



The ExtraCare Charitable Trust

Five Year Strategy to 2017

The ExtraCare Charitable Trust

Founded in 1988, The ExtraCare Charitable Trust is a registered charity based in Coventry. We operate over 30 retirement villages and smaller housing developments across the Midlands and the North.

Our mission is to give older people an independent, safe and secure future in a network of inspirational communities. At the heart of our communities is a belief that older people should have the opportunity to lead independent, active lifestyles in their own home regardless of health, wealth or frailty, with tailored care that is carefully assessed to meet individual needs.

Our Vision:

To create better lives for older people.

Did you know?

- ExtraCare is a not-for-profit charity governed by a board of Trustees – experienced advisors in housing, care, business and finance who give their time and expertise voluntarily.
- The Charity's surpluses are re-invested in helping to provide new ExtraCare retirement communities, upgrading our existing locations or supporting innovation and improvement in the services we provide.
- We actively support the future health and well-being of our residents through the work of around 60 ExtraCare Charity shops.
- We have an active network of more than 3,500 volunteers – their contribution is highly valued and is at the heart of our inspirational communities.

Would you like to know more about the Charity's work?

Why not visit: www.extracare.org.uk

Our Five Year Strategy to 2017

Dear Reader

As someone with an interest in improving the quality of life of older people in the UK, we'd like to share with you The ExtraCare Charitable Trust's strategy for the next five years.

Our new Five Year Strategy is based on a major review and consultation process undertaken over the past 12 months. It sets out our key areas of focus for the next five years, within the context of what we expect to be continued challenging economic conditions.

The enclosed document outlines how we intend to build on the successes and achievements of our Charity's first 25 years and how we will continue to innovate and invest in those areas which will make the greatest impact on our vision of better lives for older people.

Our new strategy focuses on 7 key areas of our work:-

- Developing and enhancing our Care and Well-being services
- Supporting residents with dementia
- Creating more ExtraCare Villages to benefit more older people
- Maintaining and improving our existing locations
- Developing more services and opportunities to benefit local communities
- Investing in Staff and Volunteers
- Ensuring that our services are affordable and provide value for money

We hope that you find the enclosed information of interest and would welcome your views (see page 17 for contact details).

With best wishes,

Yours sincerely,



Martin Shreeve
Chairman of The Board of Trustees



Nick Abbey
Chief Executive of The Board of Directors

Introduction

The ExtraCare Charitable Trust's (ExtraCare) current five year strategy was adopted in late 2011 and entitled "What's Next?". Much has changed both inside ExtraCare and in the external environment since that publication, and the Trust's Board wished to adopt a new plan by the end of 2013.

A draft of this strategy was distributed to residents and staff during 2013. A summary document was also made available to partner organisations in October 2013. Responses were considered by ExtraCare's Board members in early December 2013 and a final version adopted at their meeting on 5th December.

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Our Strategy to 2017 and beyond

Our Strategy sets out our key areas of focus for the coming years within the context of what we expect to be continued challenging economic conditions.

We intend to build on the successes and achievements of our first 25 years and to continue to innovate and invest in those areas which will make the greatest impact on our vision of better lives for older people.

In Brief

Our strategy focuses on 7 key areas of our work:-

1. Care services

We will develop our care model to meet the higher aspirations of current and future residents. As part of this we will seek to enhance our on-site Well-being and nursing services. We will also explore incorporating facilities such as GP's surgeries, pharmacies and health suites into Villages.

2. Dementia

We will build on our pioneering Enriched Opportunities Programme® of one-to-one support for residents who develop dementia. We will continue to develop the quality and range of our services for people with dementia and will seek funding to enable us to continue to provide this service free of charge.

3. Improving our existing locations

We will continue to work with residents (involving our housing partners where appropriate) to

identify improvements to our Schemes and Villages that can be implemented, and to ensure that services such as repairs and maintenance are provided efficiently, quickly and cost-effectively.

4. New Villages

We will continue to develop large Villages (around 250 apartments). Beyond the current development programme which includes a fourth, fifth (and perhaps sixth) Village in Birmingham, plans are also being worked on for Villages in Coventry, Stoke Gifford (near Bristol), High Wycombe and Bedford. Opportunities are also being evaluated in Derby, Warwickshire and Solihull, whilst a feasibility study will consider the development of Villages in London and the South East.

5. Services for local communities

We will continue to encourage the provision of services for local communities and the use of facilities by local people at our Schemes and Villages. This will contribute to the vibrancy of our communities whilst providing

income streams which contribute to running costs and reduce charges for residents.

6. Staff and volunteers

We recognize that our strength lies in the quality and commitment of our people and therefore we will be creating an Academy in 2014, in conjunction with a local College, for training people new to the caring professions. We will also be investing in the recruitment, retention and recognition of volunteers who add so much value to the work we do.

7. Affordability

We recognise that our residents have been affected by the austere economic conditions of recent years. We have already reviewed our charges and their impact on benefit entitlement and will now develop a "value for money" strategy, monitored and evaluated through the introduction of new Customer Scrutiny Groups, set up by our Residents' Forum to ensure that residents' interests are kept at the forefront of our business activities.

Background

The number of older people in the UK is growing fast. In 2012 there were estimated to be **10.3 million aged 65+, or 17.2% of the population.** That figure is expected to exceed **16 million by 2032 – 22.4% of the total.**

The vast majority live in 'mainstream housing' and most (71%) as owner-occupiers, with no mortgages. Yet there remains a lack of options for older people thinking of downsizing (or "right sizing"), especially those who currently live alone but would welcome being part of a larger community. Indeed, for most older people, the choice still appears to them to be to stay in the family home for as long as possible before the inevitable move to a "care home" at some point in the future. This contrasts with the position in the US and Australia where it is estimated that 15% and 7% respectively of people move to purpose designed housing for older people at some point beyond 65. The comparable proportion in the UK is lower than 1%.

Councils and housing associations have developed sheltered housing

for older people from the 1950s onwards; this is typically a group of flats or bungalows with usually one member of staff who at one time would have lived on site but these days would be more likely to be "mobile" and cover several such developments.

Any care would be arranged separately by the residents themselves. These developments would have been available only to those who qualified for housing on the grounds of low incomes and/or mobility difficulties. Private options, essentially developed on similar lines, are still being developed today by companies such as McCarthy and Stone.

Since the 1990s, 'extra care housing' has become the accepted term in the UK for a wide range of housing with some common

features: principally a self-contained apartment with access to personal care (if required) and some communal facilities. A 'traditional' model in the public/charity sector for such housing is generally built with a large element of grant funding and might involve around 40-60 rented apartments with a dining room/restaurant, common room, hairdressing salon and perhaps a shop. Many of these extra care schemes have been seen locally as a replacement for residential care homes and so all residents tend to require at least some personal care (typically low/medium/high, 33% each). (There are limited private sector versions of a similar "product" – typically known as retirement housing schemes – and located mainly in the more affluent areas of the country.)



The ExtraCare Charitable Trust USP

Having developed accommodation with care similar to that described in the previous paragraph since its establishment in 1988 (in establishments of around 40-70 homes called "Schemes"), the ExtraCare Charitable Trust has for the past 15 years been pioneering (both alone and with Housing Association partners) a unique brand of retirement village with very different characteristics from the "traditional" extra care model.

First, they are larger – typically around 250 apartments and/or bungalows. No other developer in the UK, private or public, is building regularly on this scale.

Second, they contain a mix of rented, shared ownership and full ownership homes spread throughout the Village, with the tenure flexible according to local circumstances. This means that there is a mixed population of lower and higher income people. It also enables development to be funded through a combination of loan finance and some grants, with sales income paying back much of the original debt at an early stage.

Third, although all properties are suitable for people with care needs, meaning that people do not have to move to a more specialist apartment/section within their location temporarily or permanently, not everyone needs personal care – around a quarter of residents only. This means that the community is

genuinely mixed rather than a place defined by dependency of its residents. ExtraCare recognises that preserving the mix of different ages of residents over 55, and of the numbers receiving care being a minor percentage of the total population are things that residents feel are very important.

Fourth, we offer and encourage a very active and social lifestyle which has been proven to benefit residents' health and well-being as well as reduced pressure on public services. The facilities available are all those you would normally expect, plus others including a greenhouse, woodwork room, craft room, restaurant/café and gymnasium. All Villages, and the smaller Schemes, benefit from having specialists for example working in the gyms, arranging activities, and providing well-being advice. Residents also have opportunities to take part in the running of their Villages through a range of volunteering options.

Fifth, care in the Villages, as in the Schemes, is delivered by ExtraCare's own teams based on site. Care colleagues are coached to embody the ExtraCare philosophy in their work, accenting the things that people can do rather than those they cannot in order that later life can be genuinely enjoyable and full of enriching experiences. We also have a specialist in every location giving assistance to people with early stage dementia.

Residents therefore choose to live in an ExtraCare Village for the lifestyle offered and the opportunities, as part of a vibrant community of up to 400+ people, to enjoy a wide range of facilities in an environment that is safe and secure and which carries the added insurance that care is available on site if and when it is required.

The benefits of ExtraCare Villages can therefore be summarised as follows:

- **They present an option for housing in later life for all members of a community, rather than simply those who are dependent in some way or defined by income**
- **They offer an activity based healthy lifestyle – proven to have a positive impact on health and well-being**
- **They offer a form of care that encourages continued independence**
- **They present an aspirational option for older people to "downsize" into more appropriate accommodation, releasing larger homes for families and often releasing capital for those moving**
- **They offer the opportunity of a community hub for local Friends to enjoy**

It is this combination of factors that makes ExtraCare different.

Vision

ExtraCare's vision is 'Better Lives for Older People' and our mission is to give older people an independent, safe and secure future in a network of inspirational communities.

Strategic Objectives

- We will continuously improve the quality of our care and services for our new and existing residents and non-resident users.
- We will develop innovative enhancements to the ExtraCare model to meet the higher expectations of our future users.
- We will develop more accommodation for residents and more services for residents and non-resident users.
- We will pursue the following Enabling Strategies in order to support our strategic objectives:
 - We will aim to attract, develop and retain high calibre and motivated staff
 - We will generate sufficient financial resources to meet our targets for our core business and for projected growth
 - We will use our influence to encourage others to support us in achieving our strategic objectives
 - We will develop our management processes, including IT, to ensure we are effective and efficient
 - We will act at all times in ways that are evidently socially responsible to benefit the neighbourhoods where we operate and which limit our impact on the environment

Strategic Targets

By December 2017 we will:

- Improve scores for overall satisfaction by at least 5% for all residents and non-residents who use our services
- Own/manage more than 5,000 homes, be committed to sites for a further 2,000 homes and provide services for 5,000 non-residents
- Be achieving an annual operating surplus of between £1 million and £3 million
- Be achieving an annual staff turnover of below 7% for smaller housing schemes and 17% for retirement villages



Operating Environment

The principal changes that have taken place since the last five year plan was adopted in 2011 are:

The Government has published its response to the recommendations from the 2010 Dilnot Commission's report into the costs of providing care for older people, promising to cap individual lifetime contributions from 2017.

The Health and Social Care Act 2012 abolished Strategic Health Authorities and Primary Care Trusts and established a framework for clinical commissioning groups and local authority health and wellbeing boards.

The Care Quality Commission, the regulator for the healthcare sector, has come under pressure following criticism of its handling firstly of Winterbourne View (after hidden camera footage of poor treatment of residents at a private hospital in 2011). There has also been the final report into the Mid Staffs NHS Foundation Trust which was critical of the care delivered for patients, and for older patients in particular. These have led to an increased focus on regulation of care for older people.

The Government's austerity measures have affected local authorities' ability to make revenue contributions to care providers and

have begun to change the benefits available for some residents. ExtraCare is already starting to feel the impact of funding reductions.

ExtraCare has become a Registered Provider entitling it to bid to the Homes and Communities Agency for grant funding towards capital projects. Grants have been awarded in mid-2013 for five new Villages.

New Villages have opened at Shenley Wood, Milton Keynes (in two phases, February and November 2012) and at Pannel Croft (November 2012) and Hagley Road (October 2013), both in Birmingham. Construction has also started on a fourth Birmingham Village due to be completed in 2015.

ExtraCare has carried out a major internal reorganisation with the departure of two Directors (one retirement, one to take a more senior position with another housing and care organisation). We took the opportunity to reorganise Departmental responsibilities by not replacing those posts, and instead appointing specialists to drive forward customer services, develop innovative thinking and negotiate contracts with partner local authorities.

Engagement with residents has increased appreciably. Residents' Forums have been established separately for Scheme and Village residents and meet four times each year. Resident Associations have been formed in all Villages and some Schemes, and a Customer Scrutiny Group has been set up to examine issues such as continuity of care, maintenance and maintaining a balanced community.

Five new trustees have been appointed at the November 2013 AGM.

The remainder of the report considers each of the Strategic Objectives and Enabling Strategies.

Strategic Objectives

1. We will continuously improve the quality of our care and services for our new and existing residents and non-resident users

One of the advantages of a wider age and frailty range is the ability to more actively engage residents in defining and improving quality. ExtraCare routinely and regularly surveys residents about all aspects of service and drives quality improvements based upon the results. Residents are also involved in benchmarking best practice inside and outside our industry to more clearly define high standards in activities, well-being, hotel services and safety. Measuring progress and communicating the results to all residents is a key part of moving this issue forward.

ExtraCare seeks feedback from its customers on the services and standards being delivered through customer satisfaction surveys in each Scheme and Village on a biennial basis. As a result of these surveys, ExtraCare is able to identify centres of excellence and work with lower scoring Schemes and Villages to improve customer satisfaction levels. The latest round of surveys was undertaken during 2011 and 2012 and a total of 2,193 residents participated, either by attending a keypad session or completing a postal or electronic survey. Overall satisfaction increased from 73% during the last round of surveys to 76%, demonstrating increased customer satisfaction levels and evidence of continuous improvements in service delivery. **We will aim to improve the overall rating in the years ahead and to ensure participation rates are maintained.**

Further feedback was obtained from new residents at Shenley Wood Village in Milton Keynes with over

120 people completing a postal questionnaire. This was designed to enable ExtraCare to measure customer satisfaction with the sales/letting process, the move in process, residents' apartments and the design of the Village. A separate questionnaire was also undertaken at Shenley Wood to gain feedback on potential design features which could be incorporated in future new developments. Both the Commissioning and Development teams used the results of these questionnaires to look at ways to improve ExtraCare's support to residents moving into a new Village and the design of future Villages.

The Residents' Forums have established a Customer Scrutiny Group, whose role will be to develop resident led scrutiny that will ensure their interests are kept at the forefront of business activities and to improve services.

Residents have also been involved in providing ExtraCare with their views on the review of its five year plan. This was achieved by holding a series of consultation events delivered by the Chief Executive, using the keypad technology and backed up by the option to take part by post or electronically. A total of 869 residents took part in this process.

There is a new focus on Customer Service as exemplified by the appointment in 2013 of our first Customer Service Strategy manager whose role is to identify and promote best practice for colleagues to offer great service to customers both externally and internally.

The work to embed quality throughout the organisation has been recognised by the awarding of The Investors in Excellence Standard (IIE) in April 2012. Although much work is still being carried out all standards were met and there were no recommendations for improvements. **We will seek to resecure our IIE accreditation.** Key to this is the use of the Golden Thread which tracks individual objectives all the way from the Strategic Objectives for ExtraCare, which are set out here, down through service objectives.

As a care provider, we are regulated by the Care Quality Commission who make unannounced inspections at all our locations. To ensure that care is being delivered in the best way, we have, in 2013, overhauled completely our processes for handling medications and re-written our own internal guidance which is now brought together in one place as a Quality Care Delivery Manual.

Residents in all existing Schemes and Villages have been consistent in reminding us that the maintenance and improvement of facilities and accommodation where they live are at least as important as the design and development of new Villages. In particular, residents are increasingly users of new technology (iPads etc) and require better broadband services. ExtraCare will continue to work (including with its housing partners where appropriate) with residents to identify improvements to its Schemes and Villages that can be implemented, and to ensure that services such as repairs and maintenance are provided well, quickly and cost effectively.

2. We will develop innovative enhancements to the ExtraCare model to meet the higher expectations of our future users

Through regular surveys of its residents, ExtraCare checks satisfaction levels for its services and increasingly seeks information about what else residents would like to see. This is important in order to keep the locations and services fresh. In recent years, spa pools have been removed from some locations because they had fallen into disuse, and we no longer specify them for new Villages. In years to come, areas such as IT suites may become less relevant as residents have more and more of their own equipment in their apartments and use smart phones and tablets more frequently. Recent issues with health and safety around working practices in the highly equipped woodwork rooms have led us to think about creating other areas, mainly aimed at male residents, with a more limited range of equipment but more in the way of recreational activities.

The recent consultation among residents and staff showed high rates of satisfaction with services and activities and with their perceived value for money. In response to other questions, a majority of residents indicated that:

- They would like to see more on-site services such as an enhanced well-being service, even if it entailed paying a higher charge. Residents also said they would like there to be a nursing service available. This is consistent with the notion that ExtraCare is providing, for most people, a home for life where they can "age-in-place" without having to move temporarily or permanently as their care needs increase.

- They would like to see local facilities such as a GP surgery (perhaps as an outreach service), pharmacy and health suite where services such as blood pressure checks, ear syringing and blood testing could be offered.

- There is a willingness to embrace new technology in the provision of additional services.

- There was less agreement over a contentious subject – ExtraCare perhaps doing more for people with advanced dementia. ExtraCare's policy over residents with dementia has changed from one where no-one was admitted to a Scheme or Village if they had a dementia diagnosis to one where such people can move in if following an assessment our care teams feel able to cope satisfactorily. This has changed in parallel with a Government drive to get more people to see if they have signs of early stage dementia in order that their specific care needs can be more accurately diagnosed and appropriate treatment targeted. ExtraCare's pioneering programme for working with people with early stage dementia, the Enriched Opportunities Programme (based around the work of specialist colleagues known as Locksmiths) has a proven track record of success in delaying the transfer of residents to more specialist facilities and producing genuine savings to the taxpayer. This is provided as a free service in the main, and is one where we will seek to attract more financial support because of the benefits we are increasingly able to demonstrate.

- No Scheme or Village has a secure area where services can be offered to those with more limiting conditions in safety, and so it is sometimes the case that residents need to move on for their safety and comfort and that of their neighbours. Some residents feel that we should look at introducing such facilities which, for example, would help couples to stay in close contact where one partner develops dementia beyond a certain level. However, others feel strongly that our previous policy, of not admitting residents with a dementia diagnosis, should have been retained.

- One of the Villages currently in development is likely to have a specialist dementia care home nearby and run by another company – the first time this has happened. ExtraCare is keen to monitor whether being close to a specialist facility such as that one proves to be an advantage to residents (perhaps because of the couples example above). On the other hand, it is possible that the prospect of a Village being part of what is seen as a wider institutional area could affect sales. We would want to ensure that staff do not encourage people to move on more quickly from the Village simply because of the adjacent facility.

ExtraCare will continue to develop the quality and range of its services for people with dementia while staying mindful of the range of views held by its residents.

3. We will develop more accommodation for residents and more services for residents and non-resident users

In 2013, ExtraCare construction started on our fourth Birmingham Village, at Bournville, in partnership with the Bournville Village Trust. The last three Villages to be completed before that, Shenley Wood in Milton Keynes and Pannel Croft and Hagley Road Villages in Birmingham, are projects undertaken by ExtraCare alone, as are the next four Villages likely to begin construction, in Coventry, Stoke Gifford (near Bristol), High Wycombe and Bedford. On balance, this has become ExtraCare's preferred approach in the past few years, although we would not rule out developing with a partner organisation in the future, provided that the terms of any deal show a clear business rationale for ExtraCare. These new Villages, together with one or two others (there are strong possibilities for further Villages in Birmingham at Hall Green and Longbridge) are already significantly advanced through the planning processes and will form the core of the new housing to be provided in the plan period. Looking further ahead, opportunities are being evaluated for Villages in Derby and Solihull.

During the recent consultation exercise, residents and staff did not all agree that developing large Villages should be the only approach. It was argued, for example, that ExtraCare's model could be used to produce smaller developments that would be appropriate in smaller towns and rural areas.

The Board has considered this view, but is mindful of the reasons for ExtraCare's current policy:

- The ExtraCare Villages are highly popular, with sales and rentals being reserved relatively quickly, and large numbers of people being helped – more than would be the case in smaller schemes.
- Currently, no other provider in the UK develops large, mixed tenure retirement villages with such an extensive range of facilities, although there are many in both the private and public sectors who develop smaller Schemes. The scale of the Villages means that a wide range of facilities can be provided which can be available for both residents and other living nearby.
- A large, diverse number of residents can be accommodated which reflects more closely the population in the neighbourhood in terms of both tenure and care needs. The scale of the Villages means that we can guarantee that the community is genuinely mixed, and that there are opportunities for many different kinds of volunteering.
- The cross subsidy model means that rented housing can be supported with only low, or no capital grants.

■ Taken together, these factors make retirement villages a more sustainable form of housing with care than the "traditional" types of extra care housing schemes that are common throughout the country.

The Board has decided, therefore, to continue to develop large Villages in the coming years and to review matters again for future plan periods. The Board is also clear, however, that this policy does not mean that ExtraCare's commitment to its smaller Schemes is diminished; the majority of these are owned by our housing partners, but as long as they remain popular and viable, ExtraCare will work to retain them as attractive housing/care options in their local communities.

The current programme is constrained to some extent by the available funding with the result that development is at the rate of about, on average, one new Village per year. The Board recognises that the demand for new housing with care of the type developed by ExtraCare is still strong and wishes to explore over the coming 18 months whether it is feasible to develop more Villages, more quickly.

A majority of residents and staff also felt that new developments ought not to be restricted to an area within 90 minutes drive of Coventry/Birmingham, as is the current position. Villages to be developed in the plan period all fit this criterion of course, but the Board is keen to examine the merits of developing further afield. The rationale for staying within Central England is that there are sufficient opportunities there and some advantages in economies of scale from reduced travelling times, shared supervision and dealing with fewer statutory authorities for example. However, at a time when capital grants and fundraising are becoming harder to come by, the cross-subsidy model used to support rented housing from sales proceeds is becoming harder to operate successfully. This is especially true in areas to the north of the region where house prices are lower. The Board has agreed, therefore, to **look at the feasibility of undertaking a Village in London/the SE to see if it appears that the investment can be justified and that the benefits outweigh the perceived risks.**

Recognising that ExtraCare cannot operate everywhere, but that more people ought to be able to have the lifestyle benefits that come with its model of housing with care, we will **continue to offer consultancy services** at commercial rates to other organisations keen to understand the various aspects of the model better.

Where those consulted do agree is that ExtraCare is right to continue to provide a mix of tenures in its retirement villages to match closely the mix in the surrounding community. The appropriate mix is a matter for discussion with local statutory partners and can be influenced by the availability of capital grants – broadly speaking, grant supports a higher amount of rented housing than could be supported via the cross subsidy model. However, recognising its charitable obligations and wishing them to be reflected in all its locations, **ExtraCare will continue to require that at least 20% of the housing in its new Villages should be for those who require rented, rather than shared ownership or full owner-occupation. A figure lower than 20% would, it is believed, be incompatible with our vision that the Villages should represent a genuinely inclusive community.**

The difficult economic climate has meant that block contracts for care provision are a rarity these days. This has meant, in recent developments, building up a care operation based solely on the residents moving in who have requirements for care and who believe that our own teams are their choice to deliver it. This is challenging and we have tried to mitigate it by increasing the numbers of people able to buy the service from us through offering care outside the Villages in Shenley Wood, Milton Keynes and Hagley Road, Birmingham for people in

their own homes as a **domiciliary care agency (ExtraCare at Home)**. The Board recognises that in the consultation exercise, this idea was greeted with some scepticism from current residents who foresee staff being pulled in too many directions. However, this project is in its early stages and is being carefully monitored to make sure that the service is cost effective and that the quality of care delivered can be maintained both for external customers and for those within the Villages.

ExtraCare introduced its innovative Care for Life model in 2012 and has offered it to residents moving in to new Villages in Milton Keynes and Birmingham. Care for Life offers assurances about care being available free in the future (for residents with no current assessed care needs) in return for a capital premium paid at the time someone moves in. So far, the take-up has been low and **we will watch carefully to see whether residents moving into Hagley Road Village opt in to this scheme or are, perhaps, less likely to do so now that the Government has introduced legislation to guarantee maximum lifetime contributions** from individuals from 2017.

Within the Villages and some of the Schemes, there is a large range of facilities on offer for residents and those who are members of local "Friends" schemes. "Friends" tend to be relatives and friends of residents and /or are those living close by, many of whom volunteer their services. ExtraCare firmly believes there are advantages to having more people from outside coming in and using the facilities: for example, they contribute through membership fees or other pay-as-you-go fees to the running costs of the Scheme/ Village which can be offset against reduced charges which are paid by residents. There is also an opportunity for residents to interact with a wider circle of people. The new Villages at Hagley Road and Pannel Croft and Shenley Wood were set up

with residents being aware that the facilities would be used in this way – as "community hubs" – and at some other locations, residents have said they are relaxed about increasing the usage by people from outside, and there is evidence of the benefits that come from a neighbourhood "adopting" one of our schemes or Villages.

However, many expressed concerns during the consultation that were about:

- Perceived reduced security from having more people around
- How charges would be made fairly between residents and non-residents
- Whether facilities would be less available if being used by more people

There are opportunities to offer facilities such as the gyms to local GPs for use with re-ablement and to extend Locksmith services to those living outside Schemes and Villages which would be of local benefit and produce more revenue. This is consistent with ExtraCare's view that its Schemes and Villages should be seen as a local asset in the neighbourhood and that it should offer services like this where it can do so. **In looking to enter into any such agreements, however, or to extend "Friends" arrangements more widely, ExtraCare will consult residents and take into account their views and do what it can to allay concerns by, for example, improving security, explaining charging structures and agreeing times when certain facilities can be for residents only.**



Enabling Strategies

1. We will aim to attract, develop and retain high calibre and motivated staff

The strength of ExtraCare lies in the quality and commitment of our employees. We value our staff and wish to be known as an employer of choice. We first achieved 'Investors in People' in 1997 and were delighted to achieve Silver status in 2012. In each Scheme and Village, a regular team briefing is held for all members of staff at which information is given concerning them as employees of the charity. A weekly newsletter is provided to all members of staff and all managers are provided with regular updates on the financial performance of the charity which they are able to pass on to all staff members. Staff satisfaction surveys are carried out every three years.

Alongside ExtraCare's staff teams, we are lucky to have the support within Schemes, Villages and Shops from an army of volunteers numbering in total more than 3,000 people. The contribution they provide is a huge one and without it, we would need either to charge higher prices or to withdraw services. In the recent consultation, residents agreed that **we need to be doing all we can to recruit, recognise and retain volunteers.**

Acknowledging this, ExtraCare has invested in a new full-time staff member in 2013 whose role is to ensure that residents are fully aware of our need for volunteers and that our processes for recruitment, safety checks etc support local teams effectively.

We invest heavily in training. All frontline care staff are required to obtain a QCF (NVQ) in Health & Social Care at level 2 or above and in total 80% of staff reach this level within nine months of starting. Non-care staff are also supported to obtain a suitable QCF (NVQ) and 85% of this group also have a level 2 or above. All staff are coached to treat customers with respect, remembering that they are invited into their homes to deliver services which have an accent on what people can do rather than what they cannot.

We have continued to work hard over the last year to improve our recruitment and induction processes, both of which actively involve our residents. As a result, our staff turnover continues to fall and our stability index, which measures staff retention, regularly averages

87%. Our annual staff turnover has reduced again in 2012/13 from 14.9% to 13.7%.

At a time when the economic climate is harsh, it could be tempting to reduce spending on staffing and training for short term advantage. We believe this would be wrong and in fact think that we should be developing this area in order to ensure that the supply of motivated, well qualified staff continues. **We will therefore set up an Academy in 2014, in conjunction with a local College, for training people new to the caring professions.**

We are committed to equal opportunities for all employees and will not discriminate on the grounds of disability or impairment, gender, sexual orientation, race or religious beliefs. The Charity demonstrates its commitment to equality in all aspects of employment including recruitment, career development, training, promotion and welfare.

2. We will generate sufficient financial resources to meet our targets for our core business and for projected growth

ExtraCare's finances are facing challenging times in the following ways:

Local authority care and housing related support (Supporting People) contracts are being negotiated strongly by Councils who are themselves under considerable pressure due to cuts in public spending.

Fundraising has become increasingly difficult as more organisations seek assistance from a shrinking pool of donors whose assets are not growing due to low interest rates.

Capital grants, while still available through initiatives such as the Department of Health's Supported Housing Fund (allocated during 2013) are unlikely to be at the level they once were.

At most Village locations, the number of people requiring care is below the level predicted, meaning that staffing levels need to be trimmed to keep pace.

Catering costs have been exceeding income at most locations.

Two areas where ExtraCare has benefited considerably in recent years are the income from its charity shops (a record £799,000 profit in 2012/13) and the additional revenue that comes from resales of apartments (at locations owned by ExtraCare, as opposed to most of those owned by a housing partner, residents moving on receive back their initial outlay, less a deduction of 1% p.a. (capped at 10%) for each year in occupation, and ExtraCare

then sells the apartment at the prevailing market rate). Our income from this latter source can be expected to grow as more and more properties are developed and as turnover inevitably increases. Ideally, ExtraCare would charge for its services at a level where operational costs can be covered, and where revenue from its shops and from resales could be earmarked for delivering those services that are genuinely "extra".

ExtraCare's capital programme is primarily financed via a £120million five year revolving facility with Lloyds Bank which was last renewed in April 2012, meaning it lasts until at least 2017. The Board was delighted with this extended arrangement believing that it shows the strength of ExtraCare's financial position.

We recognise that our residents have also been trying to cope in straitened times and that the changes to the benefits systems and low returns on savings have made life difficult for many of them. We have reviewed our charges to make sure that they are at the right levels and made in such a way that benefit entitlement is not affected adversely.

ExtraCare has been taking, and will continue to take various steps to try to secure its financial position:

- **Controlling expenditure and ensuring that losses for empty property and bad debts are constrained well within industry norms**

- **Building its expertise in contract negotiation to try to improve/retain its local authority funding as far as possible**
- **Working with our housing partners to ensure that our various agreements remain relevant to today's environment**
- **Developing a value for money strategy, enhanced through the introduction of the new Customer Scrutiny Groups**
- **Focusing on refining its staffing model so that we have appropriate numbers of staff available in each location**
- **Reviewing procurement practice to secure better deals for all goods and services**
- **Piloting the outsourcing of catering to a specialist company better able to react flexibly to the needs at each location and to produce the right quality/pricing strategy**
- **Targeting fundraising so as to be more cost-effective**
- **Seeking partnerships with organisations whose clients could use the facilities at Schemes and Villages (subject to resident consultation – see above)**
- **Developing further charity shops in locations that seem appropriate**

3. We will use our influence to encourage others to support us in achieving our strategic objectives

It is clearly in our interests that the public and our various partners nationally and locally understand the benefits of our model of housing with care, of active ageing and of presenting a positive view of ageing. We have been raising, and will continue to try to raise the profile of ExtraCare in a variety of ways:

- Engaging with politicians and their teams locally and nationally.
- Being a co-founder of ARCO (Associated Retirement Community Operators) in 2013, a new trade body that brings together major public and private sector operators of housing with care. This, together with working with others, such as the Elderly Accommodation Counsel

and the Housing Learning and Improvement Network, gives a focus to issues that providers share, such as funding, planning and raising awareness within the UK population of the benefits of high quality housing with care.

- Funding our own research programmes through, for example, Aston and Keele Universities, aimed at proving the benefits of our housing-with-care model for our residents, and to the public purse through delayed admission to hospital and fewer calls on GPs.

- Taking every opportunity to address appropriate conferences to explain what we do and why it differs from conventional models of housing with care. Our first conference featuring a range of international speakers was held in September 2013 in conjunction with the opening of our new Village in Hagley Road, Birmingham.
- Ensuring that our communications – magazines for various audiences, website and social media – are frequent, appropriate and informative and targeted at a range of audiences (residents and volunteers, potential purchasers, partners, the general public).

4. We will develop our management processes, including IT, to ensure we are effective and efficient

In addition to looking again at the staffing model we employ in our locations, we have taken the opportunity to reorganise our central resources to have a smaller Director team (5 in 2013 compared with 8 in 2010) and more specialist colleagues able, for example, to generate new business opportunities and/or focus on improved customer services. In the past three years, we have employed our first internal auditor, health and safety specialist, procurement officer and contracts/negotiations officer. We have achieved accreditation both for Investors in Excellence and Investors in People (Silver). Our work on value for money is being overseen by a newly

formed Customer Scrutiny Group which has agreed its programme of work for the coming year.

Our IT Strategy is now in its third year and has included moving to a cloud based solution, the development of a new care system (iCare – due to be fully rolled out early in 2014) for colleagues to record information more accurately at all locations and the appointment of an in house team able to react more quickly to problems as they arise.

The Head Office relocated to a more modern location on the east side of Coventry with improved communication links in late

2011. This benefits from having a warehouse for the charity shops operation and dedicated training facilities that can cope with meetings for up to 70 colleagues, thereby reducing the outlay on alternative suitable locations.

Financial controls are now more robust and reported on annually to the Board. Risk management techniques have been refined so that there is a register reviewed regularly at the Audit Committee and a programme of internal audit designed to check that controls are effective.

5. We will act at all times in ways that are evidently socially responsible to benefit the neighbourhoods where we operate and which limit our impact on the environment

ExtraCare has introduced its first Corporate Social Responsibility Strategy during 2013 and will be implementing various parts of it in the coming years. There is already a long tradition within ExtraCare of engagement with the neighbourhoods around Schemes and Villages, such as with local schools and clubs/organisations such as the Princes Trust. Schemes and Villages are important local centres for employment and increasingly can be seen as community hubs (see above) hosting facilities that can be enjoyed by more people

than just those who live in them. Services are also being offered outside Villages; the DCA services at Milton Keynes and Birmingham are mentioned elsewhere, and we operate a falls reduction service in Milton Keynes within the wider community.

ExtraCare also now has an environmental policy for the first time which commits it to reducing waste, recycling materials wherever possible, reducing the use of paper and cutting down the time and fuel used on journeys through better use of Skype/video conferencing.

Designs for new developments have not, previously, consciously tried to reduce energy consumption for residents or to introduce ways of using wind or solar power, but when designing one of our future Villages, we will evaluate the benefits and costs of designing it to meet higher levels of sustainability than have been achieved previously.



If you have any queries about this strategy, please contact:

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ExtraCare's Board

Chairman of The Board of Trustees:
Martin Shreeve

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Richard Clarke
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Domini Gunn-Peim
Michael Higgs
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Better Lives for Older People

This document can be provided in other languages on request.
Please contact The ExtraCare Charitable Trust on **02476 506011**.

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此文件可依要求提供其他語言版本，請致電
02476 506011 與「村鎮團隊」聯絡。

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02476 506011 પર સંપર્ક કરો.

Full copies of our Annual Accounts and our Five Year Strategy are also available on our website at:
www.extracare.org.uk/about-extracare/reports-policies

If you would like a larger print version of this review please contact The ExtraCare Charitable Trust
on **02476 506011**. Alternatively audio and Braille versions are available on request.



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