



Aberdeen City
Health & Social Care
Partnership
A caring partnership



Mental Health and Learning Disability Residential and Supported Living Accommodation

Market Position Statement
2021 – 2026



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1. Foreword

This document, based upon outcomes within our strategic documents, and co-designed between providers of services for people with mental illness and learning disabilities within Aberdeen City and colleagues within Aberdeen City Health and Social Care partnership, outlines our vision, commitment, and expectations for Mental Health and Learning Disability Residential and Supported Living Accommodation in Aberdeen City from 2021 until 2026.

There is a shared understanding that in order to meet individual needs and outcomes related to care and associated accommodation in the future, a change is required. The provision of flexible, responsive, and person-centred services in the context of changing need and increasing complexity requires us all to think and act differently. It is widely recognised that people requiring care and associated accommodation within Mental Health and Learning Disability services are living longer with often multiple and wide-ranging physical and mental health conditions. Change is such that our current provision, and particularly our accommodation options, do not fully meet this need.

In the future we want our services and accommodation models to flex to meet the outcomes and changing needs of individuals and we want to embrace and promote opportunities for partnership working, shared resources and good practice. We want technology enabled care to be maximised to its fullest potential enabling people to live as independent a life as they can wherever they choose to live.

We want to see more people being able to continue living in their local communities and accessing important support networks. In turn we also want to see communities playing an active role in people's experience of care and support, promoting robust community connections and inclusion. We want to prevent people from having to access out of area placements, and to support people who wish to return to Aberdeen.

The landscape of health and social care is changing and our approach to service developments must be agile and responsive to change. The views and experiences of people living in Residential and Supporting Living Accommodation are vitally important and will play a key role in our collaborative commissioning approach.





2. Context

The needs of the population are changing, people are living longer and at times living with more complex care and support needs. Therefore, we need to change what is offered and delivered in Residential Care and Supported Living Accommodation services.

How have we collaborated?

There has been a shared commitment to collaboratively produce this Market Position Statement in line with our strategic commissioning principles. By co-designing the vision and service delivery model we hope to have created the conditions for change. In line with the strategic commissioning principles, we have confirmed our commitment to meeting the outcomes people have told us are important to them.

We will continue to work together across systems to understand the interdependencies, plan services jointly, and meet need within Aberdeen City.

MAY 2021

MH/LD Accommodation Services Strategic Review commissioned by ACHSCP Leadership Team

JUNE 2021

Project Group established / Scoping

JULY 2021

Engagement Workshop 1
Agreed/Outcomes & Approach

AUGUST 2021

Engagement Workshop 2
Challenges & Risk Accommodation Survey

SEPTEMBER 2021

Engagement Workshop 3
Ideas & Actions

OCTOBER 2021

Market Position Statement published

3. What people have told us is important to them

Our strategies for how we plan and support people living with or caring for someone who has a learning disability or is affected by poor mental health have been created based upon what people have told us is important to them. It is essential that we plan, deliver, and support people based upon the outcomes that they want to achieve. These outcomes are summarised below:

1. Support is provided at the right place at the right time – acknowledging that at any given time, people's support needs may fluctuate, and the level of support should adapt to that change
2. People are supported and involved in decisions about their care and support, including who provides their support and where they live and who they live with, and specific personal outcomes to be achieved through the support provided
3. Support is designed to enable people to live as independent a life as possible. The accommodation environment will enable people to live as independent a life as possible including wherever possible the location, the size, and the type
4. Protecting and enhancing people's human rights is at the centre of service design and delivery, including accommodation environments
5. Families and Carers are recognised as key partners in the design and delivery of services
6. Support is delivered in a way which enables community involvement and the building of genuine community connections for people who are supported
7. People who are supported are recognised for their skills and abilities, consideration of how these attributes may be shared more broadly in the local community should be considered by all
8. Service delivery and environments will support and promote improvements in physical and mental health and wellbeing ensuring use of technology is maximised

These outcomes are the basis for our delivery model for now and in the future.

4. How we are providing services now

In Aberdeen we commission accommodation services from providers (including residential care or supported living placements). We also directly provide a small proportion of services known as in-house services. This document is focused on the services we commission from the external market.

We commission a range of services to meet individual need. For the purposes of this Market Position Statement, we are considering the care and accommodation provided to people with mental illness, neurodiversity and people with a learning disability. There is separate work ongoing regarding the provision of complex care services.

Currently, in Aberdeen, we have 611 placements spread over 67 services with either a Residential Care Home registration or Care at Home with Housing Support Registration (Supported Living).

We have a diverse range of Providers across the city – local and national who provide a range of care and support services.

Residential Services

- There are 18 residential services, with a total of 150 residents, across mental health and learning disability services, run by 9 provider organisations. 10 of the services are learning disability specific, and 8 mental health specific. There are a mix of private limited companies and charities. The properties are either owned by the provider, Aberdeen City Council or Registered Social Landlords. The annual expenditure for these services is in excess of £6.2 million.

Supported Living

- Supported living providers operate under care inspectorate registration for housing support and support services with care at home. There are 37 supported living services within the city. There are a mix of private limited companies and charities. The supported living services are delivered in a variety of environments including dispersed singleton tenancies, shared tenancies, houses of multiple occupation, co-located flatted tenancies, project-based units and one intentional village community. A total of 230 adults are supported within this service model. The annual expenditure is in excess of £9.2 million.

Physical Accommodation

- Support is delivered in a variety of accommodation types across the city which vary in both size and intensity. This includes support within small buildings with just a few people, to much larger residential care facilities. The condition and accessibility of the physical estate varies.

Accommodation Survey

In a recent survey sent out to all providers we asked them to provide information on the following points:

Shared facilities

- There is a mix of shared accommodation and exclusive use accommodation (particularly flatted accommodation)
- 78%** of services reported service users had shared living rooms and **76%** shared a kitchen

Private bathroom facilities

- 76%** of services had access to a shared bathroom.
- 60%** of services reported service users had access to private bathrooms (typically within one-bed properties)
- Only **33%** of services reported en-suite facilities

Lift access Vs Stairs

- 15%** of services had lift access and **28%** had ramped access to the property

Accessibility Issues

- 18%** of services had ceiling track hoists installed
- 9%** had low rise kitchen units and **45%** had handrails
- 64%** had a ground-floor bedroom that may be wheelchair accessible

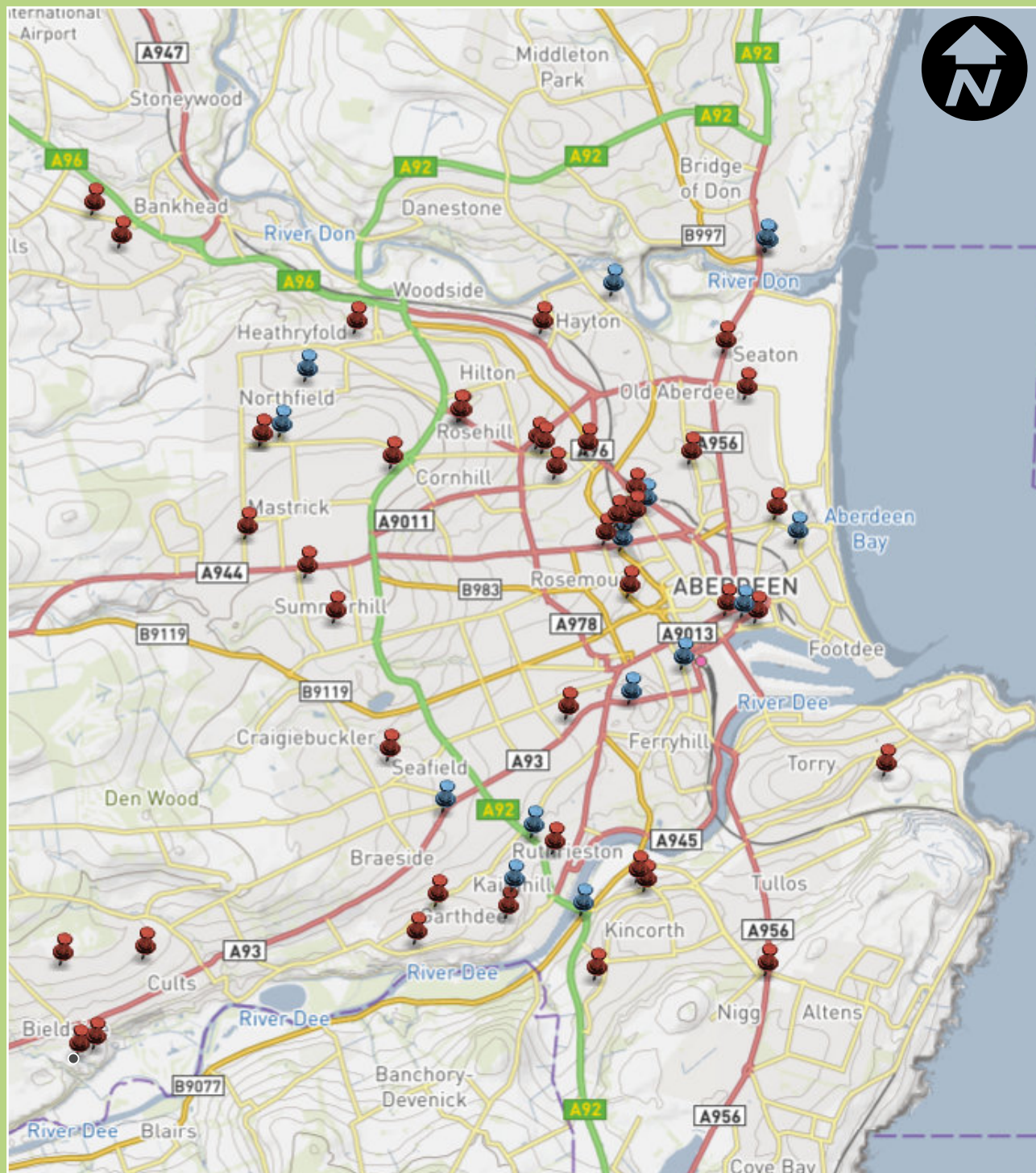
Future Sustainability

- 22%** of providers described current accommodation as 'excellent'; **43%** as 'good'; **27%** as 'adequate' whilst **7%** described condition as 'poor'
- Providers told us that **12%** of services were not currently suitable and that **40%** of services would not be suitable in 5 years' time



Where Accommodation is provided

The below map is where we current provide services:



Provision of Support

Data received from the recent accommodation survey provides the following overview:

- ▶ The survey was sent to **67** services (**52** for people with a learning disability and **15** mental health service)
- ▶ These included **41** Supported Living services, **25** care homes and **2** respite services
- ▶ The overall occupancy rate was **93.5%** (**95%** in LD services, **88%** in MH)
- ▶ **90%** of providers thought that the current accommodation was suitable
- ▶ **37%** of services report issues with compatibility between people sharing accommodation environments
- ▶ There are currently **40** placements that are vacant and **6** anticipated vacancies. This equates to a **6.5%** void rate
- ▶ Providers told us their services provide for clients with varying needs: Complex Care **25%**, High Needs: **33%**, Moderate Needs: **33%**, Low Needs: **9%**

These key themes highlight, and to some degree, reinforce the conflict we have between capacity we have and capacity we need to meet people's outcomes.

Challenges & Risks

By jointly working with providers and listening to peoples experiences we have become aware of several key obstacles which impact on our ability to deliver the outcomes that people have told us are important to them.

These obstacles are summarised below:

1. **Choice and expectation** – there is a difference between our ability to support people to live in a place of their choosing, and the availability of suitable care and accommodation in that locality
2. **Enough people with the right skills** – at the current time, the recruitment and retention of staff into caring roles poses a significant challenge, and there is often a delay in training people to have the right skills to meet the ever-changing needs of people that they support
3. **The physical accommodation** – as we have outlined, the accommodation we have to offer is not always in the right place and is not designed to meet people's needs. This includes the inclusion of different adaptations and the technology that can allow people to live independently
4. **Finance** – providing new or adaptable accommodation is costly. Some organisations do not have access to capital funding and housing benefit, whilst accessible to many people we support, is not available at sufficient levels to cover new build costs, leaving a potential funding gap



Things Out-with our Control

- ▶ UK Benefits Legislation
- ▶ Level of rent set by providers\landlord
- ▶ Availability of discretionary housing benefit funding

Our aim is to ensure that housing and accommodation solutions are sustainable long-term. Rent and service charges should be affordable without the reliance on additional sources of income to make up shortfalls. This is to ensure that services users are not left in a vulnerable position should they not qualify for assistance with housing costs.

Assistance with rent costs are subject to financial assessment. Housing benefit claims are administered by the local authority and operate in line with the guidance set out by the UK Government. The Local Housing Allowance rates, which are updated annually, can be considered as a benchmark to determine affordability. Top-ups through discretionary housing benefit payments are funded through local authority budgets and may be subject to change.

An example to describe this would be *Sophie would like a one bedroom move to city centre accommodation where support is available. The rent has been identified as £650 per/month however this is above the local housing allowance rates and therefore may not be fully covered by housing benefit, under current arrangements it is up to Sophie to meet the shortfall.*

In line with the Independent Review of Adult Social Care we would view this as impinging on Sophie's right to appropriate care and support and would look for providers of accommodation to review their rent structures in line with locally available funding.



5. How do we plan to provide services in the future

Individual needs and personal circumstances are constantly changing posing a challenge in data gathering. Identifying future demand for accommodation-based services is an ongoing challenge however there are some things we can predict:

- ▶ The number of young people with a learning disability who we expect to transition into adult services and who will require some form of supported accommodation is approximately 25 per year. Costs are approximately £35,000-40,000 per person, per year (there is variation in provision dependent on need)
- ▶ An increase in the number of people with a learning disability requiring support, where they are currently living at home, and where we anticipate that their carer will be unable to continue with their caring role in the future
- ▶ People are living longer and with a greater complexity of need/s
- ▶ The physical infrastructure of some accommodation means that they will not be viable to meet people's outcomes in the future
- ▶ A lack of available community support contributes to people having to stay in hospital for longer than they should
- ▶ There are a number of people identified as requiring repatriation from Out of Area placements detailed in the Coming Home Report. There are also people with mental illness who require repatriation from Out of Area placements

Key Principles

There are some key principles that we will uphold and prioritise to ensure that we meet the outcomes that people have told us are important to them.

1. We will continue to co design with providers of social care to achieve people's outcomes
2. We will continue to engage with people who use services, and the wider community to inform our planning
3. We will seek to support people in their local communities

Actions

Our short term, medium term, and long term commitment is as follows

Outcome	Short term (0-12 months)	Medium term (2-3 years)	Long term (3-5 years)
<p>Support is provided at the right place at the right time – acknowledging that at any given time, people’s support needs may fluctuate, and the level of support should adapt to that change</p>	<p>Working with providers of social care we will conduct a skills analysis to identify areas where lack of available skills impedes the level of care that we are able to deliver.</p> <p>We will work with providers of social care to establish a means of closing this gap, and therefore maximising the capacity that we have to deliver support through accommodation.</p>	<p>We will map out the geographical areas where we deliver services and identify opportunities to develop accommodation to ensure a greater level of choice of location.</p> <p>Our needs assessment will be included in the Strategic Housing Investment Plan (SHIP) and will inform future housing development within the city</p>	<p>We will inform the design of these new developments based on our understanding of the fluctuating needs of people – geographical location, fluctuating care needs.</p>
<p>People are supported to make decisions and involved in decisions of their care and support, including who provides their support and where they live and who they live with, and specific personal outcomes to be achieved through the support provided.</p>	<p>We will ensure that person centred care is the norm, focussing on outcomes.</p> <p>Personalised support will continue to be delivered via self-directed support options and imaginative solutions sought.</p> <p>Families and carers / advocates involved in care planning where appropriate.</p>	<p>People’s lived experience will inform the planning and commissioning of any new developments.</p> <p>Community assets will be part of how individual needs are met.</p>	<p>Using a needs led assessment we will work with developers and providers of social care we will increase choice for people as properties are developed.</p> <p>We will work with Registered Social Landlords to deliver affordable accommodation through the Strategic Housing Investment Plan.</p>

Outcome	Short term (0-12 months)	Medium term (2-3 years)	Long term (3-5 years)
<p>Support is designed to enable people to live as independent a life as possible. The accommodation environment will be provided to enable people to live as independent a life as possible including wherever possible the location, the size, and the type.</p>	<p>We will work with providers to identify where the current estate can be modified in the short term to improve people's opportunity to remain as independent as possible.</p> <p>We will work with providers in an enablement approach to enable individuals to have less intensive support if assessed.</p> <p>Staff will be trained to promote independence.</p> <p>Our care delivery model will be responsive to people's changing needs.</p>	<p>People's lived experience will inform the planning and commissioning of any new developments.</p> <p>We will work with providers in an enablement approach to enable people to move on to less intensive support models with the aim of increased independence.</p>	<p>All new developments will be designed on a needs led basis.</p> <p>All new developments will be suitably equipped to ensure that people's independence is promoted through adaptation and technology.</p>
<p>Protecting and enhancing people's human rights will be at the centre of service design and delivery, including accommodation environments.</p>	<p>We will set clear expectations of the standard of accommodation which promotes dignity and respect.</p> <p>We will start to work with providers to identify where the physical infrastructure of the building does not meet these standards and consider how best to remedy the situation.</p>	<p>We will continue to work with providers to identify where the physical infrastructure of the building does not meet these standards and consider how best to remedy the situation.</p>	<p>We will ensure that all new developments meet the expected standards, promoting dignity and respect.</p> <p>As new developments are progressed, we will work with communities throughout the planning process to ensure that we reduce stigma and ensure that people living in this accommodation are included and treated fairly.</p>
<p>Families and Carers are recognised as key partners in the design and delivery of services.</p>	<p>Families and carers / advocates involved in care planning where appropriate.</p>	<p>Families and carers / advocates involved in care planning where appropriate.</p>	<p>Families and carers / advocates involved in care planning where appropriate.</p>
	<p>We will continue to promote the use of anticipatory care plans.</p>	<p>We will use information provided by families to plan for their loved ones.</p>	

Outcome	Short term (0-12 months)	Medium term (2-3 years)	Long term (3-5 years)
<p>Support is delivered in a way which enables community involvement and the building of genuine community connections for people who are supported.</p>	<p>We will work to connect people in our accommodation to local assets, ensuring that we respect the diverse interests of people we care for.</p> <p>We will work with our locality engagement groups to ensure that wherever possible, people have access to local amenities which meet their outcomes.</p>	<p>We will involve communities at the earliest opportunity as we plan for any new development.</p>	<p>We will seek new developments which can deliver wider community involvement and connections.</p>
<p>People who are supported are recognised for their skills and abilities, consideration of how these attributes may be shared more broadly in the local community should be considered by all.</p>	<p>We will work to connect people in our accommodation to local assets, ensuring that we respect the diverse interests of people we care for.</p> <p>We will work with our locality engagement groups to ensure that wherever possible, people have access to local amenities which meet their outcomes.</p>	<p>Providers of support should develop care models which promote individual and community involvement.</p>	<p>Providers of support should develop care models which promote individual and community involvement.</p>
<p>Service delivery and environments will support and promote improvements in physical and mental health and wellbeing ensuring use of technology is maximised.</p>	<p>We will work with providers to identify where the current estate can be modified in the short term to improve people's opportunity to remain as independent as possible.</p> <p>Staff will be trained to promote independence.</p> <p>Our care delivery model will be responsive to people's changing needs.</p>	<p>We will work with providers to identify where the current estate can be modified more substantially in the medium term to improve people's opportunity to remain as independent as possible.</p>	<p>All new developments will be designed on a needs led basis.</p> <p>All new developments will be suitably equipped to ensure that people's independence is promoted through adaptation and technology.</p>

6. How will we know that we have made a difference

Here are some key indicators that will tell us whether we are making a difference

Measures for people we care for	How will we know?
We meet people's individual outcomes	<ul style="list-style-type: none"> • People will tell us, and it will be clear from their care plans
People receive the right care in the right place for them	<ul style="list-style-type: none"> • Services and support will be flexible to changing need • People can move out of hospital and into suitable accommodation without delay due to lack of available accommodation or people with the right skills to care for them • We will plan for people transitioning between children's and adult services, including where they will live • We will minimise the number of people who have to move away to receive care because we cannot provide it more locally • People have increased independence and less intensive support
Families and carers are involved as appropriate	<ul style="list-style-type: none"> • We will ask for feedback
Measures for people who deliver care	How will we know?
Staff will feel confident to deliver the care that people need	<ul style="list-style-type: none"> • We will complete a training needs analysis and deliver training to equip staff to deliver care • We will ask staff for feedback
Staff will be content in their job	<ul style="list-style-type: none"> • We will retain staff in their caring role
Measures for our organisation	How will we know?
Better performance against national requirements Proactive planning Improved quality of care delivered Market confidence	<ul style="list-style-type: none"> • Less delays for people as they move out of hospital • Number of people who have to move away for care • Less people waiting for care • Accommodation needs incorporated into strategic planning documents • Care inspectorate reports • A greater level of investment based on sound knowledge

Our Shared Commitment

Aberdeen City Health and Social Care Partnership is committed to work in partnership with those who use and provide services.

This collaborative approach will ensure that the shared outcomes are met, and our actions progressed. Together we will work to realise our ambitions for improved services which benefit individuals and communities.

We will continue to ensure that collaborative commissioning underpins the work we do for the citizens of Aberdeen City.



