,400	18,200	-2,300
16-24	9,700	10,600	11,200	10,700	+1,000
25-44	27,500	26,500	25,400	25,200	-2,300
45-64	23,300	24,500	25,700	26,300	+3,000
65-79	13,100	14,300	15,900	17,600	+4,500
80+	1,600	1,400	1,600	1,900	300
Total	95,800	96,600	98,200	99,900	+4,100
% Change		+0.8	+1.7	+1.7	+4.3

Source: DCA Report 2006

3.2.2 The above figures mask variations in projections from other sources and should be treated with some caution. The overall population increase in Gravesham by 2016 is estimated to be 98,600 (KCC) - 103,100 (Sub National Population Projections), depending on the figures used. The DCA report figures sit between these two estimates. Within the older population there are also significant variations and details are outlined below.

³ Gravesham BC Housing Needs Survey, DCA, 2006. It should be noted that population estimates vary, depending on the source of information - see Figure 2.

Figure 2: Breakdown of Population Forecasts 2006-16

Year	Age range	DCA report		KCC		SNPP	
2006	65-79	14,300		14,100		11,400	
	80-84	1,400				2,100	
	85+			1,800		1,800	
	65+	15,700		15,900		15,300	
	All ages	96,600		97,400		97,400	
2011	65-79	15,900		15,600		12,300	
	80-84	1,600				2,400	
	85+			2,100		2,100	
	65+	17,500		17,700		16,800	
	All ages	98,200		98,500		100,100	
2016	65-79	17,600		17,300		13,300	
	80-84	1,900				2,600	
	85+			2,500		2,500	
	65+	19,500		19,800		18,400	
	All ages	99,900		98,600		103,100	
Change 2006-16	65-79	3,300	23%	3,200	23%	1,900	17%
	80-84	500	36%			500	24%
	85+			700	39%	700	39%
	65+	3,800	24%	3,900	25%	3,100	20%
	All ages	3,300	3%	1,200	1%	5,700	6%

3.2.3 The data in Figure 2 indicates similar levels of growth in the 65+ population (20-25%) but show significant variations in other age cohorts. For example, the SNPP figures indicate a much smaller (17%) increase in the 65-79 age group compare to KCC and DCA (both 23%). The most extreme changes are in the SNPP figures which indicate the lowest 65-79 age group percentage increase and the lowest 65+ increase at 20%. Additionally these figures indicate the biggest overall population increase for Gravesham, rising by 5,700 to 103,100 by 2016, well above the other figures.

3.2.4 Using the DCA figures, growth is not anticipated to be uniform across all age groups. Indeed, the numbers of people aged 0-15 are expected to decrease (by 1,200, down to 18,200), as are the numbers of people aged 25-44 (by 1,300, down to 25,200). The numbers of people aged 16-24 are expected to increase marginally from 10,600 to 10,700 over the period 2006 to 2016, though a slight 'surge' in the numbers of this age band is predicted in the period 2006 to 2011, which then recedes over the period 2011 to 2016.

3.2.5 In contrast to these decreases for younger age groups, the numbers and proportion of older people are predicted to grow substantially. Numbers of people aged 45-64 are anticipated to increase by 1,800 (+7.3 %) to 26,300 over the next 10 years. A far more marked increase is expected amongst the over 65s with the numbers of people aged over 65 rising from 15,700 to 19,500. This is an increase of 3,800 older people, 24.2% over the next 10 years. By 2020, 50% of the population of Kent will be aged 50+. The current percentage of people aged over 65 in Gravesham is 16.2%. However, the proportion of people aged over 60 is just 8.8%⁴, the second lowest on Kent (Dartford's is the lowest, at 7.4%). The average for Kent is 11.1%, with the highest Districts being Thanet (14.4%) and Canterbury (14.4%).

3.2.6 The Dartford & Gravesham area will be significantly affected by the developments in the Thames Gateway area⁵. However, the majority of housing development will take place in the Dartford area. Nevertheless, there will be a significant impact on Gravesham, for example:

⁴ Riseborough Research & Consultancy (2006): Transforming Services - a report on a strategic review of Kent's Supporting People Funded Services for Older People, November 2006.

⁵ HM Government (2007) Thames Gateway - The Delivery Plan, HMSO.

- Redevelopment throughout Gravesend town centre (including improvements to the High Street and Old Town Hall), the Heritage Quarter, the waterfront and the Transport Quarter. The programme includes major retail expansion, new housing, healthcare (a new community hospital) and community faculties (including a new police headquarters and co-located police, emergency and council services), improved transport facilities and better connection to the waterfront.
 - Mixed-use development along the 9 mile stretch of Thames waterfront covering Dartford and Gravesham, including Northfleet Embankment, the Bridge, Ingress Park, Swanscombe Peninsula and the Gravesham Canal Basin, each providing a mixture of housing, commercial space, quality public realm and public transport.
- 3.2.7 It is anticipated that the majority of housing development in the Thames Gateway area will be aimed at individuals and families of working age.
- 3.2.8 Whilst this projected local growth in the numbers of older people mirrors the national trend, the picture ‘on the ground’ varies for each local authority and for each local housing market. The greatest rate of increase in Gravesham will be amongst “older older” people, aged 80+ (36% over the next 10 years, up by 500 from 1,400 to 1,900).
- 3.2.9 These rises are also highlighted in Kent County Council’s plans to develop extra care housing⁶ which involves 11 developments across Kent, although none of the proposed new schemes will be located in Gravesham.
- 3.2.10 The DCA needs assessment highlights the resource demands associated with “very elderly” people. This point is made even more forcibly in recent Government policy⁷. For example, the report indicates that social care expenditure would need to increase more than threefold (325%) to meet demographic pressure if nothing is done to change the current housing situation.
- 3.2.11 Other Housing Needs Assessments in Kent, notably that carried out by DCA in neighbouring Dartford⁸, have highlighted how the projected population growth will be fuelled in part by increases in younger age groups - the “household-forming” 16-24 year olds and the “economically active” 25-44 year olds. This is not the case in Gravesham, where the population increase is very much driven by the increases in older people - Gravesham will be the very epitome of an ageing society.
- 3.2.12 Given the attractive economic and lifestyle opportunities afforded in the Thames Gateway area, it might be expected that the population growth would actually be accelerated by an influx of “household forming” and “economically active” households. In terms of migration patterns, over the last 3 years the DCA needs assessment highlights that there was a positive net level of in-migration due to employment opportunities, but a negative net level due to retirement.
- 3.2.13 The Supporting People overview also highlighted the fact that Gravesham has the highest proportion (10.5%) in Kent of people who describe themselves as non-white, followed by Dartford (5.5%). In contrast, Dover has the lowest proportion (1.4%). Gravesham is known to have the second largest Sikh community in the country (6.7%) - highlighted in the recent Audit Commission Inspection of Gravesham’s Landlord Services⁹. This may well have significant implications for future developments as an indicator of the current need for culturally-sensitive provision.

⁶ Kent County Council’s Better Homes Active Lives PFI development (£72million) was approved in October 2007.

⁷ Departments of Health, Communities & local Government, Work & Pensions (2008): Lifetime Homes, Lifetime Neighbourhoods - a national strategy for housing in an ageing society, February 2008.

⁸ David Couttie Associates Ltd (DCA): (2006): Dartford Housing Needs Survey.

⁹ Audit Commission (2006): Inspection, Landlord Services, May 2006.

3.3 Stock and Services

3.3.1 Figure 1 below shows the most recently available tenure profile of current housing stock in Gravesham.

Figure 3: Gravesham Tenure Profile

Tenure	Gravesham	Number of implied households
Private ownership (inc. rented)	82.7	33,749
Council stock	14.7	5,985
RSL	2.6	1,058
Total	100	40,792

Source: GBC/HSSA, 2008

- 3.3.2 The overall proportion of owner-occupation in Gravesham (72.3%) is slightly higher than the national average (68.9%, 2001 Census). The proportion of people who rent from GBC is substantially higher than the national average - and conversely the proportion of people renting from RSLs is substantially lower (though this would clearly have changed had the stock transfer gone ahead). Total social housing is just under the national average and the level of private rented accommodation is about 20% lower than across England & Wales.
- 3.3.3 DCA's 2006 Housing Stock Analysis identified an overall balance between the supply and demand of market properties across the Borough whilst the proportion of housing types broadly corresponded with the national average. This indicates a need to increase the proportion of smaller - sized properties, both by new-build, and through regeneration and re-development. The analysis identified that large shortfalls of 2-bed flats and bungalows exist, whilst there are significant surpluses for 2 and 3-bed properties.
- 3.3.4 For affordable properties, there is a significant shortfall of 2,223 properties. The analysis highlights significant deficits of 1 and 2-bed properties.
- 3.3.5 The analysis concludes with recommendations for GBC to take a 'neighbourhood' approach in determining future stock mix requirements. By using 'existing service provision as a boundary basis', a more sustainable development can be achieved. 'By improving neighbourhoods and embracing the local facilities and environment, a more balanced community can be achieved'.
- 3.3.6 The housing needs of owner occupiers and private sector tenants are also included in the report. There is comparatively little information available, for example, about RSL spend on aids and adaptations.
- 3.3.7 GBC is by far the largest landlord in Gravesham and owns 5,985 homes and leasehold properties. The 2006 Housing Needs Survey indicated that the total RSL stock amount to some 832 properties. By 2008 this figure had risen to 1,058. Of the 19 RSL/Housing associations operating in the area, the largest are Gravesend Churches (383 units of accommodation, Hyde Housing Association (163 units) and Abbeyfield Kent (121 units).
- 3.3.8 Of all the social housing stock in Gravesham, the proportion of stock located in each ward varies considerably, from as little as 0.8% in Riverview Ward to 43.6% in Coldharbour Ward¹⁰.

¹⁰ Kent County Council (2006): Developing & Implementing Local Extra Care Housing Strategies for Gravesham, Yong Lee & Catherine Bowles

- 3.3.9 The Housing & Support Partnership's 2004 Review of GBC's sheltered housing service¹¹ identified that there were 615 units of specialist (sheltered) units of accommodation for older people. This review also identified 14 units of sheltered housing provided by RSLs and a further 236 'for sale'- presumably referring to private sector sheltered housing/retirement homes.
- 3.3.10 In marked contrast to this background analysis, the Housing Corporation's annual RSR for 2007 identifies 259 units of sheltered housing for older people provided by RSLs and a further 88 units of supported housing. From this information source, Abbeyfield Kent provides sheltered housing to 121 older people¹², Harry Pinnock provides 60 units, and Shaftesbury provides 36 units. The RSR also identifies a total of 50 units of sheltered housing 'given over to choice-based letting' by Shaftesbury and Presentation HAs.
- 3.3.11 A separate national information resource for people seeking retirement housing is the Elderly Accommodation Council (EAC) website¹³ which lists details of 'Retirement Housing for Older People in Gravesham'. In addition to listing the sheltered housing schemes managed by GBC, a number of private sector schemes are listed (e.g. Mullender Court, Huggens College). This site also has details of the Abbeyfield Kent service in Gravesham and details of a scheme specifically identified as an Extra Care service - Nelson Court, managed by Peverel Care Services.
- 3.3.12 The Sheltered Housing Review made a number of specific recommendations about which of the Council's 20 current sheltered housing schemes adapted for future use, as follows:
- Conversion to an extra care scheme (3);
 - Re-provide (5);
 - Requiring modest investment (9);
 - Decommissioned as sheltered housing (3);
 - Re-letting to ethnic elders in the vicinity (1 - Claremont Place).
- 3.3.13 The Audit Commission's inspection report in 2006 confirmed that GBC's overall stock is in generally good condition, with 93% currently meeting the Decent Home Standard (DHS), although the Standard Assessment Procedure (SAP) level of 61 is below average. By 2008 this had fallen slightly to 91% owing to insufficient resources to modernise properties. A percentage figure is not available for sheltered units. However, GBC are of the opinion that the figure would be higher for sheltered schemes as most were built in the 1970s or later. Despite this, GBC acknowledges that further work is required in upgrading kitchens and bathrooms in some sheltered schemes to meet DHS. However, the overall picture for sheltered units is generally good.
- 3.3.14 For private sector properties, GBC's Disabled Facilities Grant is available for major adaptations. The budget for 2008/09 stands at £520,000, to which has been added an underspend from 2007/08 of £276,000, making a total of £796,000. Once applications are received there is a requirement to approve within 6 months and complete within 12 months. GBC meets both these requirements and does not have a waiting list. However, there are delays earlier in the process, principally due to shortage of Occupational Therapy resources to carry out assessments. For sheltered schemes, costs are incorporated into the Council's own budget. However, delays at the assessment stage (by OTs et al) are still a relevant issue.
- 3.3.15 GBC also has a Discretionary Grant of just under £400,000 for 2008/09 for private sector properties. Access to these resources are based on the benefits system and cover smaller payments, for example to pay for renovations, minor works and some loans. GBC technical staff are involved and there is a relatively high turnover of staff in this regard which is a challenge for GBC.

¹¹ Housing & Support Partnership (2004): Review of Gravesham Borough Council's Sheltered Housing Service.

¹² It is understood that this scheme has now ceased operation and the site is undergoing re-development as a sheltered scheme for older people.

¹³ (<http://www.housingcare.org/sheltered-housing/area-2-gravesham.aspx>)

3.4 Performance

3.4.1 The Audit Commission inspection viewed GBC as providing a “fair service that has promising prospects for improvement”. This included a number of strengths/positives, as follows:

- Strong leadership for service improvement.
- Strong partnership working to enhance capacity and attract inward investment.
- A comprehensive equality policy and race equality scheme.
- Customer service standards are being set with residents.
- Estates are generally in good condition.
- There is an effective community warden service.
- The stock transfer ballot process is being effectively managed and residents are effectively involved in the stock option appraisal process (the ensuing ballot resulted in GBC retaining control with 86% voting to stay with GBC, and an impressive 70% turnout).

3.4.2 The report also highlighted some general areas for improvement across Council stock, as follows:

- The tenant profile information held on the Housing Management IT system is limited to approximately 30% of the tenants, making it difficult for GBC to effectively assess customers’ needs and therefore tailor services effectively.
- Tenant representation requires further broadening and development.
- Estate inspections need to be improved, embedded and more residents to be involved.
- Value for Money needs to be addressed.
- Performance management systems should be improved, to maximise their potential
- Service improvement plans need to be developed.
- More investment is needed in tenant training.

4 Future Housing Needs of Older People in Gravesham

4.1 Current Usage and Future Demand

4.1.1 The DCA report¹⁴ endeavoured to obtain the views of the tenants and the children of older people to anticipate future demand for sheltered housing in the Borough through questionnaires. Most older people wish to remain in their own homes for as long as possible and receive support at home. However, the changing pattern of family support (e.g. fewer children living nearer to parents) painted a rather different picture in that:

- 33% of demand was for private sheltered housing;
- 28.6% for Council/HA sheltered housing;
- 25.5% for care home accommodation (with or without nursing).

4.1.2 Although nearly 25% of households implied that an older relative could live with them in the future, 75% indicated their home would need adaptation or extension in these circumstances.

4.1.3 The impact of older relatives moving into the area was also estimated to provide a combined figure and resulted in the following levels of demand for sheltered housing over the three years 2006-09.

Figure 4: Demand for Sheltered Housing in Gravesham

	Private Market	Affordable Sector	All Sectors
Existing Households	34	250	284
In-migrating households	356	308	664
Total	390	558	948

Source: DCA Report, 2006

4.1.4 Some of this requirement will be addressed by flow of the existing sheltered stock but there is clearly a need to invest in new developments, across both statutory and independent sectors, to meet this demand.

4.2 Extra Care Accommodation

4.2.1 This type of accommodation is housing which offers self-contained accommodation together with communal facilities and where care, as well as support, services are provided from a team based on a site. It is typically known as ‘Part 2½’.

4.2.2 Over the 10 year period to 2016 the DCA report estimates a need for 663 units just for people moving into the Borough. The relatively new nature of this type of accommodation makes it difficult to predict demand accurately. Additionally, the unknown impact of self-directed care policies, which are designed to enable more people to access and manage their own support at home, may well skew demand. This level of support is also of significant interest to Kent County Council who are embarking on a major PFI development to establish 11 extra care sites across the County - none are planned for Gravesham.

¹⁴ Sections 10.6-10.7

4.3 Other sheltered housing demands

- 4.3.1 12% of the population in Gravesham are from the BME community but are under-represented in the provision of Council stock. GBC has a target of providing housing for 3% which has been met across all units but is lower than this in sheltered schemes. There are no specialist BME HAs providing sheltered housing in Gravesham.
- 4.3.2 There is an increasing demand for sheltered accommodation in the rural parts of Gravesham. This has been noticed, for example, in demand for places at Chinnery Court in Meopham. However, further research is required to understand this need in more detail.

4.4 Local developments

4.4.1 'Strategic Housing Matters'¹⁵, GBC's Summer 2008 newsletter highlights some of the new build affordable housing developments in the area, e.g. Lawrance Square - 12x2-bed, 6x3-bed & 2x1bed wheelchair accessible being developed in partnership with Town & Country Group. Unfortunately there are no 2-bed wheelchair accessible homes included in the scheme, as per Lifetime Homes standards, to enable family/friends to visit. Also mentioned is a larger-scale development at Singlewell Road which will have 211 high-specification homes - a mix of tenure (social rented, shared-ownership and open-market), house-type (2/3/4/5-bed houses and 2-bed flats). The percentage mix is not specified and is being developed by Hyde and Moat Housing Associations. There will be a 30% on-site provision of affordable housing.

4.4.2 Two sheltered developments are also being progressed:

- Wimbourne (Taunton Vale). This site is owned by Sanctuary HA and comprises 36 units. 20 are currently empty and will not be re-let. The intention is to demolish the existing site the re-provide 60 extra-care units (subject to GBC releasing a proportion of Housing Amenity Land adjacent to the scheme). The scheme would also provide for some other care groups (e.g. learning disability) and would have a substantial number of 2-bed units. There would be a communal area, restaurant, treatment facilities and on-site care provision (24/7). It is intended that some units will be for shared ownership. Indicative timescales suggest submission of a planning application in 2009 and the scheme opening in 2011.
- Valley Drive. This is an existing residential home run by Abbeyfield and located not far from Wimbourne. The current property is empty and the original intention was to convert the property into a sheltered scheme with bedsits. This has now been re-considered and units will be a mix of 1 and 2-bed flats. A planning application has been received for 58 extra care flats with associated communal and ancillary accommodation and laying out of 22 car parking spaces.

4.5 Other strategic factors and influences

4.5.1 GBC's Corporate Housing Group is also overseeing the review of its current Housing Strategy (2005-09) and has identified four priorities:

- To deliver an excellent housing service for all residents of Gravesham (i.e. excellence in housing management, excellent in strategic planning, excellence in "place shaping")
- To improve the quality of housing in both the private and social sectors.
- With partners, to maximise the supply of affordable housing.
- To tackle and prevent homelessness and address the needs of other vulnerable groups.

This report will also contribute towards the review.

¹⁵<http://publishing.yudu.com/Freedom/Acazt/StrategicHousingMatt/resources/index.htm?referrerUrl=http%3A%2F%2Fwww.gravesham.gov.uk%2Findex.cfm%3Farticleid%3D4305>

- 4.5.2 Gravesham is at the heart of developments in the Thames Gateway area and is within a designated growth area under the Government's Sustainable Communities Plan. This area is undergoing a period of unprecedented growth that is having a significant impact on the size and shape of the population and there are many implications for planning future services, including utilities. Economic regeneration of under-utilised and derelict land is transforming the area into a major employment hub and residential growth point serving London and the South- East.
- 4.5.3 GBC needs to look at the future and commission, or influence the commissioning of, services (housing and support) to best meet the needs of older people in Gravesham. It is clear that GBC should not work on its own in this respect but it should partner with other organisations. This theme is developed in more detail later in the report - key stakeholders include Kent County Council, West Kent Primary Care Trust, RSLs operating in the area and other developers. Commissioning plans also need to engage with the local community and representative voluntary organisations. This approach will maximise the chances of GBC securing Housing Corporation and other funds (both public and private sector) to deliver its future strategies.
- 4.5.4 Kent County Council is developing an over-arching older people's strategy that integrates plans for health, care, housing, planning and regeneration and Gravesham Council is already engaged in this process. Current relationships need strengthening to achieve this goal.
- 4.5.5 The Supporting People programme has enabled additional housing-related support to be provided to vulnerable people. However, funding levels have peaked and the programme is under review.
- 4.5.6 The impact of other home-related support services will need to be considered. For example, the Home Improvement Agency (Care & Repair) service is a significant one in providing essential repairs and upgrades to properties to enable vulnerable to live at home for longer.
- 4.5.7 The need to improve joint commissioning between GBC, Kent County Council and West Kent PCT will become a significant factor in ensuring that services for vulnerable older people are delivered in an effective manner. The need to work to the Department of Health's 'World Class Commissioning' framework¹⁶ will become more significant. The framework emphasises the importance of robust joint arrangements between local statutory bodies.
- 4.5.8 An associated goal for Kent Council is to reduce the number of older people being admitted to residential and nursing home care. Gravesham Council will have a key role to play in providing suitable accommodation, and contributing support services, to enable this to be achieved.
- 4.5.9 'Brighter Futures' schemes¹⁷ are in operation elsewhere in the county (Ashford, Maidstone, Tunbridge Wells, Tonbridge & Malling). These schemes enable collaboration of public sector and community groups to enable people aged 75+ to stay in their own homes and communities for as long as possible. Although no scheme is operating in Gravesham, much could be learnt about how organisations can work together in this way.
- 4.5.10 Gravesham Council has the second lowest proportion of older people in any of the Districts in Kent at 8.8%. Interestingly, the lowest is Dartford with 7.4%. This means that both Councils may be seen as a lower priority for investment and development than other parts of the county and will require GBC to make additional efforts to secure support for local developments.

¹⁶ Department of Health (2007): World Class Commissioning - adding life to years and years to life (3 December 2007, Gateway ref. 8754)

¹⁷ <http://www.kent.gov.uk/SocialCare/adults-and-older-people/brighter-futures-for-older-people/>

- 4.5.11 The development of Choiced-Based Lettings (CBL) for existing vacancies and any new properties will make an impact on the allocation of homes to people on GBC's housing waiting list. GBC will need to consider the impact of this development on social housing services and whether any changes to policies will be required. There is currently a financial incentive available for GBC tenants in larger properties to encourage them to move to smaller homes. GBC is planning to introduce CBL during 2009.
- 4.5.12 The developing infrastructure in the area will also need to be taken into account. For example, mention was made at tenants meetings about the inadequacy of bus services in some parts of the Borough. Part of the Thames Gateway developments include FASTRACK - a fast bus service connecting Gravesham with Eastern Quarry, Ebbsfleet, Bluewater and Dartford. It remains to be seen how this will affect local developments.
- 4.5.13 In nearby Ebbsfleet (part of Dartford BC) it is proposed to establish the first fibre-optic based community in the UK (Fibre to the Home - FTTH). Given that Ebbsfleet adjoins the western border of Gravesham, GBC should pay close attention to this development to see if there may be opportunities for the scheme to be expanded into the Gravesham area. Assistive technology, telecare and telemedicine are under-developed in the area and GBC should consider how it can take advantage of this opportunity.

5 Findings

5.1 Vision

- 5.1.1 There is a strong appetite to develop services in Gravesham and this was apparent from meetings with all types of staff. The quality of housing stock is fair but there are challenges in undertaking some modernisation work as funds are limited. Voids are low (with a couple of exceptions - Gravesham Court and Homestead Court). The importance of housing is reflected in Gravesham's Corporate Plan, with a section entitled "Excellence in Housing".
- 5.1.2 The independent sector market is under-developed in the area. Only two substantive schemes are under discussions at present. The population projections indicate a substantial shortfall and there is likely to be considerable in-migration of older people according to recent surveys.
- 5.1.3 The concept of Lifetime Homes standards is well understood and being built into new developments. This will be more of a challenge for Council stock as there are inevitable restrictions on how existing properties can be modernised in this way. The absence of 2-bed properties in any of GBC's sheltered schemes is a significant problem and one which is common to many such schemes around the country. GBC recognises this challenge and, in the short-term, is working with two development partners to ensure some 2-bed provision is available in the future. GBC should consider thinking about how some of their existing schemes could be modified to provide some 2-bed properties.
- 5.1.4 GBC needs to think more innovatively about how it works with its key strategic partners, especially Kent County Council (KCC) and West Kent Primary Care Trust (PCT) by flexing its support arrangements to provide additional support to older people who do not live in sheltered schemes at present. Some support is available via a Community Warden (1 fte) but this only provides a limited service.
- 5.1.5 Development opportunities in rural areas are limited (in part through Green Belt/Green Field planning restrictions) but there is interest from the independent sector to provide services in these areas.
- 5.1.6 The impact of developments in the Thames Gateway area will result in more development in Dartford than Gravesham. Nevertheless, the extent of the influx of people aged 50+ is not well known and could have a significant impact on future demand.

5.2 Relationships with partner organisations

Kent County Council

- 5.2.1 Relationships are generally not well developed but are improving. The importance of social housing is starting to have an impact on multi-agency discussions but there is still much work to be done. Pressures on the future funding of the Supporting People programme is causing some strain in relationships as both organisations strive to deliver services within limited resources. There is some evidence that respective eligibility criteria are not well aligned, causing some gaps in provision, especially for older people with less severe levels of need. This is a problem being encountered by many organisations around the country.
- 5.2.2 The impact of self-directed care (Direct Payments/Individual Budgets) will add a complicating factor in the coming months. GBC is not sufficiently engaged in this process as yet but has a significant role to play.

- 5.2.3 On the ground, relationships with individual members of staff (e.g. care managers, home care staff) are generally good but links with local teams/managers are less developed. There are occasional meetings (for example to do with lettings for vulnerable people) but this needs to be improved. Scheme Managers are rarely involved in individual care planning with KCC staff. Most contact on the ground is with Care Manager Assistants (KCC staff) who seem to undertake most visits of this nature to tenants.
- 5.2.4 KCC also reported that there have been a number of personnel changes in GBC but this now seems to have settled down and relationships are improving.

West Kent PCT

- 5.2.5 GBC's relationship with the PCT is less developed than with KCC and vice versa. The PCT has recently undergone a significant re-organisation, resulting in numerous staff movements. This has been a challenge for the PCT but there are signs that this is now settling down. One of the more developed aspects is GBC's relationship with the Public Health Directorate in the PCT. Here there is a good understanding of the Lifetime Homes standards although the PCT feels that the 'Lifetime Neighbourhoods' definition is too prescriptive.
- 5.2.6 There are fewer than average District Nurses in both Dartford and Gravesham than elsewhere in Kent, due in part to their proximity to London and higher salaries.
- 5.2.7 The level of co-ordination of care at an individual level could be improved, for example with regard to hospital discharge, an issue which also affects KCC. Linked to this are boundaries around funding which sometime lead to differences of opinion.
- 5.2.8 Scheme Managers are only involved to a limited extent in individual care planning with PCT staff.

RSLs

- 5.2.9 There are a relatively small number of RSLs active in the area. Relationships are generally good but need better co-ordination. There used to be an RSL Forum in Gravesham but this petered out some time ago. GBC is keen to re-instate a similar type of opportunity to develop relationships and increase the number of joint developments. The two under way at present involve Sanctuary and Abbeyfield. Resurrection of this Forum should be seen as a priority for GBC and it is understood that is in process.

Other Council departments

- 5.2.10 There is a good relationship between the Housing and Planning Departments in Gravesham Council. GBC Planning staff are engaged with local developers and developments but there is scope to develop links with planners in KCC and the PCT.

Dartford Borough Council

- 5.2.11 Both Councils are working closely together and recognised the similarity of their needs in commissioning this review. Although both Councils have retained their own Council stock they operate different models of support for their social housing schemes and are experiencing different levels of population movements (e.g. as a result of developments in the Thames Gateway area).

5.3 Demand for Council Sheltered Housing

- 5.3.1 GBC currently has 601 sheltered units. The waiting list for sheltered housing at September 2008 was 165, of which 24 were not live. 71 individuals/couples were housed from the list during 2007/08. This means that the waiting list turns over about every 2 years 4 months. 17 tenancies were let to people from other Boroughs in 2007/08 and the list is reviewed annually.
- 5.3.2 Council staff report that demand for sheltered units is strongest at Beatrice Gardens and Nightingale Close. Both are situated in Northfleet, 3-4 miles from Gravesend town centre. Demand is weakest at Gravesham Court, Homestead Court, Chinnery Court (bedsits), Longferry Court and Portreeve Court. Bedsit accommodation is generally not popular and the other three schemes are all located in Gravesend town centre. This would suggest that out of town locations are preferred. This is also supported by the fact that there is a high demand for places at Racefield Close (Shorne). This scheme has bungalows with gardens, is near to a country park and is located about 6 miles from Gravesend town centre...
- 5.3.3 Many residents whom the Consultant spoke to reported that 1-bed properties are limited in space for a couple, especially regarding storage and bedroom space.
- 5.3.4 Many residents reported that they would like a second bedroom to be able to accommodate family/friends. The weakening of nuclear family ties over recent years means that many relatives are living further afield, increasing the need for additional accommodation to maintain adequate levels of support. Re-developing existing schemes in this way will be a challenge for GBC, both financially and operationally. Council staff reported that Claremont Place has potential for development in this way.
- 5.3.5 It is likely that GBC will look to RSLs to provide this additional capacity in the future. Two developments are under way, albeit it at early stages and partner developments of this type need to accelerate if GBC is to meet future demand. However, this should not develop in isolation from the desire to expand home-based support for older people in parallel with investment in housing stock. This issue will be developed later in this report.
- 5.3.6 GBC currently has no sheltered social housing developments planned using its own stock.
- 5.3.7 There is growing interest in 'extra care' schemes (Part 2½). KCC are also investing in such developments via a PFI across Kent with 11 developments but none are in Gravesham so there is potential for local development.

5.4 BME community needs

- 5.4.1 12% of the population is from the BME community but only 3% occupy Council properties across all types and the percentage is even lower in sheltered schemes.
- 5.4.2 The Sikh community is the largest of its type in Gravesham has been established for many years. A survey in 2005 indicated interest in renting/purchasing for older people but 2 bedrooms was indicted as a minimum requirement. Consequently most BME older people live in the private sector. Further information about the needs of the Sikh community need to be factored into local plans. There are well established links with the Sikh community elsewhere in the Council and these should be used to more fully understand local needs and priorities in more detail.
- 5.4.3 Presentation HA have a scheme in Gravesham (61 units) but this is not a sheltered scheme. It is understood that further developments are under way.
- 5.4.4 Although many BME families have quite strong nuclear family ties in the area, this is likely to weaken in future years. GBC recognises the need improve the proportion of units let to BME elders.

5.5 Developments in the Thames Gateway area

- 5.5.1 The bulk of housing development will take place in Dartford but there will still be significant building occurring in some parts of Gravesham (e.g. High Street/Old Town Hall; Heritage Quarter; Transport Quarter; waterfront). Nevertheless, the impact of growth in Dartford will also have an affect in Gravesham.
- 5.5.2 The limited planning information available at present seems to suggest that the majority of new homes will be for people of working age. It is important for GBC to understand the needs of the 50+ age group in this cohort to include these future needs into local plans.
- 5.5.3 In the short-term this could result in an upward pressure on house prices, depending on how the property market develops, given the current delicate situation.

5.6 Tenure and lettings

- 5.6.1 Bedsits are proving more difficult to let across all sectors and should not be included in new developments. They are also unlikely to comply with Decent Homes Standards.
- 5.6.2 RSLs indicated the need for sheltered schemes to continue to provide support on a 'home for life' basis, i.e. to flex and increase support as much as possible to enable older people to stay in their own homes and not move to extra care-type schemes. This is in line with good practice and Government policy but will mean that GBC will need to re-think how it delivers or arranges for the delivery of support to people with higher care needs, in collaboration with partner organisations.
- 5.6.3 Tenants generally favour courtyard-type schemes as they are perceived as being safer and encourage neighbour participation. This may be true, but other people living in the area often feel they are isolated from the wider neighbourhood - this was mentioned by some tenants. GBC needs to consider a balanced approach to this issue.
- 5.6.4 The joint stock allocation process for vulnerable people with KCC does not seem to be working well. KCC staff report that too many unsuitable properties are offered, both in terms of facilities (e.g. a property with steps being offered to a disabled person) and environment (e.g. a property for someone with mental health problems being offered on a isolated estate). It would be worth both organisations reviewing arrangements.
- 5.6.5 Of the 19 sheltered schemes in Council management, most are 1970's build and are in reasonable condition. Tenants report that repairs and maintenance work is undertaken to a satisfactory level although there are concerns about the quality and frequency of grounds maintenance. Some schemes are in need of a facelift.

5.7 Impact of self-directed care

- 5.7.1 The introduction of Direct Payment/Individual Budgets over the coming months for older people is likely to have a significant impact on how support services are commissioned, delivered and managed. KCC are the principal organisation responsible and some anxieties have been expressed by staff and tenants alike regarding the impact of these changes.
- 5.7.2 On an allied front the NHS, as a result of the Darzi Report¹⁸, are planning to run some pilots to introduce Personal Health Budgets which will be similar in nature to DP/IBs. However, changes in primary legislation will be required and the pilots are unlikely to start before 2010. The Darzi report also sets out a major development programme for the NHS across England which includes providing more primary and community health care services in local areas and in people's own homes. Give that older people use NHS services more than any other age group, there are significant implications for how GBC, along with its partners, should develop services in the future.

¹⁸ Department of Health (2008): High Quality Care for All - NHS Next Stage Review Final Report (Lord Darzi, June 2008, CM7432).

5.7.3 Nevertheless, these changes need to be considered by GBC in determining how it develops its support to tenants in the future, both in sheltered schemes and the wider community. There are a number of potential risks around the development of self-directed care (e.g. pressure on tenants to work in this, scope for financial exploitation) and these must be addressed as part of negotiations.

5.8 Supporting People

5.8.1 The Supporting People programme achieved early success by providing additional housing-related support for older people. As the needs of older people increase over time there is a limit to the range of SP services which can be provided.

5.8.2 The impact of self-directed care, with an increasingly person-centred approach, is forcing support organisations to review their arrangements, both in terms of funding and personnel. The need for housing-related support seems to be waning in its importance across the broader range of support issues for older people. This needs to be rectified and can only be achieved by developing much stronger, collaborative working arrangements with partner organisations.

5.8.3 These developments will raise the issue of how the role of the Scheme Manager/Community Warden can be developed in the future. This is discussed in more detail later in this report. GBC is keen to retain its scheme support staff and this will continue to be a valuable resource in the future.

5.8.4 Given that there is a need to develop extra care services in Gravesham, GBC should consider how some of these schemes could be adapted over time for this type use, in full or in part. It is understood that there used to be site-based home care staff who would concentrate on visits to tenants in schemes but that this has now changed and there are a wide variety of home care staff and organisations providing support.

5.9 A new model for 2020

5.9.1 By 2020 the impact of Lifetime Homes and Lifetime Neighbourhoods should be being realised in a significant way. Self-directed care will be established. With this in mind, stakeholder organisations and other staff were asked for their view about the model of housing with support that would need to be in place by this time. A number of features were mentioned:

- Assisted technology (telecare and telemedicine) will be playing a significant role in enabling older people with significant social/health care needs to remain in their own homes.
- Extra care schemes will have developed in a number of ways. For example, 'retirement villages, very sheltered schemes and the like with on-site 24/7 support. This would be a developed Part 2½ type service. A wider range of housing options will be available.
- Specialist support services (e.g. for people with dementia, significant levels of disability and chronic ill-health) will be routinely provided. Community nursing and other community health services for older people will be increased under the influence of Community Matrons.
- Integrated health and social care community teams will be working more closely with each other and Council staff/services to provide a more 'seamless' service.
- Budgets will be increasingly integrated to provide maximum flexibility of use across services.
- The funding models available for individuals to pay for housing will have changed. In addition to renting or purchasing (depending on the landlord), shared equity and other schemes will be in wider use.
- Older people will be under less pressure to move because their needs have changed - support in the community will be much more responsive, regardless of location.

- There will be a significant increase in the number of 2-bed properties available for rent/purchase.

5.9.2 The demographics tell a compelling story. Population changes by 2016 predict the following changes in Gravesham:

- 55+: 13% increase
- 65+: 24% increase
- 65-74: 24% increase
- 75-84: 21% increase
- 85+: 40% increase

5.10 Gaps in services

5.10.1 KCC are running an ALFA (Active Life for Adults) pilot in Gravesham. It is an assessment team comprising Occupational Therapists, Care Managers and others and signposts adults to other services. GBC do not appear to be involved with this development - there could be useful links to be made with GBC's Tenant Participation Teams.

5.10.2 Models of respite care need to be developed, especially home-based respite where more intensive support may be required for a time. Traditional models of respite provision in other locations (typically residential/nursing homes) need to be challenged for some service users. This is a relevant issue for both GBC, KCC and the PCT.

5.10.3 Other models of support need to be examined to develop a range of alternatives which are person-centred. For example, much could be learnt from NHS case management work, the adoption (or adaptation) of the Kaiser Permanente¹⁹ model and so forth.

5.10.4 Telecare. GBC is aware that developments are occurring in relation to dementia care in Kent. KCC is currently consulting on these developments in Gravesham until December 2008²⁰. GBC needs to more fully engage with this process.

5.10.5 Telemedicine. There are a small number of tenants who have had experience of telemedicine, usually relating to self-measurement of blood pressure/pulse and sending this information by telephone to medical staff. There are ranges of interventions possible, most of which reduce the need for contact with GPs and community nursing staff. The NHS has developed Expert Patient Programmes for people with long term conditions and telemedicine often features as part of this support. In health terms, this can also contribute to fewer hospital admissions.

5.10.6 The use of volunteers in schemes is limited. Whilst acknowledging the health and safety issues involved, this is a potential, untapped resource, often living in the neighbourhood, which could be used to enhance other social housing support services. The future use of volunteers is an issue for all stakeholder organisations, especially regarding older people with lower levels of care and support needs.

5.10.7 The dementia 'timebomb'. This is recognised by all organisations but is difficult to plan for with any certainty. In housing terms, the need to build, furnish and decorate properties in a suitable manner for people with dementia to avoid wandering, recognise facilities within the home and so forth are all possible as several organisations have produced guidelines to help planners and developers.

5.10.8 Housing, health and social care organisations need to review their respective eligibility and access criteria for services to ensure that they neither overlap nor have any gaps. The changing nature of support, together with financial pressures, mean that organisations should review their criteria collectively on a regular basis.

¹⁹ This model of support targets people with highest needs and involves proactive, multi-disciplinary case to maintain people in their own homes. Kaiser Permanente is a large, American health insurance company and its model has been piloted in the UK over the last 5-6 years.

²⁰ www.kent.gov.uk/consultations/telecare-dementia-pilot

5.10.9 Some sheltered schemes in Gravesham benefitted from 'cluster care' whereby one home care organisation provided care for all tenants in a scheme or schemes. These arrangements changed as a result of alterations to Supporting People funding. This arrangement was popular with tenants because they received more consistent support specific members of staff over time. Scheme Managers also found this arrangement helpful as it enabled them to develop more robust partnership arrangements with the support organisation concerned. Several staff mentioned that they would like to see this style of care re-introduced.

5.10.10 In addition to the unmet needs of older people with dementia, several scheme managers reported that there is little support available for tenants who have mental health problems or who are abusing alcohol and/or drugs. Although small in scale at present, there is anecdotal evidence to suggest that this problem is growing within schemes.

5.11 Information and advice

5.11.1 The timely provision of information and advice on housing and support matters is well known and understood locally. Although statutory bodies do provide such information and advice, there are varying degrees to which information is produced in collaboration with partners. Some voluntary organisations (e.g. Citizens Advice Bureau, Age Concern, Alzheimers Society) endeavour to do this.

5.11.2 Many older people consider their future housing needs too late in life therefore there needs to be a more assertive and collaborative approach in the future. The Lifetime Homes. Lifetime Neighbourhoods strategy recommends the establishment of a national housing advice and information service, supported by strengthened local housing information services.

5.11.3 Gravesham Council has produced a number of useful leaflets and information is also available on GBC's website. These developments need to be widened to incorporate health and social care support. The trend in the future will be to flex the level of support required for older people much more so than at present, rather than expecting older people to move, perhaps more than once, when they are older and frailer.

5.11.4 Part of this approach involves enabling older people (50+ for the purposes of this point) to get to know local services better, even if they are not required at that time. This will help people to understand what they are, where they are and how they can help in the future.

5.12 Infrastructure

5.12.1 During the course of meetings with staff and tenants, several points were raised about infrastructure. For example, one sheltered scheme is on a bus route about 1½ miles from the town centre. Whilst this is helpful, there is no bus service on a Sunday when friends/relatives may wish to visit or residents may wish to travel. The introduction of bus passes for use nationally is of some help, but not when there is no local bus service.

5.12.2 Gravesham is quite a hilly area and some schemes are on sloping sites. As the frailty of tenants increases over time, movement within schemes will become more problematic. Furthermore, some tenants reported problems in accessing local services because of steep sloping roads.

5.12.3 The use of Dial a Ride and similar personal transport schemes was not mentioned during the course of visits and discussions on this topic.

5.13 Sheltered scheme management

5.13.1 KCC staff reported that felt that the Scheme Manager role was too passive - they felt that older people, once placed in a scheme, received little direct support from Scheme managers and benefitted from only limited social interaction. This is an interesting comment, bearing in mind that the Scheme Manager role 3-4 years ago was much more active as far as providing direct services to tenants was concerned.

5.13.2 Most Scheme Managers are based on site and many still live on-site and those who do have service tenancies. Some managers cover more than one site and there is an equivalent of one whole time equivalent Community Warden. Tenants are not happy about this change of role yet they spoke highly of their managers when this matter was discussed with them.

5.13.3 Scheme Managers were also quite candid about their role and raised numerous points which need active consideration by GBC. These have been listed in some detail in the following sections. This has been done deliberately as, whilst there are clearly some issues regarding the future state and management of sheltered housing stock, there was a clear impression obtained that care and support issues were more prominent in the eyes of service users and would ultimately have more of an influence on their quality of life in the future.

5.13.4 Scheme Managers felt their role worked well in the following areas:

- Continuity.
- Knowing tenants.
- Resident involvement and activity.
- Links with the Neighbourhood Development Team.
- Tenants Forum.
- Focus Groups.
- Support planning (personal support plans).
- Housing assessment/input from sheltered housing staff.

5.13.5 They felt that their role was not working well in the following areas:

- Co-ordinating some key health and social care services, e.g. getting GPs to visit; OTs - long wait times for visits and subsequent adaptation work.
- Scheme Managers feel that their role is undervalued by both GBC and external agencies - perceived to have little/limited influence and getting worse. Strong feelings about this. Some examples:
 - ❖ Rarely consulted about developments relating to their work.
 - ❖ General communication with scheme managers is poor, significant factor is IT issues regarding communication (see below).
 - ❖ Have no influence in allocations process.
 - ❖ Low salary levels (Scale 1) plus some housing costs if resident.
- Limited budgets and budgetary responsibility, e.g.
 - ❖ Renewal of flooring.
 - ❖ Replacement of equipment.
 - ❖ Upgrading alarms.
- Managers do not have computers and rely on phone/fax for communications. Some managers use their own computers for this purpose - major issue.
- No e-mail/internet access therefore out of the loop regarding GBC and other relevant communications when most other agencies using this method of communication - major issue.

5.13.6 The Scheme Manager role changed 3-4 years ago because of changes in the Supporting People programme. Staff felt this had affected them in the following ways:

- Much more paperwork, e.g. health & safety; fire/alarms; recording contacts with tenants/residents; documentation of repairs requests etc..
- Much less time for personal care and support, e.g. help with shopping; obtaining prescriptions; help with financial matters and handling money (now not allowed to do the latter).
- Fewer call outs/visits to tenants, partly because of time and a centralised out-of-hours service although concerns about the quality of out-of-hours service (especially time delays).
- Approx two-thirds of managers live on-site and are still seen as the principal point of contact by many tenants, especially out of hours.
- Less responsibility for communal activities. Tenants are expected to organise these themselves with support/co-ordination from Scheme Managers. This is often compromised by increased difficulties of tenants to do this owing to higher levels of frailty and other problems (e.g. mental health/dementia; poor mobility). Requires a high level of tenant contact to motivate and support - managers now do not have enough time for this.
- Problems managing expectations of tenants and families. Although tenants expected to look to their families for help initially, many tenants either have no family or they do not live nearby. Change in Scheme Manager role is not well understood by relatives who sometimes question what Scheme Managers actually do if they do not provide support directly to residents - this is further reducing morale. Several circumstances cited where Scheme Managers will actually undertake some personal care/support when they are not supposed to in order to provide some urgent help for an interim period. Further role clarity required for Scheme Managers and relatives.

5.13.7 Overall, Scheme Managers feel that their current role is not satisfactory. They feel that their skills and expertise are undervalued and not being used for the best interests of tenants. Although the development of the co-ordination role has helped in some ways, the reduction in personal care/support has more than cancelled out these improvements. The result is a restless workforce, unsure of where their role is going in the future.

5.14 Tenants opinions about the housing and care they receive

5.14.1 Over the course of the assignment, the Consultant met 41 tenants representing nine schemes. One of the meetings was with the Tenants Forum (a group representing all 19 sheltered schemes, with 1-2 representatives per scheme). Consequently it is reasonable to assume that the views expressed are a fair representation of tenants as a whole.

5.14.2 Tenants were asked about a number of care and support issues. The key points are summarised below²¹.

5.14.3 Tenants were asked about the support they received from Scheme Managers. They mentioned that they:

- Are the first point of contact with any problems relating to housing/care.
- Co-ordinate use of communal facilities (wide variation in extent and type of use).
- Help with claim forms and other paperwork.
- Feel safe in schemes where manager is resident.
- Would feel safer if there was more contact.
- Feel that managers have too much administrative work to do and not enough time to spend with tenants.
- Value the quality of support they receive.

²¹ Detailed notes of these and other meetings have already been provided to Gravesham Council.

- 5.14.4 Tenants were concerned that the Scheme Managers' new role included too much paperwork and less time for tenant contact. Direct care support (e.g. occasional shopping, help with a prescription) is now quite rare and availability out of hours is much less than previously. Out of hours support is available through GBC centrally but not as good (slower, less personalised) in the opinion of tenants. The organising and management of communal facilities is now left more to tenants themselves with Managers in a support role - this has resulted in a wide range of use of communal facilities across the schemes.
- 5.14.5 Tenants valued the direct care/support they received from other health professionals (e.g. nursing, home care) but commented that different staff would visit over time, leading to poor continuity of care. Some pharmacies will deliver prescriptions and there appears to be an increasing reluctance amongst some GPs to visit older people in schemes.
- 5.14.6 In a similar way, social care support was fragmented. Although the quality of care was generally good, home care personnel varied regularly and were always under pressure for time. Delays in being assessed for/provided with aids and adaptations were cited by several tenants.
- 5.14.7 Safety was a major concern for many tenants. Vandalism was a problem for some schemes and limited availability of CCTV was perceived as part of the problem. Tenants would like Managers to be more available through the 24 hour period, preferably by them all being live-in. Whilst this is probably unrealistic, it does raise the issue of how support can be delivered in other ways which are less labour-intensive but perceived to still be helpful through the 24 hour period.
- 5.14.8 Tenants were asked about housing issues in their schemes. Below is a list of the principal points which were raised:
- No 2-bedroom properties.
 - Limited space in properties, especially regarding access to showers; not enough storage space; kitchens too small; not enough ramps into properties.
 - Pull cord alarm system in all properties (typically bathroom, hall, bedroom) but not in all rooms (e.g. living room). Limited number of pendants available per scheme (thought to be 10).
 - General standard of homes reported to be in good condition. One scheme had new kitchens fitted in all properties although it took two years to complete the work. Homes are decorated approximately every 6 years.
 - Generally favourable feedback regarding handling of repairs/breakages. Council maintenance staff responded promptly.
- 5.14.9 Tenants were asked about the local area in which they lived and how this contributed to their life. Key issues raised were as follows:
- Schemes are located across the Borough. Gravesham is quite hilly, with several schemes sited on sloping locations.
 - Bus routes/services: generally better the closer to Gravesend town centre. Much poorer bus services at evenings/weekends, especially for out of town schemes.
 - Proximity to local services: mix of issues, some schemes close to shops, church, Post Office, GP surgery, others less so. A Post Office near one scheme closed recently, nearest alternative is too far away for most tenants.
 - General view is that tenants need better access to local services, or ability to travel to them more easily if not nearby. Given that the dependency level of tenants is continuing to rise, consider need for more visiting services which will enable some tenants to maintain higher levels of independence. Volunteers could have a role.
 - A post box in the foyer of all schemes was suggested as a useful benefit.

5.14.10 The issue of safety was mentioned by many tenants. Some headline comments were as follows:

- Significant concerns about safety were expressed - many tenants feel vulnerable and the change to Scheme Manager roles is reported as being part of this.
- Gated schemes preferred as tenants feel safer.
- Some Scheme Managers support more than one scheme - tenants not happy about this as availability is reduced.
- Vandalism reported across many schemes (e.g. broken windows, theft of lead). The situation seems to be improving in some areas. Some schemes have alleyways at the back which are accessible to the public and are often the cause of problems. Improved security fencing would help, although there is a need to balance security against aesthetics.
- Good links with Police and especially PCSOs who are in contact with most schemes and make regular visits to some. They are a visible presence which helps tenants.

6 Overarching Issues

From work undertaken, nine overarching issues have been identified, as follows:

6.1 Demographic changes

- 6.1.1 There will be a 10% growth in the Gravesham population by 2016. Within this growth there will be an increase in the 65+ population of 24% and a 40% growth in the 85+ population.
- 6.1.2 In addition to the numerical increase, it is anticipated that this will be accompanied by higher incidence levels of dementia, chronic disease and long term health conditions. All these factors have a bearing on older people's ability to self manage.
- 6.1.3 The needs of the 50+ population are relatively unknown, although some information was obtained in the DCA report. Further research in this area would yield valuable intelligence for all stakeholder organisations.
- 6.1.4 Family support networks are changing, as in many parts of the country, leading to children of older people living further away from Gravesham. The BME community has traditionally had closer family ties but there are signs that these are also beginning to weaken, albeit at an earlier stage. This is not uncommon around the country and need to be increasingly taken into account when planning future support services.

6.2 Council sheltered stock and tenure issues

- 6.2.1 Properties are in generally fair condition and few problems were reported by residents regarding repairs and maintenance.
- 6.2.2 Some schemes are more popular than others, although overall void rates are low.
- 6.2.3 There are no 2-bedroom properties in any of the schemes and this is a significant challenge. Many tenants report that 1-bedroom properties are small, especially if occupied by a couple.
- 6.2.4 Schemes have too many bedsits and they are proving most difficult to let.
- 6.2.5 GBC has no plans to build more of its own sheltered stock and will look to RSLs to provide additional capacity.
- 6.2.6 The sheltered housing waiting list turns over about every 2 years 4 months - this is felt to be a reasonable rate and is lower than many other Councils. The list is reviewed annually.
- 6.2.7 A joint stock allocations scheme is in operation with KCC but they report problems with its operation. Improving this joint arrangement would help in the short-term.

6.3 Building development programmes

- 6.3.1 There are only a small number of developments in progress at present and this needs to increase to meet project demand. The DCA reports a need for an additional 948 sheltered housing units by 2009. Additionally, demand for extra care housing is estimated to be 199 units by 2009, rising to 663 by 2016.
- 6.3.2 The level of private rented affordable properties is 20% lower than elsewhere in Kent and this appears to be a gap in the market.

- 6.3.3 There is latent demand for homes in the rural areas of the Borough and GBC will need to consider the impact of such proposals in relation to planning restrictions (e.g. Green Belt; Greenfield) and balanced with s.106 opportunities.
- 6.3.4 In line with 'Lifetime Homes, Lifetime Neighbourhoods' there is a desire to plan more on a neighbourhood basis. This approach should include the active involvement of all stakeholder organisations.
- 6.3.5 GBC has Disabled Facilities Grant and Adaptations budgets but are these adequate? The pooling of these budgets with similar budgets from other organisations could enable more innovative use in the future.
- 6.3.6 The DCA report indicates an overall shortfall of over 2,000 properties across all areas in the affordable sector. As part of this there is an estimated demand for an additional 948 sheltered units by 2009.
- 6.3.7 The need to move towards 'extra care' style schemes, where planned, will be an increasingly common feature.
- 6.3.8 The Thames Gateway developments will attract inward investment and property development. However, the majority of this activity will be in the Dartford area and there is a danger that Gravesham's needs will be marginalised as a result. There is little information available at present regarding the demand for social housing for older people in relation to this development.
- 6.3.9 A wider range of properties/scheme need to be developed in the future. There is popular support, from those tenants whom the Consultant met, for 'gated' communities or 'residential villages'. Whilst these have value, some privately developed schemes impose conditions which make onward sale difficult or punitive. Such developments need to be supplemented by smaller scale developments which are part of ordinary housing.

6.4 Infrastructure and hinterland

- 6.4.1 There is a demand for social housing in the rural parts of the Borough. Consideration needs to be given about how this demand can be managed.
- 6.4.2 Public transport in the area, especially bus routes, need to be reviewed as problems are being encountered, for example the frequency of bus services and availability on Sundays on some routes. This needs to be supplemented with further information about individual transport services (e.g. community transport schemes, Dial A Ride).
- 6.4.3 The proximity and accessibility of local shops and amenities is an issue in some parts of the Borough. Gravesham is hilly in parts, making physical access difficult for some older people who do not have their own transport. Additionally, some local Post Offices have closed which means that older people need to travel further to use these services and this is not always possible.

6.5 Assistive technology

- 6.5.1 This is significantly under-developed as far as GBC is concerned. Pilot schemes and other developments are in existence in the area but GBC's social housing tenants only have limited engagement with this work.
- 6.5.2 Telecare and telemedicine can bring significant benefits to health and social care service providers by reducing the amount of face-to-face contact required to maintain adequate levels of support. However, social isolation is a significant factor for many older people and the risks of reducing face-to-face contact must be borne in mind.

6.6 Partnerships

- 6.6.1 Partnerships, especially between GBC, KCC and the PCT are under-developed. They need reviewing to develop more robust arrangements. Any jointly managed bodies should have sufficient executive authority to make and expedite decisions.
- 6.6.2 Links with front line staff (e.g. Scheme Managers, Care Managers, District Nurses, and Occupational Therapists) are generally good although not extensive. This needs to be built on as different models of care are discussed - see later in this report. There are variable levels of knowledge about respective roles.
- 6.6.3 Although front line staff contact is reasonable, there is insufficient contact and maturity of working relationships between staff at team/area management level. This is probably more developed between KCC and the PCT - Council supported housing staff are poorly engaged in this way.
- 6.6.4 There is an overall desire to improve relationships and working arrangements - this bodes well for the future.
- 6.6.5 Improved partnering in recent months might have enabled GBC to be more involved in some innovative developments, for example telecare pilots; Brighter Futures and the ALFA programme. Lessons need to be learned about how this could be rectified in the future.
- 6.6.6 The need to develop 'World Class Commissioning' refers to the need for the NHS to work with local Authority partners. This is likely to include KCC more than GBC and this imbalance needs to be rectified.

6.7 RSLs and private developers

- 6.7.1 Relationships with existing RSL and other partners are good but are under-developed. Forum-type discussions have been attempted in the past but have not been sustained. More partners need to be identified and the quantity and quality of collaboration needs to improve.
- 6.7.2 GBC's Planning Department (Housing Development) leads on this area of joint working in collaboration with the Housing Department. It would be beneficial if sheltered housing staff were more involved in this work.
- 6.7.3 There is relatively little BME RSL activity in the area, with Presentation HA being the exception. This should be a high priority for change. See also 6.8 below.

6.8 BME Needs

- 6.8.1 The Sikh community is the longest established BME community in the area and seems to present few social housing-related problems as far as GBC is concerned. Whilst this may be the case at present, the reasons may be more to do with the type and size of properties available. This needs to be investigated to more fully understand local housing needs from both the Sikh and other BME communities in the area.
- 6.8.2 The changing levels of family support for older BME people is becoming apparent. Although this may be changing more slowly for this cohort of the population it needs to be better understood and factored into local strategies and plans.

6.9 Models of care and support

- 6.9.1 The impact of self-directed care (Direct Payments/Individual Budgets) is expected to have a significant impact on the way in which services are planned, commissioned, delivered and managed. Although on a slower pace of development, Personal Health Budgets are likely to feature in the next few years and need to be factored into local strategies and plans.
- 6.9.2 Local support services could operate more effectively together. GBC needs to consider how best it can ensure more effective collaboration, especially with KCC and PCT front line staff, local teams and senior management in the area. A number of models are possible and these are explored in the next section of this report.
- 6.9.3 The number of District Nurses in Gravesham is below average for Kent. This could be due, in part, to the proximity of London PCTs with higher salaries. Scheme Managers employed by GBC appear to be a fairly stable workforce and this is a positive position for GBC.
- 6.9.4 The Supporting People programme is changing, both in terms of how it is funded and its purpose. GBC will need to continue to work to the SP Quality Assurance Framework whilst at the same time considering how best to develop the service.
- 6.9.5 The role of Scheme Managers changed 3-4 years ago and this has generally not been well-received by tenants. There was a high degree of support and respect expressed by tenants towards their scheme managers and this is to be welcomed. GBC has no plans to change workforce levels but the nature and role of Scheme Managers needs to be strengthened. This could occur in a number of ways and it is important to retain the skills and expertise of the existing workforce. These are outlined in the next section of this report.
- 6.9.6 A 2020 model has been outlined (see section 5.9.1). This will need further development work but highlights essential features of a modernised service.
- 6.9.7 Lifetime Homes, Lifetime Neighbourhoods also promotes a strengthened national and local housing information and advice service. This needs to build on local arrangements. It is not known whether there will be additional investment available from the Government to establish these enhanced services.
- 6.9.8 Tenant involvement in schemes is significant and has a positive impact. Regular tenants meetings in each scheme, coupled with the Tenants Forum at which all schemes are represented, is a good foundation for future consultation and collaboration. These arrangements provide GBC with a good foundation upon which to understand current and future needs.
- 6.9.9 Several schemes benefitted from 'cluster care' arrangements whereby home care services for tenants in a scheme were provided by the same company and staff as part of the commissioning of these services by KCC. This arrangement is no longer provided it should be reviewed to determine how this type of care could be developed in the future. It will need to be reviewed in light of the impact of self-directed care which may alter the viability of this arrangement.

7 Options

GBC could pursue a number of options to develop its sheltered housing services. It is clear from the review that the influence and involvement of other stakeholder organisations (especially KCC, the PCT and RSLs) will be fundamental to the success of any future developments. This section highlights a number of options for GBC to consider across four themes. It assumes that the 'do nothing' option is not viable so this has not been included.

7.1 Use of Council sheltered housing stock

7.1.1 Maintain current configuration. Current numbers of schemes and units would remain unchanged. Existing maintenance programmes would continue.

- Advantages: minimal cost, little disruption to services.
- Disadvantages: stock will continue to deteriorate over time, provision becomes outdated and less attractive to incoming tenants.

7.1.2 Reconfigure some schemes. The Sheltered Housing Review in 2004 made a number of recommendations (see section 3.3.12 of this report). These should be reviewed, updated and further action considered.

- Advantages: enables stock to be adapted as far as possible to meet changing needs.
- Disadvantages: major disruption for some schemes; high void levels in the interim; affordability.

7.1.3 Develop more schemes. GBC could review its capital programme and build more sheltered/extra care schemes.

- Advantages: enables GBC to retain control over developments and subsequent lettings.
- Disadvantages: not in GBC's plans at present therefore would not be affordable unless plans change.

7.2 Partnership developments with RSLs and private developers

7.2.1 Continue current level of development (currently with Sanctuary and Abbeyfield).

- Advantages: Council staff able to manage this level of development.
- Disadvantages: if GBC does not invest in adding to its own sheltered housing stock, this level of development with RSLs will be inadequate to meet future demand.

7.2.2 Expand and accelerate RSL partnership developments. Current arrangements will need to be reviewed with the aim of encouraging and supporting RSLs and private developers to expand provision. A robust partnership management plan would need to be developed and the RSL Forum re-instated in an appropriate form. Relationships with developments in the Thames Gateway area would be reviewed and factored into this option. Other infrastructure issues (e.g. bus routes, local amenities/shops) would be incorporated into this work.

- Advantages: developments will help GBC meet its wider targets on supported housing.
- Disadvantages: pressure on Council staff to adequately engage with and support the process.

7.2.3 Continue with current level of development and let the market determine growth in the future. This means that GBC restricts its input and influence to some schemes and lets market forces determine the rate and location of growth.

- Advantages: Council staff maintain current level of support, control developments principally through the planning application process.
- Disadvantages: GBC has less control over developments.

7.3 Partnership developments with KCC, West Kent PCT and other Council departments

7.3.1 Maintain current level of partnership working. Scheme Managers Sheltered Housing management continue to operate in relative isolation from their KCC and PCT colleagues.

- Advantages: little disruption to existing working arrangements.
- Disadvantages: frustrations with current working arrangements will continue and become more concerning over time; best use of limited resources will not be realised.

7.3.2 Make modest changes to working arrangements. This would involve improving day-to-day working relationships with local managers, building on exiting forums (e.g. Kent Thameside Health, Social Care and Housing Sub Group; Joint Stock Allocation meeting). The aim would be to improve levels of understanding and co-ordination at a more senior level across the three organisations.

- Advantages: improves knowledge and understanding of roles in the short-term, trust between senior staff improves and allocation of individual organisation resources should improve.
- Disadvantages: will only make a partial impact on improved service delivery across the three organisations on the ground; best use of resources will be improved but not optimised.

7.3.3 Make more radical changes to working arrangements. This would involve a major change in relationships, backed up by some form of partnership agreement which commits all three organisations to work in fundamentally different ways and includes options for the pooling of certain resources. The flexibilities available under section 75 of the National Health Service Act, 2006 could be used to underpin developments²². The flexibilities can cover a wide or narrow range of services, depending on the requirements of the organisations concerned.

- Advantages: ensure commitment across the three organisations to work much more closely together across a range of services areas, one of which would be supported housing. improves knowledge and understanding of roles in the short-term, trust between senior staff improves and allocation of individual organisation resources should improve. Enables maximum use, for example, to be made of the Disabled Facilities Grant, adaptations budgets and investment in assistive technology.
- Disadvantages: will only make a partial impact on improved service delivery across the three organisations on the ground; best use of resources will be improved but not optimised.

7.4 Development of improved frontline support services to older people in supported housing

7.4.1 Maintain current working arrangements. Scheme Managers will continue to work with nursing, care management and other professional colleagues in a similar fashion.

- Advantages: no change to existing working arrangements.
- Disadvantages: frustrations with current arrangements will continue and become more concerning over time; services to tenants not optimised and opportunities for improvements will be missed.

²² The flexibilities enable the NHS and Local Authorities to jointly commission services and/or jointly provide them and/or pool budgets for this purpose.

7.4.2 Make modest changes to working arrangements. This would involve improving day-to-day working relationships with practitioners (key staff groups would be Scheme Managers/Community Wardens, District Nurses, Care Managers, Home Care Managers, and Occupational Therapists). For example, this could include 'getting to know you' sessions, developing protocols for joint visits/working for assessment, care planning and monitoring/review purposes.

- Advantages: improves knowledge and understanding of roles; builds trust between front line staff; leads to improved co-ordination of support to tenants.
- Disadvantages: will create time pressures on organisations, both front line staff and management.

7.4.3 Make more radical changes to front line joint working arrangements. This would involve a major change in relationships and governance as part of some form of partnership agreement (6.3.3 refers). In the short term, Scheme Managers/Community Wardens would join up with local District Nursing and Care Management Teams on a 'virtual' basis and be more involved in operations. Support to older people in the local community (not just in sheltered schemes) would be included, bearing in mind the Community Warden role. In the longer term, physical integration of health, social care and housing teams could take place.

- Advantages: a sophisticated, seamless style of care and support which is responsive to current and future changes in service user's needs, working across the whole older people's community; likely to enable to introduction of self-directed care to be successful.
- Disadvantages: requires significant investment of time and willingness to give up or share some responsibilities/resources; carries considerable organisational risks and may be difficult to convince elected Members.

8 Recommendations

The recommendations have been framed to align with the three main purposes of the review. These were outlined in 1.1.2 and are reproduced below for avoidance of doubt.

- Assess and prioritise the need for support services and adaptations required to keep people in their own home;
- Re-assess existing sheltered stock in meeting today's housing standards and preferences;
- Assess the need for 'extra care' accommodation for the growing frail elderly population.

All recommendations are designed to enable GBC, together with its partner organisations, to work toward the '2020' model outlined in section 5.9.1 of this report. Discussions with GBC management have indicated that indicative timescales for the implementation of any recommendations would be helpful. Two time periods have been suggested, as follows:

- Short-term: up to 1 year
- Medium-term: 1-3 years

It is, of course, acknowledged that work will continue beyond the medium-term with the aim of working towards the overall 202 vision as summarised in section 5.9.1.

8.1	Assess and prioritise the need for support services and adaptations required to keep people in their own home
	<i>Short-term (within 1 year)</i>
8.1.1	Aids/adaptations. With KCC, review reasons for delays in assessment of needs (prior to GBC processing claims which are generally managed well) undertaken by OTs and technical staff, to enable works to be undertaken more quickly. Consider funding additional support staff (if only for a limited period) to tackle any backlogs.
8.1.2	Telecare/telemedicine. Scheme Managers to undertake an audit of existing tenants to determine extent of telecare/telemedicine support. Review current involvement with developments in collaboration with KCC and the PCT. Prepare implementation plan to improve ability to benefit from developments. (with Dartford BC)
8.1.3	Scheme Manager/Community Warden role. Review role with a view to strengthening the role and influence of these posts. Undertake this review in collaboration with KCC and the PCT to ensure that all organisations views and developments are included. Prepare costed proposals. (with Dartford BC)
8.1.4	Multi-agency support arrangements. Review current operational arrangements between Scheme Managers/Community Wardens and key health and social care teams/services. In particular, health services to include community nursing, physiotherapy, occupational therapy, GP/practice-based staff and pharmacists. Social care services to include care management, home care and occupational therapy. The review should consider establishing 'virtual' multi-agency teams or other closer working arrangements and the potential to share budgets where there would be mutual benefit. GBC, KCC and the PCT should then produce updated proposals indicating how this would be achieved. This should include developing the options outlined in 7.3.3 and 7.4.3 of this report. (with Dartford BC)
8.1.5	Communications/IT for Scheme Managers. Provide all Scheme Managers and Community Wardens with appropriate computer equipment, internet access and e-mail accounts.
8.1.6	Volunteers. Review level of support provided by volunteers and voluntary organisations across schemes.
	<i>Medium-term (1-3 years)</i>
8.1.7	Information and advice services. Tenants Participation Team to review its work in light of short-term developments above. Work to include engaging with relevant KCC funded/supported developments (e.g. ALFA, Brighter Futures; telecare) as part of the development of a more comprehensive information and advisory service as proposed in 'Lifetime Homes Lifetime Neighbourhoods'.

8.2	Re-assess existing sheltered stock in meeting today's housing standards and preferences
	Short-term (within 1 year)
8.2.1	2-bedroom properties. Identify the estimated number of 2-bedroom properties which should be provided in sheltered schemes, in collaboration with RSLs. GBC to re-evaluate the previous suggestion that Claremont Place could be suitable for adaptation. Review this recommendation and update as necessary. Develop proposals to enable additional 2-bedroom properties to be developed and provided in the medium term. Discussions to continue with RSLs to encourage additional 2-bedroom capacity within existing and future developments.
8.2.2	Bedsits. To review provision and prepare a medium-term strategy to convert bedsit properties in schemes to 1-bedroom or 2-bedroom properties.
8.2.3	Joint stock allocation arrangements with KCC. Review current arrangements with KCC and prepare joint plans to tackle concerns raised by KCC. (with Dartford BC)
8.2.4	Improvements to existing sheltered schemes. Undertake modest improvements to schemes - to include improved grounds maintenance; security measures (e.g. fencing; CCTV); post boxes in all schemes.
	Medium-term (1-3 years)
8.2.5	GBC investment in additional sheltered housing. In light of the current state of the housing market and the limited development of sheltered/extra care schemes by RSLs, GBC should consider whether to build additional sheltered housing units, bearing in mind that existing plans in Gravesham will still result in a shortfall of sheltered accommodation.
8.2.6	Scheme locations. In light of comments regarding higher demand for sheltered housing in rural areas, identify opportunities (by either GBC, RSLs or private developers) to make sites available.
8.2.7	Decent Homes Standards. Identify the number of sheltered units meeting DHS. Prepare proposals to undertake relevant work s to meet DHS, taking into account existing needs to improve kitchens and bathrooms in some schemes.
8.2.8	Housing Improvement Agency. Review the impact of the HIA regarding the extent to which it has succeeded in keeping older people in their own homes for longer. Consider whether further investment is required as part of a wider strategy.
8.2.9	Choice Based Lettings. Ensure that the needs of older people who require support services are properly included when CBL rolls out in 2009.
8.2.10	Infrastructure/hinterland. GBC should review, with relevant Departments/organisations, the scope for developing improved services in the neighbourhoods surrounding sheltered schemes. For example, bus routes and personal transport services; local amenities (shops, Post Offices, pharmacies).
8.2.11	Sheltered housing stock development. GBC should continue to lead the process, working with RSLs and private developers, to agree the level of investment in existing/new schemes. This should include the preferred options described in sections 7.1.2/7.1.3 (a combination of these) and 7.22 in this report.

8.3	Assess the need for 'extra care' accommodation for the growing frail elderly population
	Short-term (within 1 year)
8.3.1	Future demand. GBC should, with KCC and the PCT, jointly review the future housing needs of the 50+ population living in Gravesham. This should be possible from existing information sources and knowledge of the community. Include information from KCC's PFI developments in 11 other areas of the county and the shortfall in places as identified by the DCA report and other sources.
8.3.2	BME community needs. GBC should discuss supported housing (across all ranges) with local BME community leaders to ensure that needs are understood and factored into plans. GBC is likely to have some of this information available as a result of existing dialogue.
8.3.3	Acceleration of development of extra care provision. Ascertain the extent to which the rate of development can be accelerated, both for 'extra care' and sheltered housing, incorporating the latest plans (from KCC and the PCT) to increase levels of support for older people in their own homes.
8.3.4	RSL Forum. Re-constitute the RSL Forum and update its terms of reference to reflect the current agenda. Ensure wide participation, including RSLs active in the area and those currently not working in Gravesham. Specialist RSLs (e.g. for BME population) should be included. (with Dartford BC)
	Medium-term (1-3 years)
8.3.5	Developments in the Thames Gateway area. Clarify the anticipated needs of the 50+ population likely to move into homes in Gravesham as a result of this development. Review the impact and incorporate into local plans.
8.3.6	Joint strategy for extra care accommodation. GBC to continue to work with KCC, the PCT, RSLs and other key stakeholders to agree priorities, gaps and targets over the next 5-10 years. (with Dartford BC)