

STRATEGIC HOUSING FOR OLDER PEOPLE

Planning, designing and delivering housing that older people want

SECTION A: Older People and Housing



SECTION A: Older People and Housing – Understanding demand and supply for older people’s housing, care and support

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Foreword

Our response to an ageing society is shaped by widely-accepted principles. Delivering housing and care services based around those ideals of personalisation, living well at home, independence and choice is the challenging bit.

In 2010, the Department of Health recognised this by pledging to update its extra care housing toolkit and offering local authorities £20,000 each to encourage them to produce robust housing with care strategies.

This document fulfils the Department's pledge – and goes further by providing a comprehensive analysis of the issues local authorities and their partners need to consider in developing these strategies. It also outlines the range of housing with care options that should be available to older people.

A strategic approach to housing with care will help older people to live well at home for longer, providing many with a home for life – a home they actually want to live in. That is good for older people and good for the public purse.

Well-planned and designed extra care housing, for example, offers a lifestyle choice to older people who require some level of care and support. Research has shown such housing can improve health and wellbeing – reducing hospital admissions and other demands on the NHS and adult social care budgets.

That research is reinforced by the independent evaluation of the Department of Health's Extra Care Housing Fund, which is published at the same time as this Resource Pack.

More importantly, it also meets the aspirations of a generation of older people used to choice and quality design, many of whom prize their independence. They might have retired but they have no intention of retiring from the world. Few of these people do not need or want to follow the well-trodden path into residential care.

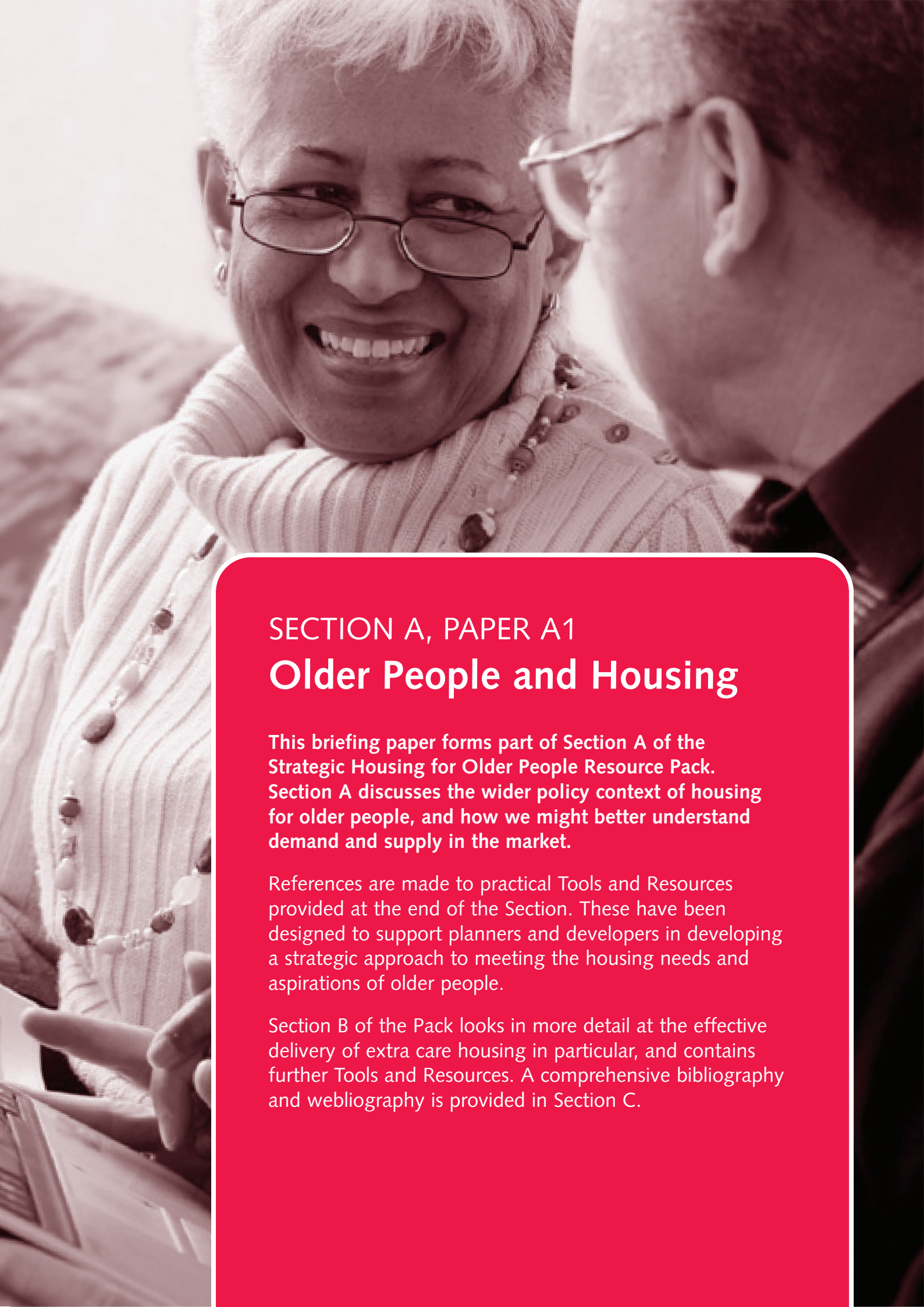
With the construction industry and financiers still cautious, local authorities must lead in creating the conditions and confidence that allow the aspirations of the 'new old' to be met. This Resource Pack, endorsed by the Association of Directors of Adult Social Services (ADASS), provides the analysis, measures and tools that will allow councils and their partners to set about assessing, stimulating and meeting demand for different housing options.

If we are to ensure they have homes they actually want to live in as their care needs increase we need to do a lot more than simply count or predict the numbers of older people.

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Peter Hay *President, Association of Directors of Adult Social Services*

December 2011



SECTION A, PAPER A1

Older People and Housing

This briefing paper forms part of Section A of the Strategic Housing for Older People Resource Pack. Section A discusses the wider policy context of housing for older people, and how we might better understand demand and supply in the market.

References are made to practical Tools and Resources provided at the end of the Section. These have been designed to support planners and developers in developing a strategic approach to meeting the housing needs and aspirations of older people.

Section B of the Pack looks in more detail at the effective delivery of extra care housing in particular, and contains further Tools and Resources. A comprehensive bibliography and weblibliography is provided in Section C.

Introduction

Most people are aware that Britain along with most other Western countries has an increasing older people's population. That increase, a rise by nearly 90% over the next twenty years is most marked in the population aged 80 and over, the group most likely to need some care and support. Making sure that there is housing suitable for that population in both the private and public sector is vitally important. Making sure that such housing not only diminishes people's need for care and support but is also an attractive, desirable and financially viable option represents a significant challenge.

This paper considers the policy context at the current time, and the key challenges this presents for commissioners, funders and providers as they seek to plan, design and deliver housings that older people want.

Changing times

In 2008 the government published a significant policy paper 'Lifetime Homes, Lifetime Neighbourhoods'¹. Underpinning the document were three key assumptions:

- That specialist housing for older people should not just mean social housing but all forms of housing in which older people might live.
- That if more older people are to remain in their own homes then this requires the integrated activity of the local authority and the health service, and
- Finally, that staying in the community means more than just good housing it means developing communities that 'work well' for older people.

Such aspirations hardly represent new policy objectives yet the contexts in which they operate are radically different from those that pertained when the Welfare State first came into being.

"We all want to ensure that we can stay independent in our own homes as long as possible. But age brings with it a greater acknowledgement of interdependence with family, community, services, and neighbourhood. To achieve the right balance means looking at planning for new homes and neighbourhoods which can sustain the changes of a lifetime; providing impartial information at an earlier stage so that people can make better informed and more confident decisions; greater choice of quality housing options; increased support to enable people either to stay in their own homes or to move on, and better, more integrated housing support services".

Department for Communities and Local Government (2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.

¹ Department for Communities and Local Government (2008). Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society.

As the policy paper points out, “In 1950, the average man retired at 67 and could expect to spend 10.8 years in retirement.” Now life expectancy at age 65 in the UK is for an additional 17.6 years for males and 20.2 years for females².

There has been a huge shift in home ownership. In 1900, about 90% of the population rented their home, the majority from private landlords. By 1939 the move to home ownership had begun with about 27% of the population owning their own house. That figure is now estimated to be just under 70%³. For older people the change is even more marked. Of the 5.5 million 65+ households in England, 75% are homeowners; a fifth live in social housing and only 5% live in the private rented sector. Of particular significance for future market development, nearly 50% of all housing equity is held by people aged 65 and over⁴.

Finally, being a pensioner does not necessarily equate with poverty as it so often did in the past. Whilst there remains a sizeable group of older people who are income poor, despite recent stock market fluctuations and inflation, average pensioner incomes have risen faster than average earnings since the mid 1990s increasing by an estimated 44% in real terms between 1994/95 and 2008/09⁵. Some of this is not only due to older people releasing the equity in their property as income but is also down to a growth in occupational pensions. These now account for over one fifth of average gross income for single older people and over a quarter of average gross incomes for married pensioner couples⁶.

Delivering choice

Whilst older people may own more property, live longer and be wealthier, it does not necessarily mean that this is matched by good health or that the choices available to people in older age have kept pace with demography or incapacity. There is still a sizeable minority of older people who depend on a state pension and live in family-sized social rented or privately rented housing. For example, it is estimated that 20% of general needs social housing is occupied by an older householder.

As a number of commentators have observed, old age is increasingly dividing into two periods of life: a comparatively fit and healthy early old age with relative wealth and prosperity, and an older, old age where incapacity and ill-health are more prevalent. Often it is the housing choices made in early old age that will influence the well being and lifestyle of individuals in the latter stages of life.

“It certainly looks as though total life expectancy in the UK is increasing faster than either the expectation of life in good health or the expectation of life without limiting longstanding illness.”

Oxford Institute of Ageing (2006).
Increasing Life Expectancy and the Compression of
Morbidity: A critical review of the debate.

With regard to choice, given that the majority of older people live in owner occupied housing, and the bulk of housing and care services are in the private and voluntary sector, it might seem as if the capacity for choice and for a market driven by consumers already exists.

² Office for National Statistics.

³ House of Commons (21 December 1999). *A Century of Change: Trends in UK statistics since 1900. Research Paper 99/111*

⁴ Ball M (2011). *Housing markets and independence in old age: expanding the opportunities. Henley, University of Reading.*

⁵ Office for National Statistics. *Pension Trends 2008.*

⁶ *Ibid.*

Only those dependent on local authority or Registered Social Landlord (RSL) provision may have a more restrained set of choices in their housing options. Yet choice for many older people may be far more limited than it initially appears:

- If people wish to move, perhaps because they have some degree of physical incapacity, the choice may often seem limited. Options lie between remaining in a family home not designed for the delivery of health and care services, living in small, rented, sheltered housing or moving to a care home. Consequently, a number of older people end up feeling trapped in their family home faced either with a move that is unacceptable or living in a property which they find increasingly hard to financially and/or physically manage.
- Purchasing housing designed and suitable for older people may not always be an option due to limited availability. For example, seven London boroughs have no retirement housing for sale of any kind although 66% of their population aged 65 and over are owner occupiers.
- Older people may not be aware of the range of aids and adaptations that are available to support them to live independently in their own homes or, with increasing pressure on resources, are finding it difficult to access them at all.
- Who makes the decision about accommodation is also open to debate. A study in 2004 stated that among a small sample of older people going into care homes, none of them felt that they made the decision; instead the choice was exercised by relatives or health and social care staff⁷.
- In many rural areas local authorities talk about the difficulty of getting social care providers to offer a service that they can afford, let alone provide a choice of providers or services.

- Even funding your own care may not always mean that what you want is available. For example, few would argue that self-funders in the residential care sector have driven change. In many instances for those needing care there may be a choice of provider, but not a choice of service, of worker or of the time that the service is delivered?

There are a number of reasons why this situation has arisen. Planning authorities and government have seemed blind to the need for a sizeable increase in housing suitable for older people, only seeing housing problems in terms of the demand for family housing. Housing providers and developers find it hard to fund developments where all the costs are up front and where the market is uncertain and in many areas untested. Selling the concept of housing with care and support can be difficult given the plethora of terms used to describe this form of housing, something which equally seems to confuse both planners and regulators. Architects still seem to design housing for older people as institutions where in many instances the latest model still looks like a cross between a motorway lodge and a care home.

Despite publications, such as the innovative HAPPI report⁸, the notion of a wide choice of rented or purchased property for older people of different designs, tenure arrangements and prices still seems a long way off. As was recently pointed out⁹, if even the present market share of owner occupied retirement housing was maintained it would require the development of 5,300 dwellings per year for the next twenty years. If choice was to be elevated to a meagre 5% market share, the annual total required would be 16,000 per annum.

Therefore, the challenge is considerable and immediate given the time it can take for new housing to move from concept to completion.

⁷ Kerslake A and Stilwell P (2004). *What makes Older People choose Residential Care and are there alternatives?* *Housing Care and Support*; 7 (4): 4-8.

⁸ Homes & Communities Agency (2009). *Housing our Ageing Population: Panel for Innovation (HAPPI) report*.

⁹ Ball M (2011). *Housing markets and independence in old age: expanding the opportunities*. Henley, University of Reading.

It is a challenge not just for public sector housing but also for the private sector, given the high levels of home ownership amongst older people. It is a challenge for planners and architects and also to those who fund housing development, to recognise the substantial change that will need to take place in the way our communities are designed over the coming years.

Drivers for change

The one certainty is that the past way we have thought about, designed and funded housing for older people needs to change. With an emphasis on choice and individuals having funding, either through their own resources or

from a personal health and social care budget, there is a need to seek housing and care solutions that are much more positive and attractive than those that have been seen as appropriate in the past.

In the future, developments should be of housing suitable for older people rather than the more stigmatising 'older people's housing'. It should be housing which people look at and welcome with a "wow" rather than housing where the underlying message is, "has it come to this?"

Some of the potential drivers through which this might be achieved are summarised below, as well as further explored in the range of papers in this Strategic Housing for Older People Resource Pack.

ASPIRATIONS AND DRIVERS	IMPLICATION FOR COMMISSIONERS AND PROVIDERS
<p>Provide greater choice given the significant levels of owner occupation amongst the older population.</p>	<p>Housing developments suitable for older people need to offer a choice of tenure, with more options for outright purchase or shared ownership. This should match the tenure make-up of the market.</p>
	<p>This may also mean local authorities freeing up land in prime sites for development, planners being much better versed in the needs of older people and financial incentives to developers to develop innovative housing approaches.</p>
<p>Encourage a planning, fiscal and regulatory environment that stimulates the development of new types of housing for older people.</p>	<p>Planners need to be aware, particularly in areas of high density of older people, of what makes a good neighbourhood to live in. This is not just in terms of housing, but in terms of street architecture and facilities, such as lighting, drop curbs, public toilets, etc, in transport and in service availability.</p>
	<p>Planners and regulators currently have varying views about the status of housing with care or extra care housing, for example whether it should be treated as a residential care home in planning terms, or as a form of housing. This ambiguity does not help the development of extra care housing locally, and means both commissioners and providers need to work to ensure clarity about what they are trying to achieve with key stakeholders.</p>
	<p>In Denmark around 8% of Danes aged over 50 now live in Co-Housing¹⁰, yet the traditional housing models of freeholds and mortgages are often obstacles to this kind of development in the UK.</p>



¹⁰ See <http://www.vivariumtrust.co.uk/what-is-co-housing.html>

ASPIRATIONS AND DRIVERS	IMPLICATION FOR COMMISSIONERS AND PROVIDERS
<p>Maintain or reduce expenditure on residential care and/or hospital admissions and facilitate hospital discharge through increasing care and support in the community.</p>	<p>All new developments should be capable of having the range of health and care services being delivered into them to ensure that they can remain lifetime homes, eg, supporting reablement, intermediate care, and end of life care.</p>
	<p>Well designed housing options for older people will reduce the level of admissions into residential care for housing related reasons. It will also promote improved health, such as reducing falls and fractures, which in turn will lessen the demand for care services.</p>
	<p>Housing suitable for older people should focus on design that facilitates health and well being, eg, removal of trip hazards, good lighting to assist people with visual impairments, have wiring and trunking designed into buildings to assist telehealth and telecare if needed in later life.</p>
<p>Encourage greater planning for old age, and in particular planning a move to more suitable housing.</p>	<p>It is unclear the degree to which housing choice influences decisions about moves in later life, but evidence from other countries, such as the Netherlands and Denmark, suggests that more people will consider a move if there are attractive housing options available. Visioning different types of housing developments could be a useful role that Councils could take on in partnership with developers. Offering assistance and physical help with moving may be particularly important in helping people to make a move in older age.</p>
<p>Respond to the needs of the many older people who, on current projections, will develop dementia.</p>	<p>The main focus for specialist housing for older people has been on those with physical rather than mental frailty. Commissioners and providers need to address the design and delivery issues to maximise the opportunities for people with dementia to remain in housing in the community.</p>
<p>Deliver social housing within a constrained and decentralised funding environment.</p>	<p>Proposals to change the housing benefit system for supported housing, alongside changes to Supporting People funding, mean providers and commissioners will need to work together to ensure services are affordable for older people, as well as financially viable.</p>
	<p>There is no longer a dedicated funding stream to support the development of extra care housing and so commissioners and providers need to work together to find alternative approaches which maximise the benefit of any public grants still available. This is likely to involve exploring the potential to include rented property within developments primarily for sale.</p>



SECTION A, PAPER A2

Understanding local demand from older people for housing, care and support

This briefing paper forms part of Section A of the Strategic Housing for Older People Resource Pack. Section A discusses the wider policy context of housing for older people, and how we might better understand demand and supply in the market.

References are made to practical Tools and Resources provided at the end of the Section. These have been designed to support planners and developers in developing a strategic approach to meeting the housing needs and aspirations of older people.

Section B of the Pack looks in more detail at the effective delivery of extra care housing in particular, and contains further Tools and Resources. A comprehensive bibliography and weblibliography is provided in Section C.

Introduction

The key facts below illustrate a number of different trends concerning the population of older people in England. It shows a population that is living longer and has greater affluence than its predecessors but for some reveals problems of poverty and poor health for many more. It is this complex interaction of factors that makes it hard to translate demographic change into anticipated housing demand. This paper explores some of those complexities of need and desire that will influence demand and suggest some approaches that may be adopted. Further help can also be obtained from the Tools at the end of this section.

KEY FACTS – DEMAND

DEMOGRAPHY: In 2010 the population aged 65 and over was estimated as being eight and a half million, by 2030 it is thought it will reach nearly thirteen million. In 2007, for the first time ever, the number of people in the UK aged 65 and over was greater than the number of children aged under 16¹¹. Life expectancy is expected to continue to rise for both men and women reaching 81 and 85 years of age respectively by 2020 with the life expectancy for men increasing at a faster rate than that for women¹². By 2030 there will be a larger but still relatively small number of older people from black and minority ethnic groups; there is likely to be a doubling of the number of older disabled people and an increase in the number of older people with learning disabilities.

POPULATION DISTRIBUTION: By 2029 projections show that 36% of the population in the most rural local authority districts will be aged over 60, compared to just 23% in the most urban. By 2029 the population aged 75 years and older is projected to rise by 47% in urban areas, but by 90% in rural areas¹³. The average difference in disability-free life expectancy is 17 years¹⁴. For example, Tower Hamlets is predicted to face a growth in its over 80s population of just under 5% over the next twenty years, whereas Herefordshire will have a growth in the same age group of over 100%. In Herefordshire by 2030, the population aged 65 and over, will make up a third of the total population of the county.

WEALTH: Average gross pensioner incomes increased by 44% in real terms between 1994/95 and 2008/09, ahead of the growth in average earnings¹⁵. 59% of older people receive an occupational pension as compared to just 13% prior to 1945¹⁶. In 2008/09, pensioner couples in the highest

¹¹ HM Government (2009). *Building a society for all ages*.

¹² Department of Health (2010). *Healthy Lives, Healthy People: Our Strategy for Public Health in England*.

¹³ Department for Communities and Local Government (2008). *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society*.

¹⁴ The Marmot Review (2010). *Fairer Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010*.

¹⁵ Office for National Statistics (2010). *Pension Trends*.

¹⁶ Data from the Pensions Policy Institute.

income quintile received median net incomes of £755 per week, compared with £197 per week for those in the lowest income quintile. It was also estimated in the same year that 1.8 million pensioners in the UK were living on less than 60% of equivalised contemporary median income after housing costs – the most commonly used official measure of poverty – compared with 2.8 million pensioners in 1999/2000¹⁷. However, people living in the poorest neighbourhoods will on average die seven years earlier than people living in the wealthiest neighbourhoods.

HOUSING: 76.1% of people aged 65-74 are living in property that they own¹⁸. The value of housing equity held by older people in the UK has been estimated as ranging from £751 billion¹⁹ to £3 trillion, which even at its lowest estimate means around £83,000 for every person aged 65 and over. Yet many older people live in housing that is less than suitable, either because of the poor fabric of the property or its unsuitability for someone who is older and has a disability. It is estimated that a third of older people live in non-decent or hazardous housing. The impact of this can be seen for example in older people who fall. Injuries from falling are estimated to cost the state over £1 billion a year – one in four falls involve stairs, and the majority take place in the home²⁰.

HEALTH: In the UK, like many western societies, the key issue has been our inability to compress the period of morbidity or ill-health people suffer prior to death. It drives up demand for care services but especially demand for health. For example, falls and resultant fractures in people aged 65 and over account for over 4 million bed days each year in England alone. The healthcare costs associated with fragility fractures is estimated at £2 billion a year and injurious falls, including over 70,000 hip fractures annually, are the leading cause of accident-related mortality in older people²¹. However, demand for health services are also influenced by poor health sector performance. In England, fewer than 40% of trusts are achieving the minimum standard on stroke care. Even in the best region, only just over half of trusts achieve the minimum standard, and in the worst (the East of England), only 29% of trusts achieve the standard²².

THE COSTS OF AN AGEING POPULATION: If state funded care service provision were to be simply increased in proportion to population growth, public spending on care services would need to double between 2010 and 2026.11 Older people accounted for nearly 60% of the £16.1 billion gross current social care spend of Local Authorities in 2008/09²³. Dementia costs the UK economy £17 billion a year; in the next 30 years the number of people with dementia in the UK will double to 1.4 million, while costs could treble to over £50 billion a year²⁴. 12% of people aged 16 or over in England in 2009/10 were looking after or giving special help to a sick, disabled or elderly person. This represents around 5 million adults in England²⁵.

17 Office for National Statistics (September 2010). *Pension Trends, Chapter 13: Inequalities and poverty in retirement*.

18 Data from Projecting Older People Population Information (POPPI) system.

19 Data from Key Retirement Solutions Equity Release index which tracks the amount of equity held in property by people over 65 years of age in Great Britain. Figures are based on analysis of data from; the Office for National Statistics Family Spending Report (2009); the Land Registry House Price Index; Registers of Scotland House Price Statistics; and ICM (2010).

20 Care & Repair, England (2006). *Small things matter: the key role of handy person services*.

21 Royal College of Physicians (2011). *Falling Standards, Broken Promises, Report of the national audit of falls and bone health in older people 2010*.

22 Care Quality Commission (January 2011). *Supporting life after stroke – A review of services for people who have had a stroke and their carers*.

23 Housing LIN (2010). *Rural Housing, Older People and the Big Society*.

24 Audit Commission (2010). *Under Pressure: Tackling the Financial Challenges for Councils of an Ageing Population*.

25 Health and Social Care Information Centre (2010). *Survey of Carers in Households in 2009/10*.

The complexities of predicting demand

Predicting what the public will want and expect is a far from easy task. This is not only in terms of housing, but for any commodity, given that demand can be driven as much by marketing and advertising as by need. In the case of older people and demand for housing and care, it is the sheer size of demographic growth that commentators seize upon as equating with need, making the simple but erroneous judgement that growth will automatically be reflected in equivalent dependency.

“Almost a quarter of Brits will be aged over 65 in 20 years’ time — heaping a massive burden on the taxpayer. Shock projections reveal by 2031 there will be 5.6 million more people over the current retirement age”.

‘Ancient Britains’, The Sun newspaper, 2010.

However, knowing the pace and scale of the increase in the numbers of older people is not the same as being able to predict demand for particular types of accommodation or services and, within that demand, who may or may not be dependent on state provision. This is particularly true in assessing demand for relatively new types of provision which most older people may not have come across or have experienced, such as housing with care. Demand for any particular type of housing is likely to be influenced by a plethora of factors:

LONGEVITY: There are basically three schools of thought concerning long-term population growth.²⁶

- The first suggests that the population throughout history has continued to increase in longevity and therefore will continue to do so.
- The second view is that longevity has peaked and due to deteriorating diet and a lack of exercise, long term health conditions will mean some populations begin to die younger.
- The third (and as many might argue, the most problematic) is that the population will continue to live longer but with an increasing proportion of people suffering multiple disabilities, as medicine becomes better at keeping people alive but not cured.

DRUGS AND TREATMENTS: Demand for provision may be heavily influenced by treatments available. At the turn of the last century people died from very different conditions from now such as, for example, tuberculosis. At the forefront of current thinking is the potential for a cure for dementia using stem cell research where the emphasis is on either getting the stem cells already naturally present in the brain to replace the cells destroyed by dementia, or putting new stem cells into the brain, getting them to replace the cells destroyed by dementia. However, poor performance by the health service in areas such as falls²⁷, strokes²⁸ and continence²⁹ may alternatively increase the level of dependency and hence the demand for specific types of accommodation and for care and support.

²⁶ See, for example, Howse K (July 2006). *Increasing Life Expectancy and the Compression of Morbidity: A Critical Review of the Debate*, Oxford Institute of Ageing.

²⁷ Royal College of Physicians (2011). *Falling Standards, Broken Promises, Report of the national audit of falls and bone health in older people 2010*.

²⁸ Care Quality Commission (January 2011). *Supporting life after stroke – A review of services for people who have had a stroke and their carers*. Royal College of Physicians (May 2011). *National Sentinel Stroke Audit 2010, Round 7, Public Report for England, Wales and Northern Ireland*.

²⁹ Healthcare Quality Improvement Partnership and Royal College of Physicians (September 2010). *National Audit of Continence Care*.

ACCESSIBILITY: Clearly availability of provision and people's knowledge of what is available, impacts on the take-up of services. Equally, if service availability in a given area diminishes or increases then take-up is also likely to diminish or increase in equal proportion. For example, if the size of residential care homes increase and hence unit costs fall, take-up is likely to increase, even though residential care is not seen as the option of choice by most people. Price for some care services may also increasingly become a factor in influencing take-up.

Alternatively, if people have not heard about extra care housing, or cannot access information, then demand for provision is likely to be low. One local authority stated that demand for extra care housing was low as nobody identified such accommodation in their housing needs survey. However, as they had no extra care housing within their authority it is quite likely that people had no perception of what could be available and hence were hardly likely to choose it as an option.

"...The research suggests that there is very low awareness of how care and support are funded, although people do believe that caring for older people is a priority. People do not feel well-informed, meaning that very few people are planning to save for future care needs. Furthermore, findings indicate that people are often unable to distinguish between social care and health services."

Department of Health (2011). Fairer Care Funding: Analysis and evidence supporting the recommendations of the Commission on Funding of Care and Support.

WEALTH: Wealth influences demand in a variety of ways. Clearly there is a strong relationship between health and wealth, given

that in poorer areas people die younger than in more affluent areas. It can influence demand for housing in terms of people having property for sale. It will influence the balance between state funded care and that which people fund themselves.

People's attitudes to how they spend their money are also a factor. Older people may well see the purchase of a property as a financially sound use of their housing asset yet be resistant to paying for their care.

ATTITUDE TO RISK: People's attitude to risk, whether amongst family members or professionals, will impact on demand for what are perceived as 'riskier' service options.

"Demographic factors ... (such as a higher proportion of residents with dementia) point to an increasing reliance on relatives and representatives in the decision-making process."

Office of Fair Trading (2011). Evaluating the impact of the 2005 OFT study into care homes for older people.

In particular, clinicians' beliefs about what forms of care are appropriate after hospital discharge will impact on demand for services outside of 'the favoured' or more traditional pathway. For example, residential care might be marketed to anxious relatives, as offering 'safety' or 'peace of mind'.

INFORMATION: The extent of information about the services that are available and the outcomes those services are seeking to achieve will impact on demand³⁰. Lack of information will restrict the choices older people can make. Equally information in an inaccessible format will have the same effect. Inaccessibility may be in terms of language, in a lack of publicity or in format and style.

³⁰ All Party Parliamentary Group on Housing and Care for Older People (2011). Living Well At Home Inquiry.



What accommodation do older people want?

The Wanless Review, ‘Securing Good Care for Older People’³¹, offered an analysis of people’s preferences for housing and care as the table below shows. It illustrated that whilst there is a clear preference by older people to remain in their family home, many older people contemplate a move to alternative accommodation, although few people wish that to be residential care.

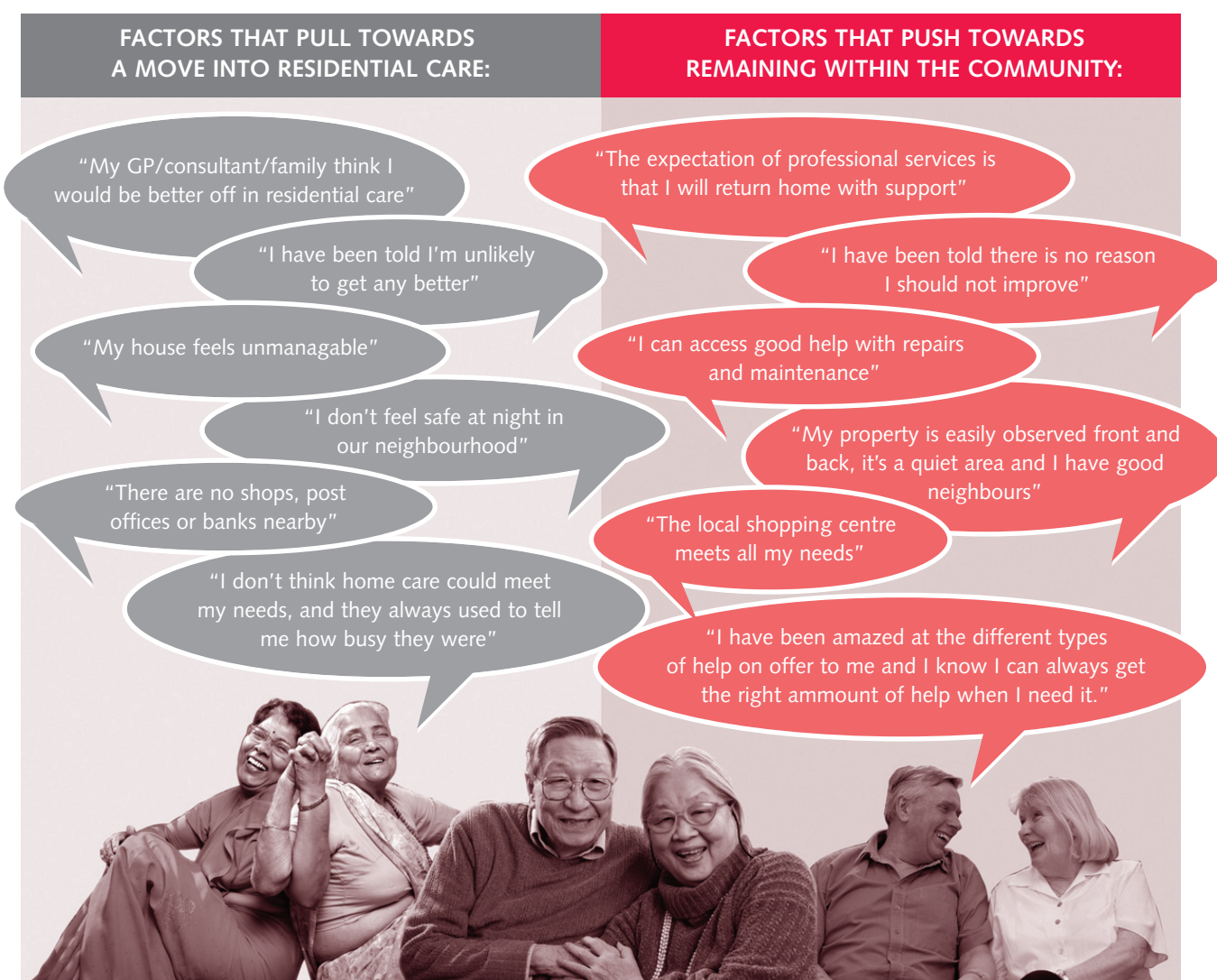
PEOPLE'S PREFERENCES SHOULD THEY NEED CARE:	%
Stay in my own home with care and support from friends and family	62
Stay in my own home but with care and support from trained care workers	56
Move to a smaller home of my own	35
Move to sheltered housing with a warden	27
Move to sheltered housing with a warden and other social care services such as hairdressing and organised social outings	25
Move in with my son or daughter	14
Move to a private residential home	11
Move to a local council residential home	7
Move to a residential home provided by a charitable organisation	3
None	1
Don't know	2

Such preferences are clearly not absolute but may be influenced by the choices that are on offer or indeed the perceptions people have as to what is available or is suitable. For example in the Netherlands³², where there is a wider choice of specialist accommodation for older people, the numbers wishing to move to alternative accommodation is greater than in the UK.

The numbers of people wishing to remain in their family home may be heavily influenced by limited choice rather than by a real preference. People’s views and opinions are also heavily

³¹ Wanless D (2006). *Securing Good Care for Older People: Taking a long-term view*. King's Fund.

³² VROM (2002). *Housing for the elderly in the Netherlands*.



influenced by what they believe to be true or what they are told by professionals as the diagram above illustrates.

However, when the question is asked about what are the characteristics of good quality accommodation for older people then although bound by people's knowledge of existing provision, people are clear about their desires. It comes as no surprise that older people's housing preferences in some respects are no different from other people's: to live in a nice neighbourhood, to have accommodation that looks good and to have friendly neighbours. There is also a strong

preference for it to be housing that has low maintenance costs and is easy to look after.

It could be argued that, in terms of the overall housing market, if there is a demand for new types of housing then surely the market will respond to that need as and when it arises. However, in reality there are a number of problems with such an approach:

- In terms of the timescales involved in planning and funding specialist housing developments (often 2 – 5 years), it is simply not possible to wait for need to emerge and then put in place what people require.

“Bungalows are popular, as are houses; while ground floor access is preferred for mobility reasons, some research found this had disadvantages in terms of security, so ground floor properties are considered least satisfactory. For those who could manage stairs, upper floor flats are sometimes preferred for security and quiet.

Fuel poverty and poor insulation still emerge as significant issues in much research.

Space is considered important; this includes space for hobbies, to have family and friends to stay, and for couples to have space independent from each other. A large property was not considered problematic in itself, though the ability to heat or maintain it may be an issue. This is particularly important, given the increased time spent on home-based leisure activities by those over 65.

Safety and security are important, and while this may relate to fear rather than reality, it should be taken into account during the design of new developments.

Well designed kitchens and bathrooms are important, and should have space for wheel chairs or mobility equipment.

Shops, services and public transport should be within easy access.

Good neighbours are important, and their age was only found to be a slight concern.

An open outlook is also popular, to watch others come and go.”

Scottish Executive Social Research (July 2006). *Time to Move? A Literature Review of Housing for Older People.*

Housing with care on site involves greater up-front costs than ordinary housing and hence is a higher risk for any developer.

- If provision is not available inevitably people fall back onto an institutional response of hospital and residential care (where there is already spare capacity if not the desire to occupy it). Often a housing move is precipitated by a crisis when people are ill. So inevitably the choice comes down to what is available.
- Most people are not good at predicting what will happen to them in old age, often believing that physical or mental incapacity is something that happens to other people and hence their future plans are not likely to take this into account.

Yet from the perspective of national wellbeing there are many good reasons for promoting the development of a wide range of housing suitable for older people. Good housing reduces the demand for care and support and improves people's health. It can deliver economies of scale when care is needed. It frees up family housing given that the highest levels of under-occupancy are amongst older people. Finally, given the widespread encouragement of home ownership, it offers a 'win-win' approach to provision, given that it is one way in which people can readily contribute to their health and well-being, whilst at the same time retaining their housing equity.

USEFUL RESOURCE

See **Tools A1** and **A2** for help in reviewing future needs and expectations amongst older people.



Developing projections of demand

Therefore, predicting future demand for particular types of housing is as much an art as it is a science. Baseline data can show likely future population trends, the number of owner occupiers, and the likely prevalence of certain conditions. Data about existing choices can show how demand for sheltered housing or residential care changes over time. However, people's desires and wishes also need to be understood and factored into the equation. As has already been stated give people few options and they are likely to remain in their traditional family homes even with a high degree of discomfort. Show attractive and affordable alternatives that match peoples desires and they are much more likely to opt for change.

Consumer led approaches

A number of local authorities and housing providers have begun to use structured focus group discussions with immediate pre-and post retirement populations to test the market. For some people even at 65 older old age may seem a long way off, yet for others, particularly those who have cared for their own older parents, they may have very clear views of their future accommodation needs and also what they might wish to avoid.

It is also possible to use example brochures of existing different types of specialist accommodation to explore people's potential preferences for where they might live and the price they might be prepared to pay for such accommodation.



Understanding existing use of accommodation

Much can be understood by exploring the existing use of accommodation. Care homes are referred to in more detail below but there is also information to be gained from other sources, such as understanding the relationship between sheltered housing and care homes. For example, which schemes seem good at supporting people in the community and why, as compared to which schemes seem to hurry people into residential care prematurely? What are the potential numbers that could have been cared for in the community if existing forms of accommodation had been available? There is also value in exploring the relationship between home adaptations, cost and outcomes. Sometimes even expensive modifications may still not be cost-effective, either in terms of the quality of life they deliver, or the potential to ensure someone remains within the community.

Understanding hospital admission and discharge data

Although an area that is often overlooked in terms of understanding demand for housing with care, reasons for hospital admissions, and data on hospital discharge, can provide a rich source of information about the impact inappropriate or poor housing is having on the health of the older population locally, and hence the scale of the potential demand for attractive, well-designed forms of specialist housing.

Two possible approaches

Neither of the approaches described are exact, but they can be used alongside other data to give at least a baseline for estimating potential demand.

A) MODELLING THROUGH CARE HOME DEMAND

Although perhaps now a little dated, a paper published in 2004³³ estimated that about a third of the population entering a care home could have moved to a form of housing with care as a viable alternative, with a further third who could have managed in such housing had they moved at some time earlier in their care history. Thus if you were only considering how demand for care home provision could be reduced through the delivery of extra care housing, this evidence would suggest that at least one third of residents could have been diverted to more appropriate housing with care, and possibly up to two thirds if appropriate information and advice had been available. You would then also need to consider the impact other interventions in the community could have on this demand, such as the provision of telecare, aids and adaptations, and better information.

B) MODELLING FROM POPULATION DATA

There are a number of different models for estimating demand for supported housing. "Housing markets and independence in old age"³⁴ offers one model. A more detailed approach is available in 'The Older Persons' Housing Toolkit'³⁵ although the assumptions on which it defines its prevalence rates are not included in the paper.

³³ Kerslake A and Stilwell P (2004). *What makes Older People choose Residential Care and are there alternatives?* *Housing Care and Support*; 7 (4): 4-8.

³⁴ Ball M (2011). *Housing markets and independence in old age: expanding the opportunities*. Henley, University of Reading.

³⁵ Appleton, N, in McCarthy and Stone (forthcoming). *The Older Persons' Housing Toolkit: Helping local authorities plan for specialist housing for older people*



FORM OF PROVISION	ESTIMATE OF DEMAND PER THOUSAND OF THE RELEVANT 75+ POPULATION
Conventional sheltered housing to rent	60
Leasehold sheltered housing	120
Enhanced sheltered housing (divided 50:50 between that for rent and that for sale) ³⁶	20
Extra care housing for rent	15
Extra care housing for sale	30
Housing based provision for dementia	6

Therefore, as a baseline, it is possible to extrapolate crude estimates of future demand from existing data. However, the result is likely to be heavily influenced by the range of services and accommodation that is offer.

USEFUL RESOURCE

See Tools A2 and A3 for help in identifying sources of data and approaches to exploring older people's preferences.



³⁶ Defined as provision with some care needs.



Key messages

The older people's population is going to significantly increase over the next twenty years with the oldest old group, and hence that most likely to need support, growing faster than the rest of the population.

The disparity between the richest group and the poorest is wide, although comparative affluence in older age is increasing substantially due to housing equity and occupational pensions.

The older people's population and its wealth is not distributed equally around the country and often not equally within any one local authority area.

Predicting future demand for housing with care services is subject to a large number of variables, but there is a good case for far more consumer research of what older people do and do not want from accommodation in older age. To gain an accurate view such studies need to be aspirational, not a review of current stock and choices.

Local authority planners and commissioners need to be clear about the volume of housing suitable for older people that might be needed, and where that can be located. In addition, they need to engage more effectively with primary health care and hospital to identify more integrated approaches across housing, health and social care for older people.

SECTION A, PAPER A3

Understanding the local market for older people's housing, care and support

This briefing paper forms part of Section A of the Strategic Housing for Older People Resource Pack. Section A discusses the wider policy context of housing for older people, and how we might better understand demand and supply in the market.

References are made to practical Tools and Resources provided at the end of the Section. These have been designed to support planners and developers in developing a strategic approach to meeting the housing needs and aspirations of older people.

Section B of the Pack looks in more detail at the effective delivery of extra care housing in particular, and contains further Tools and Resources. A comprehensive bibliography and weblibliography is provided in Section C.

Introduction

The provision of specialised housing for older people dates back to the Middle Ages with the development of Almshouses³⁷. Since then provision has moved from trade-based continuing care communities through to the significant development of sheltered housing following the Second World War. Sheltered housing was seen as part of a continuum sitting between general needs housing and the higher care provided in residential care homes. Most recently there has been a shift towards services that enable people to remain within their own homes, ideally homes which have been designed to promote independence. This paper explores the approach needed to understand and develop this market to meet the changing needs and expectations of older people into the future.

KEY FACTS – SUPPLY

TYPES OF HOUSING: There are approximately 19.6 million units of general needs affordable housing in England, of which 5.8 million accommodate pensioners, and there are just under 730,000 units of specialised housing³⁸. Only a minority of older people live in sheltered housing, even amongst those aged over 85 years. More than half (476,000) of the specialised housing units are sheltered accommodation; less than 40,000 are extra care housing³⁹.

OWNER OCCUPATION: The majority of older people households are owner-occupied. The prevalence of owner occupation increases the younger the population gets, for example of those aged 85 and over, 61% own their property whereas for those aged 65 to 74 the proportion increases to 76%⁴⁰.

SOCIAL HOUSING: A fifth of older people households are in social housing whilst only one in 20 are in privately rented housing. The proportion of older people households that are in social rented accommodation increases with age. Among those households where the household reference person is aged 50 to 64, 16% are social renters. This increases to 22% for those aged 65 to 84 and to 32% for those aged 85 and over⁴¹.

PRIVATE SECTOR HOUSING: Most vulnerable older households are in the private sector. Around 40% of private sector vulnerable households currently in non-decent homes are outright owners but often have little disposable income to use to modernise or repair their homes⁴².

³⁷ The first recorded Almshouse was founded by King Athelstan in York in the 10th century AD. The oldest charity still in existence is thought to be the Hospital of St. Oswald in Worcester, founded circa 990.

³⁸ Homes and Communities Agency (2009). *Housing our Ageing Population: Panel for Innovation (HAPPI) report*.

³⁹ *Ibid*.

⁴⁰ Office for National Statistics (2010). *Focus on Older People: Housing*.

⁴¹ *Ibid*

⁴² Department for Communities and Local Government (2008). *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society*.

CARE HOMES: As at July 2011, there were 4,608 care homes with nursing (providing 208,546 beds) and 13,475 care homes without nursing (providing 261,262 beds). An estimated 45% of care home places in England are occupied by people who are self-funding rather than being paid for by the state. The number of residential care home services fell by 10% between 2004 and 2010⁴³.

HOME CARE: There were 5,894 registered home care agencies in England as at July 2011, with the highest number in the South East, followed by the North West and London, and the lowest number in the North East. The majority of these (74%) provide services for older people. The number of agencies has increased by a third between 2004 and 2010⁴⁴.

ALARM CALL SYSTEMS: There are an estimated 1.5-1.6 million people using some form of social alarm in the UK, representing about 15% of those aged 65 years or older⁴⁵.

UNPAID CARE: The over 50s age group is the source of over half of unpaid care, the total value of which was estimated in 2007 to be £87 million⁴⁶. 12% of those aged 65 or over say they feel they are trapped in their own home⁴⁷.

COMMUNITY ALARM SERVICES: there were 1,715 community alarm services identified across England as at quarter 3, 2010⁴⁸.

HOME IMPROVEMENT AGENCIES: there were 339 home improvement services recorded across England as at quarter 3, 2010⁴⁹. There are estimated to be 230 individual HIA agencies.

HANDYPERSON SERVICES: the availability of handyperson services has increased across the country, but they are not yet available in all areas. Some 180 HIA agencies report offering services or elements of services⁵⁰.

BENEFIT REALISATION (REVENUE): an estimate of the net financial benefit (revenue) from providing £32.4 million worth of housing related support to older people in very sheltered housing (extra care housing) is £123.4 million⁵¹. An estimate of the net financial benefit (revenue) from providing £198.2 million worth of housing related support to older people in sheltered housing is £646.9 million⁵².

BENEFIT REALISATION (CAPITAL): An estimate of the benefit realisation (capital) of the £1,178.9 million investment in specialist housing for older people in 2008/9 and 2009/10 (where on average 41% was funded by the HCA) is £219 million, equivalent to £444 net benefit per person per year⁵³.

⁴³ Care Quality Commission (2011). *The state of healthcare and adult social care in England: an overview of key themes in care in 2010/2011*.

⁴⁴ Care Quality Commission (2011). *The state of healthcare and adult social care in England: an overview of key themes in care in 2010/2011*.

⁴⁵ European Commission (2010). *ICT & Ageing: European Study on Users, Markets and Technologies*.

⁴⁶ Carers UK (2007). *Valuing carers – calculating the value of unpaid care*.

⁴⁷ *Help the Aged and Age Concern* (2009). *One Voice: Shaping our ageing society*.

⁴⁸ Department for Communities and Local Government (2011). *Supporting People Local System Data: Quarter 3 (Financial Year) 2010*.

⁴⁹ Department of Communities and Local Government (2009). *The future Home Improvement Agency: Handyperson services report*.

⁵⁰ Department of Communities and Local Government (2009). *The future Home Improvement Agency: Handyperson services report*.

⁵¹ Department for Communities and Local Government (2009). *Research into the financial benefits of the Supporting People programme*.

⁵² *Ibid.*

⁵³ Homes and Communities Agency (2010). *Financial benefits of investment in specialist housing for vulnerable and older people*.

A changing market

More recently, and particularly since the 1980s, the traditional model of sheltered housing has faced a series of challenges: increased expectations, for example around the acceptability of bedsits and shared facilities, a shift towards supporting people to remain in their own homes (including within sheltered housing) as their care and support needs increase, an emphasis on creating a 'home for life' and reducing admissions to care homes, and difficulty letting poorly designed or poorly located housing.

The response has been to develop new types of housing which are well designed, provide a range of care and support services, and can meet the needs of more frail residents. There are a bewildering array of names for such developments, eg, very sheltered, assisted living, retirement homes, retirement villages, extra care, housing with care, flexi care and close care. Despite these developments older people still face a choice which is limited in terms of tenure, affordability, location and service design.

The need for a local strategic approach

The need for a cross-agency strategic approach has been given a strong emphasis by a range of government and national bodies⁵⁴. The problem is that housing tends only to be seen in terms of a planning or housing department issue within many local authorities. Therefore, health commissioners may not see the gain to be had from new housing suitable for older people; social care may not understand the requirements and approaches of the planning authority.

"Older people's housing will only be a priority for investment if the need for it is identified in local and regional strategies; but commissioners have found it challenging to integrate the evidence base for health, housing, care and support at both local and regional levels."

National Housing Federation (2010). *In Your Lifetime: A vision of housing, care and support for an ageing society.*

Yet developing a range of housing suitable for older people with a variety of needs involves social care, health and supporting people both in terms of the resources it consumes and the financial and human benefits it might deliver. It also needs to straddle different forms of tenure and particularly owner occupation.

As stated elsewhere, without better owner-occupied housing in the community, the choice for older people who are home owners may often be between "getting by" in unsuitable accommodation, or up-rooting to some form of institutional care in unfamiliar surroundings.

"Providers have to have a good understanding and knowledge of this specialist market in order to succeed. These are necessary in all aspects of the business: land assembly and planning, design, specification, finance, marketing and sales, and in the setting up of the continuing client service and maintenance operation."

Ball M (2011). *Housing markets and independence in old age: expanding the opportunities.* Henley, University of Reading.

⁵⁴ See, for example: *All Party Parliamentary Group on Housing and Care for Older People (2011). Living Well At Home Inquiry.*

Therefore, bringing developers and funders into long term strategic partnerships with the health service and local authority, whether they are registered social landlords, voluntary organisations or independent sector providers, is important.

Reviewing the market

Whether from the point of view of a commissioner of services, a developer or a provider, there needs to be a good understanding of the market by all parties.

“Councils and their partners need to understand their local context regarding care and support needs, and the relative supply position, if they are to develop a diverse range of high quality provision that people want.”

ADASS et al (2010). Think Local, Act Personal: Next Steps for Transforming Adult Social Care.

Gaining such an understanding is likely to require answering questions such as:

- How is the local market structured, for example in terms of size, value, users?
- Who are the key players in the market place, and what products and services do they offer? What is the quality of services on offer? What is competition like in this area?
- What related services are provided which could impact on demand?
- What is the current capacity and capability in the marketplace?
- What are the drivers behind the market?
- What business opportunities are regarded as most desirable? What is the scope for innovation and expansion in the market? What price for different types of accommodation might the market bear?

“Councils have a role in stimulating, managing and shaping this market, supporting communities, voluntary organisations, social enterprises and mutuals to flourish and develop innovative and creative ways of addressing care needs.”

Department of Health (2010). A Vision for Adult Social Care.

There are a number of documents required at a local level which should encapsulate this information and make it publicly available. These include Strategic Housing Market Assessments, Local Investment Plans and Local Development Plans, Joint Strategic Needs Assessments, and increasingly local Market Position Statements.

“The Market Position Statement is the product of the Council's work so far to bring together a range of information about the market into one short and easily accessible document. It acts as a calling card to the market, by stating the Council's understanding of the local social care and support market as well as setting out how it intends to behave towards the market in the future. It represents the start of an ongoing dialogue between the Council, people with care and support needs and existing and prospective providers of care and support in the District. It summarises key messages about demographic trends and population needs and their projected impact on demand. It also includes information about the current range of supply; including cost, quality and recent expenditure.”

Bradford Metropolitan District Council.
www.bradford.gov.uk/bmdc/health_well-being_and_care/adult_care/related_information/market_development.

On the latter the suggestion is that the local authority takes the lead but moves away from lengthy and sometimes highly descriptive commissioning strategies. Instead the Joint Strategic Needs Assessment should reflect the housing needs of the older people population and in terms of supply then a succinct Market Position Statement, developed by the local authority but for the market, should help to provide the necessary overview.

A Market Position Statement should be a document which describes the local authorities intentions towards the market, taking into account its current size, shape and performance, and how new forms of accommodation suitable for older people can be driven forwards.

Other characteristics of a Market Position Statement are that it should:

- Cover the whole market, ie, not just the element that the local authority funds.
- It should be market facing, ie, contain information the authority believes, and can substantiate, would be of benefit to providers.
- Indicate how the local authority intends to behave towards the market in the future.
- Be a brief analytic rather than descriptive, document.
- Be knowledge based in that each statement it makes should have a rationale that underpins it, whether through population estimates, market surveys, research, etc.

USEFUL RESOURCE

See **Tool A2** for a range of useful data sources in understanding the market, and **Tool A6** for help for the development of a Market Position Statement.



Reviewing sheltered housing

Given that the current stock of sheltered housing is probably the highest value asset predominantly owned for older people in the public domain, then the quality of that stock and how that asset is used is critical. Once spent there is unlikely again to be an investment of equivalent value.

"476,000 of specialist housing units for older people are sheltered accommodation; less than 40,000 are extra care housing."

Homes and Communities Agency (2010). Housing our Ageing Population: Panel for Innovation (HAPPI) report.

Yet housing is vital to ensuring the independence and social inclusion of people who are vulnerable or disadvantaged as a result of their age, ill-health, disability or circumstances. Inaccessible or inappropriate housing can significantly reduce the ability of people who have ill-health or a disability to lead good quality lives, and in many cases is a direct contributor to unnecessary entry into institutional care. In seeking to provide accommodation for older people, sheltered housing should be appropriate to needs, promote independence, offer full accessibility and, as far as possible, provide a home for life for its residents. It should not be a stepping stone on the pathway to residential care.

Although many sheltered housing providers are reviewing their stock, few local authorities have the same level of information about their local market as a whole⁵⁵. In addition, current

⁵⁵ Department for Communities and Local Government (2010). *More than just a few kind words: Reshaping support in sheltered housing: A good practice guide for housing providers and local authorities.*

stock assessment methods may not go far beyond measuring volume and take up as a whole, including the wider leasehold retirement housing market.

"The majority of sheltered housing stock was built in the 1950s, 1960s and early 1970s when a philosophy prevailed that an older person would live in low-support housing for a limited period of time before moving to residential care as their support needs increased."

Local Government Group (2010). Good homes in which.

Whether the stock is in the private sector, held by Registered Social Landlords/housing associations, or by the local authority, there is, as a part of reviewing supply, a need to explore how this might meet future housing need. This could entail reviewing quality (projection of long term maintenance costs), accessibility (whether the whole scheme is wheelchair accessible), value (land and property), location (proximity to neighbourhood facilities) and tenure (is this for all sectors of the community?).

USEFUL RESOURCE

See **Tool A4** for a description of the key issues in assessing sheltered housing and potential sources of information to support appraising options and investment decisions.



Reviewing the pathways to care

For the local authority it will be important to have a good understanding about what proportion of the total housing with care market may act as an alternative to residential care, given that local authorities have been challenged to develop preventative measures that can defer or delay people needing longer term care⁵⁶. Clearly the long term role of sheltered housing and using that resource when modified to deliver quality housing, into which the full range of care, support and health services can be delivered, is likely to become the focus of a number of partnership arrangements⁵⁷.

However, the key task here is knowing what level of investment by the local authority and by the health service will deliver a return in terms of reduced hospital admission and/or in terms of reduced admission to care homes as part of their locally agreed Quality, Innovation,



⁵⁶ Department of Health (2009). *Use of Resources in Adult Social Care*.

⁵⁷ See also: Chartered Institute of Housing (2009). *Housing, Health and Care: A policy and practice report*.

Productivity and Prevention (QIPP) agenda⁵⁸. Only by making that estimate can local Health and Wellbeing Boards determine the level of investment they might wish to make in housing-based approaches. Some of this work can be done through reviewing past cases and determining which conditions may be diverted or alleviated through a housing-based response.

Housing with care and support is, in general, lower in cost to local authorities than residential care, although this may depend on the level of capital borrowing required to fund new schemes and on the criteria for admissions to schemes⁵⁹.

“When matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing. Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care”

Personal Social Services Research Unit (July 2011).
Improving Housing with Care Choices for Older People: An Evaluation of Extra Care Housing.

“Most homes and communities have not been designed to meet people’s changing needs as they get older. Inclusive housing and wider environmental design is key to people’s health and well-being, and the suitability of the built environment plays a critical role in the provision of social care and health services. Planning homes and neighbourhoods to take this major demographic change into account is therefore central to all housing provision, mainstream and specialist alike.”

Homes and Communities Agency. http://old.homesandcommunities.co.uk/vulnerable_people

What these services cost and how they are configured will have a profound impact on people’s ability to remain within the community.

Certainly, maintaining people in their traditional family home does not always mean low cost. For any one individual, services may include: home care, meals services, care and repair, community alarm, installation of aids, handy person services, housing adaptations, district nursing, floating warden support, psychiatric nursing, physiotherapy, occupational therapy, podiatry and community bathing services. Such services may be supplied by a range of agencies across the independent, state and voluntary sectors, and some may be charged for whilst others are not. It is therefore of little surprise that many older people get confused by their care and support arrangements.

Given the range of provision there also tends to be little monitoring of the impact of any single approach or configuration of services where

Reviewing community based services

Whether people live in traditional family housing or have made a move to housing more appropriate to their needs, many will access the range of community based services.

⁵⁸ The NHS have adopted a Quality, Innovation, Productivity and Prevention (QIPP) approach to improving efficiency and quality through the transformation of services. Further information is available at: www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm

⁵⁹ Joseph Rowntree Foundation (2008). *Costs and outcomes of an extra care housing scheme in Bradford.*



there is an attempt to relate activity to cost to outcome. For example, few local authorities seem to effectively monitor the impact of delays in delivering equipment or undertaking adaptations on outcomes for service users. One regional study found that local housing authorities set their budgets for Disabled Facilities Grants on the basis of demand in previous years rather than on assessing need and the cost benefits the grant delivers⁶⁰.

Similarly, the provision of home improvement services more broadly can impact on public expenditure elsewhere: a report on the role housing can play in addressing health inequalities cites an example of a reduction from £29,000 to £21,000 a year in home care costs through the provision of housing adaptations⁶¹.

Commissioners of services and those that seek to facilitate their local social care and housing market need to look at how they can introduce efficiencies through combining services; delivering integration at the point of service

delivery rather than just in management structures. It may also call for a far more rigorous understanding of cost benefit in order to determine the relationship between cost, activity and outcome.

Reviewing neighbourhoods

If health and care cannot deliver their objectives of maintaining more people in the community without suitable and appropriate housing being in place then equally housing cannot deliver that outcome without people feeling comfortable and safe within their communities and neighbourhoods. People wanting to stay in the community means health and care services that help to deliver independence, housing suitable for needs and which promotes well being and communities where people feel safe and secure and from which their needs can be met.

⁶⁰ Joint Improvement Partnership South East (2011). *Think Local, Act Personal and Housing – Making the connection: Providing disabled facilities in the home.*

⁶¹ National Housing Federation (2010). *Invest in housing, invest in health.*

"From a local authority viewpoint, a community-orientation begins to address a broad range of policy requirements. These include providing support for older and vulnerable households living in their own homes, enhancing neighbourhood sustainability and promoting community cohesion."

Keepmoat et al (2011). *Housing an Ageing Population: The Extra Care Solution.*

Good neighbourhood design for older people⁶² can mean a variety of things, such as:

- Are health and care services grouped in the areas of highest density?
- Are there nearby shops and banks and are shops and banks accessible to older people, particularly those with mobility scooters?
- Are neighbourhoods considered safe, eg, what are the reaction times on street lighting failure, is access to property safe and secure?
- Are transport systems accessible?
- Is there a structured plan for the installation of drop curbs.
- Are there verified and police-checked local care and repair services?
- Is there easy access to a range of social activities and facilities?

Development of neighbourhoods that 'work' for older people clearly involves far more than just housing, health and care. Planning, leisure services, libraries, and a plethora of voluntary agencies and endeavours all have a part to play in creating and supporting communities that older people might wish to remain within.



⁶² Of interest is the Dutch model of 'Woonzorgzones'. These are now being planned in about 30 neighbourhoods and villages all over the Netherlands. The Woonzorgzones are geographical areas that offer round-the-clock care and a certain percentage of adapted housing within 200 meters walking distance of integrated service.

Reviewing planning guidance

The use of the planning system is a key component in ensuring the quality and supply of an effective older person's housing market, and extra care housing in particular. Anecdotally, many social care and health Leads have confessed that a lack of links with, and understanding of, planning in the past has meant that older people's needs have not been considered or prioritised when planning applications or new housing developments are considered.

"Planners are often missing from the table in discussions about joined up planning and provision of services for older people ... more needs to be done to help planners understand the need for diversity and choice in housing options for older people."

Local Government Group (2010).
Good homes in which to grow old?

More recently a number of policy documents have specifically required that authorities ensure planning policy takes into account the impact of an ageing population. As the draft National Planning Policy Framework sets out, local planning authorities need to "plan for a mix of housing based on current and future demographic trends, market trends, and the needs of different groups in the community (such as ... the elderly and people with disabilities)"⁶³. The government's emphasis on decentralised and local decision-making will make it particularly important that

commissioners develop an ongoing working relationship with planners and local citizens.

There are a number of ways strategic commissioners need to work towards ensuring that the planning arrangements in their local authority support the delivery of the agreed local vision for housing suitable for older people⁶⁴:

- Ensuring robust and up-to-date evidence reflecting older people's needs is available to support planning decisions.
- Responding to consultation planning documents to ensure older people's needs and preferences are reflected within them, and that they will support the delivery of local policy.
- Regularly consulting with and updating planners about local policy direction. There are three areas in particular where this is likely to prove helpful:
 - Responses to planning applications for new care homes and how to ensure they fit with the local policy direction as far as possible.
 - Supporting the development of new extra care housing schemes.
 - Supporting the development of other forms of housing for older people as part of local regeneration mixed use developments.
- Ensuring there is a clear strategic approach setting out local preferences in terms of whether a predominantly housing model or residential care model is preferred⁶⁵.
- Developing a clear approach to Section 106 (or similar) applications in support of older people's housing.
- Development of pre-planning guidance for independent and voluntary sector developers which outlines the local authority's vision for extra care housing and older people's

⁶³ Department for Communities and Local Government (2011). Draft National Planning Policy Framework Consultation.

⁶⁴ Royal Town Planning Institute (2006). Good Practice Note 8: Extra Care Housing: Development, planning, control and management.

⁶⁵ See: Discussion re planning classes and their implications for planners and developers in Housing LIN (2011). Viewpoint: Planning use classes and extra care housing.

housing and any minimum requirements would assist in ensuring that any potential developers had an understanding of expectations prior to application. This may form part of the Market Position Statement, Strategic Housing Market Assessment, or an existing Local Development Framework.

"More Londoners are living longer and more older people are choosing to remain in their own homes rather than go into residential institutions. To address these and future needs, all London's future housing should be built to 'Lifetime Homes' standards and 10 per cent should be designed to be wheelchair accessible or easily adaptable for wheelchair users."

Greater London Authority (2011). The London Plan: Spatial Development Strategy for Greater London.

Deciding on a local approach

This paper has explored the issues which need consideration if an understanding of the local market is to be developed.

Looking at this alongside the understanding of local demand (*described in paper 2*) will enable commissioners and providers to identify the types of housing, care and support services

that are needed to deliver local strategic outcomes for the older population, including the role extra care housing could play in this. The remaining papers in this resource pack consider the planning, design and delivery of extra care housing in this context.

Key messages

Good housing suitable for older people will only be developed if public care agencies and the local authority work together and that they work in partnership with Registered Social Landlords, the voluntary and private sectors. This needs to be across all forms of tenure.

Local authorities can help the sector by developing, providing and discussing with all interested parties the shape of local housing markets for older people now and how they might be changed in the future.

Local reviews of sheltered housing stock are vital if the asset of sheltered housing is not to be lost.

Planning departments in local authorities need to recognise the future demographic make-up of their communities and develop Local Development Plans that will help to create a wider choice of housing suitable for older people, and assist in the development of rural and urban environments that work for older people.



SECTION A

Tools and Resources

These tools and resources form part of Section A of the Strategic Housing for Older People Resource Pack. They support the key activities commissioners, funders, providers and developers need to undertake to effectively plan and deliver housing that older people want locally.

- A1** Reviewing housing needs amongst older people – a checklist.
- A2** Data sources for help in estimating demand and understanding the market.
- A3** Conducting focus groups with pre-retirement populations.
- A4** Assessing the capacity of current sheltered housing to meet future needs.
- A5** Developing an Accommodation Strategy.
- A6** Developing a Market Position Statement.

Each of these tools can be downloaded from the Housing LIN or IPC websites.

A1

Reviewing housing need and demand amongst older people – a checklist

This checklist aims to provide a framework from which a basic population review can be conducted. It focuses on the data to be captured. Once retrieved it would be expected that significant trends could then be identified. It might be expected that this activity would be a basic part of the work of a Joint Strategic Needs Assessment (JSNA) or Strategic Housing Market Assessment (SHMA).

TOPIC	QUESTIONS
Baseline data	How do we define older people (remember this is about planning to meet housing need in the relatively immediate future)? How many older people are there now, and will be in the future (maybe at five year intervals for the next fifteen years)? How is the distribution of older people likely to change (for example, changes in the proportion of the population that are aged 85 and over)?
Minority and specialist populations	Are there groups within the population potentially requiring specialist services? For example, people with a dementia, people with learning disabilities, sensory impairments, people from different faith groups?
Location	Where and how, do older people currently live? For example geographical location, tenure and, household status. What is the level of under occupation? How might this picture change over the next 10 – 15 years?
Housing condition	What is the general condition of housing occupied by older people? Roughly, what proportion might be capable of adaptation, or is it already of a sufficient design standard to enable older people to remain living in it independently?
Health	What is the health of the population? Given the known triggers for moves into specialist housing and residential care, are there particular groups within the population likely to need or want to move? What have been the recent results of health surveys concerning, falls, Chronic obstructive Pulmonary Disease (COPD), etc, where the person's condition might be improved by better housing solutions? How is this reflected in local JSNAs or meeting Clinical Commission Group or Quality, Innovation, Productivity and Prevention (QIPP) objectives?
Current Service Demand	What is known about current demand for health, housing and social care services? Are there patterns of particularly high demand across the locality? How do these patterns of demand fit with the picture nationally? What is known about the expectations and preferences of older people locally in terms of their housing desires?
Wealth and eligibility for services	What is the level of wealth and housing equity held by older people as compared to the regional and national average? How might this impact on housing provision or the self-funder market? What proportion of the local population is likely to meet local social care eligibility criteria? What proportion of the older peoples' population currently in receipt of residential care may have an alternative option given the development of extra care housing?

A2

Data sources for help in estimating need and demand and understanding the market

This table sets out some of the potential sources of data which could be considered when compiling data around health and wellbeing generally, as well as how it relates to estimating housing need.

TITLE	COMMENTARY	ACCESS
Joint Strategic Needs Assessment (JSNA)	The JSNA should represent a combined view of demand across health and social care and in some instances housing. Normally developed by Public Health bodies but vary widely in terms of size and focus.	Usually available via most search engines through using the name of the local authority and the title JSNA. Guidance on JSNAs and the core dataset is available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097
Projecting Older People's Population Information System (POPPI)	The POPPI Demand Forecasting and Capacity Planning tool provides the latest National Statistics for the 65+ population for individual local authorities down to district level. Its forecasts extend to 2030 and are split by gender and age-band. Contains information on: <ul style="list-style-type: none"> • Living status. • Support arrangements. • Health prevalence data. • Older people and learning disabilities. • Local performance data based on the latest PAF and RAP returns for services for older people. 	Available at www.poppi.org.uk
Regional Health Observatories	At the time of writing the network of nine Public Health Observatories in England are continuing to work together in collaboration on an agreed single work plan. The Association of Public Health Observatories has been formally dissolved but the website www.apho.org.uk will be maintained during this period of transition until the new public health system for England is more fully in place.	Regional Health Observatories can be reached by contacting The Association of Public Health Observatories website at www.apho.org.uk/ihc Regional Health Profiles 2011 are available at www.apho.org.uk/default.aspx?QN=HP_COMPARISON_RAGS_2011



TITLE	COMMENTARY	ACCESS
Risk Prediction Tools	<p>There are a wide range of risk stratification models in use across the NHS. These models range from the Patients at Risk of Re-hospitalisation (PARR) and the Combined Predictive Model (CPM) described below, to tools developed by commercial organisations to support long term conditions management. The Patients at Risk of Re-hospitalisation (PARR) tool has been developed by the King's Fund in partnership with Health Dialog and New York University. PARR is a software tool that uses inpatient data to identify and predict patients at risk of re-hospitalisation within a year. It aims to improve the management of high-risk patients, particularly those with long-term condition through finding a way of identifying patients before their condition has worsened and consequently avoiding avoidable admissions.</p> <p>There is also a Combined Predictive Modelling tool that uses a broader and more comprehensive set of data to identify patients who may become frequent users of secondary care services, and whose condition is deteriorating but who would not yet be picked up by PARR.</p>	For a list of tools that are in use on predictive modelling in the NHS go to: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129779.pdf
Forecast Length of Stay and Cost tool (FLoSC)	Care Services Efficiency Delivery (CSED) has developed FLoSC with the Health and Social Care Modelling Group at Westminster University. FloSC is a practical software decision tool for local authorities to Forecast Length of Stay and Cost of their clients in institutional long-term care. It analyses the history of people in residential and nursing care and forecasts the future length of stay and cost of the people in care today, which those local authorities are committed to caring for, based on past decisions. It provides an analytical base-line for budgeting and capacity planning and an indication of the opportunity to reduce this major element of social care costs.	FLoSC can be found at www2.wmin.ac.uk/hscmg/flosc/
Housing Market Assessments	Local Authorities under guidance from the Department of Communities and Local Government are obliged to produce Strategic Housing Market Assessments (SMHA). This document should provide: estimates of current dwellings in terms of size, type, condition, tenure and an analysis of past and current housing market trends. Within the assessment there should also be an estimate of demand for affordable housing with a particular emphasis on identifying the needs of priority groups such as key workers, people with a disability, etc. These assessments should, although may not, include information about demand for housing for older people.	The guide to Strategic Housing Market Assessments can be found at www.communities.gov.uk/publications/planningandbuilding/strategichousingmarket . Individual SHMAs are normally available on websites through searching by local authority name and SHMA.



TITLE	COMMENTARY	ACCESS
Local Investment Plans and agreements	Local Investment Plans have been developed out of the Single Conversations held in localities by the Homes and Communities Agency (HCA) with local authorities and key stakeholders, and set out to describe the level of and rationale for social housing investment. These are now voluntary. ⁶⁶	Via HCA website at www.homesandcommunities.co.uk/inyourarea
Choice-based lettings and other housing registers	Information about current unmet local demand as expressed in applications for housing will be available from the organisations managing choice-based lettings or holding housing registers in each locality.	Via local housing authority websites for contact details.
English Housing Survey (EHS) and local authority private stock condition surveys	The EHS collects information about people's housing circumstances and the condition and energy efficiency of housing in England. Each local authority is required to understand the private sector housing condition in its own area typically through surveys carried out every five years.	EHS is available at www.communities.gov.uk/housing/housingresearch/housingsurveys/englishhousingsurvey/ Surveys are usually published on local authority websites for individual localities.
Elderly Accommodation Counsel (EAC)	EAC draws on its database of information about UK housing provision and care homes for elderly people to produce publications, analyses, mapping and informed commentary of benefit to housing and care providers, funders and policy makers.	Further information is available at www.housingcare.org
Social Trends, Office of National Statistics	An established reference source, Social Trends draws together social and economic data from a wide range of government departments and other organisations; it paints a broad picture of UK society today, and how it has been changing.	Reports are available at http://data.gov.uk/dataset/social_trends
SIGNet	Useful online tool developed by Homes and Communities Agency (HCA) to inform investment decision making. It allows users to access the HCA's data hub and to interact with data on a map interface. Users can search for, load and explore data sourced from a variety of organisations including The Environment Agency, Local Authorities, Office for National Statistics and Ordnance Survey.	Contact your local HCA Investment Manager for details.

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⁶⁶ Homes and Communities Agency (2010). *Local Investment Plans – Core elements*.

TITLE	COMMENTARY	ACCESS
Strategic Health Asset Planning and Evaluation (SHAPE)	<p>SHAPE is a web enabled, evidence based application which informs and supports the strategic planning of services and physical assets across the whole health economy. It:</p> <ul style="list-style-type: none"> • Links national datasets for clinical analysis, public health, primary care and demographic data with estates performance and facilities location. • Enables interactive investigations by health commissioners and providers and local authorities. • Supports key policy initiatives such as QIPP, JSNA and Transforming Community Services. 	http://shape.dh.gov.uk/

A3

Conducting focus groups of pre-retirement populations designed to explore their responses to future problems as they age⁶⁷

When estimating future demand for services it is important to understand what people's expectations might be and what would be their preferences. This brief guide describes an approach for conducting focus groups with pre-retirement populations. It is designed to elicit an understanding of the types, and characteristics, of services which people might expect to see if they become frailer or develop specific health needs.

Aim

The aim of the focus groups is to understand from immediate pre-retirement age groups their plans and thoughts about care and support in old age. The focus groups should be semi-structured and run for approximately two hours.

given that there is a risk of the discussion being inhibited or observers being drawn into the debate. In addition to the facilitator and the recorder, it is also helpful to have a third person to manage logistics and follow-up if any participant is distressed.

Facilitation

The groups should be facilitated by a skilled facilitator to pose questions, seek clarification and promote dialogue between participants. One facilitator should not conduct more than two focus groups in one day. The facilitator should be seen to be independent of council care services but could be a suitably trained council employee. A suggested approach is provided in *Anticipating Future Accommodation Needs*⁶⁸.

Participants

To get a reasonable sample across a local authority, organisers might wish to aim for five to ten groups (depending on the size of the authority) involving no less than eight and no more than twelve participants in each group (groups with less than eight people may not promote discussion; with more than twelve, some participants may not contribute). It is important to avoid the 'usual suspects', ie, people who are regularly involved in consultation exercises.

Recording

An experienced note taker responsible for summarising the main themes should also be present. Tapes can be used but a note taker is often less obtrusive and can act as a useful sounding board in testing results with the facilitator. Observers are not recommended

Recruit participants aged between 63 to 65 years and who are broadly representative of the local population in terms of gender, socio-economic status, tenure, and ethnicity. Obtaining a sample has been achieved by local authorities in a number of ways; through co-operation with the local Department for Work and Pensions, using bus pass lists, citizens'

⁶⁷ This approach is based on work that IPC conducted for CSED as published in: *CSED (2007). Anticipating Future Needs toolkit.*

⁶⁸ *Housing LIN (2007). Case Study 31: Anticipating Future Accommodation Needs: Developing a consultation methodology.*

panels and advertising in local newspapers, libraries and shops. It may be important to get people to record at the start their approximate income, age and type of tenure/housing they occupy. For some people it may be necessary to consider making practical arrangements if they are full time carers. Some groups should be held in the evening to allow people who work to participate. It is important to reimburse participants' expenses incurred in attending. Most focus group organisers give people some form of honorarium, commonly in the form of shopping vouchers.

Venues

Venues should have good transport links, easy access for those with disabilities and appear 'agency neutral' and not old age-biased, ie, not part of the local authority, health service or voluntary sector working with people in old age.

At the venue, provide level space for wheelchairs and walking frames, facilities for people with hearing difficulties, comfortable facilities with accessible toilets, and adequate breaks.

Timetabling

Plan how people will be welcomed on arrival, how refreshments will be served and how to manage late arrivals. Have refreshments before the session begins rather than in the middle as a break may cause the discussion to lose momentum; refreshments at the end may cause confusion over when the discussion terminates and get in the way of the next group coming in.

A4

Assessing the capacity of current sheltered housing to meet future needs

As part of understanding the supply in a given locality, it is important to understand existing sheltered housing provision and the contribution it could make to delivering strategic outcomes for the older population. For each sheltered housing scheme this checklist is designed to:

- Enable the development of a strategic view of sheltered housing stock in a locality, and assess its likely contribution to strategic outcomes for the older population.
- Assess whether the sheltered housing stock is able to meet the needs of older people both now and in the future.
- Categorise stock to enable future prioritisation for refurbishment, remodelling or other investment, or decommissioning.

INFORMATION NEEDED FOR ASSESSMENT	POTENTIAL SOURCES OF INFORMATION
<p>Standard and condition</p> <ul style="list-style-type: none"> • What type of scheme is it, including age, size, type of accommodation? Is the accommodation very small or are the facilities old-fashioned? • What is the current standard and condition of the building both internally and externally? How does the scheme perform against national standards, such as Lifetime Homes or DDA compliance? Does it require major refurbishment and is it capable of bringing up to standard affordably? • How does it perform in terms of energy efficiency and sustainability⁶⁹? 	<p>Information gained from resident involvement activities and customer feedback including complaints.</p> <p>Elderly Accommodation Counsel database at www.housingcare.org</p> <p>Provider data including property condition surveys and response maintenance information.</p> <p>Bespoke surveys of providers including site inspections.</p> <p>Use of the 'Evolve Tool'⁷⁰ to assess to assess how well a building contributes to both physical support of older people and their personal well-being.</p> <p style="text-align: right;">></p>

⁶⁹ See: *Housing LIN (2010). Technical Brief 4: Extra Care Housing: Designing, assessing and delivering sustainable homes.*

⁷⁰ *The Evolve Tool* <http://www.housinglin.org.uk/Topics/browse/Design/DesignGuides/?parent=6594&child=7997>

INFORMATION NEEDED FOR ASSESSMENT	POTENTIAL SOURCES OF INFORMATION	
Value and demand	<ul style="list-style-type: none"> • What are the number and length of voids at the scheme? Is the scheme, or particular flats within it, increasingly difficult to let? Have flats been let to younger people in order to ensure voids are filled? • Why do people leave the scheme, and what might this suggest about its suitability for older people? • What is the value of the scheme, both in terms of the building, the land, and its current density? Could there be options to increase the density? Would it provide an opportunity to realise capital to invest in more appropriate housing? • What are the current levels of care and support provided into the scheme? • Does the footprint allow for additional communal facilities? 	<p>CORE data (Continuous Recording of Lettings and Sales in Social Housing in England) https://core.tenant-servicesauthority.org/</p> <p>Local housing register or Choice Based Lettings databases.</p> <p>Provider lettings and sales data.</p> <p>Social care data (care and support provision).</p> <p>Local land registry data.</p>
Accessibility and adaptability	<ul style="list-style-type: none"> • Does the building promote or restrict independent living through its design? Are there identified factors which might limit the potentiality for change, internal pillars, asbestos, etc. • Can the scheme support older people with a physical, sensory or mental frailty? • Is the building wheelchair accessible, and how accessible is the immediate area? Are there facilities for re-charging mobility vehicles? • Is the building capable of making use of assistive technology, or to what degree is it doing so already? • Are there good local facilities which are readily accessible? • Is there sufficient storage space? 	<p>Resident and staff surveys, focus group discussions and one-to-one interviews⁷¹.</p> <p>Bespoke provider surveys and scheme visits.</p> <p>Discussions with local health and social care professionals.</p>

⁷¹ For further information about effective consultation see: Pensions Advisory Service and Centre for Housing and Support (2010). *Effective Resident Involvement and Consultation in Sheltered Housing – A Good Practice Guide for Providers and Commissioners.*

Many local authorities will already have older person's accommodation strategies; for some this will be part of a wider older person's or adult social care document, for others it may be in the form of a market position statement. The purpose of an accommodation strategy in this context is to describe the role that accommodation performs in delivering care and support. This may encompass the future role of residential care, of extra care and sheltered housing and housing support services, such as care and repair or assistive technology. It is likely to straddle both public and private sector housing. The material below offers a template for developing such a strategy.

Summary

This should give a summary of the overall strategy and the agreed approach over a particular time period. It should include the investment/disinvestment to be made over that period. It can be produced as a separate, short document, or as an 'executive summary' at the front of the strategy.

Introduction

The introduction states the purpose of the strategy and shared values and vision. It provides a brief picture of the range of accommodation and services under consideration and identifies the priorities and the outcomes that the strategy is trying to achieve. It may also contain a definition of commissioning. Often, there will be a brief description of how the strategy was developed, ie, the process or methodology undertaken and the partners who have agreed its content.

Legislation, national and local guidance

This should bring together requirements that are either advised or mandatory for the organisations developing the strategy, together

with statements about organisational goals and values where they have a bearing on the strategies development.

Demand forecasting

This should contain the analysis from a broad-based review of demographics, research, surveys of relevant populations (both national and local), surveys of user, carer and patient needs and the key aspects of conditional demand to be addressed, ie, known unresolved needs of the population. It should conclude by identifying the target groups for different types of accommodation provision and the needs this will fulfil. This might include defining who residential care is for as well as who the authority thinks it is not for, and the role that assistive technology might perform.

Supply analysis

This has a number of components, which build to present a picture of existing services and their use as well as a wider picture of the market and an assessment of current gaps in service availability or performance.

- A 'map' of accommodation – where is specialist accommodation (residential care,

supported housing, extra care, retirement villages) currently located. If in local authority or Registered Social Landlord ownership, what is its value and state of repair? With regard to sheltered housing and care homes it should estimate their future fitness for purpose in terms of: future suitability and viability as extra care housing provision; their capacity to meet regulatory requirements in the case of care homes; current and likely future demand; and any service or scheme improvements.

- **A 'map' of relevant services** – including the full range of services being provided, showing where services relevant to extra care housing are located and the organisation providing them.
- **Service quantity** – is there known under- or over-supply of services? This section may include information on referral and assessment mechanisms, take-up of services, occupancy/vacancy levels, effectiveness/outcomes of services and waiting times.
- **Service performance** – whether services are meeting needs fully or partially. To be gained from; inspection reports, performance indicators, service user and carer views relating to the relevance and quality of care through the analysis of complaints, and information derived from user/carer forums and feedback from the contract monitoring process.
- **Contracting** – the contractual arrangement in place and any strengths and/or weaknesses in these arrangements.
- **Finance and funding** – a picture of the financial resources available now and potentially over the period of the strategy. Some strategies include a survey of costs and charges and show comparisons with neighbouring or equivalent authorities.
- **The market (if a separate market position statement is not being developed)** – what are the current and future trends in provision? The analysis could also include an assessment of land or house prices and their impact on the market, as well as an assessment of the robustness and capacity of the independent and voluntary sector.

This section may include known plans of service providers and any local consultation that has taken place.

Gap analysis and the design of future provision

This section is the hub of the strategy. It brings the demand and supply material together, analyses obvious shortfalls in provision now and in the future and how such gaps may be met, together with a view of the capital and revenue resources required and how they may be funded. It should spell out the shape of future services and the strategic priorities necessary to achieve them within the time-frame of the strategy, and appraise the options available, including risks.

Monitoring arrangements

This section has two purposes:

- To make clear how the strategy will be monitored in order to determine whether the strategy is shaping services in the way intended.
- To guide the development of monitoring of accommodation provision and services in the future.

In terms of the latter, it may be appropriate to include an assessment of the effectiveness of current monitoring and performance management arrangements, if changes to the systems are necessary. It is important to recognise that monitoring and the collection and analysis of data has a cost consequence for both commissioners and providers and this should be carefully considered in designing new systems.

Action Plan

A brief, snappy, review of the agreed next steps and whose responsibility it is to take these forward.



A6

Developing a Market Position Statement for housing for older people

Increasingly the role of local authorities towards housing markets is changing. From being developers and providers of specialist housing they have moved to being commissioners of accommodation, and now to one where their task is to facilitate the market in order to ensure sufficiency of supply. Such a move increasingly recognises that the majority of the older people's population lives in accommodation that they own and will continue to wish to do so, even if moving to specialist accommodation.

What should a Market Position Statement contain?

A Market Position Statement is a document prepared by the local authority in cooperation with, and for, the market. In terms of extra care housing, this is particularly important given that much of the future provision of accommodation for older people is likely to be developed by the private and voluntary sectors⁷². It should bring together data from the JSNA, from commissioning strategies, and from market and customer surveys into a single document.

It should be market-facing, ie, contain information the authority believes, and can substantiate, would be of benefit to housing and care providers across housing associations, the voluntary and private sectors.

Other characteristics of a Market Position Statement are that it should:

- Cover the whole housing and care market, not just the sector that the local authority funds.
- Indicate how the local authority intends to behave towards the market in the future.
- Be a brief and analytical, rather than descriptive, document.
- Be evidence-informed in that each statement it makes should have a rationale that underpins it, based on population estimates, market surveys, research etc.

Finally, a Market Position Statement is not an end in itself, it should represent a 'calling card', an introduction for deeper discussions both within the public sector, across planning, health, housing and social care and with providers of accommodation. Many of the activities involved in developing a Market Position Statement will already be undertaken by voluntary sector and private companies in developing their business plans.

⁷² See: further discussion of market facilitation more generally, and Market Position Statements in particular in papers published by the National Market Development Forum available at Institute of Public Care

TOPIC	QUESTIONS
DEMAND AND DISTRIBUTION	
<p>How is the local market structured, eg, in terms of size, value, users, location, etc?</p>	<p>In terms of structure the wider consideration of supply is on a threefold basis:</p> <ul style="list-style-type: none"> • General housing supply and take-up within a given population, eg, who lives in what kinds of housing, by tenure. • Supported housing; who delivers, in what volume and where? How does this match the distribution of the relevant population? • Care and support services, with a particular focus on those services designed to support people in the community, eg, home care, care and repair, housing related support, etc. <p>Make sure the view of the market is not just a snap-shot but shows trends over time and the scale of change. Are there geographical distinctions in the way populations are distributed?</p>
<p>Are there any changes in demand that providers are experiencing and are these quantifiable?</p> <p>What are the current pressures in the local market?</p>	<p>Explore with providers whether they have noticed any significant changes in the frailty and age of people referred to and living in their schemes. For example, are there voids in sheltered housing – is this down to the size or location of the accommodation? Understand the current pressures providers are currently coming up against to meet demand.</p>
<p>What is the quality of specialist housing for older people across sectors?</p> <p>What surveys of the general public and of service users have been conducted?</p>	<p>Review surveys and materials to understand what older people think about the range of accommodation and support services that are currently provided. To help achieve this there are a number of sources of published data, such as the results of CQC inspections, Supporting People QAF data, property condition surveys, as well as information to be gained from consultations with older people currently using services, or from mystery shopping exercises.</p>
<p>Can these be brought together with material from inspection reports and national research into clear indications about reactions to current service provision and future desires?</p>	<p>Analyse the information collected in order to understand whether: prices differ widely between providers; the difference in quality between high cost and low cost services of the same type; and the price differences between services provided by private providers or Registered Social Landlords?</p>
<p>What might older people want in terms of future provision?</p>	<p>What sensitivity is there to price and what relationship do people establish between price and service quality? For example, where will they want to live, what standard of accommodation will they expect to live in, are there sectors of the market where people would be prepared to pay more for enhanced provision?</p>



TOPIC	QUESTIONS
THE CURRENT MARKET	
<p>What is the current capacity and capability in the marketplace?</p> <p>What demands are being placed on providers?</p>	<p>Capacity and capability might mean a number of different things to different people:</p> <ul style="list-style-type: none"> • Potential to take on additional work or develop particular schemes. • Capability in terms of past knowledge as against current enthusiasm, eg, could a local builder who lacks the knowledge for the development of an extra care scheme, make up that deficit through price, enthusiasm and readiness to be innovative and work with partners? • Are there current areas of supply that are under-utilised and/or no longer in demand, eg, bedsit sheltered housing, day centres? • Are there current sectors that are under-supplied, eg, flexible night care staff, specialist dementia services or respite care to people with profound and multiple disabilities? <p>Some of the issues around capacity may be about the capacity of an organisation to either expand or realise what they are taking on, eg, a voluntary sector body that may over-reach its capabilities or require additional help with business planning and support.</p>
<p>What are the drivers behind the market?</p> <p>What business opportunities are regarded as most desirable?</p> <p>What is the scope for innovation and expansion in the market?</p>	<p>There are potentially a range of policy and financial drivers behind new thinking in terms of accommodation, care and support for older people. Some of the supply side factors may be driven by evidence that there is new unfulfilled demand for which there is a viable response, eg, a growth in the number of people who might wish to move into a retirement village. The financial side may be around efficiency savings across housing, health and/or social care or seeking a good return on investment in the sector.</p> <p>Some aspects of demand may arise from questioning current provision. For example:</p> <ul style="list-style-type: none"> • Do people move from specialist housing because their needs are perceived (often by others) as being too great to be met within current accommodation? • Are people reluctant to make a move because they perceive the options available to them as unattractive or not meeting their lifestyle needs and/or desires? • Are there people self-funding their care home place and running out of funding? • Are there people who might wish to purchase a retirement property but there are none available? • Are there people in care homes who are funded by the local authority who could have improved quality of life within an extra care scheme? • Is there a lack of flexible, responsive home care, particularly at night, which is increasing demand for accommodation-based services? • Are there new financial products/procurement vehicles that can help stimulate growth in the market through access to private equity, social finance/impact bonds or public/private sector partnerships? <p>Developing this understanding of the market will enable commissioners and funders to plan how they will need to influence and shape the market to ensure it can deliver the strategic outcomes it has developed for its local population.</p>



TOPIC	QUESTIONS
<p>Are there barriers to market entry?</p>	<p>There might be a number of barriers to market entry both real and perceived by providers. However, if the market is to be stimulated then commissioners and funders need to recognise providers' concerns and mutually explore how they might be overcome. Such barriers might include:</p> <ul style="list-style-type: none"> • The financial viability of developing a scheme or a particular service. • Guarantees about long term funding (both capital and revenue), particularly in a world of personalised services where take-up of provision may have become less certain. • Obtaining land and planning permission. • Improving the 'value' on build costs and streamlining the construction process. • Competition, from within or outside the sector, or from the local authority subsidising its 'in-house' service.
DEFINING THE FUTURE	
<p>What is the authority's view of good practice, in particular not just the shape of individual services but their overall configuration?</p>	<p>Review national, regional and local best practice of what constitutes an effective market for housing for older people. Specifically what are the characteristics and the make-up of an effective local market? How does best practice compare to your current market position?</p>
<p>What are the indicative cost-benefits of different types of service provision?</p>	<p>Make an assessment of the cost benefit of providing each type of accommodation for older people. For example, what impact will the availability of extra care housing have on the need for residential care and therefore costs saved or reallocated?</p>

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'knowledge hub' for a growing network of 5,700 of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

For further information about the Housing LIN's comprehensive list of on-line resources and shared learning and service improvement networking opportunities, including site visits and network meetings in your region, visit: www.housinglin.org.uk

About the ADASS Housing Network

The ADASS Housing Network aims to represent the Association of Directors of Adult Social Services on all major issues as they impact on housing and our adult service users. It has a special focus on supporting people and personalisation and takes a careful interest and overview of policy and practice developments in supported and specialist housing for older people and vulnerable adults.

The Network comprises of adult social care directors and lead officers, many of whom also have housing responsibilities, reflecting the growing importance of linking housing and caring to other agencies within and beyond the local authority. For further details about ADASS, go to: www.adass.org.uk

About the Institute of Public Care

This resource pack has been authored by the Institute of Public Care at Oxford Brookes University. The Institute works with central and local government, private and voluntary sectors, Registered Social Landlords and the NHS in order to enhance their impact and effectiveness. This is achieved through analysis, evaluation and redesign of services, help with implementing change, skills development, information management, and knowledge exchange.

For further information about IPC's range of activities and publications, including its programme of activities to support commissioners, developers and providers of housing for older people and its certificate programme go to: <http://ipc.brookes.ac.uk>

The views expressed in this Resource Pack are those of the authors and are not necessarily those of the Housing Learning and Improvement Network or ADASS.

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