



## Report to Education, Health & Care Transitional Committee 3<sup>rd</sup> March, 2022

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**Report of:** Directors of Housing and Adult Social Care

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**Subject:**

Recognising that there is a shortfall in older people's housing in Sheffield, and that the Council is committed to helping people live independently at home, how can Housing and Social Care work together to promote a policy shift towards independent living?

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**Summary:**

The EHC Transitional Committee requested a report that identifies how Housing and Social Care work together to promote a policy shift towards independent living, recognising the city's large shortfall in older persons housing.

National policy and legislation stress the critical role that housing plays in supporting independent living and places a duty on local authorities to take actions that prevent or delay the development of needs for care or support amongst adults and their carers. Greater integration between Housing and Social Care is recognised as a priority for supporting independent living and delaying or removing the need to move into care homes.

Good quality specialist older persons independent living (OPIL) housing provides considerable benefits that include improvements in individual's personal physical health and mental wellbeing and savings to the NHS and reductions to social care spending. In Sheffield, there is a shortfall in this type of housing which the Council cannot meet alone. Enabling suitable housing for older people also has the benefit of freeing up larger/family homes.

The current OPIL Housing offer is also relatively narrow and heavily skewed towards social rented sheltered schemes. There is a shortfall across all tenures.

Sheffield's older population is increasing in diversity. The circumstances and housing preferences of people in later life are varied and more choices are required to best support independent living.

OPIL housing is expensive to deliver and requires grant to make it viable for the Council to deliver. To get the most out of specialist OPIL housing it needs to be planned and delivered in an integrated way by Health, Housing, Social Care and housing providers/developers, utilising the funding sources and expertise of these partners.

This discussion is timely as the current OPIL Strategy that was agreed in 2017 to promote more and appropriate housing choices and support for independent living is currently being reviewed.

The report provides background and contextual information to inform the discussion on promoting OPIL housing and joint working across care, housing and health partners to support developing policies and strategies towards more independent living options.

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**The Committee is being asked to:**

Consider the contents of the report and provide comments. A number of questions are contained at the end of the report to promote discussion

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**Background Papers:**

<https://www.sheffield.gov.uk/home/housing/developing-older-peoples-accommodation>

**Category of Report:** OPEN (please specify)

Most reports to Committees should be openly available to the public. If a report is deemed to be 'closed', please add: **'Not for publication because it contains exempt information under Paragraph xx of Schedule 12A of the Local Government Act 1972 (as amended).'**

## **1. Executive Summary**

- 1.1 Sheffield's older population is growing and becoming increasingly diverse.
- 1.2 There is a range of OPIL housing models, which provide varying levels of support and care.
- 1.3 Studies have shown that OPIL housing provides significant health and wellbeing benefits and can reduce pressures on social care and health services.
- 1.4 Sheffield has a relatively narrow OPIL housing offer which is dominated by social-rented sheltered schemes. Demand for current sheltered, age-designated and current Extra Care housing in the schemes provided by Registered Providers is high.
- 1.5 Various modelling exercises show Sheffield to have a large and growing shortfall of OPIL housing. There are no current plans for new OPIL schemes to be delivered by Registered Providers. There are a number of private sector retirement living schemes recently been delivered and being planned.
- 1.6 Housing aspirations in later life vary greatly and it should be recognised that specialist OPIL housing is not for everyone, and a range of housing choices and support need to be provided across the city.
- 1.7 The national policy context emphasises the need for local authorities and their partners to work together to provide housing and support that enables independent living in later life.
- 1.8 The Council is delivering new OPIL with care schemes, but these types of schemes are more costly to deliver than general needs housing and require higher levels of gap funding to make them viable. The grant provided by Homes England is not sufficient to cover the funding gap, which requires the Council to find other funding sources. Consideration needs to be given to how social housing with care, sheltered and Extra Care housing is allocated to ensure it is utilised fairly and meets individuals needs and strategic objectives.
- 1.9 The cost of OPIL housing to the customer varies greatly by type but Extra Care housing provided by the private sector for ownership is likely to be unaffordable to many older homeowners in Sheffield. Older owners of lower value properties face particular problems in accessing OPIL housing.
- 1.10 A wide body of research shows OPIL housing can provide significant financial benefits for the NHS and local authorities. One national study found postponing entry into residential care for one year saves the local authority £28,020. Another study found that for someone living in Extra Care housing rather than general needs housing, health and social care cost savings of £2,441 per annum are generated. .
- 1.11 The Council's new OPIL with care schemes will use an integrated care model that involves Housing, Health and Social Care partners working together.
- 1.12 Significant inequalities in the take-up of OPIL housing exist, and further work is needed to address these.

- 1.13 The lack of suitable sites for new OPIL housing and competition from general needs housing presents a significant barrier to addressing the shortfalls.
- 1.14 The OPIL Housing Strategy is currently being reviewed so it is timely to consider what approaches need to be taken to ensure a better range of options are available in future across all tenure and to help meet different needs and aspirations.
- 1.15 There is a wealth of data and reports for example by the Social Care Institute for Excellence (SCIE) and the Housing LIN which provide excellent recommendations and information about how to address the issues identified in the report. These are being considered by officers to inform strategy and policy developments. Recent recommendations by SCIE are included in Appendix 3.
- 1.16 Adopting a clear and updated OPIL Housing Strategy and action plan that is fully integrated with health and social care strategies will assist the Council to deliver more suitable housing and set out a clear vision and strategic position in enabling provision by other housing providers/developers across tenure.

## 2. Housing Options

- 2.1 There are a number of different housing options for people in later life and specific specialist schemes are just one of them. The majority of people will continue to live in general needs housing.
- 2.2 OPIL housing is the term used by the Council to refer to specialist housing designed and/or occupied solely by older people where care and support are available on site. It excludes care homes and mainstream housing.
- 2.3 OPIL housing includes 'Housing with Care' models such as Extra Care (assisted living), retirement villages and Close Care, and 'Housing with support' models such as sheltered and co-housing schemes for multi-generation and older households.

Age-friendly Mainstream Housing	OPIL Housing	Care Homes
<ul style="list-style-type: none"> <li>• Age restricted housing</li> <li>• Wheelchair user dwellings</li> <li>• Lifetime Homes / accessible &amp; adaptable dwellings</li> <li>• Adapted homes</li> </ul>	<ul style="list-style-type: none"> <li>• Extra Care Housing</li> <li>• Enhanced Sheltered</li> <li>• Sheltered</li> <li>• Close Care</li> <li>• Retirement Villages</li> <li>• Cohousing / co-living</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Care Home</li> <li>• Residential Care Home</li> </ul>

2.4 OPIL housing can play an important role in sustaining independent living and there is a robust evidence base that shows its benefits to individuals' physical and mental health and wellbeing, pressures on the NHS, and reductions to social care spending. It can also enable a more efficient use of the housing stock by providing rightsizing/downsizing options and freeing up family housing

### **3. Health and wellbeing benefits of OPIL housing**

3.1 Studies have shown that OPIL housing can provide significant health and wellbeing benefits for its residents which include:

- Reduced GP and community nurse visits
- Positive impacts on social wellbeing
- Reduced number of ambulance callouts
- Reduced length of unplanned hospital stays and the frequency of unplanned admissions
- Reduced likelihood of entering long-term care, compared to people living in general needs housing and in receipt of home
- Improved quality of life

### **4. Demand**

4.1 Older households are diverse, with many different needs and aspirations, and their housing requirements are similarly varied. When considering these, life stages rather than actual age can often be more helpful in understanding aspirations and reasons for moving.

4.2 Most people in later life express a wish to continue living in their own home with a large degree of independence. This was reflected in Sheffield's Strategic Housing Market Assessment (SHMA), which found the majority of those needing to move for additional support wished to stay in general needs accommodation, most commonly with adaptations to the home they already lived in.

4.3 Local research shows that Extra Care housing, although popular, is not seen as a desirable choice by some older households

### **5. Demographics**

5.1 Between 2020 and 2040 the number of people aged 65 and over is expected to increase by around 27% but by 44% among people aged 85 and above. Sheffield's older population is also becoming increasingly diverse; people are now living longer with a range of health conditions, including learning disabilities and autism.

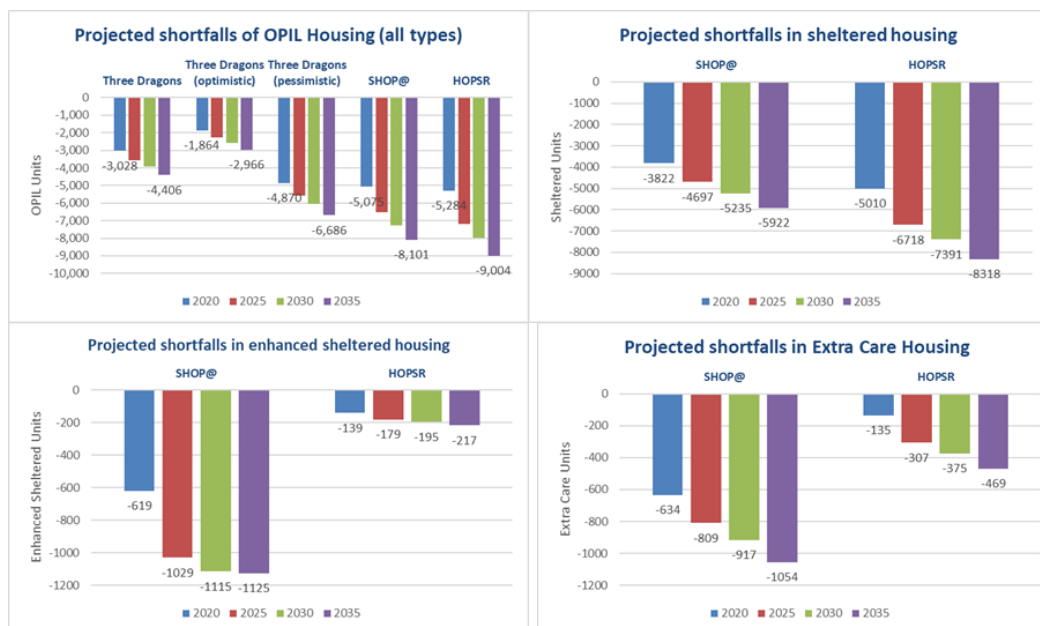
### **6. Supply**

Current OPIL housing provision

6.1 Sheffield has a relatively narrow OPIL housing offer which is dominated by social-rented sheltered schemes. There are around 2,800 OPIL properties in Sheffield, spread across more than 70 schemes. The majority (78%) of Sheffield’s OPIL housing is sheltered housing and is mainly provided by social landlords as rented accommodation (80%) (Appendix 1).

### Shortfalls in Sheffield’s OPIL Housing Provision

6.2 Several projection models identify Sheffield as having a large shortfall of this type of housing which will grow significantly in the future.



6.3 Not-for-profit Registered Providers are not coming forward to deliver new schemes in Sheffield. Sheffield’s Council Housing Service is developing 354 sheltered with care units but cannot afford without considerable other investments being made to commit to more schemes currently. A variety of specialist housing, age-friendly general needs housing and housing-related support is therefore required to sit alongside Extra Care housing to support independent living in later life.

## **7. Current approaches to understanding and addressing needs**

### 7.1 New Housing and OPIL Strategy

The current Housing Strategy expires in 2023 and sets out the Council’s high-level priorities for housing and housing-related support across all tenures and part of the city. Developing a new strategy is identified as a one year plan priority. Alongside this the specific section of the strategy – the OPIL Housing Strategy is being reviewed and updated. This provides a key opportunity to work together to ensure an integrated and coherent approach across housing, health and care with our partners in the public and private sectors. The current strategy does not include targets for delivering different types and tenures of OPIL housing and where this housing fits within the Council’s wider approach to supporting independent living in later life.

The OPIL Strategy could include:

- The types, tenures, and locations for new OPIL housing
- Clarity on what the Council will deliver and what is required from partners
- An investment strategy for delivering new OPIL housing
- Clarification on support for partners and key messages for the market
- Actions to address inequalities in access to OPIL housing

## 7.2 Specialist Accommodation Assessment

A Specialist Accommodation Assessment is currently being drafted by the Strategic Housing Service which identifies the scale of additional supported accommodation required in the city. Colleagues in health and care are contributing expertise and data to inform this. This is a key document that will underpin the Housing Strategy.

## 7.3 Stock Increase Programme

The Housing Service has an ambitious stock increase programme which will deliver new affordable housing in Sheffield. Key opportunities include working with the Housing Growth Service to agree the priorities for specialist accommodation within the programme. The programme already includes 354 units of Sheltered with Care and the first scheme will open in Summer 2022.

## 7.4 Housing, Health & Care Reference Group

The Housing, Health and Care Reference Group has recently been re-established to ensure better and more effective joined-up working across Housing, Health and Social Care teams on key programmes, projects and activities. Key opportunities include working with the group to agree the group's work programme so that it supports the policy shift towards independent living.

## **8. Policy Context**

8.1 National policy and legislation emphasise the critical role that housing can play in supporting independent living and places a duty on local authorities to take actions that prevent or delay the development of needs for care or support amongst adults and their carers.

8.2 The need for housing that supports older people to live independently living is clearly set out in national strategies and guidance across Health, Social Care and Planning services, and there is an increasing push to have joined-up strategic approaches and ways of working.

8.3 At both a national and local level, increasing the delivery of age-friendly general and specialist housing, and widening the housing and care options for people in later life have been recognised as priorities.

## **9. Financial Costs and Benefits of OPIL Housing**

*Financial costs of OPIL housing*

- 9.1 OPIL housing is generally more expensive to deliver than general needs housing, for example because of large communal areas and often higher (more accessible) design standards.
- 9.2 Direct cost comparisons can be difficult because of differences between sites and other factors but the Council's Housing Growth Service suggested that a reasonable comparison would be the OPIL scheme being planned at the Newstead site (Birley) compared with general needs housing being planned at Berners and Daresbury (Arbourthorne).
- 9.3 The total cost per unit for the OPIL scheme at Newstead is estimated at £209k and requires £63k grant per unit to make it viable. In comparison, the general needs housing at Berners and Daresbury is estimated to cost £173k per unit and requires £52k grant per unit.
- 9.4 Although Homes England will provide some grant funding for these schemes it will not cover all of the grant funding required and the Council's Housing Service will need to find additional funding sources to cover the funding gaps.
- 9.5 Economies of scale can be achieved on large OPIL housing schemes to help keep the cost per unit down, but these economies are likely to be reduced on smaller schemes. However, large schemes are not suitable for everyone and delivering smaller schemes is therefore likely to require greater levels of gap funding per unit and will be less viable for the Council to deliver unless additional funding sources or more innovative delivery models can be found.
- 9.6 OPIL housing for rent is generally provided by Registered Providers of social housing (mainly housing associations) as a form of affordable housing. The basic rent in sheltered schemes is usually similar to rent levels for general needs housing and average service charges are around £16 per week in the Council's current sheltered schemes. The total rent and charges will need to be at higher levels in new schemes to cover the costs and greater number of facilities and amenities.
- 9.7 The cost of Extra Care Housing in schemes operated by Registered Providers are generally significantly higher than in general needs housing. One of the main reasons for this is the level of service charges. The average weekly service charge in the four RP-managed extra care schemes we received feedback from in 2021 ranged from £52 per week to £86.
- 9.8 People have different income levels and so what they can afford is dictated by their financial circumstances. In schemes provided by councils and Registered Providers the majority of housing costs can be met by benefits for eligible residents. The help for older people in meeting their housing costs can be complicated however, and varies according to circumstances, most notably regarding income, savings levels and tenure.
- 9.9 Sheltered (retirement) housing for ownership is in scarce supply in Sheffield but prices are generally affordable to older owners of average-priced homes. The price of Extra Care (assisted living) homes for ownership are generally well above the city's average house price however, and ground rent and service charges can be substantial. For many if not most older homeowners in Sheffield, Extra Care housing for ownership is therefore likely to be an unaffordable option.
- 9.10 Overall, those owner occupiers in lower and middle-income groups within lower value housing market areas are most likely to struggle to afford OPIL housing. This group is



less likely to receive state help/benefits to assist with housing costs than those in low and middle-income groups in social housing, and less likely to be able to purchase OPIL housing that provides onsite care. OPIL housing for shared ownership provides one option for these older households but generally this group is likely to face limited housing choices when they require support to remain independent.

### *Financial benefits of OPIL housing*

- 9.11 A wide body of research has found significant potential financial benefits for the NHS and local authorities generated from improved health and wellbeing levels in OPIL housing and by delaying or avoiding the need to move into care homes.
- 9.12 Buck et al<sup>1</sup> found that, on average, postponing entry into residential care for one year, for older people eligible for local authority care funding, saves the local authority £28,020.
- 9.13 Research by Housing LIN<sup>2</sup> suggested that one older person living in Extra Care housing as opposed to general needs housing generates health and social care cost-benefits of £2,441 per annum, including from fewer GP visits, less input from Community Nurses, fewer non-elective hospital admissions, faster hospital discharge, smaller home care packages etc.
- 9.14 Although OPIL housing can provide substantial savings to Health and Social Care budgets the Council's Housing Service will generally not benefit directly from these savings. The main benefit to the Housing Service will arguably be through enabling it to make better use of its housing stock by providing more housing options to older tenants who are under-occupying larger properties for which there is considerable demand.

## **10. SCC's new OPIL schemes and integrated care model**

- 10.1 The Council's new OPIL with care schemes currently in development and being planned are designed to meet modern aspirations and will provide much better support for independent living. They will provide:
- a. A personalised service, with a generous staff-to-resident ratio
  - b. Tailored support from staff on site to support independence and tenancy sustainment
  - c. Social activities and events to enable people to live and age well
  - d. Communal facilities for resident and local people, with the potential to act as community hubs
  - e. Larger than average apartments that reflect HAPPI design principles
  - f. Outdoor spaces that are cared for and well maintained
- 10.2 The schemes will operate an integrated care model, entailing closer working with Social Care and Health partners. The new model would be delivered through a multi-disciplinary team.
- 10.3 The new model will stimulate joint working between Housing, Health and Social Care and may help to identify additional opportunities for working in partnership to support independent living.

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<sup>1</sup> Buck et al (2016); The economics of housing and health: The role of housing associations; The King's Fund

<sup>2</sup> Housing LIN (2019): The health and social care cost benefits of housing for older people; A report for Mears Group

## **11. Improving access to OPIL housing for under-represented groups**

- 11.1 People from BAME communities comprise approximately 3.5% of the residents in the Council's sheltered schemes and the reasons for this relatively low take-up need to be better understood. An action to review this in the current OPIL Housing Strategy has not been progressed due to limited resources will be a priority for the new strategy due to be developed this year.
- 11.2 A review in 2021 by the Adult Social Care service found a very low proportion of the places it allocates to the Extra Care schemes it has contracts with were going to members of the BAME community and work was therefore planned to address this, including working with BAME groups to identify the most effective strategies.
- 11.3 There is very little evidence of how popular Sheffield's OPIL housing is with LGBT+ communities but national research suggests traditional schemes are often unpopular. For example, research by the University of Surrey found that older lesbians, bisexual women and gay men mainly preferred more LGBT+ specific types of housing with care and often expressed concerns about discrimination in mainstream retirement housing. A small number of LGBT+ specific OPIL schemes are starting to be delivered in some parts of the country, and the House Proud Pledge Scheme is an accreditation scheme that can help members of the LGBT+ community feel more comfortable in mainstream OPIL housing and help them to maintain social interactions with the wider community.

## **12. Challenges to delivering new OPIL schemes**

- 12.1 In addition to the high costs and requirement for subsidy discussed previously, there are also significant challenges to finding and acquiring suitable sites for new OPIL housing.
- 12.2 The greater build costs of OPIL housing compared to general needs housing makes it more difficult for OPIL housing developers to compete with developers of general needs housing for available sites.
- 12.3 The Council's housing service has a limited and reducing number of sites for developing housing on and there are considerable competing requirements for these sites from general needs housing and other types of supported housing. Working with Health and Social Care partners to release and re-purpose public sector land could be one option to enable the delivery of new OPIL housing.

## **13. Delivery partners**

- 13.1 The Council does not have all the resources to meet the shortfall in OPIL housing and working with partners in the public and private sectors will therefore be necessary if the required scale of new OPIL housing is to be delivered.
- 13.2 Institutional investment for retirement housing has grown in recent years and the Council recently met with Preferred Homes, a 'for profit' registered provider of social housing who were interested in delivering an affordable Extra Care scheme in Sheffield though they ultimately decided not to progress their plans.

13.3 Supporting partners to deliver OPIL schemes is made more difficult by the lack of a clear market position statement on OPIL housing and clarity on what support OPIL housing developers can expect from the Council.

#### **14. Questions for discussion**

14.1 What do you think the benefits will be for having more specialist housing for older people?

14.2 What would be the benefits of having specific policies and strategies on integrated housing, health and care services?

14.3 Should there be targets for the delivery of older people's housing? How could these be achieved?

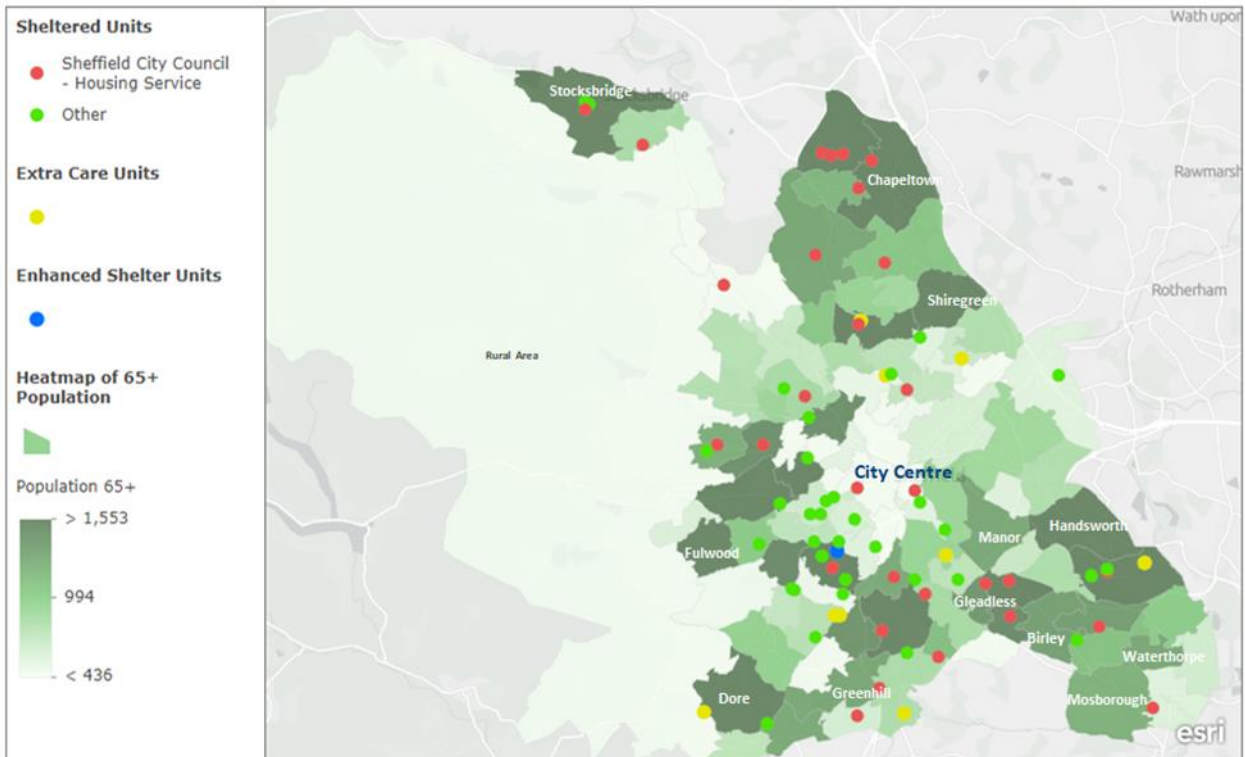
14.4 How can our OPIL housing be made accessible for all communities and residents of Sheffield?

14.5 How would you like to be involved in developing the new OPIL Housing Strategy and related policies and action plans?

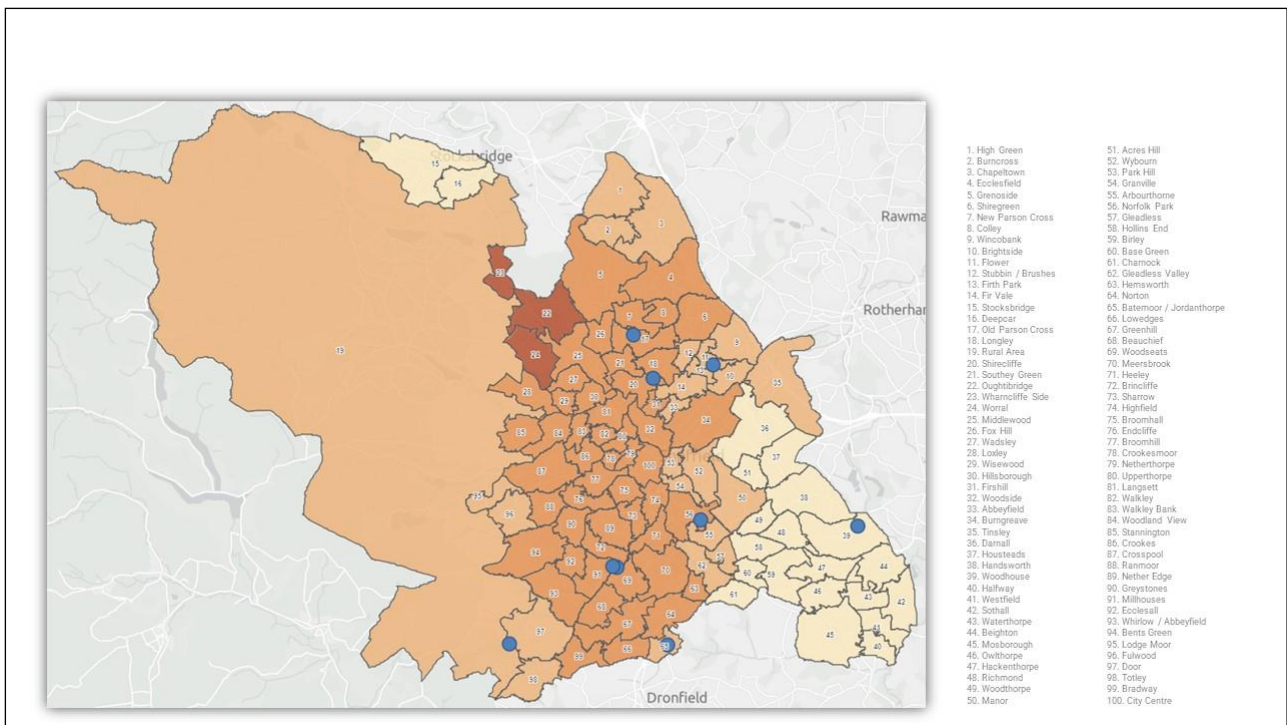
14.6 Do you think there are particular design features or amenities that should be provided in OPIL schemes?

# Appendices

## Appendix 1 – OPIL Housing in Sheffield



## Appendix 2: Sheffield Hallam Extra Care Demand Assessor – darker areas indicate higher need



## Appendix 3 – SCIE Recommendations

*A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people Commission on the Role of Housing in the Future of Care and Support, (SCIE, November 2021)*

[SCIE commission housing with care and support report.pdf](#)

### Local Area Recommendations:

#### **Immediate priorities**

##### Place-based housing for older people plans

Local areas should be obliged through new legislation to produce a single place-based plan for housing with care and support for older people, which is shaped by the local authority, the NHS, local planning authorities, other local partners, and people who draw on care and support. Where responsibilities or housing are split between county councils and district councils in two-tier local authority arrangements, rare two-tier local authorities (county councils and district councils, local authorities should be encouraged to work more closely together). Each plan should include a:

- vision and action plan to support improved health, care, wellbeing and the local economy through investment in housing with care and support for older people
- robust analysis of current supply and future needs
- comprehensive evidence base on the economic and social benefits of developing additional housing with care and support
- targets for how housing demand will be met
- strategy for tackling inequalities in access
- prospectus for investors and developers (see Central Bedfordshire example)

#### **Medium-term priorities**

##### Encourage development of community care homes.

There should be increased investment in community care homes which are an active and visible part of one's community, such as those which are co-located with community services.

##### Develop local co-production arrangements

Local areas develop comprehensive arrangements for co-producing plans for housing with care and support with local people.

##### Local information and advice

Local areas should develop local information, advice and advocacy hubs for housing with care and support which enables people to plan for the future, understand housing options, and understand the finances involved.

##### Scale up and invest in shared living and co-housing models

Local authorities, working with other statutory partners including the NHS, should invest in and set ambitious targets for scaling up shared living models of housing with care and support

such as Shared Lives, homeshare, co-housing, community care homes, and innovative models of extra care.

#### Expand access to supported living options through ISFs

Local commissions should dramatically increase the level of investment in ISFs to commission supported living for older people.

#### Reconfigure local commissioning

Where possible, longer-term contracts – up to 10 years – should be introduced to encourage providers to invest in innovative models of housing with care and support. Including supported living and Shared Lives.

#### Housing at the heart of community hubs

Local authorities and their partners should develop housing-based community hubs which connect different types of housing with care and support to a broad range of community services based on a single site such as community rooms, gyms, bistros and shops, and volunteering opportunities.

### **Longer-term Priorities**

#### Scaling innovation

The Commission calls on local authorities, in partnership with other partners such as the NHS, to develop plans which set out how they will support the growth of small-scale, but promising, models of housing with care and support

As local authorities, the NHS and other statutory bodies reduce their office footprint – this land should be made available for housing with care and support developments

Local planning authorities should explore ways to redesignate land currently occupied by unused offices and retail outlets for use by housing with care and support.

#### Whole-place workforce plans

Local place-based integrated health and care partnerships should develop whole-place workforce plans which create more equitable and transparent career pathways across health, social care and housing, making it easier for people to ‘passport’ into different jobs.