# 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.





# 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).

ΤΟΡΙϹ	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?



# 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/P ublications/PublicationsPolicy AndGuidance/DH_081097
Projecting Older People's Population Information System (POPPI)	<ul> <li>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:</li> <li>Living status.</li> <li>Support arrangements.</li> <li>Health prevalence data.</li> <li>Older people and learning disabilities.</li> <li>Local performance data based on the latest PAF and RAP returns for services for older people.</li> </ul>	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_COMPARIS ON_RAGS_2011

TITLE	COMMENTARY	ACCESS
Risk Prediction Tools	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. 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.	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_di gitalassets/documents/digi talasset/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/planninga ndbuilding/strategichousin gmarket. 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. <sup>66</sup>	Via HCA website at www.homesandcommuniti es.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/h ousingsurveys/englishhousi ngsurvey/ 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.
		>

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

COMMENTARY	ACCESS
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:	http://shape.dh.gov.uk/
• Links national datasets for clinical analysis, public health, primary care and demographic data with estates performance and facilities location.	
<ul> <li>Enables interactive investigations by health commissioners and providers and local authorities.</li> </ul>	
<ul> <li>Supports key policy initiatives such as QIPP, JSNA and Transforming Community Serivces.</li> </ul>	
	<ul> <li>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:</li> <li>Links national datasets for clinical analysis, public health, primary care and demographic data with estates performance and facilities location.</li> <li>Enables interactive investigations by health commissioners and providers and local authorities.</li> <li>Supports key policy initiatives such as QIPP, JSNA and</li> </ul>

# A3

Conducting focus groups of pre-retirement populations designed to explore their responses to future problems as they age<sup>67</sup>

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 semistructured and run for approximately two hours.

## 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<sup>68</sup>.

# 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 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.

# 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.

Recruit participants aged between 63 to 65 years and who are broadly representative of the local population in terms of gender, socioeconomic status, tenure, and ethnicity. Obtaining a sample has been achieved by local authorities in a number of ways; through cooperation 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.



# 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
Standard and condition	<ul> <li>What type of scheme is it, including age, size, type of accommodation? Is the accommodation very small or are the facilities old-fashioned?</li> <li>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?</li> <li>How does it perform in terms of energy efficiency and sustainability<sup>69</sup>?</li> </ul>	Information gained from resident involvement activities and customer feedback including complaints. Elderly Accommodation Counsel database at www.housingcare.org Provider data including property condition surveys and response maintenance information. Bespoke surveys of providers including site inspections. Use of the 'Evolve Tool' <sup>70</sup> to assess to assess how well a building contributes to both physical support of older people and their personal well-being.

**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> <li>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?</li> <li>Why do people leave the scheme, and what might this suggest about its suitability for older people?</li> <li>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?</li> <li>What are the current levels of care and support provided into the scheme?</li> <li>Does the footprint allow for additional communal facilities?</li> </ul>	CORE data (Continuous Recording of Lettings and Sales in Social Housing in England) https://core.tenant servicesauthority.org/ Local housing register or Choice Based Lettings databases. Provider lettings and sales data. Social care data (care and support provision). Local land registry data.
Accessibility and adaptability	<ul> <li>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.</li> <li>Can the scheme support older people with a physical, sensory or mental frailty?</li> <li>Is the building wheelchair accessible, and how accessible is the immediate area? Are there facilities for re-charging mobility vehicles?</li> <li>Is the building capable of making use of assistive technology, or to what degree is it doing so already?</li> <li>Are there good local facilities which are readily accessible?</li> <li>Is there sufficient storage space?</li> </ul>	Resident and staff surveys, focus group discussions and one-to-one interviews <sup>71</sup> . Bespoke provider surveys and scheme visits. Discussions with local health and social care professionals.

**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.



# Developing an accommodation strategy

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 broadbased 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.



# 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 sectors<sup>72</sup>. 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

ΤΟΡΙϹ	QUESTIONS	
DEMAND AND DISTRIBUTION		
How is the local market structured, eg, in terms of size, value, users, location, etc?	<ul> <li>In terms of structure the wider consideration of supply is on a threefold basis:</li> <li>General housing supply and take-up within a given population, eg, who lives in what kinds of housing, by tenure.</li> <li>Supported housing; who delivers, in what volume and where? How does this match the distribution of the relevant population?</li> <li>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.</li> <li>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?</li> </ul>	
Are there any changes in demand that providers are experiencing and are these quantifiable? What are the current pressures in the local market?	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.	
What is the quality of specialist housing for older people across sectors? What surveys of the general public and of service users have been conducted?	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.	
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?	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?	
What might older people want in terms of future provision?	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?	

ΤΟΡΙϹ	QUESTIONS
THE CURRENT MARKET	
What is the current capacity and capability in the marketplace? What demands are being placed on providers?	<ul> <li>Capacity and capability might mean a number of different things to different people:</li> <li>Potential to take on additional work or develop particular schemes.</li> <li>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?</li> <li>Are there current areas of supply that are under-utilised and/or no longer in demand, eg, bedsit sheltered housing, day centres?</li> <li>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?</li> <li>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.</li> </ul>
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?	<ul> <li>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.</li> <li>Some aspects of demand may arise from questioning current provision. For example:</li> <li>Do people move from specialist housing because their needs are perceived (often by others) as being too great to be met within current accommodation?</li> <li>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?</li> <li>Are there people self-funding their care home place and running out of funding?</li> <li>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?</li> <li>Is there a lack of flexible, responsive home care, particularly at night, which is increasing demand for accommodation-based services?</li> <li>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?</li> <li>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.</li> </ul>

ΤΟΡΙϹ	QUESTIONS
Are there barriers to market entry?	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:
	<ul> <li>The financial viability of developing a scheme or a particular service.</li> <li>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.</li> </ul>
	<ul> <li>Obtaining land and planning permission.</li> <li>Improving the 'value' on build costs and streamlining the construction process.</li> <li>Competition, from within or outside the sector, or from the local authority subsidising its 'in-house' service.</li> </ul>
DEFINING THE FUTURE	
What is the authority's view of good practice, in particular not just the shape of individual services but their overall configuration?	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?
What are the indicative cost-benefits of different types of service provision?	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?