

Housing with Support Needs Assessment – Living Well

May 2026



Nottinghamshire
County Council



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Introduction



The Council's Adult Social Care Local Account sets out a vision of wanting "every person in Nottinghamshire to live in the place they call home, with the people and things that they love, in communities where we look out for one another, doing the things that matter to them." Our homes are more than places of shelter from the elements. Our homes are places where we can gather ourselves and our identities in a place of safety, where we can keep our most treasured possessions from the past, and create a safe place to make bold plans for our futures. Our homes offer us a place to belong and a space to grow out from and not hide away in. Whilst the Council is not a housing authority, there are over a thousand people living in accommodation commissioned by the Council. Some people may at times live in nursing or residential care homes and other people may live in supported living where they have their own tenancy. Some people may live on their own and others may live in a shared house. The below diagram sets out the Council's vision for how people drawing on adult social care will access housing in the future.



"The ache for home lives in all of us, the safe place where we can go as we are and not be questioned."

Maya Angelou

[Resources from 200 Lives project: Evaluating supported living and residential care for adults with learning](#)

[disabilities - NDTi](#) demonstrated that people living in residential care typically had “significantly higher levels of support” and there were “greater restrictions on people’s choices and freedoms”. The research also demonstrated that “those who live in supported living felt more connected to their local community...however, they could be more affected by local crime, antisocial behaviour and deprivation.”

In November 2025 the government published [Healthy Homes – a foundation for healthier and resilient communities - GOV.UK](#) guidance to outline the role of good quality housing in preventing health issues. “Good indoor air quality, comfortable temperatures, natural light, and energy efficiency are all essential to creating homes that reduce the risk of respiratory illnesses, overheating, and stress-related conditions. A Healthy Home is a new dwelling – including houses, bungalows, apartments and other types of dwelling – that has been designed to support long-term physical and mental wellbeing, and to enable people to live active and fulfilling lives.” The guidance includes information in relation to inclusive housing design for neurodivergence and considers factors beyond the home such as access to green spaces, community facilities and building inclusive community where everyone can make a contribution.

This document seeks to compile an evidence base in relation to current and future demand for supported living services and identify key lines of enquiry to inform more robust analysis on an ongoing basis.

The sections covered in this document include:

1. Population data
2. Existing Provision and Current Usage
3. Demand
4. Planned New Accommodation
5. Service Gaps and Unmet Needs
6. Knowledge Gaps
7. Gap analysis
8. Conclusions and Recommendations

It is noted in the compiling of this analysis that key strategic priorities for the Council include supporting people to live in a place called home and reducing the number of people living in residential care homes.



1 Population data

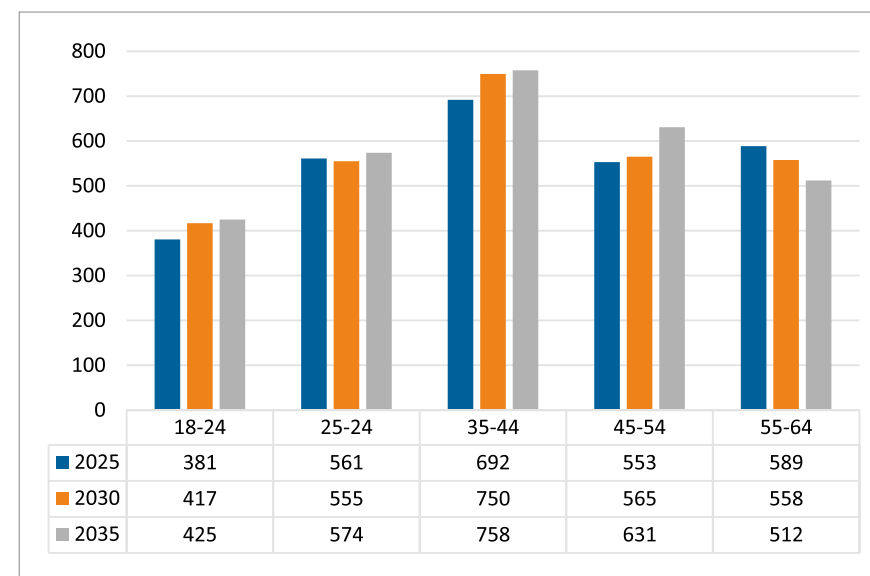
Population projections indicate that demand for supported living and supported accommodation in Nottinghamshire will rise significantly by 2030 among adults needing social care, including adults with learning disabilities, physical disabilities, mental health needs, and autistic adults. Local forecasts show overall increases of 5-10%, with larger rises concentrated in areas of higher social deprivation such as Mansfield and Ashfield, and ageing-related growth particularly evident in Rushcliffe and Newark & Sherwood. Compared with national PANSI and POPPI projections, Nottinghamshire's overall changes are broadly similar to England's averages, but the distribution of need is more uneven with higher prevalence of learning disability and mental health needs in deprived areas, and above average growth in older adults (aged 65+) with physical disabilities in Rushcliffe. These patterns suggest Nottinghamshire aligns with national trends but faces distinct geographic and demographic pressures that require tailored commissioning responses.

1.1 Learning Disability

In Nottinghamshire, PANSI data shows approximately 12,200 adults aged 18–64 with a learning disability in 2025, estimated to increase by 4% by 2035, which is higher than the England wide estimated increase of 1.7% during this same period.

As per Figure 1 it is anticipated there will be a 10% increase in the number of adults living in Nottinghamshire predicted to have a moderate or severe learning disability by 2035.

Figure 1: Adults living in Nottinghamshire predicted to have a moderate or severe learning disability, by age

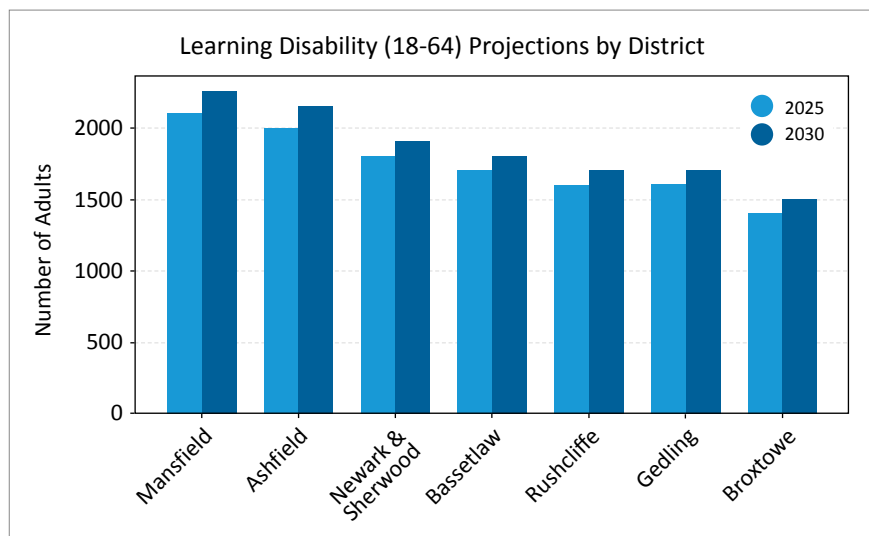


Source: Office for National Statistics (Accessed 11.11.2025)



At a district level there is an increase of learning disability prevalence predicted across Nottinghamshire. Figure 2 shows district level analysis which demonstrates Mansfield and Ashfield as areas within Nottinghamshire which are anticipated to have the highest increase in learning disability population to 2035, with an 8% increase predicted within the next ten years.

Figure 2: Learning disability (18-64) population projections by district



Source: Office for National Statistics (Accessed 11.11.2025)

Please note, an anticipated increase in learning disability prevalence within Nottinghamshire does not necessarily mean that demand for accommodation-based services will increase in the same statistical pattern. It is recommended this needs analysis is read in conjunction with the [Learning Disability Joint Strategic Needs Assessment \(2025\)](#) chapter to provide a comprehensive overview of expected need, outcomes, and gaps within Nottinghamshire.

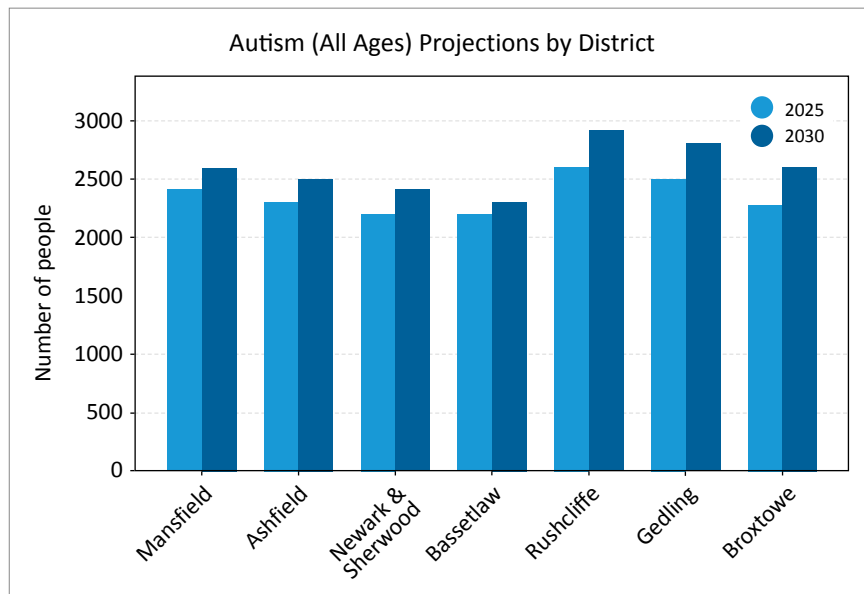
1.2 Autism

The [Nottinghamshire Autism JSNA 2024](#) estimates approximately 16,500 people with a formal autism diagnosis across Nottinghamshire and Nottingham City, rising to approximately 18,000 by 2030. Nationally, autism prevalence is anticipated to increase by 10% in the number of autistic adults across England between 2025 and 2030. Using PANSI data, Nottinghamshire has a projected increase of 9% which is broadly consistent with the observable national trend.



As per Figure 3, district level trends are expected to increase by a range of 6-10%, with the highest projected growth in Rushcliffe and Gedling, likely aligned to younger age profiles within these districts and increasing diagnostic rates among children and adults. However, it should be noted local need is uneven and evidence suggests that economically deprived areas may underrepresent or mask true levels of prevalence due to inequality in accessing services and navigating waiting lists (Russell et al, 2022).

Figure 3a: All Age autism population projections by district



Source: Office for National Statistics (Accessed 11.11.2025)

Please note, an anticipated increase in autism prevalence within Nottinghamshire does not necessarily mean that demand for accommodation-based services will increase in the same statistical pattern. Within the Nottingham and Nottinghamshire ICS a new all age autism strategy is in development, expected for publication summer 2026. The strategy intends to consider local variance in diagnostic waiting times and consider any inequity in service provision.

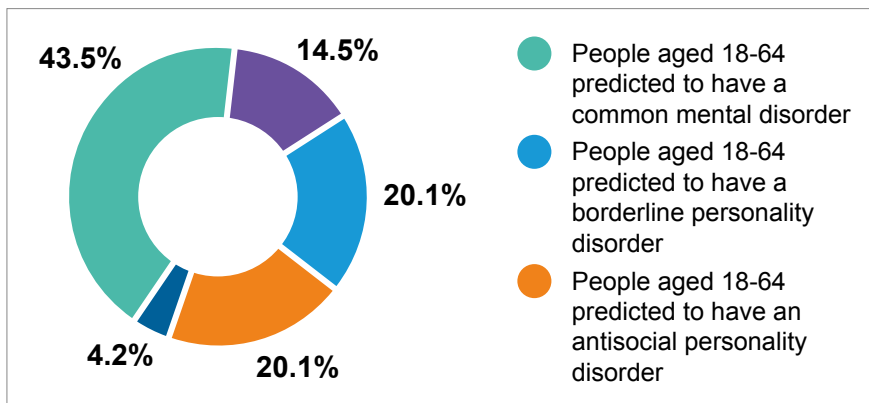
1.3 Mental Health

In Nottinghamshire, PANSI data shows a significant and growing number of people living with mental ill-health in Nottinghamshire, with prevalence forecast to increase (across all mental health diagnoses) for working age adults by 3.8% to 2035 and by 8.5% to 2045.

The extent to which this impacts future demand for supported living services is not straight forward. The number of people with depressive or anxiety-related conditions, known as 'common mental disorders' are much higher than those affected by psychotic disorders, such as schizophrenia.



Figure 3b: Breakdown of Forecast Prevalence in Nottinghamshire by Mental Health Types in 2025



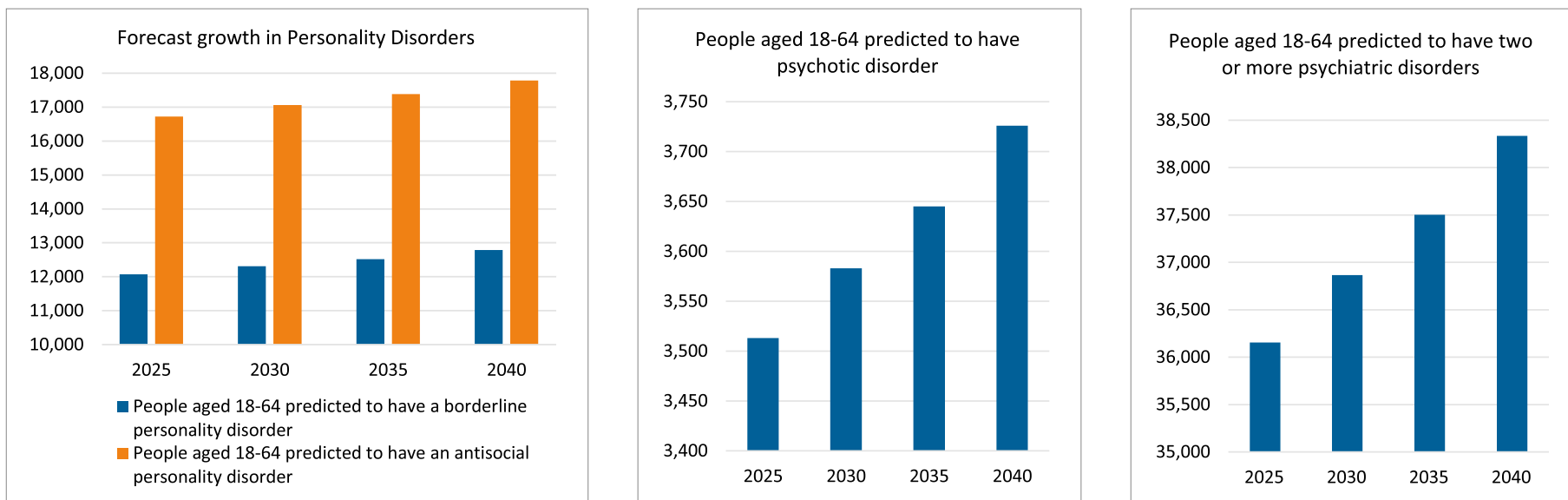
Source: PANSI data, accessed November 2025

Whilst common mental disorders are regarded as less 'severe' and are generally managed within primary care rather than secondary mental health services, people often experience these conditions alongside other long-term conditions, including undiagnosed neurodevelopmental conditions such as autism and ADHD. Common mental disorders are therefore more likely to add complexity to another need, rather than be a reason for needing supported accommodation.

The need for supported accommodation for mental health reasons is driven by severe mental illness (SMI) and, alongside this, how effectively this is identified and responded to, and the presence or absence of other protective factors or stressful circumstance. So, for example, the predictive rate of psychotic disorders is not that dissimilar across all districts of Nottinghamshire but, across Nottingham and Nottinghamshire, the age standardised prevalence of SMI by deprivation quintile shows prevalence to be almost three times higher in the most deprived areas compared with the least deprived.



Figure 3c: Forecast growth in more severe mental health



Source: PANSI data, accessed November 2025

Anticipating the need for supported accommodation for mental health reasons, though, can be problematic. People with schizophrenia typically first experience symptoms in their twenties and may never have been known to adult or children’s services. Similarly, personality disorders are typically not diagnosed until adulthood as they are based on longer term patterns of behaviour and functioning that might also be associated with adolescence. Diagnosis of SMI occurs in all adult age brackets. Utilising data associated with under 18-year-olds

is therefore an inaccurate predictor. Equally, having an SMI is not a predictor of need for supported accommodation. In autumn 2022, an ICS report identified that 81% of people with Bi-polar Disorder and 62% of people with schizophrenia and other psychotic disorders were not, at that time, under secondary mental health services and many never had been.

The data presented looks at working age adults and it should be noted that, for people with SMI, life expectancy is significantly lower than for people without SMI. A comparative study published in Cambridge University Press in 2021, looked at changing mortality between 2008-12 and 2013-17 for people with SMI in South-East London and, whilst finding slight improvement, only identified life expectancy as improving from 63.2 to 64.9 for men and 68.1 to 69.1 for women. Impacting both life expectancy and the support provided within supported accommodation services are factors such as alcohol use. In 2022, the ICS used ehealthscope to identify that 30% of people with SMI misuse alcohol. Factors such as this, use of other substances, forensic histories, past fire-setting, self-harm and current/on-going suicide attempts can all lead to difficulties with finding safe and suitable supported accommodation placements, resulting in use of residential care.

1.4 Physical disability

Nottinghamshire has a population of approximately 824,800 residents, with 16% living in the most deprived quintile nationally. Deprivation is strongly associated with poorer health outcomes, higher rates of disability, and earlier onset of long-term conditions. Healthy life expectancy in the county is 60 years for men and 62 years for women, significantly below the national average, meaning many residents spend a substantial proportion of later life living with disability.

POPPI data indicates that the population aged 65 and over will increase by around 20% by 2035, with the highest growth among those aged 85+. This age group is most likely to experience mobility limitations, frailty, and long-term conditions requiring adapted housing and support. By 2035, Nottinghamshire is projected to have 8,000–10,000 additional older adults living with physical disabilities that restrict daily activities.



PANSI projections show that the working-age population (18–64) will also experience growth in disability prevalence, with an estimated 3,000–4,000 additional adults living with moderate to severe physical disabilities by 2035. This reflects wider national trends, including increased survival rates following serious illness, rising obesity, and persistent health inequalities. Employment data reinforces this picture: 10,300 Nottinghamshire residents are currently not working due to long-term sickness, part of a wider regional figure of 57,000 across Nottinghamshire, Nottingham City, and Derby. These projections suggest a 10-15% increase in demand for supported accommodation services by 2035.

The implications are significant:

- **Housing stock:** There will be a need for more wheelchair-accessible homes, step-free environments, and adapted properties adapted with assistive technology.
- **Service models:** Expansion of extra care housing and community-based supported living will likely be required to reduce reliance on traditional residential care.
- **Workforce capacity:** Growth in demand will necessitate a larger, skilled workforce trained in physical disability support.
- **Equity of provision:** Rural and deprived areas will require targeted investment to ensure equitable access to supported accommodation.



2

Existing Provision

2.1 Current Provision

There are 949 units of supported living provision available across Nottinghamshire as commissioned by the Council. The below chart shows the scheme type and district:

		Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark and Sherwood	Rushcliffe
Shared House	Number of Schemes	17	21	9	22	35	23	15
	Number of Units	76	80	43	79	103	101	42
Flats, apartments and bungalows	Number of Schemes	6	13	1	5	15	14	6
	Number of Units	43	48	4	43	72	88	24
Enhanced	Number of Schemes	0	3	1	2	7	5	0
	Number of Units	0	11	4	15	39	34	0
Total Units		119	139	51	137	214	223	66

Source: Housing with Support Service Tracker, November 2025

It was estimated that demand for Housing with Support services will increase by 6% from 2020 to 2027.

Almost 60% of the existing commissioned schemes are only accessible for people with a learning disability and or autism, with some settings implementing strict criteria aligned to the care provider, housing provider, or regulatory requirements. Approximately 20% of services available do offer support to a range and mix of primary care needs, recognising

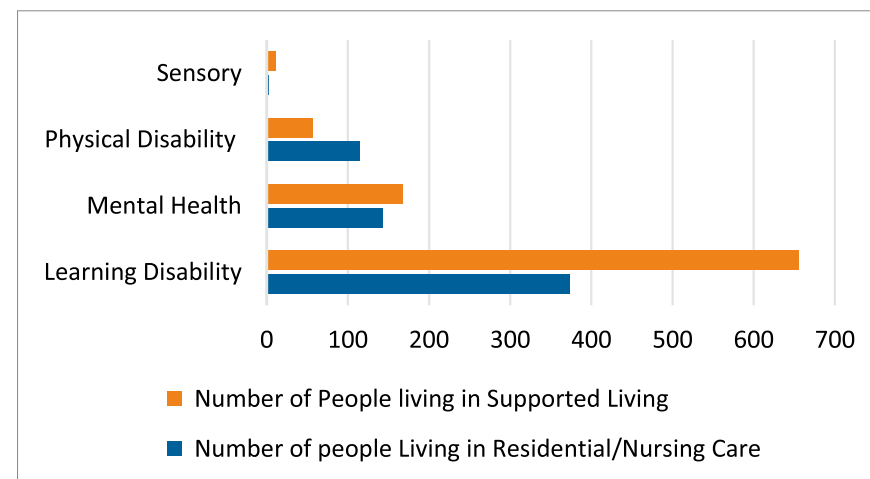
the changing need and co-occurring conditions evident in Nottinghamshire.

2.2 Overview of Current Usage

In November 2025 there were 891 people residing in commissioned supported living accommodation aged 18 to 64, which is a 10% increase contrasted with available data from March 2021 in which there were 808 people residing in commissioned supported living services. The number of people with a primary care need of learning disability and / or autism has remained relatively stable during this time, however there has been a 7% increase in the number of people with a primary care need linked to mental health.

The Council has a strategic position to reduce the number of working aged adults living in commissioned residential care services, and from 2021 there has been a reduction in usage of residential care by 10% for people with a learning disability, and an increase in demand for people with a primary care need of mental health by 11%. Despite the reduced number of new placements being made in residential care for people with a primary care need of learning disabilities there are still 374 people with a learning disability living in long term residential care or nursing care.

Figure 4: Number of people of working age living in residential care and supported living, by primary care need



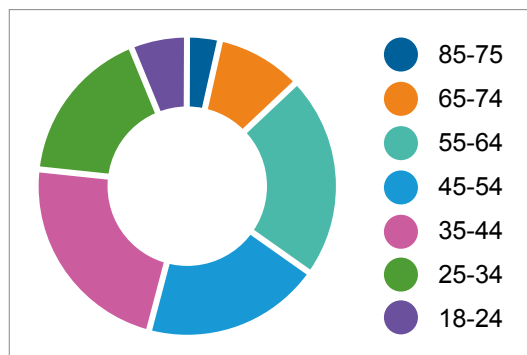
Source: Business Information Hub, Nottinghamshire County Council November 2025

Figure 4 shows that a higher proportion of adults of working age who require accommodation and support are living in supported living as opposed to long term residential care. It is recognised there are future opportunities to further reduce the number of people with a learning disability living in residential care, and likewise reduce the recent demand for new placements in relation to mental health.

Further activity is likely required to consider opportunities to support more people with a primary care need associated with a physical disability in supported living as opposed to residential care.

As per Figure 5, 23% of adults working aged adults residing in residential care are aged 35-44, with 22% aged 55-64, and 19% aged 45-55. Local data suggests individuals residing in residential care will likely stay in the same setting for several years, and arrangements are unlikely to be short term.

Figure 5: Ages of adults currently living in residential care



Source: Business Information Hub, Nottinghamshire County Council November 2025

2.3 Cost

Costs in supported living are made up of direct and shared hours of support, and all placements refer to enhanced supported living services that support people with complex needs.

Due to strategic alignment of the annual free review process, CSE provider rates have been standardised across most providers, aligning to the rates as below:

	NCC rates
Supported Living standard hourly	£23.30
Enhanced Supported Living (plus) hourly	£25.59
Community Network hourly	£24.49
Sleep in rate (per night 9 hours)	£124.43



High need, high-cost arrangements

Reviewing the 50 highest cost arrangements in supported living demonstrates the Council are predominantly meeting the needs of people with a learning disability, with 15 of 46 learning disability arrangements supporting adults that are considered as part of the Transforming Care Programme facilitating hospital discharges. Within this review of 50 arrangements, only two people are described as having a primary care need of mental health and two people as having a physical disability. There are 17 different providers delivering the 50 highest cost placements.

36 of the identified arrangements are commissioned in scheme-based enhanced services where multiple people are supported in one location although usually living in their own single occupancy accommodation. There are 16 arrangements that are commissioned in solo placements which only support one person. Solo placements are more available and accessible to develop with providers however they consistently cost a minimum of £1000 per week more than comparative scheme-based placements and often support a lower acuity of need and risk, due to the lack of contingency available in solo placements, although sometimes can be the most suitable model to meet needs.

It can be considered:

- There is limited evidence that supported living is less expensive than residential care for people with complex needs, particularly where higher levels of direct staffing are required to meet assessed needs and risks.
- There is no evidence that enhanced supported living is supporting a lower level of acuity than residential care provision. In many cases supported living has been recommended due to the accommodation need and need for self-contained living rather than shared spaces.
- Solo supported living placements are likely easier to develop and more available, but also can lead to higher costs due to reduced economies of scale. There are also risks to the delivery model which is fragile and lacks contingency.

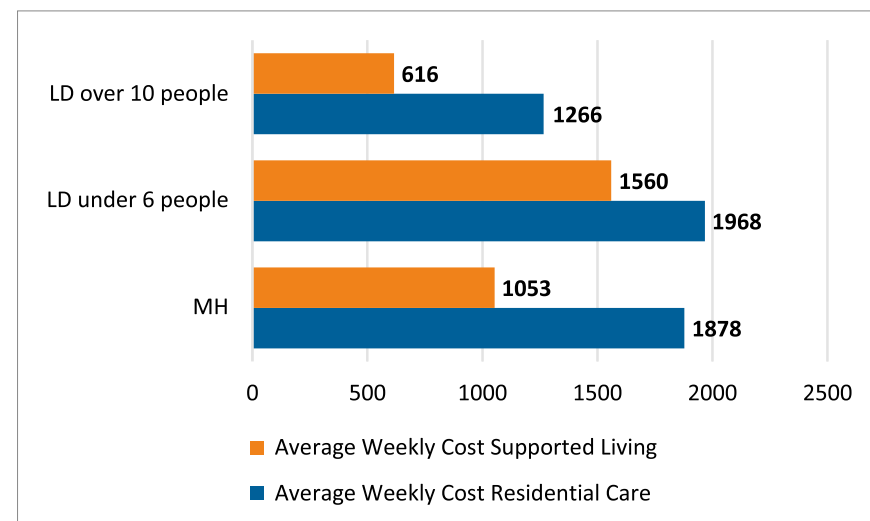


Moderate needs arrangements

Although direct comparisons are not possible there is evidence to suggest that average placement costs for individuals with moderate needs in supported living, as assessed under the Care Act, are more cost effective than in residential care. Figure 6 opposite demonstrates that learning disability residential care settings over 10 people are likely twice the cost compared to the same sized supported living, with learning disability settings under 6 people likely 26% higher comparable cost in residential care. Similarly, it is estimated mental health care home provision (without nursing) is 78% higher cost than supported living provision.

It should be considered when using this analysis that individuals have different assessed needs, risks, and aligned care plans, and as such direct comparison has limitations and statements of the following nature should be avoided – *ie you will save 78% if you move individuals with a mental health primary support need out of residential care into supported living.*

Figure 6: Comparison between average costs in supported living and residential care based on type



Source: Business Information Hub, Service User Costing Report 2024



2.4 Voids within Existing Services

There are currently 58 voids within existing Housing with Support services, which are under active review and form part of the monthly Void Board.

Existing voids:

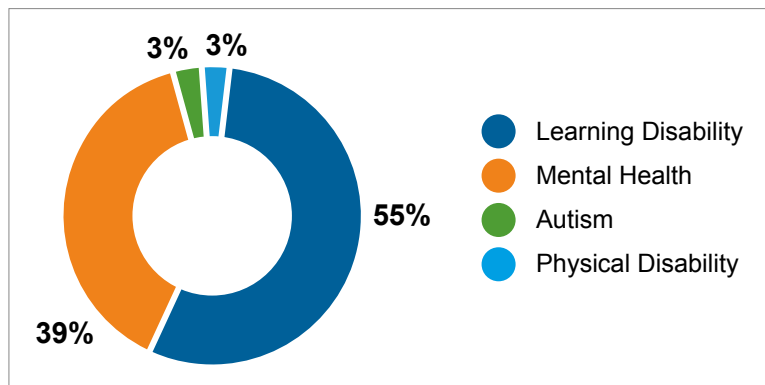
- 56% of the vacancies are in shared accommodation
- There were 60 voids within existing services in the same reporting period in 2024.
- 3 of the current vacancies have been open for over 12 months and do not have a person identified as suitable. This has improved since 2024 when there were 8 schemes that had been vacant for over 12 months and did not have an identified tenant.



3.1 Open Referrals to The Housing with Support Team

As of November 2025, there are 131 open referrals to the Housing with Support (HWS) Team where work is underway to source a home, which includes 38 individuals who have been open to the HWS Team for over 4 weeks and have not yet sought a suitable vacancy. As per figure 7, 55% of people requiring supported living have a primary care need listed as learning disability, with 39% mental health, 3% physical disability, and 3% autism.

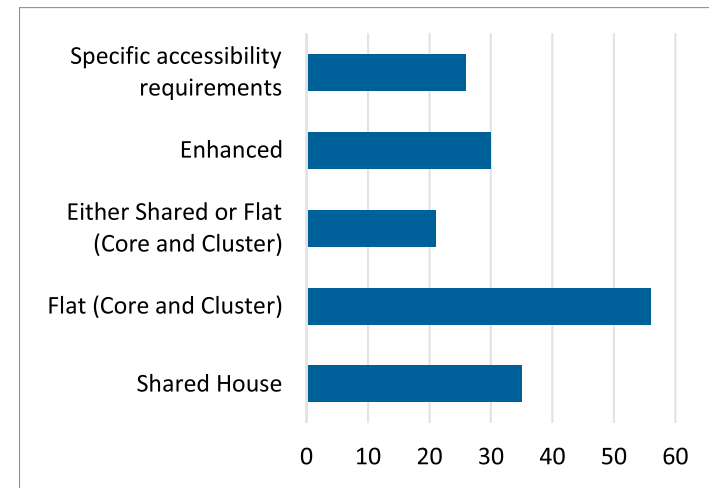
Figure 7: Primary care needs of adults actively seeking supported living



Source: Housing with Support Tracker November 2025

Individuals who are approved for supported living provision by accommodation panel are referred and reviewed by the HWS team. During this process the team consider the type of accommodation required to meet the assessed needs under the Care Act. As per Figure 8, 33% of individuals are documented as requiring a flat within a core and cluster model, 21% shared house, 18% enhanced, and 15% specific accessibility requirements. In addition, 12.5% of individuals are listed as either shared or own flat.

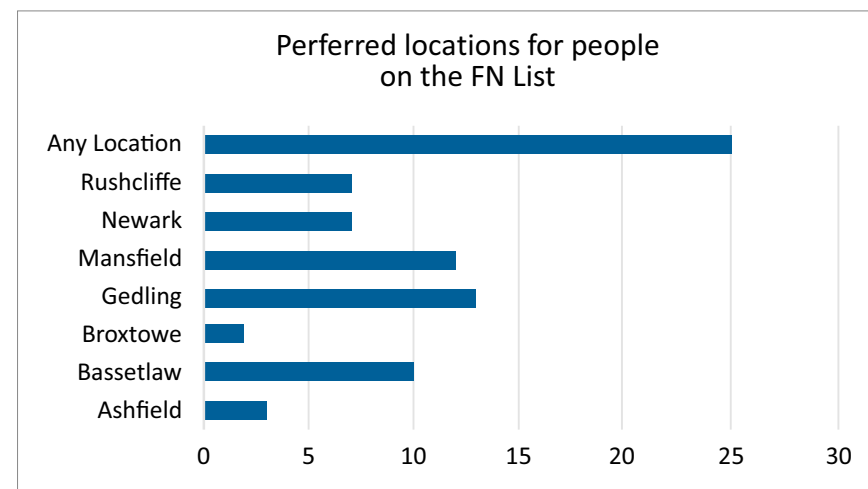
Figure 8: Type of accommodation required



Source: Housing with Support Tracker November 2025

There is demand for a range of different accommodation types with the majority of people preferring a flat or apartment in a core and cluster setting. There continues to be demand for ground floor, accessible or wheelchair adapted properties of this type. The majority of people seeking shared accommodation had a learning disability. 60% of the people requiring enhanced supported living had a primary care need relating to their mental health and project work is being undertaken to bring together the knowledge and experience of mental health discharge team staff, occupational therapists, service providers and people who have lived in supported living, to refine property requirements that balance safety and risk management with the desire for homely environments. There continues to be demand for enhanced supported living for people with a learning disability and or autism but there is significantly more supply of this within existing provision.

Figure 9: Preferred location of people awaiting supported living, by district



Source: Housing with Support Tracker, November 2025

Approximately 30% of individuals currently open to the HWS team do not have a stated preference for a location, with Mansfield and Bassetlaw both representing 15% of total required demand.



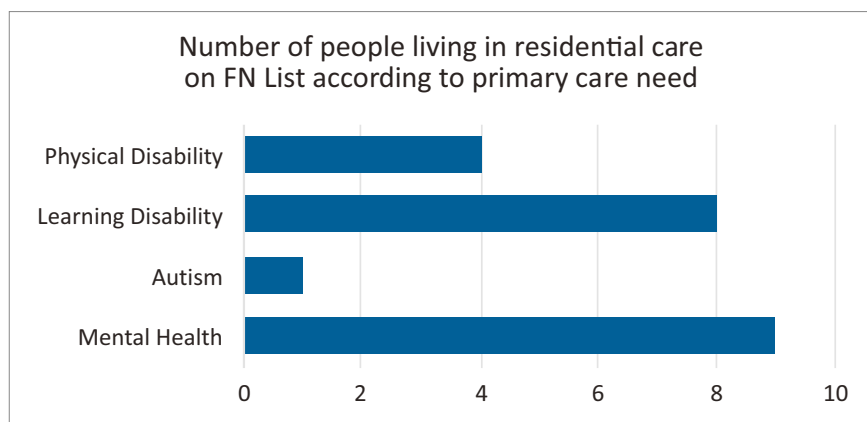
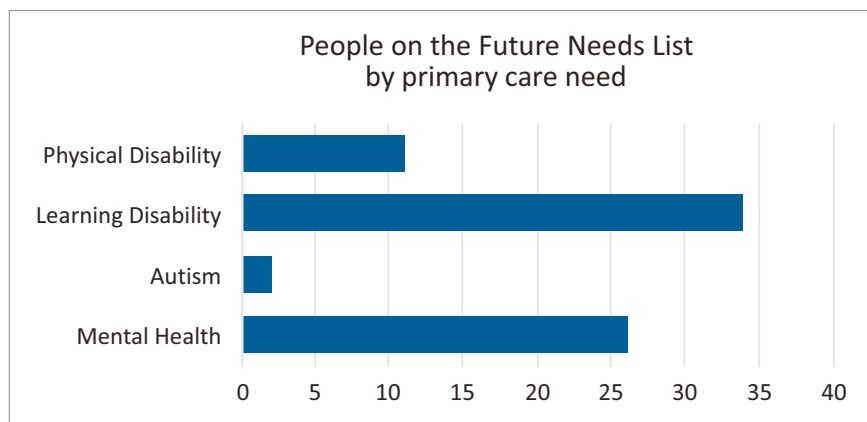
In the past 12 months the Housing with Support Team have supported 100 people to move into supported living. Average waiting times for the right home have been 11 months during this period, which appears significantly higher than anticipated timelines. It should be noted however there may be a combination of factors which impact transition timelines, and within this review it has not been possible to assess comparative timelines with other local authorities.

3.2 Future Needs

In addition to the open referrals as set out above in section 3.1, the HWS team also maintain a list of people who have been referred for supported living but have not been supported to move, known as the Future Needs List. As of November 2025, there are 79 people on the future needs list. A risk rating exercise (RAG) of this list was conducted by commissioners as part of this Needs Assessment process, which can be summarised as:

- a) **Green** - 62 people are currently being supported in places that are meeting their needs with a risk rating of Green. Of this group:
 - o 15 people already reside in supported living but would like to move to a different location or setting type
 - o 4 people were exploring a vacancy in supported living
 - o 25 people were deemed not currently ready to move into supported living but this formed part of a longer-term plan
 - o 17 people identified where their needs could be better met in supported living currently residing in the community, including within residential care
- b) **Amber** - 16 people identified where their needs could be better met in supported living, or where they are ready for hospital discharge and not having their needs met in the most appropriate setting.
 - o 3 people were in hospital and ready for discharge.
 - o 2 people required support from staff trained in BSL which isn't currently available
- c) **Red** - 1 person was RAG Rated Red where there were concerns about how the person's needs were being currently met. The local district team are actively seeking to engage with this person.

Figure 10: People on the Future Needs List, by primary care need / Number of people living in residential care, by primary care need

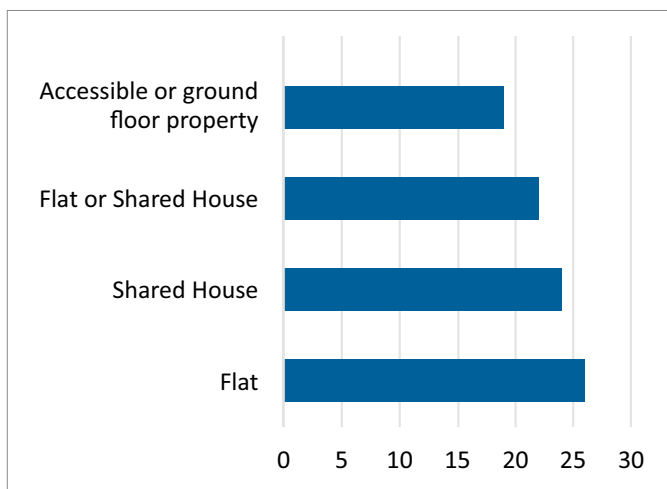


Source: Housing with Support Tracker, November 2025

As per Figure 10, 46% of individuals listed on the Future Needs tracker have a primary support need of learning disability, with 35% mental health, and 15% physical disability. Likewise, 22 people currently reside in a residential care home however have a preferred pathway of supported living, with primary support need listed for this group learning disability (7 people), physical disability (4 people) as mental health (2 people), and autism (1 person).

Figure 11 shows the type of home people on the future needs list require, with 35% stating flat, 32% shared house, 28% either shared house or flat, and 26% accessible or ground floor property. The information held by the HWS team notes there were 36 people on the future needs list who were waiting for a specific accommodation type in a desired location. This was observed as a barrier for those who required a specialist type of accommodation or accessible accommodation or those residing in Broxtowe and Rushcliffe including shared services in these areas. Although there were examples of this county wide for those who did not require specialist accommodation. There was also unmet demand for core and cluster accommodation in the Mansfield and Ashfield area.

Figure 11: Types of home people on the future list need



Source: Housing with Support Tracker, November 2025

There were 5 people on the future needs list who required enhanced or specialist provision. This includes 2 people who required BSL support, and 2 people with a primary care need of mental health and one person who was autistic.

3.3 Preparing for Adulthood

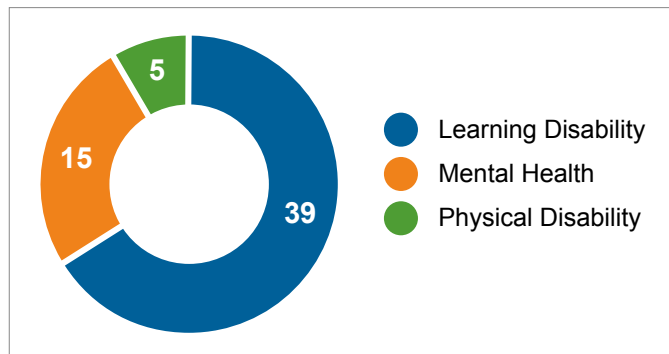
According to the Office of National Statistics more adults are living with their parents in the UK. 57% of adults aged 18-24 were living with their parents and 26.7% of

25- to 29-year-olds are living with their parents. This has increased after the Covid pandemic but has been steadily increasing in the last decade. The Preparing for Adulthood team are working with 138 young people, there are a further 23 young people aged 14-19 awaiting allocation within the Preparing for Adulthood Team for assessment and there are 87 young people who are due to turn 18 in 2026 to 2027. In an average year the Preparing for Adulthood team make 50 requests to accommodation panel for accommodation and support. In the past 12 months the Team have supported 32 people to move. The majority of these individuals have moved into supported living however there have been examples where people with complex health needs have moved into residential care, requiring specialist accommodation to meet their needs which was not available in supported living. This includes robust settings, with adaptations and modifications for personal care routines or where the person may display distressed behaviour and requires an environment that mitigates risks to the person, their home or the people supporting them.



Over the past 12 months, there has been a positive shift in the living arrangements of adults aged 18 to 25. As of November 2025, 59 young adults live in residential or nursing care, while 74 are supported in their own homes through supported living. This marks an improvement compared with November 2024, where more young adults were in residential care. The change represents a 34% increase in the number of people in this age group being supported to live independently, highlighting progress in promoting greater autonomy and community-based living.

Figure 11: Primacy care needs of people aged 18 to 25 living in residential care



Source: Business Information Hub, Costing Report, November 2025

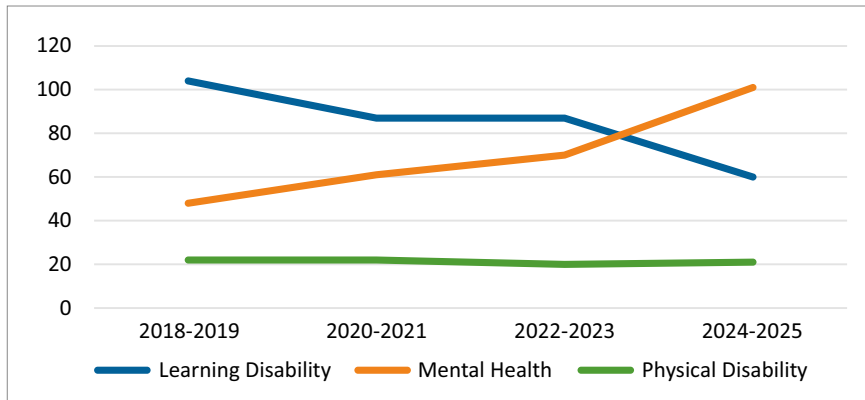
As per figure 11, The people aged 18 to 25 who have moved into residential care who have a diagnosis of learning disability have been supported to move to these settings in moments of crisis or where the person has specific requirements in relation to a physical disability that have not been possible to accommodate in supported living circumstances in the timescales required.

3.4 Residential Care

The pathway for residential care provision must be agreed by accommodation panel prior to commencing exploration for residential care homes. Internal staff guidance details an expectation that all alternative options must be reasonably considered before a social worker requests the pathway of residential care, ensuring its working aged adult use is proportionate to need and least restrictive.

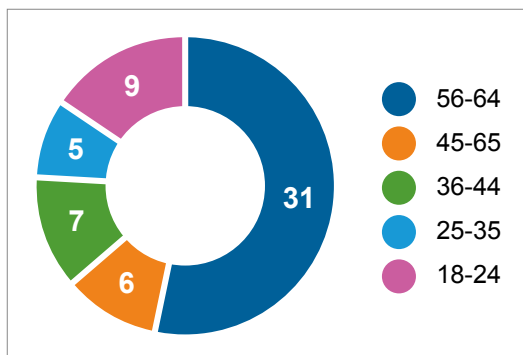
Demand for residential care placements has reduced by approximately 11% in the past 12 months, with 158 working age adults seeking a placement via our dynamic purchasing system (DPS) to Nov 2025, in comparison with 175 searches for a 12-month period to Nov 2024.

Figure 12: Trends in use of residential care, by primary support need



Source: DPS Tracker Quality Market Management, November 2025

Figure 13: New residential care placements 24/25, by age



Source: Business Information Hub, Costing Report, November 2025

Figure 12 shows the demand for residential care services for people with a primary care need of a learning disability has reduced however, however during the same reporting period demand for residential care homes for people with a primary care need of mental health has increased from 2018. There have been 58 working age adults who moved into a new residential or nursing care home in the past 12 months and 25% of the people that moved were already living in residential or nursing care homes before they moved. As per figure 13, 53% of the working age adults that moved into residential, or nursing care homes were aged over 55.

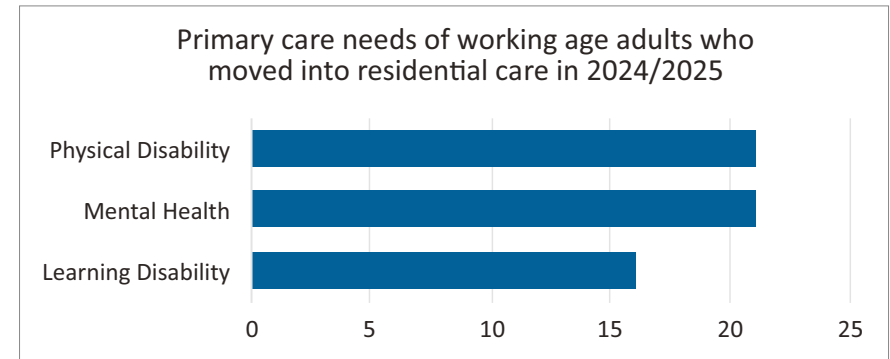
Within the 24/25 reporting period, 36% of new residential care placements were for adults with physical disability as a primary support need, with 36% of adults having a mental health primary support need, and 28% learning disability. There are likely multi-faceted factors which account for this which include hospital discharge or due to fewer options available in supported living settings, which is particularly likely for physical disability provisions.



Key data underpinning figure 14 include:

- Adults with a learning disability who moved into residential care provisions were observed to be younger in age (18 to 25) which is consistent with NICE guidance that challenging or distressed behaviour in people with learning disabilities is more likely to occur in teenagers and adults in their early 20s and therefore perhaps requiring specialist environments to ensure the person and the people that support them are safe.
- There were recorded incidents where a move was required following a safeguarding referral or crisis.
- There were also examples of people aged over 60 moving into residential care for the first time.
- In the past 12 months the Council have supported 42 people out of residential care homes into supported living schemes.

Figure 14: Primary care needs of working age adults who moved into residential care in 2024/2025



Source: Business Information Hub, Costing Report, November 2025



4

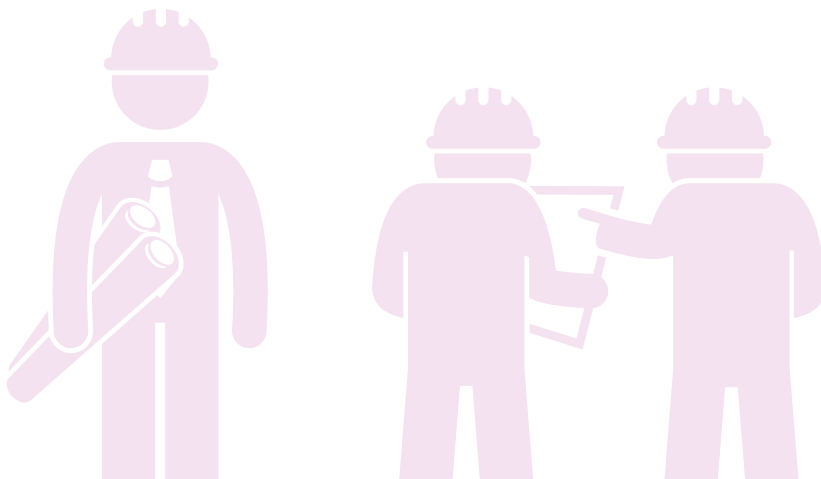
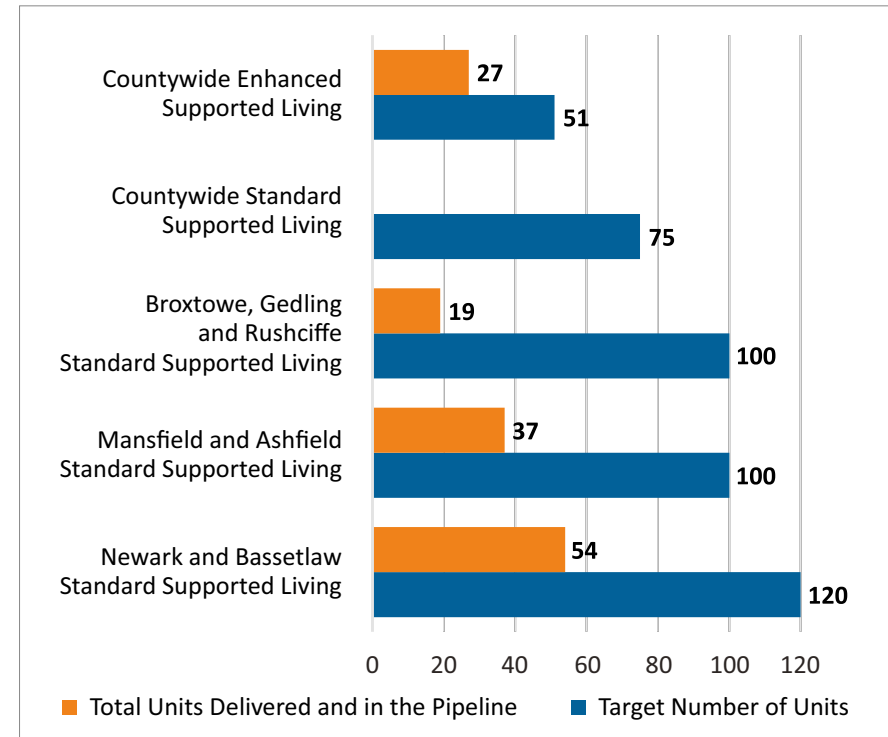
Planned New Accommodation

It was agreed by elected Members at Cabinet in January 2023 that the Council would undertake a significant development programme for new supported living and enhanced supported living accommodation. The report requested 395 additional units of supported living accommodation, in addition to an additional 51 units of enhanced supported living accommodation.

As per figure 15, the Council has either developed or is actively developing 110 units of supported living accommodation since the Cabinet report, representing 28% of the total number of units approved by Members.

In addition, the Council has developed or actively developing 27 units of enhanced supported living provision since the Cabinet report, representing 53% of the total number of units approved by Members.

Figure 15: Number of units developed or in pipeline, contrasted to the total number of units approved for development



As per the below table, there are 76 units of accommodation currently under development across Nottinghamshire, which includes 23 wheelchair accessible units.

Property Type	Number of Units	Location	Number of wheelchair accessible units
Bungalow	2	Ashfield	2
Flats and apartments	7	Rushcliffe	2
Flats and apartments	12	Mansfield	2
Flats and apartments	12	Mansfield	4
Enhanced bungalows	6	Gedling	2
Flats and apartments	12	Gedling	2
Bungalow x 2	7	Mansfield	4
Flats and apartments	8	Ashfield	3
Flats and apartments	10	Ashfield	2
Total	76		

Information relating to new housing offers is dynamic and subject to change. Up to date information is available via the Housing Commissioning Team.



5

Service Gaps and Unmet Needs

Considering the broad information available there are identified service gaps and unmet needs within supported accommodation which include:

- a) **Physical & Sensory Disabilities:** There are no physical disability specific supported living schemes however 21% of the overall adults in residential care between the ages of 25 and 65. Not all available care homes or supported living schemes are wheelchair accessible. Additionally, for people with BSL as a first language, or other forms of sign as the primary mean of communication, there is currently no 24-hour supported accommodation. Whilst there is current need for this, the number of people with this need is insufficient to sustain a standalone county service.
- b) **Broxtowe and Rushcliffe:** There are limited numbers of shared, core and cluster, and enhanced services within the Broxtowe area and Rushcliffe areas.
- c) **Mansfield, Ashfield and Bassetlaw:** There continues to be increased demand for service provision in Mansfield, Ashfield, and Bassetlaw across all care need groups and for all types of accommodation.
- d) **Learning Disabilities:** There continues to be demand for learning disability services across all accommodation types and locations. Shared services tend to be preferred for people with a learning disability however these can pose challenges in relation to compatibility and tend to have longer standing voids.
- e) **Mental Health:** There are fewer standard and enhanced services that meet the needs of people with a primary mental health diagnosis when compared with people with a learning disability. Demand for services of this type is anticipated to increase and there is an observed increase of working age adults with a primary care need of mental health seeking residential or nursing care homes. There is an increase in young people with histories of trauma and complex mental health presentations.
- f) **Capable Environments:** There is demand for enhanced provision with capable environments of accommodation across learning disability, autism and mental health care needs. There are children approaching adulthood that will require this type of provision.
- g) **Preparing for Adulthood:** There continues to be demand for people aged 18 to 25 especially for people with a primary care need of learning disability, autism and mental health but there are barriers to accessing services.

6

Knowledge Gaps

In addition to the service gaps identified in section 5, there are identified gaps in current understanding which are outlined as below.

- I. Further analysis is required to predict the number of people who are living with family and carers who may require supported living services in the next 5 to 10 years, by primary support need.
- II. Whilst information is available to predict the number of people living in residential care who may benefit from supported living, the available analysis is limited.
- III. There is a lack of available data in relation to the number of people living in supported living services that are ready to move into general needs housing with reduced levels of support.
- IV. There is limited analysis in relation to why some people are moving into residential care homes however we do know that over half of the working age adults going into residential care are aged over 55.



7

Future Needs

A review of the available information which includes population projections, Housing with Support future needs list, and residential care step down data suggests the Council must continue to develop new supported living accommodation to meet anticipated future demands for the next 5 years. This position recognises the significant lack of general needs housing available in Nottinghamshire available by the district and borough councils with housing duties, which remains unlikely to significantly change in the short term.

It is anticipated that the following units of accommodation are required to meet future need over the next 5 years. Please note the required units are in addition to the ongoing developments as set out in section 4 (76 units in development).

Primary Care Need	Standard Core and Cluster	Shared	Enhanced (Accommodation and Support)
Learning Disability and Autism	145	28	40
Mental Health	60	0	30
Physical Disability	38	0	0
Totals	243	28	70
Governance position	Within approved cabinet position (95%)		Above approved cabinet position (46 additional units required)



8.1 Summary per accommodation type

Enhanced Supported Living:

- Bespoke solo occupancy services do not always offer good value for money.
- Likely demand exceeds current permissions.
- Key environmental factors are critical for good enhanced supported living offers that reduce the need for restrictive practices.
- An RP framework will enhance the Council's ability to identify and procure bespoke accommodation for enhanced supported living.

Standard Supported Living Core and Cluster Services:

- There continues to be demand across all categories of need for this type of provision
- The model is likely highly usable with relative low risk in terms of identification of people to benefit from the provision.

- There is elevated demand in the Mansfield and Ashfield area across categories of need and less supply per population in Broxtowe and Rushcliffe.
- There is unmet need in all areas for accessible properties.

Shared Supported Living Services:

- There is evidence of demand for small, shared services. There are risks to this provision type in terms of voids and compatibility.
- There is existing capacity within small, shared services although this tends to be for people with a learning disability and tends to offer opportunities for people over 40.
- Evidence suggests there is limited demand for new enhanced shared services and higher risks in terms of compatibility and void management.



8.2 Recommendations for new developments by type of accommodation

Accommodation type	#	Recommendation	Action owner	Anticipated timeline
Enhanced Supported Living	1	Use the new Housing (RP) Framework to commission up to 70 units of specialist accommodation as a priority and split across mental health and learning disability services.	Housing development group	RP framework tender anticipated from Summer 2026
	2	Seek additional permission to develop more enhanced services to manage the risk of additional bespoke single person services being developed and manage the financial risk of this.	Housing development group	TBC
	3	Review people currently residing in enhanced supported living services to consider opportunities for move on.	Housing with Support Team	Ongoing (BAU)
Standard Supported Living – Core and Cluster	4	Agree the purpose and usage for all current properties in the pipeline of development.	Housing development group	Q3 (Oct-Dec) 2025
	5	Where properties offer the opportunity for wheelchair accessible apartments, recommend the property is used for a mix of care needs and awarded to providers that can meet a range of needs.	Housing development group	Ongoing
Shared Supported Living	6	Reserve 28 units of capacity to develop new provision for people aged 18 to 25 or for people who may be moving from the family home or residential care into supported living and where efficiencies can be evidenced or where care homes may be closing.	Housing development group	Q3 (Oct-Dec) 2025
	7	Consider planned used of Lot 3 of the CSE Framework to maximise accommodation proposals brought to the Council.	Housing development group	Q3 (Oct-Dec) 2025

Please note the housing development group refers to the combination of housing, LW, and AW commissioners who are members of the fortnightly housing development meeting.

8.3 Recommendations for Additional Analysis

Population living with ageing carers: Work to be undertaken to understand how many people are living with ageing carers across the county and how many of these people may need accommodation and support in the future to assist with future planning.

Population living in supported living who could move onto more independent housing: Work to be undertaken to understand how many people currently live in supported living services that could be supported in general needs housing with less support (if this housing were available) to inform strategic conversations with district councils.

Population living in residential care: Work to be undertaken to better understand how many people living in residential care could benefit from a move to supported living and what work needs to happen to facilitate this, taking into account the analysis in relation to costs and how to target this work to optimise efficiencies.

Complex Mental Health and Physical disabilities: There is an increasing demand for residential care for people with complex mental health needs and physical disabilities. We need to understand why residential care is being explored for these people and how they could be supported in supported living services as an alternative model and what this could look like.





May 2026
Version 1