



*City of*  
**BRADFORD**  
METROPOLITAN DISTRICT COUNCIL

**Department of Adult Social Care & Health  
People Commissioning Team**

**Market Briefing:  
Mental Health Supported Living  
April 2024**

## **MARKET BRIEFING**

**This Market Briefing Statement is part of a series of briefings supporting the vision of Happy, Healthy at Home**

**The purpose of this briefing is to:**

- **Share the Department of Adult Social Care's thinking and future commissioning intentions**
- **Support people in having choice and control in their lives**
- **Influence and drive the pace of change for the whole market in order to deliver effective outcomes**
- **Encourage and support providers to shape their services to meet the current and future needs of individuals in our District**

## Introduction

**This Market Briefing for the Department of Adult Social Care in Bradford is published as part of the journey to transform the way services are commissioned and delivered across the Bradford District. It should be read in conjunction with the Departmental Market Position Statement, [which can be found here](#).**

## Purpose of Briefing

The purpose of the Briefing is to give clear messages to providers about what we intend to commission and why. It is intended as a brief overview that is clear and concise.

It is useful because it summarises demand, supply and our commissioning priorities, so that we can support our current and potential providers to develop the right services to meet the needs of our residents.

Embedding a culture of continuous improvement, innovation and best practice will be encouraged.

It is divided into the following five sections:

1. Our strategic priorities and commitment to working together
2. Bradford District Demographics and Demand
3. Market information
4. Our approach to the commissioning of services
5. What approaches we expect from providers.

If you have any questions or comments about this document, please email the [commissioninginbox@bradford.gov.uk](mailto:commissioninginbox@bradford.gov.uk).

## This briefing relates to Mental Health Supported Living

### Mental Health support

This is support to people with a severe and enduring mental health issue to meet Care Act assessed needs enabling people to live as independently as possible.

This would include assisting with activities for daily living such as:

- Providing support in accessing services and social activities
- Assistance with budgeting, shopping and cooking
- Helping to managing and sustain their tenancy
- Support with their health and mental wellbeing.

This could be in several types of accommodation:

- Either owner occupied or rented
- Living with family and friends
- Living in accommodation that is part of the offer from the supported living provider, whether a shared house or individual flat or house.

## **Mental Health support with personal care**

This will cover the above and will also include personal care. This will require the Provider to provide support to people in independent living skills and also includes personal care needs. Whilst it will not be prescriptive some examples are but not restricted to; assistance to get up or go to bed, dressing, undressing, washing and bathing, prompts to take and safely administer prescribed medication etc.

### **1. Our strategic priorities and commitment to working together**

As a department we work within the strategic direction set by the following legislation and key policies:

- The Human Rights Act, 1998
- The Mental Capacity Act 2014 including the Deprivation of Liberty Safeguards
- The Care Act 2014
- Children and Families Act 2014
- The Health and Social Care Act 2012
- Equality Act 2010
- The Mental Health Act 2007
- The Safeguarding Adults Multi-Agency Policy and Procedures for West and North Yorkshire and York
- Accessible information standards

We have developed a vision called **Home First** because we recognise the importance of early help and prevention and promoting health and wellbeing.

***“We want Bradford District residents to be happy, healthy and at home. We will work together to create a local place where people can make choices about their health and wellbeing.”***

***Our vision is for “Better Lives, Brighter Futures promoting, respecting and improving the mental health of everyone to live happy, healthy at home.”***

We are working towards the following strategic objectives:

1. We will enhance and uphold peoples’ **rights and choices** to enable people to live the life they choose regardless of age or disability.
2. Work with people’s **strengths** to promote wellbeing, self-care and independence with support appropriate to their needs.
3. We will enhance **communities**, building on the unique and diverse strengths of Bradford district to enable people to make positive choices.

4. We will work with health, local government and voluntary sector **partners** to respond to people's holistic needs, maximising how we use our **collective resources** sustainably.
5. We will improve people's experience by increasing our understanding of the **impact** and benefit of what we do. We will use this knowledge to **innovate and improve** the way we work and commission services.
6. A **whole system approach** with the aim of transforming our community mental health offer to promote, protect and improve people's mental wellbeing.
7. To promote the health of people and **reduce the inequalities gap** in access and support a new, inclusive generic community-based enablement offer based on community connectivity, recovery focus, embedding Living Well.
8. Providing **evidence based** and **trauma informed interventions** that support that meet individual, cultural and therapeutic needs.

## 2. Bradford District Demographics and Demand

### What people we support have told us:

- Stability was an overriding theme that we heard from people. Whether that was stability in housing or support. Not everyone in supported accommodation wanted to move and get their own place. The time limited nature of some provision was an issue for people with the view expressed that support to help them remain steady was just as important as making improvements. In general, people can only move when they are ready, and some people felt there was a pressure for outcomes. They felt having a worker involved offered a safety net and meant they weren't on their own.
- Emotional support was valued highly. The same staff knowing people and being approachable was important; staff with language skills was equally as important. People also valued help with caring for themselves and practical tasks, such as shopping, cooking, budgeting and attending appointments and taking medication. A desire for more staff was voiced.
- People's first choice for type of accommodation was equal between living in their own home and in a flat in shared accommodation. People felt their accommodation was in the right locations.
- Many people valued having their own space (self-contained flats with own bedroom, bathroom, kitchen and living room) some also liked to have other facilities/activities available (e.g. board games in communal kitchen area) and opportunities to socialise. Generally, the size and cleanliness was important. Where there was shared space value was placed on quiet spaces or spaces to meet with staff on a 1:1 basis as well as opportunities to be part of community and chances to socialise.
- Negatives that people mentioned were around getting along with other people and when there was antisocial behaviour.
- Desire for alternatives to the medical model and for a focus on compassion and normalising mental ill health episodes was expressed.
- Supported Living services were valued by people and they felt it was needed. They said there was a need for more supported living options as well as wider housing options generally and easier ways to access this when people are ready for own tenancy.

- The importance of friendship groups and opportunities to have fun and shared experiences and have opportunities to take part in interests, such as art was raised.

### **What operational staff have told us:**

- Housing needs to be of a high standard of facilities, peaceful and private, connected to the community, amenities and transport links.
- Properties need to be available that can take a mix of people and there needs to be flexibility around a person's needs as they change as well as how support is provided, e.g. flexible appointment times.
- Staff need to be trained to support people with complex needs, including an understanding and awareness of stigma of mental health and the ability to build trust and relationships with people being supported. Training on trauma informed care is needed as well as the Care Act and Bradford Council's three Tier model of care, 'Home First' vision and recovery models.
- Partnerships are important in a number of ways:
  - Promotion of options available including vacancies and an easily understand model and how support hours are calculated.
  - Clear pathways around crisis & step up/down care so additional support can be given when needed.
  - Regular feedback and updates between Providers & CMHT.
  - Links with community activities outside of input from supported living providers.
- A range of housing options need to be available for people e.g. shared or live alone, and floating support so people can have more options over where they live. If shared housing is wanted, then there needs to be thought given to the matching of people.
- A clear and consistent focus on empowering people and supporting them to be independent with recovery frameworks in use.
- Clear information, e.g. if support is time limited people supported are made aware of that and ongoing effective record keeping so there is evidence of how people are managing with their current support levels.
- The importance of working with people and partners to empower and promote independence and to reduce dependency. Supporting people so they are tenancy ready helping them to sustain and prevent tenancy failure.

### **What providers have told us:**

- That those with multifaceted and complex needs can best be supported in the community especially when the right level of wraparound care is provided to them and for those with more complex needs, this could be them receiving higher levels of support during the initial move-in period which then reduces over time.

- It is important for care to be person-centred based on people's personal progression and for outcomes to be clearly articulated in support plans. It is important to help people access other community services, use technologies, help them develop their skills and relationships as well as improve resilience.
- Services where there is an element of shared support (kept to as low as possible) and individual hours for people who use those services are the ones that we see offering the best support for people as well as being a win-win for providers and commissioners allowing for more sustainable and stable services.
- A variety of accommodation, tenancy options and flexible support options can help meet the differing needs of people. Step down provision from 24 hours support is needed, respite support for people who experience crisis situations, would help as part of a varied offer with support hours being flexed to meet need and reflect complex needs.
- Accommodation needs to be in good areas, with good access to public transport, employment, education, community and other support networks. It is important for Providers to know about future demand and which areas need more supported living services and areas where there is less demand, to address under and oversupply across the district. In particular, it was noted, there is demand for ground floor, accessible accommodation and step down provision in the Keighley area.
- For some people support is needed for much longer than 2 years. Where people want to and are ready to move on, identifying move on accommodation can be an issue. Blocks to moving people on are people who need extra care (e.g. due to age, disabilities etc), private landlords won't accept people with histories/risk (e.g. of damage, rent arrears, anti-social behaviour, substance misuse, offending).
- Accessing psychological therapies for people can be challenging.
- Better structures and communication for admissions to hospital and hospital discharges are needed which could ease the transition from hospital to community. Where people are being discharged from hospital and are being placed in supported living accommodation a gradual discharge process works well with opportunities for overnight stays and for risks to be discussed.
- Better partnership working and communication between providers, social workers, people who use services and their families in the assessment and reviewing process and sourcing a placement would ensure appropriate support is being commissioned.
- Providers felt they needed a greater understanding of the commissioned support hours and pricing structure and a more joined up approach with the support provider and landlord.
- Using assistive technology to promote independence choice and control. Assistive Technology can assist the workforce to enhance care and support provided and assist people to become more independent through enablement, choice and control.

### **Impact of strategic change**

- An emphasis on positive risk taking across the Adult Social Care department will mean more self-determination for people and more of a chance to lead an ordinary life.

- The system wide vision for people to be Happy, Healthy & at Home, means we want more people to be supported at home. This will mean more services are needed to support people with behaviour that challenges. This will mean more support for carers to be able to continue with their caring responsibilities.
- Using a strength based approach means we need services that are enabling and offer people short term support to develop or regain skills and confidence.
- A strength-based approach will also mean a greater emphasis on people remaining involved in their local communities. Services will need to be able to work in partnership with a wide range of organisations in the community, working proactively with organisations to ensure that they are welcoming and accessible to people we support.
- Integration is a key theme and the need for close working relationships across Health, Social Care & VCSE to create pathways that makes transitions, involvement in communities and access to peer support easier for people will continue to be important.
- A skilled and resilient workforce will be vital to delivering this area of work and specialist training will be needed, including in trauma informed care.

### What the data tells us

The data that we have available to us is detailed below. It does not give a complete picture but indicates the level of future demand. This has to be considered in light of the change in approach detailed under strategic change.

### Current Provision

According to our Equality data the number of people supported broken down by ethnicity compared to the district average is as follows:

Ethnicity	People Currently Supported	Compared to District Average
White	54.3%	61%
Asian/Asian British	13%	32.1%
Dual /Multiple Heritages	12.4%	2.7%
Black/African /Caribbean	5.2%	2%
Part of another ethnic group	2%	2%
Did not declare ethnicity	13.1%	

The breakdown of people currently supported according to gender compared to the district average is as follows:

Gender	People Currently Supported	Compared to District Average
Male	63.4%	49%
Female	35.6%	51%



Currently we commission over 171 units in supported accommodation and 91 clients who receive community support services whose primary care need is mental health.

Data submitted from Mental Health supported living providers finds that of people currently in service, on average they have been in service for 2 years and 6 months. Of people who have left the supported accommodation since 01/04/2022, on average they had been in service for 2 years, 7 months and 26 days.

## Future demand

The Mental Health Foundation has reported that:

*“Due to the cost-of-living crisis, poverty and financial stress will likely rise over the next few years. Our UK-wide survey has also shown that **many people across the UK are feeling anxious, stressed and hopeless** due to their current financial situation.*

*We expect that the effects of the cost-of-living crisis on public mental health will be on a scale similar to the COVID-19 pandemic. Our survey also found that concerns about finances are having a negative effect on people’s ability to engage in some of the activities known to help protect mental health and **prevent** problems from developing:*

- 30% of adults in the UK have poorer quality **sleep**
- 23% meet with friends less often
- 15% pursued a hobby less often
- 12% **exercised** less often”

[The full report can be located here](#)

The West Yorkshire Health and Care Supported Living Accommodation needs assessment for people with learning disability and/or autism and people with severe mental health issues across West Yorkshire found that for mental health “*projections for future need demonstrate there is a shortfall in the number of units of supported accommodation required over the next 10 years this equates to a shortfall of 120 units for the City of Bradford Metropolitan District.*”

The Institute of Public Care via their ‘Projecting Adult Needs and Service Information’ (PANSI) service indicate the number of people living in Bradford aged between 18-64 with a common mental health disorder is likely to remain stable up to 2040.

Projections indicate that in 2023 59,968 people will have a common mental health disorder with 60,029 diagnosed in 2040.

We know that demand for mental health services in Bradford district is relatively stable. The Mental Health (MH) client group had 535 people in receipt of long term support on 1<sup>st</sup> June 2019, this had fallen more significantly, by 7.3% to 496 by 1<sup>st</sup> June 2023.

Despite the consistent levels of demand, we have seen historically in Bradford, and projected by PANSI, evidence of increased demand for Mental Health services suggests demand for social care may grow. NHS England’s Mental Health Services Monthly Dashboard shows that nationally there were 1.76m people in contact with mental health services at the end of March 2023, compared to 1.40m people in March 2021, an increase of 26%. In the same period the number of new referrals rose from 0.4m per month. The BMJ state that “Trust leaders are also concerned that beyond these known cases, there

remains substantial, longstanding unmet need in the community and that is continuing to rise. Latest prevalence data from 2021 showed one in six children and young people now have a probable mental disorder, up from 1 in 9 in 2017.”

The Care Quality Commission (CQC) ‘State of Care 2022/23’ report, referred to a recent report from the National Audit Office estimating 8 million people who have mental health needs are not in contact with NHS mental health services. Those that are in contact are subjected to long waiting lists, figures obtained for June 2022, estimate 1.2 million people were on the waiting list for community-based NHS mental health services.

In addition to this, data that we have on increasing levels of homelessness indicates:

- Mental Health is the most common reported vulnerability amongst young people.
- Offending behaviour and mental health are the most common needs for Accommodation Based and Floating Support for single adults respectively.

The National Statement of Expectations (NSE) sets out what good looks like in supported accommodation and how it can be achieved. A good, supported housing offer involves collaboration with commissioners, partners e.g. housing, health, providers in the marketplace, VCSE all working together to provide a safe and supportive place for people accessing supported accommodation services.

Providers will work with the Council to deliver support in line with the REACH standards (<https://paradigm-uk.org/what-we-do/reach-support-for-living/>)

We have highlighted some areas of good practice, working towards improving our supported living with accommodation and community support offer.

- Planning, commissioning and delivering supported accommodation across organisational boundaries through joint funding, objectives and collaboration.
- Collaboration with partners to assess, plan and deliver good quality support services integrated mental health support services wrapped around communities.
- Assessing the differing needs of people and options for supporting them, building on our strengths-based approach to support independence, choice and control for people to live independently in community settings.
- Ensuring housing is an integral part of health and social care, working with housing providers to develop a range of housing options enabling people to live independently in community settings.
- Develop pathways for adults with complex needs and those experiencing homelessness, linking in with the VCSE and specialist registered social landlords and charities to supply high quality accommodation and support that delivers good outcomes for people.
- Ensure admissions and hospital discharges for mental health wards are planned and effective with clear pathways and protocols in place to help people navigate round the system.
- Share knowledge and data with neighbouring authorities bench marking services and costs.
- Work collaboratively through partnership working and co-production to ensure people who use services are involved in the design and delivery of services.

### 3. Market information and Supply

We have a small number of providers in Bradford district currently offering support to people with mental health needs supporting them to live independently in the community.

Support is provided to people in several types of accommodation this could be:

- Either owner occupied or rented
- Living with family and friends
- Living in accommodation that is part of the offer from the supported living provider, whether a shared house or individual flat or house.

Where accommodation is part of the offer from the supported living provider this range of provision includes:

- Personal hours only in clustered accommodation
- 24/7 with shared support (waking and/or sleeping night).
- Shared night support only (waking and/or sleeping night).

Where shared support is in place individuals may have additional personal hours if required based on their Care Act assessment.

### 4. Our Personalised Mental Health Supported Living Tender Process

This market briefing covers Mental Health Supported Living Services for the Bradford District and will be focussed on the delivery of support only. We anticipate there are providers that have accommodation in place linked to support who will bid for this tender.

We are going to run a procurement process using a 'lighter touch' style of procurement to create a list of approved Providers.

This will take place using the Council's procurement portal called Yortender. [For more detail on Yortender, follow this link.](#) Once the tender is published you will be able to use the Yortender portal to access the documents and upload your submission (application), as well as raising questions or asking anything you need clarifying.

Once this list is established it will be the only way the Council will offer managed services for Mental Health Supported Living Services. There will be future opportunities to apply to join the list of Mental Health Supported Living Providers.

We will use the list in the following ways:

- Where an existing Provider has been successful in their application to the provider list then their existing placements and/ or existing contractual arrangements will be transferred. They will also be able to secure new placements.
- Where an existing Provider has been unsuccessful with their application to the Provider list their existing placements will remain the same until at some time they will apply to get on the Provider list.

- New Providers who have been successful in their application will be advertised on the Provider list.

## **5. What approach do we expect from Providers?**

Our aim is to develop models of service delivery across the district that will:

- Allow people with capacity to make their own decisions, have control over what they choose to do and are supported to take on new challenges.
- Make a shift away from doing things for people, towards a more preventative approach which supports people to become independent, remain independent or regain lost skills.
- Work to promote individuals' wellbeing and independence, including "intervening early to support individuals, help people retain or regain their skills and confidence, and prevent or delay deterioration wherever possible."
- Take a strength based approach. This is where the focus is on a person's skills, abilities and knowledge and those of their family, friends and communities.
- Take an enabling approach to give people the opportunity and confidence to learn, relearn and regain skills.
- Provide support for people that is meaningful and that enables people to grow in confidence.
- Show they can reduce dependency and the need for ongoing support by using short-term interventions to aid recovery as well as avoid people going into crisis.
- Identify technology to support people remaining or becoming more independent.
- Implement a model which ensures the needs of diverse communities are recognised and addressed.
- Work in partnership with other organisations who may have expertise in other areas to give added value.
- To support people to become or remain part of their local community.
- Offer appropriate facilities and trained, skilled staff and volunteers.
- Provide clear costings that can evidence value for money.
- A focus on personalised outcomes for people that support them to develop, reviewing their progress and helping them to move on, including to other or no support.

## **6. Service Design**

Our service delivery offer will include the following aspirations:

- Development of services through involvement, engagement and co-production of services with people who use services.
- A range of provision to support the varied needs of people.
- Provision that delivers commissioned support in a flexible way.
- Providers with a focus on recovery and rehabilitation models that will help people live as independently as possible in the community helping to prevent/reduce hospital admission or readmission.
- To work with housing partners and care coordinators for people to move on from supported living accommodation into independent housing.
- An increased number of providers who can offer community support for people who have a mental illness, providing a diverse and distinct offer across the district.

- Increased number of providers who can offer both community support and regulated care.
- Connecting people to communities, geographical and/or communities of interest
- Taking a positive approach to transformation through innovation and assistive technologies.

## 7. Conclusion

We have a range of services across the district that people value. Over the lifetime of the approved list, we want to work with people who use services and Providers to transform our supported living provision so that people are supported to live independently. We will work with housing providers to improve the range of accommodation available to people, creating flexible services that respond to individual needs.

We anticipate the transformation will cover a range of identified issues.

Identified gaps in our current provision for:

- People with more complex needs. This might be for a variety of reasons, including those with a dual diagnosis, a history of arson, where people are actively using substances, with a history of anti-social behaviour or who pose a risk of violence or aggression to others and subject to MOJ community orders.
- Emergency placements at very short notice.
- More community support across the district, in general, but including:
  - Facilitating people to move from supported living accommodation.
  - For people who have a need for regulated care in addition to their primary need of mental health.
  - Where people need a very low level of support and only a small number of support hours need to be commissioned.
- Providers with good links to community activities and able to work in partnership with local voluntary sector organisations.
- General use housing that is available to people once they are ready to move on from temporary supported living accommodation, including adapted properties.
- More provision in the Shipley & Bingley and Airedale areas.
- Reduced provision of shared houses.

**Further information will be made available via the Council website and Yortender Bradford Councils commissioning page:**

**<https://www.bradford.gov.uk/business/commissioning-adult-health-and-social-care-services/commissioning-adult-health-and-social-care-services/>**

**[YORTENDER](#)**

**City of Bradford Metropolitan District Council  
People Commissioning Service  
[Commissioninginbox@bradford.gov.uk](mailto:Commissioninginbox@bradford.gov.uk)**