

# **Housing, health and care programme**

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## **North East and North Cumbria Housing, Health and Care Programme**

### **Housing and care market position statement to 2028/29: Specialist housing and accommodation for older people and people who need complex support**

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## Contents

Contents .....	2
Introduction .....	3
Our focus .....	5
Context .....	8
The region .....	8
Summary of the baseline evidence .....	8
Gaps and challenges .....	10
Responding to stakeholders' views and experiences .....	13
What we are seeking from housing and support providers: Priorities over the period to 2028/29.....	15
Investment considerations .....	24
Our approach to working with housing and care/support providers .....	26
The quality of specialist housing and accommodation services .....	28
Contact details.....	29
Annex 1. Stakeholders' views and experiences .....	30
Annex 2. Planned development of supported and specialist housing to 2028/29 ....	35

## Introduction

In the North East and North Cumbria we have established a [Housing, Health, and Care Programme](#) to build on the collaborative work already underway across the region.

The programme is the region's sector led improvement initiative focused on delivering better, more integrated housing, care, and support so that people can be healthy, live well, and stay independent in their own home.

The programme has been co-created by the North East and Cumbria branch of the Association of Directors of Adult Social Services (ADASS), the NHS North East and North Cumbria Integrated Care Board, the Northern Housing Consortium, and the TEC Services Association (TSA, and umbrella body for technology service providers), with many other partners involved.

We have developed this market position statement (MPS) as part of the strategic approach to housing, health and care for the North East and North Cumbria.

The three programme priorities are:

- **Older people:** More people are living with dementia, frailty or complex health needs, and there are fewer 'two parent, one worker' families able to support ageing parents. The population is ageing, and more people are requiring housing that meets their age-related needs. By 2050, one in four of us will be over 65. It's clear that we need to identify and provide more choices for older people to live independently, with care and support as needed, particularly in more deprived communities. That will involve closer co-working between health, care and housing teams along with housing providers and care/support providers. The intention of this MPS is to stimulate the market to provide the mix of housing options required by older people, particularly older people who have the greatest care and health needs.
- **People who require complex support:** Good quality homes with the right support can help people stay out of institutional care or come out of hospital more quickly. But housing providers and care and support providers can find it hard to develop the homes and the support that people need. The intention of this MPS is to stimulate the market for supported housing and, by using integrated models of support, we can reduce the number of people in or at risk of long-term hospital care and the use of care homes.
- **Warm and dry homes:** we want everyone to live in a home that is safe, warm and dry. In much of the region one in ten homes has at least one Category 1 hazard, such as damp, mould fall or electrical risks. Older, colder and 'non-decent' homes are clearly linked to poor health and wellbeing, making health inequalities worse and putting additional strain on services.

To inform this MPS, in 2024 we produced a regional baseline assessment<sup>1</sup> of need covering the three programme priorities. The baseline assessment of need should be read in conjunction with this MPS.

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<sup>1</sup>[https://northeastnorthcumbria.nhs.uk/media/3n1hcd0o/north\\_east\\_north\\_cumbria\\_baseline\\_assessment\\_final-040924-lin.pdf](https://northeastnorthcumbria.nhs.uk/media/3n1hcd0o/north_east_north_cumbria_baseline_assessment_final-040924-lin.pdf)

The intended audience for this MPS is local authority and NHS colleagues, housing providers, housing developers, funders and investors, care and support providers and for people with lived experience and their supporters/carers.

## Our focus

This MPS is intended to:

- Provide the statement of intent and regional direction in relation to the housing and care requirements of older people and people who need complex support
- Highlight gaps and opportunities for sub regional collaboration

This MPS is intended to complement, not replace, local plans and strategies.

We have developed this MPS to address the key challenges:

- Ageing population is growing, with people living with (multiple) long term conditions for significant portions of their life
- Expectations for and opportunities in relation to healthcare intervention have risen
- Family dynamics have shifted – fewer two parent one worker families with capacity to support aging parents
- Heavy demand outstrips supply in the housing market meaning older peoples' housing is competing with more lucrative development opportunities for house builders
- The ambitions are to use our collective capacity (housing capacity) to: Achieve better outcomes for people and their families
  - Improve housing conditions
  - Deliver personalised care closer to home
  - Delay/prevent demand for health and care services. This links with the latest NHS plans, hospital to home, and treatment to prevention changes planned<sup>2</sup>.
- Strengthen partnership working
- Securing value for money from all resources available across the system including housing

### *Supporting older people and people who need complex support*

This MPS covers the requirements of older people and people who need complex care and support.

#### *Older people*

This MPS is focussed on the housing and care/support requirements of people aged 65+ who have, or who may develop, significant health and care needs with one or more of the following characteristics:

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<sup>2</sup> Road to recovery: the government's 2025 mandate to NHS England - GOV.UK

- Living with dementia
- Frailty
- Other complex health/care needs or conditions typically meaning 3 long term conditions (e.g. COPD; diabetes; heart failure; bipolar disorder)

These are people who are most at risk of admission to health and care settings such as care homes and hospital.

### *People who need complex support*

This MPS is focussed on the housing and care/support requirements of people who need complex care and support who have the following characteristics:

- Needs that are often long-term and serious and may be difficult to diagnose or treat. Furthermore, these multiple needs are likely to interact with and exacerbate each other, forming barriers for the individual. Typically, these barriers present themselves as difficulties that prevent people from accessing certain services.
- People who are most likely to be in the most restrictive environments for the longest time.
- People who are most at risk of admission to health and care settings such as care homes and hospital.
- People who need focused creative commissioning of care and support to live well in the community.

People who need complex care and support includes children/young people aged 11 and over and adults of working age:

- People with a learning disability
- People who are autistic
- People with serious mental health conditions

### *Improving housing choices*

The housing related choices we are seeking to meet through this MPS include:

- More supported and specialist housing and accommodation options, in the places where they're needed.
- Fewer people in hospital when they don't need to be because they are supported at home to live well and independently.
- More people enabled to live as independently as possible in both mainstream housing and supported housing.
- Improvements in people's experience of housing, health, and care services.

- More joined-up working across health, housing, care and voluntary, community and social enterprise (VCSE) sector.
- Accessible and suitable relevant housing related information and advice that is suitable, available and accessible.

## Context

### The region

The North East and North Cumbria is one of the largest Integrated Care Systems in the country, covering a resident population of just under three million people and a large and diverse geography ranging from cities and towns to rural and coastal communities. There are 14 local authorities in the region, as well as the Integrated Care Board (itself formed out of eight Clinical Commissioning Groups in 2022), and a huge number of health, social care, housing, community, and voluntary sector organisations.

We know that our population is ageing, with number of people aged over 65 projected to increase by 22% by 2039. Just over 1 in 5 people in the region have a long term disability, and almost 10% of people identify themselves as an unpaid carer. Life expectancy and health life expectancy in the North East and North Cumbria is lower than the national average, and there is a significant gap in both of these measures between the worst and least deprived communities in our region. We also know that people with a mental health condition, people with a learning disability and autistic people die on average at a much younger age.

The North East and North Cumbria Integrated Care Strategy and our Joint Forward Plan sets out the region's ambitions to address these and other challenges. The Housing, Health, and Care programme contributes to these ambitions, with its broad vision that people in the North East and North Cumbria are healthy, able to live the life they want to live, and do the things that are important to them as independently as possible. The programme aims to ensure more people can live independently, create the right types of housing with support in the right places, reduce our reliance on hospital services particularly for people who need complex care and support, and reduce the number of cold and damp homes in the region.

### Summary of the baseline evidence

The North East and North Cumbria Housing, Health and care Board produced in 2024 a regional baseline assessment of the demographic needs and the current picture in relation to its three programme priorities.

The key findings from the regional baseline assessment for older people and people who need complex care and support are summarised below.

#### *Older people: headline findings*

The regional baseline assessment provides detail of the evidence of need for housing and care amongst older people. The key headlines include:

- The total population of older people is projected to increase by 28% overall:
  - A 22% increase in the 65-74 population
  - A 35% increase in the 75-84 population



- A 51% increase in the 85+ population
- 74% of older people own their own home, 18% live in a social rented home, and 8% live in privately rented homes
- 18% of older people experience income deprivation, but there is wide variation across the region
- Across the region, 3.89% of older people have been diagnosed with dementia, compared with 3.76% across England
- In 2024/25 there were 5,257 older people in local authority funded residential care, of which 1,808 had dementia related needs

The significant projected increases in the 65+ population, particularly amongst the 85+ population, across the ICB footprint, is likely to lead to an increase in the numbers of older people with significant health and care needs. For example, the Council areas with the highest prevalence of dementia amongst the 65+ population are:

- Stockton-on-Tees (4.40%)
- Gateshead (4.34%)
- Newcastle (4.25%)

Approaches to support older people with significant health and care needs in housing-based alternatives to care home settings will need to be available and effective for older people living in all tenure types. There is also recognition that informal carer support is key here in helping older people with care and support needs to remain living in their homes in the community, and the assistance that informal carers may need. The baseline assessment estimated the need for supported living with care (also referred to as extra care housing) required to accommodate people 'diverted' away from residential care. This identified:

- To 'divert' 10% of older people 65+ away from the use of residential care would require an additional c.525 units of supported living with care (or similar housing with care setting) across the North East & North Cumbria ICB per annum.

### ***People who need complex care and support: headlines***

The baseline assessment set out estimates of need for housing for people who need complex care and support. Based on evidence from stakeholders, the needs of this group of people are in the context of increasing need for housing and support amongst the wider population of people with learning disabilities, autistic people and people with mental health needs. This increasing need is characterised by:

- An increasing population of people with learning disabilities and autistic people who are eligible for support from the local authorities. This is driven by:
  - A trend of increasing numbers of young people becoming eligible for adult social care at 18 with increasingly complex support needs.

- More people with learning disabilities living into older age (whilst recognising that there remains a gap in relation to matching the average life expectancy of the overall population).
- Adults with learning disabilities who have been living with older carers and parents where this situation will increasingly be unsustainable.
- A reduction in the use of care homes, both residential and nursing care homes, except where there are no other accommodation options.
- A pressing requirement to meet the housing and support needs of people with learning disabilities, autistic people and people with serious mental health needs who need complex care and support. The housing needs of this group are set out below.

The evidence indicates that by 2028/29 there is an estimated need for housing/supported housing of:

- c.250 homes for adults who need complex care and support who are on dynamic support registers
- c.675 homes for adults with learning disabilities and/or autistic people with complex support needs who are living in care homes
- c.675 homes for adults with mental health conditions with complex support needs who are living in care homes
- 139 homes for people with complex support needs in inpatient settings

This indicates that over the period from 2024/25 to 2028/29 there is a need to find or develop c.1,740 homes of housing/supported housing, which is the equivalent of c.350 homes per year.

## Gaps and challenges

The baseline assessment identified the following gaps in housing and support provision and associated challenges.

### Older people

- A need to better understand and plan more effectively for the housing preferences of older people, particularly housing that enables people to remain at home close to family and carers.
- A need to develop more contemporary and attractive homes is required designed for and available to older people across all housing types and tenures and that enable healthy lifestyles, e.g. access to footpaths in place of reliance on car use.
- An increasing need for housing for older adults with significant health and care needs, including dementia and other complex health conditions.

- A growing number of older adults with high support needs in relation to mental health, including people who are experiencing or at risk of homelessness. This links with the provisions of the Homelessness Act 2017 which has a strong focus on prevention and early intervention to avoid crisis, as well as well-designed care carefully planned services that prioritise providing long term homes where support can adapt to changes over time.
- Supporting people to avoid hospital admission as far as possible as well as more support for people to 'step-down' from hospital to their existing homes and into supported living with care and use of supported accommodation as 'step up' from people's own home to help avoid hospital and care home admission, where this is feasible and financially viable.
- More creative use of existing sheltered housing and supported living with care to support older people with a range of care and support needs.
- Better collaboration on the use of technology innovation to support older people to live independently including through building into Local Plan adopted design codes.
- Exploring the potential of alternative accommodation options such as Home Share<sup>3</sup>.
- A need to shift the focus of care home models in the future towards people with higher acuity care needs, including a shift towards nursing care and away from residential care (additional separate work in the region is being undertaken in relation to care homes for older people).

### ***People who need complex care and support***

- There needs to be better access to mainstream housing and home ownership, alongside supported housing.
- A broad range of housing options designed to meet specific needs are required, particularly to enable people to move from hospital and care home settings into supported housing and general needs housing (whilst recognising that for some people, living in a care home may have been the most appropriate way of meeting their needs at the time they moved in).
- There need to be 'step-down' pathways from hospital settings that people can use as transitional accommodation before moving to a permanent housing solution with support as needed and 'step up' accommodation options which are flexible and can avoid a hospital or care home admission.
- There needs to be a better long term planning in relation to the need and demand for housing for people with care and support needs particularly people with mental health conditions and young people who will need support as adults.

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<sup>3</sup> Homeshare enables two people to share a home for mutual benefit. Typically, an older person living in their own home with a room to spare will be carefully matched with a younger person who will provide an agreed amount of support in exchange for good quality, affordable accommodation.

- There is requirement for additional supported housing focused on people with serious mental health conditions as part of a 'pathway' to a range of housing and support options.
- There is a requirement for provision of trauma informed environments and provision that can support people with a forensic background, i.e. people who have undergone legal or court proceedings for offending within the criminal justice system.
- There needs to be consistently strong joint commissioning and multi-disciplinary team (MDT) approaches to support care/support providers in the community.

## Responding to stakeholders' views and experiences

We undertook extensive engagement with a wide range of stakeholders to inform this market position statement.

Based on the key messages from this engagement, we have summarised below what this means in order to inform the intended audience for this MPS about ours and stakeholders' priorities and to shape responses from housing providers/developers and care/support providers.

Further detail is provided at Annex 1.

### ***Professional stakeholders (from the NHS, local authorities, housing providers and care/support providers)***

#### ***Supporting older people with care and health needs***

- The priority of all local authorities and the ICB is to support older people at home and to maintain their independence for as long as possible making use of a blend of care, health and technology services and innovation.
- In this context many local authorities are planning for and developing additional supported living with care capacity over the next 5 to 10 years.
- Within both current and future supported living with care provision it is essential that it can accommodate older people who have increasingly complex care and health needs. Supported living with care needs to be able to accommodate people living with dementia including people with complex care needs.
- There is a need to develop more affordable versions of supported living with care both for rent and for sale so that it is a more realistic option for a wider group of older people.
- Health and social care commissioners are seeking to provide a blend of specialist accommodation as well as services in the community to help reduce unplanned hospital admissions and to facilitate timely discharge following hospital admissions amongst older people.
- It is equally important to develop and foster dementia friendly communities so that as many older people as possible can be supported to live well in their existing homes and communities.

#### ***Supporting people who need complex support: people with learning disabilities and autistic people***

- There is evidence of an increasing number of young people who need complex support and a range of housing and accommodation options when they become eligible for adult social care when they reach 18. Attention needs to be given to

preparing young people who will become eligible for adult services to support them with this change.

- There is an increasing number of people with learning disabilities and autistic people who need complex support linked to a forensic background.
- There is an increasing number of people who require complex support.
- It is important to recognise that many people who need complex support are able to live in mainstream general needs housing with a personalised package of care and support.
- However, there is a need for increased provision of a range of types of supported housing for people who need complex support, including people who need to live alone with appropriate care and support. A small minority of people require supported housing that is highly adapted in relation to their support needs, for example with recessed heating and pipework and reinforced walls and doors.
- There is an opportunity to explore the option of the use of personal budgets with people being in control of their own support as a viable alternative to support contracted by the local authority.

### ***Supporting people who need complex support: people with mental health needs***

- There is an increasing number of people who need complex support linked with homelessness, mental health and drug and alcohol related needs, which is sometimes referred to as "tri-morbidity" or intersecting needs and experiences.
- There is an increasing number of people who require complex support linked with 'personality disorder' related needs.
- There is evidence of an increasing number of young people with mental health needs who need complex support, including support in relation to eating disorders, and a range of housing and accommodation options when they become 18.
- There is a need to develop additional supported housing capacity with 24/7 support and skilled on site mental health support to enable more people to be discharged in a timely way from acute psychiatric inpatient beds and to reduce or avoid the use of care homes as a form of 'step down' from inpatient beds.
- This type of supported housing with intensive support should provide an option for people who may have been excluded from other supported accommodation options, i.e. tenacious support with fewer barriers from everyone involved for people with mental health needs who require complex support.
- Alongside the need for additional supported housing, there is a need to plan for provision of secondary and primary services for people who need complex support.

# What we are seeking from housing and support providers: Priorities over the period to 2028/29

## Older people: supported living with care

The MPS has a particular focus on housing with care based alternatives to the use of care homes for older people, including older people with high care and support needs.

Consequently, the requirement for additional supported living with care are summarised below. This shows where it is needed and how much is needed.

The requirements are shown:

- For each local authority.
- For the combined local authorities within the North East Combined Authority (NECA) and within the Tees Valley Combined Authority (TVCA).

This is based on:

- Whilst recognising that many older people can be supported in their existing homes, including those with high care and support needs, 638 homes are required every year to divert 10% of older people away from residential care to supported living with care (this may be in addition to individual local authority estimates of need for supported living with care). This means at least an additional 3,190 units of supported living with care are required over the 5 year period from 2024/25 to 2028/29.
- a rate of 23 homes per 100,000 of the total population.

We already have plans to meet some of this estimated need for supported living with care.

Annex 2 summarises the plans we have already to develop 1,608 additional supported living with care units over the period to 2028/29.

The table below shows the *net additional requirements* we have for supported living with care, taking account of the plans we already have, to develop new supported living with care (see Annex 2).

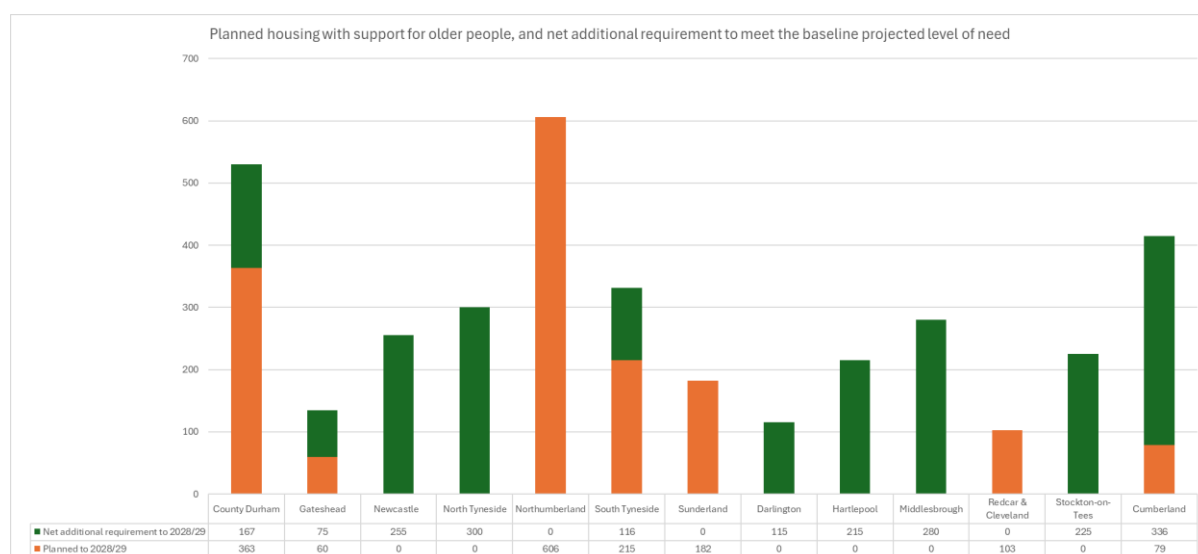
Local authority/Combined authorities	Baseline estimate of need for supported living with care for 5 years (units)	Planned supported living with care	Net additional need for supported living with care to 2028/29 (units)
<i>North East Combined Authority</i>			
County Durham	530	363	167
Gateshead	135	60	75
Newcastle	255	0	255
North Tyneside	300	0	300
Northumberland	245	606	0
South Tyneside	331	215	116
Sunderland	50	182	0

Local authority/Combined authorities	Baseline estimate of need for supported living with care for 5 years (units)	Planned supported living with care	Net additional need for supported living with care to 2028/29 (units)
<i>Tees Valley Combined Authority</i>			
Darlington	115	0	115
Hartlepool	215	0	215
Middlesbrough	280	0	280
Redcar & Cleveland	95	103	0
Stockton-on-Tees	225	0	225
Cumberland	415	79	336

NB. Estimates of need for supported living with care based on an assumed 10% diversion of people aged 65+ from residential care. Local authorities may have their own estimates of need for supported living with care that are higher, to meet a wider range of need amongst older people.

This evidence indicates that the priority locations for development of additional supported living with care to 2028/29 are:

- County Durham
- Tees Valley
- Tyneside
- Cumberland





In terms of the development of new supported living with care what we are seeking is:

- Supported living with care is designed to provide a supportive environment for residents. It enables older people (and some working age adults with care and support needs) to live independently, together with others and with the assurance that access to on-site personal care and support is available when needed. A range of communal facilities are usually provided.
- Supported living with care residents have independent, self-contained apartments, with a range of tenures including leasehold ownership, social/affordable rent, market rent and shared ownership. It is distinct from residential care and nursing homes; residents in residential care or nursing homes generally occupy a bedroom with an en-suite shower-room and shared communal facilities.
- A diverse range of models for supported living with care, including retirement villages, 'continuing care retirement communities' and 'integrated retirement communities'. However, typical supported living with care developments are usually of between 50 and 120 apartments/dwellings offering residents a long term home within a community of older people with access to communal facilities. Some of these types of housing may include a mix of generations, i.e. supported living with care for people aged 18+ rather than with an age threshold of 55 or 60 years.
- A living environment designed to the Housing our Ageing Population Panel for Innovation (HAPPI)<sup>4</sup> design standards, that can support older people with a range of care and support needs, including people with complex care and support needs such as people living with dementia.
- Supported living with care schemes should maximise the use of assistive technology and care enabled technology to support residents to live as independently as possible irrespective of their level of care and support needs. The use of technology in supported living with care schemes should be consistent with the Technology for an Ageing Population Panel for Innovation (TAPPI)<sup>5</sup> principles.

The regional baseline assessment provides a range of examples of 'contemporary' housing for older people, including supported living with care.

## **Older people: other housing and accommodation options**

In addition to developing additional supported living with care, we want to develop a full range of housing and accommodation options that can support older people who have, or may have, significant health and care needs. We have summarised below the other types of housing and accommodation that we are seeking from housing and care providers.

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<sup>4</sup> <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>

<sup>5</sup> <https://www.housinglin.org.uk/Topics/browse/Design-building/tappi/>

### ***New build general needs housing that better suits ageing in place***

- We want to promote and encourage the development of new mainstream housing designed to be 'care ready' and better suited to suit ageing in place. This goes beyond housing built to M4(2): Category 2 – Accessible and adaptable dwellings<sup>6</sup> and is the application of some/all the HAPPI design standards to new general needs homes for social/affordable rent, shared ownership and market sale.
- We want to encourage and enable a mix of housing types: small houses, bungalows, dormer bungalows as well as flats, that are likely to be attractive to older people.
- We will use Council planning policy and joint Council/NHS market position statements to encourage the development of general needs housing of all tenures that is better designed to suit the needs of older people and to better facilitate ageing in place.

### ***Making best use of existing sheltered and retirement housing***

- We will work with social housing providers to encourage the upgrading and refurbishment of existing sheltered housing (and with private companies that provide/manage market retirement housing) where feasible to extend its useful life and to make it a more attractive housing option for older people, including consideration of:
  - Some sheltered housing may be suitable for adaptation to provide accommodation for older people with significant care/support needs.
  - Some sheltered may be suitable for use as 'step down' accommodation from hospital.
  - Maximise the use of care enabling technology to be available to support people living in specialist housing including sheltered/retirement housing.

### ***Develop new build age-designated (sheltered/retirement) housing.***

- We want to promote and encourage the development of new build 'care ready' contemporary age-designated housing (i.e. modern sheltered/retirement housing) that is built to HAPPI design standards with minimum communal facilities and consequently relatively low service charges.
- We want to develop a mix of housing types, including small houses, bungalows, dormer bungalows, as well as flats, including homes that are suitable for wheelchair users.

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<sup>6</sup> Compliance with this requirement is achieved when a new dwelling makes reasonable provision for most people, which includes wheelchair users to access and enter the dwelling, and access habitable rooms and sanitary facilities on the entrance level.

- We will use Council planning policy and joint Council/NHS market position statements to encourage the development of new build age-designated (sheltered/retirement) housing to better facilitate ageing in place.

### *Use of current and development of new build care homes*

- We will review and consider reconfiguration of local care home markets to ensure that the future focus for care home provision is:
  - Nursing care for people with complex health/care needs and end of life needs.
  - Residential care for people with complex care needs that can't be accommodated in housing with care settings.
  - Modern and homely care home provision.
- We will support new build care home provision being developed only where there is a demonstrable local need.
- New build care home provision is likely to be focussed on nursing/residential care capacity people with complex health/care needs and end of life needs.

### **People who need complex support: specialist housing and accommodation**

The MPS has a particular focus on specialist housing and accommodation for people with a learning disability, autistic people and people with severe mental health needs who need complex care and support.

We have summarised the requirement for additional supported and specialist accommodation below. This shows where it is needed and how much is needed.

The requirements are shown:

- For each local authority.
- For the combined local authorities within the North East Combined Authority (NECA) and within the Tees Valley Combined Authority (TVCA).

Our priority is to ensure that we have sufficient specialist housing and accommodation for people who need complex care and support and are either already in mental health inpatient services, or who may be at risk of admission to those services. We estimate that we need 72 homes every year for people who are in these groups.

We already have plans to meet some of this estimated need for specialist housing and accommodation. We are already planning to develop 336 additional specialist housing and accommodation units over the period to 2028/29, as shown at Annex 2.

The table below shows the net additional requirements for specialist housing and accommodation for people who are in mental health inpatient services or who might be at

risk of admission to those services, taking account of existing plans to develop new specialist housing and accommodation (see Annex 2).

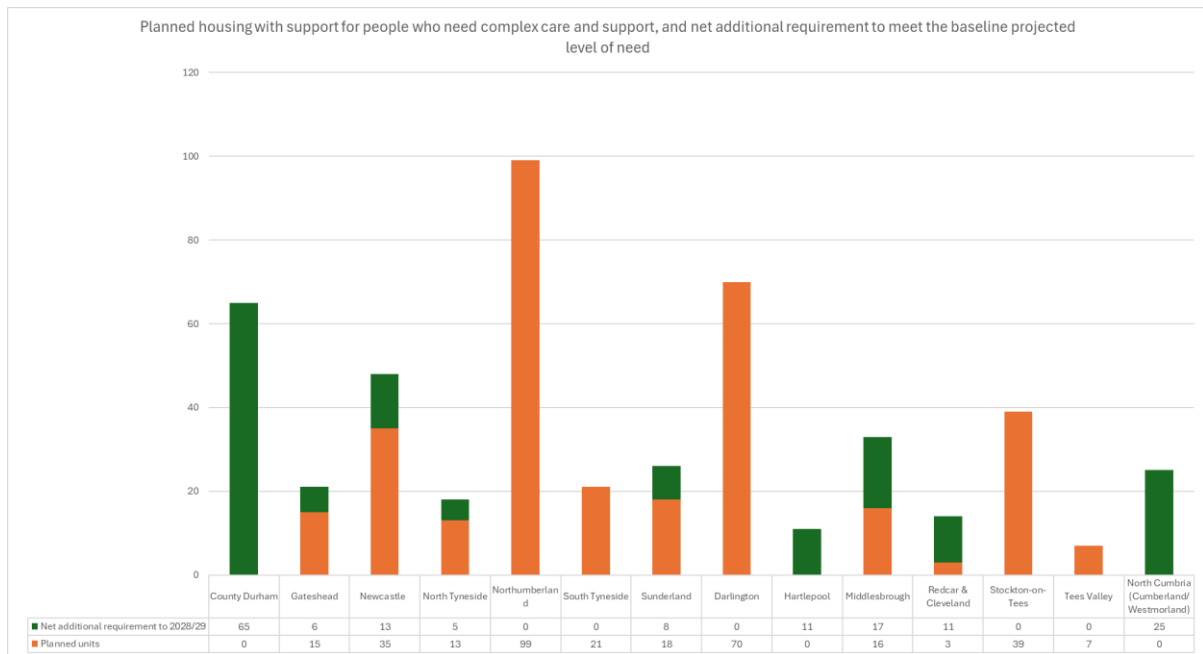
Local authority/combined authority	Baseline estimate of need for specialist housing & accommodation for 5 years (units)	Planned units	Net additional need for specialist housing & accommodation to 2028/29 (units)
<i>North East Combined Authority</i>			
County Durham	65	0	65
Gateshead	21	15	6
Newcastle	48	35	13
North Tyneside	18	13	5
Northumberland	49	99	0
South Tyneside	18	21	0
Sunderland	26	18	8
<i>Tees Valley Combined Authority</i>			
Darlington	20	70	0
Hartlepool	11	0	11
Middlesbrough	33	16	17
Redcar & Cleveland	14	3	11
Stockton-on-Tees	15	39	0
Tees Valley*	-	7	-
North Cumbria (Cumberland/Westmorland)	25	0	25
<b>Total</b>	<b>361</b>	<b>336</b>	<b>161</b>

NB. Estimates of need for specialist housing with care are based on demand arising from people in inpatient services and who may be at risk of admission to those services. Local authorities may have their own estimates of need, and plans, for specialist housing with support that meet a wider range of need amongst people with a learning disability, autistic people, and people with mental health conditions.

*\*This relates to an ongoing proposal to develop a sub-regional project for Tees Valley*

This evidence indicates that the priority locations for development of additional specialist housing and accommodation for people who need complex support are:

- County Durham
- Tees Valley
- Tyneside
- Cumbria



We also have a broader ambition to reduce the number of people who need complex care and support in registered residential care settings. Some people who are currently living in care homes may be able to live in specialist housing with appropriate levels of support. Across the region, we estimate that supporting 10% of people who need complex care and support to move from a care home into specialist housing with support would require an additional 273 homes per year.

We recognise that this is a significant ambition, and we welcome discussions with providers on housing and support, and care home providers on how we might sustainably achieve this ambition in the longer term.

In terms of the development of additional specialist housing and accommodation for people who need complex support, what we are seeking is:

- A mix of types housing and supported accommodation, which offer people different housing choices, ranging from housing options with 24/7 support through to access to mainstream housing with packages of care/support tailored to individuals' needs. The usual default requirement for is self-contained supported housing and self-contained mainstream housing depending on a person's needs. Providers should be familiar with the guidance contained in CQC's guidance *Right Support, Right Care, Right Culture*<sup>7</sup> and NICE guidance (CG142)<sup>8</sup> on the definition of 'small' services for autistic people with mental health conditions and/or behaviour that challenges.
- There is a need for specialist supported housing schemes for people with the most complex support/care needs, particularly for people with learning disability and/or Autistic people, with 24/7 support. These housing developments may have bespoke design requirements to support, for example people with a range of sensory related needs and/or needs linked to, for example avoiding/minimising the risk of self-

<sup>7</sup> [https://www.cqc.org.uk/sites/default/files/2022-06/900582%20Right%20support%20right%20care%20right%20culture\\_v5\\_0.pdf](https://www.cqc.org.uk/sites/default/files/2022-06/900582%20Right%20support%20right%20care%20right%20culture_v5_0.pdf)

<sup>8</sup> <https://www.nice.org.uk/guidance/cg142>

harming/harm to others. This may be in the form of flats/bungalows on the same site, typically no more than 5-6 dwellings, with access to private external space for residents. This type of supported housing scheme is likely to be commissioned on a sub-regional basis.

- There is a need for small 'clusters' of self-contained supported housing (up to 6-8 flats or other types of dwellings), without bespoke design requirements, including with communal space, both for people with learning disability and/or Autistic people who need 24/7 support who need complex care and support and who may have sensory related needs.
- Supported housing for people with complex mental health needs. This is typically a small group of flats (c.5-6 dwellings) with 24/7 support, which can provide 'step down' accommodation for 'discharge to assess' purposes, for people being discharged from inpatient and care home settings (as an alternative to 'bedded care'), where these people's needs cannot be supported in existing supply. This type of supported housing scheme may need to be commissioned on a sub-regional basis.
- Supported housing that is 'step up' accommodation to prevent hospital or care home admission (which could be part of 'step down' accommodation or 'short stay' accommodation within a larger supported housing scheme).
- Supported housing that can accommodate and support appropriately people with 'dual diagnosis' but where mental health is the primary needs (but where there is a cross over with needs linked to drug/alcohol use and homelessness), in this instance supported housing may not necessarily require 24/7 staffing but would be provided flexibly.
- Supported housing that can accommodate and support appropriately people with forensic related needs, in this instance supported housing may not necessarily require 24/7 staffing (this type of supported housing may be suitable for some people with learning disabilities and/or Autistic people with forensic related needs).
- Supported housing needs with up to 24/7 support that is able to support younger people (aged 18 – 25 years) with complex mental health needs, for example, younger people (often women) whom have experienced trauma.
- Small blocks of flats of self-contained supported housing of c.8-10 homes that provides medium to long term supported housing, for people who no longer need 24/7 supported housing and for people who need a supportive environment before moving to independent housing.
- Some local authorities have identified a need for nursing care for low numbers of people with learning disability and/or Autistic people who need 24/7 support associated with physical/nursing care needs.

### **People who need complex support: other housing and accommodation options**

- Some people who need complex care and support need to have better and easier access to mainstream general needs housing. For some people an existing self-contained social housing home may be suitable with an appropriate package of

support/care (this may require access to such social housing dwellings outside of choice-based lettings systems).

- For other people this may require acquiring a 'bespoke' general needs property, for example where specific locational requirements are important in relation to meeting a person's needs (for example where a person needs to live alone and/or in a 'quiet' location). This is likely to require acquiring properties on the open market and/or from private sector landlords (potentially leasing such properties to a social landlord). Where such arrangements meet the definition of supported housing within the Supported Housing (Regulatory Oversight) Act, the housing provider will need to be licensed to provide supported housing by the host local authority.
- There is a need to review the existing stock of supported housing for people who need complex support. It is likely that some of this accommodation may not be suited for use as supported housing and some of this accommodation may need to be repurposed to meet current and future housing needs. This will influence the amount of additional supported housing required. This type of review may result in some existing supported housing being decommissioned if it is no longer suitable to meet peoples' needs.
- There is a need to include well-designed fully wheelchair adapted homes in new developments of supported housing for people who need complex support who also have significant physical disabilities and to determine the scale of this need at place level.
- There is a need for an increased range of tenure choices, such as home ownership through the Home Ownership for people with Long Term Disabilities (HOLD) scheme, where this appropriate to people's housing and care/support needs.
- There need to be adapted properties available for short term use, that include adaptations such as hoists, stair lifts, adapted bathrooms, available for emergency and crisis support.
- For some people options such as Shared Lives, community support networks and small supports may be appropriate.
- Such a mix of housing options needs to be accompanied with care/support services and a range of care enable technology that provides person-centred, strengths-based support to enable people to live as independently as possible.
- We will work closely with providers of residential care services to:
  - Maximise the opportunities for people living currently in residential care to move to housing-based alternatives with personalised care and support.
  - Work with organisations that provide residential care services who are interested in opportunities to transition to the provision of housing-based alternatives with personalised care and support.

## Investment considerations

### Context

The UK government has a target to build 1.5 million new homes by 2029, primarily in England. This target is a key part of the government's plan to address the housing crisis and stimulate economic growth

Through Phase 2 of the spending review, the government is intending to deliver on its housebuilding objectives. This includes investment in social and affordable housing through £39 billion for a new 10-year Social and Affordable Homes Programme<sup>9</sup> administered by Homes England.

The Affordable Homes Programme is available to fund supported housing developed by Registered Providers of social housing as well as general needs housing.

### Sources of capital investment for supported housing development

We want to work with developers and providers of supported housing to maximise the range of sources of capital funding that can be used to develop supported housing, including:

- Homes England: capital funding from the Affordable Homes Programme for Registered Providers to develop supported and specialist housing for older people, and for people with learning disability, autistic people and people with mental health needs.
- NHS England: capital funding for accommodation for people who need complex support, including people with learning disability and autistic people.
- Local authority capital funding: funding contributions that some local authorities can make from their capital budgets towards the cost of developing supported housing.
- Local authority section 106 agreements to deliver affordable housing: used as a mechanism to deliver supported and specialised housing as a component of affordable housing contributions to be delivered through section 106 agreements.
- Local authority owned sites: where sites are assessed as being surplus to requirements, local authorities will consider their potential for development of supported housing.
- Sites owned by other public sector organisations including the NHS: where sites are assessed as being surplus to requirements, we will work with partners to encourage consideration of their potential for development of supported housing.
- Private capital funding: we welcome discussions with supported housing providers and developers regarding the use of private capital funds to invest in development of supported and specialist housing.

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<sup>9</sup> <https://www.gov.uk/government/publications/delivering-a-decade-of-renewal-for-social-and-affordable-housing/delivering-a-decade-of-renewal-for-social-and-affordable-housing>



### *The case for investment in supported housing*

There is increasing evidence of the financial and wider benefits, ranging from a better use of public resources, quality of life outcomes, to financial benefits to local authority adult social care budgets and to NHS expenditure, in relation to the development and use of supported housing.

The ADASS 2023 Autumn Survey report reported evidence provided to the Levelling Up, Housing and Communities Committee inquiry on the Long-Term Funding of Adult Social Care which highlighted the financial benefits to health and social care of investing in good quality accessible, specialised and age friendly housing and accommodation<sup>10</sup>.

- Sheltered housing saves the NHS £486 million a year;
- For every resident in extra care housing, the local authority saves £6,700;
- It is estimated that each older person living in extra care housing would generate a healthcare system financial saving of £1,840 per person per year<sup>11</sup>.
- Specialist housing for people with learning disabilities and mental health needs saves £12,500-£15,500 per person per year.
- In 2023/24, 109,029 days of delayed discharge were attributed to waiting for supported housing, costing the NHS around £56 million. If there were sufficient supported housing to enable those 109,029 people to be discharged, there could be cost savings in the region of £26-£50 million per year.

The ADASS submission to the 2025 Spending Review highlighted:

- 97% of Directors of Adult Social Services (DASSs) say increased provision of specialist housing or extra care housing designed for people with dementia in their local areas would improve outcomes in their area
- 70% of DASSs stated that more supported housing in their area would save them money on adult social care, enabling them to invest in better meeting people's needs and preventative care
- In acute hospitals, the average number of patients per week who had a hospital stay longer than 14 days and a delayed hospital discharge due to housing-related reasons has nearly tripled since 2022
- Only 23% of new homes in England are currently planned to be built to the M4(2) standard

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<sup>10</sup> <https://committees.parliament.uk/publications/23319/documents/170008/default/>

<sup>11</sup> ([https://assets.publishing.service.gov.uk/media/66a8cb89a3c2a28abb50d984/Measuring\\_the\\_Wellbeing\\_and\\_Fiscal\\_Impacts\\_of\\_Housing\\_for\\_Older\\_People.pdf](https://assets.publishing.service.gov.uk/media/66a8cb89a3c2a28abb50d984/Measuring_the_Wellbeing_and_Fiscal_Impacts_of_Housing_for_Older_People.pdf))

## Our approach to working with housing and care/support providers

### *Principles*

We want to work in partnership with Registered Providers and other housing developers/providers to develop specialist and supported housing to meet the needs of people identified in this MPS.

We are usually seeking for there to be a clear separation between the provision of housing and the provision of care and support. However, there is scope for flexibility provided that the security of tenure for people is not compromised and the model is financially sustainable.

We are seeking to encourage a wider mix of support providers that have the capability and capacity to support people who need complex support, including assisting with addressing care and support staffing capacity challenges for providers.

We are seeking increased regional and sub regional collaboration and transparency in relation to the level of rents and service charges in supported housing, particularly in relation to services seeking to be defined as falling within the exempt accommodation housing benefit regulations.

We want to be involved at an early stage in considerations and discussions regarding the reconfiguration or disposal of existing supported accommodation and care home provision.

Whether you own and lease housing for the purposes of providing supported housing and accommodation, we want to understand your funding model. Where housing is leased, we need to be satisfied that this model is sustainable and in the interests of the intended residents.

### *Actions*

We are committed to working alongside people who need supported housing. We will co-produce with a range of people with lived experience the commissioning of supported housing services and the approach to managing the quality of supported housing.

We will develop a regional or subregional housing framework for providers of supported accommodation both to provide greater business certainty for housing providers and to promote high standards in the provision of accommodation

We will develop a regional or sub regional complex care framework to provide greater business certainty for support providers, to promote high standards in the delivery of care for people who need complex support and to promote a collaborative approach between support providers and commissioners.

We will work with providers of supported and specialist housing and accommodation in relation to working with and brokering access to our colleagues responsible for housing enabling and planning.

We will identify the potential for empty properties to be brought back into use as supported housing.

We will identify and assess the potential for sites owned by local authorities and their partners, including the NHS, that are surplus to current requirements, can be used to develop supported and specialist housing and accommodation.

We will work with providers of supported and specialist housing and accommodation to put in place fair and balanced approaches to sharing financial risks, such as voids.

We will develop a design specification to be used regionally for housing providers to guide the design of supported and specialist housing and accommodation.

We will share good practice and new models with partners and stakeholders to improve the quality, availability and accessibility of supported accommodation.

## The quality of specialist housing and accommodation services

We want to ensure that all supported housing services are of good quality. This means both the accommodation and the care and support services (as applicable) being of good quality.

This will include supported housing providers, including care providers meeting legislative, regulatory requirements as appropriate (Charity Commission, Regulator of Social Housing, the Care Quality Commission and Community Interest Companies regulated by the Financial Conduct Authority).

We will draw on the Government's current guidance National Statement of Expectations for Supported Housing<sup>12</sup> as a basis for expectations of supported housing providers in terms of good practice in the delivery and management of accommodation with support services.

The approach to ensuring that supported housing is of a good quality anticipates the intention of the Supported Housing (Regulatory Oversight) Act<sup>13</sup>.

We anticipate that the approach to ensuring the quality of accommodation with support services will likely include:

- A licensing scheme for all supported housing providers. All providers of supported housing will be required to be licensed by the councils in order to provide supported housing.
- Only providers of supported housing that are licensed by a council will be able to access specified and exempt accommodation housing benefit status.
- We will also review the quality of the provision of support in supported housing services to ensure people are getting the support they need and require, for example, as part of councils' approaches to safeguarding vulnerable adults.
- Assessment of the value for money provided by supported housing services, ensuring they are affordable for the councils and for the people who live in them.

We will also draw on the evidence and learning from the Government's Supported Housing Improvement Programme (SHIP)<sup>14</sup> when working with providers of supported housing services to ensure that both the quality of accommodation used for supported housing and the support services provided are of a good quality.

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<sup>12</sup> <https://www.gov.uk/government/publications/supported-housing-national-statement-of-expectations/supported-housing-national-statement-of-expectations#:~:text=We%20would%20encourage%20supported%20housing.and%20quality%20of%20housing%20services.>

<sup>13</sup> <https://bills.parliament.uk/bills/3195/publications>

<sup>14</sup> <https://www.gov.uk/government/publications/supported-housing-improvement-programme-prospectus>

## Contact details

*Insert contact details*

## Annex 1. Stakeholders' views and experiences

We undertook extensive engagement with a wide range of stakeholders to inform this market position statement.

Based on the key messages from this engagement, we have set out below what this means in order to inform the intended audience for this MPS about stakeholders' priorities and to shape responses from housing providers/developers and care/support providers.

### ***Professional stakeholders (from the NHS, local authorities, housing providers and care/support providers)***

#### ***Supporting older people with care and health needs***

- The priority of all local authorities and the ICB is to support older people at home and to maintain their independence for as long as possible making use of a blend of care, health and technology services and innovation.
- In this context local authorities are planning for and developing additional supported living with care capacity over the next 5 to 10 years.
- Within both current and future supported living with care provision it is essential that it can accommodate older people who have increasingly complex care and health needs. Supported living with care needs to be able to accommodate people living with dementia including people with complex care needs.
- There is a need to develop more affordable versions of supported living with care both for rent and for sale so that it is a more realistic option for a wider cohort of older people.
- Local authorities and the ICB are looking to reduce admissions to residential and nursing care amongst older people.
- However, in the context of demographic pressures there will remain a need for care home beds particularly for people with complex care and health needs including people living with dementia. There is a need to manage care home capacity carefully to avoid an oversupply.
- New care home provision particularly nursing care homes should be designed to be as homely as possible, for example using small 'household pod' style design rather than multiple rooms off long corridors.
- Social care and health commissioners are seeking to engage with providers of care homes for older people to help shape the future care home provision that will be needed by older people with complex care and health needs over the next 10 plus years.
- Health and social care commissioners want this blend of specialist accommodation as well as services in the community to help reduce unplanned hospital admissions and to facilitate timely discharge following hospital admissions amongst older people.

- It is equally important to develop and foster dementia friendly communities so that as many older people as possible can be supported to live well in their existing homes and communities.
- Social care and health commissioners are looking to build on regional examples that are effective in supporting older people to remain living independently in their own homes, for example the provision of overnight domiciliary care.
- Social landlords, including both local authorities and registered providers, should review their existing stock of age designated housing, such as sheltered housing, to ensure it is an attractive option for older people seeking to live in a supportive environment but who do not want or need to live in supported living with care.
- There is a need to use local authority planning policy to influence developers of mainstream housing as well as developers of specialist housing to provide a wide mix of new market and affordable housing that is better suited to adapt to people's changing needs as they age.
- There is a need for a step change in the use of specialist and mainstream digital technology to support older people to live independently in their existing homes as well as in specialist accommodation.
- There is a need to work with care providers to address staffing capacity pressures in terms of providers of domiciliary care, care homes and supported living with care finding it difficult to recruit and retain sufficient staff to work in health and care settings supporting older people. This may include consideration of accommodation options for staff within or close to care settings, which may assist with availability of staff in rural or areas with poor transport.
- There is a need to provide good quality information and advice for older people and their families in relation to the range of housing, accommodation, adaptations and care options that can help to sustain people to live in the community and maintain their independence for as long as possible.

### ***Supporting people who need complex support: people with learning disabilities and Autistic people***

- There is evidence of an increasing number of young people who need complex support and a range of housing and accommodation options when they become eligible for adult social care when they reach 18.
- There is an increasing number of people with learning disabilities and Autistic people who need complex support linked to a forensic background.
- There is an increasing number of people who require complex support including 2:1 staff support and some people who may need higher staffing ratios. These properties are likely to need larger rooms and two egress points for staff. It is important to recognise that many people who need complex support are able to live in mainstream general needs housing with a personalised package of care and support.

There is recognition that many people will need support to access general needs housing which is let through choice based lettings systems.

- However, there is a need for increased provision of a range of types of supported housing for people who need complex support. A small minority of people require supported housing that is highly adapted in relation to their support needs, for example with recessed heating and pipework and reinforced walls and doors.
- There is also a need for greater provision of homes that are adapted both for people who have physical disabilities and or impairments (such as wheelchair accessible homes and the provision of wet rooms) and for people who need adapted homes related to their support needs.
- Self-contained accommodation is the preferred default type of housing for people with learning disability and or autistic people whether that is in mainstream housing or in supported housing.
- There is a need for transitional supported accommodation, which could be provided either as supported housing or as residential care, to provide both a 'step down' form of accommodation for people who have been living in hospital and care home settings for a long time and a 'step up' form of accommodation for people living in the community who are at risk of admission to a hospital setting or care home setting.
- There is a need to develop a wider range of housing and support options to create more choice for people including, for example, home ownership for people with long term disabilities and the use of community support networks (an example of which is KeyRing<sup>15</sup>).
- Health and social care commissioners recognise the importance of co-producing alongside people who are experts by experience and their supporters the type and range of supported accommodation that is needed in the future by people who require complex support.
- In response to the need for increased provision of a range of supported housing options for people who need complex support, there is a requirement to understand and potentially scale up the provision of community health services that assist people who need complex support to live independently in their own homes, as far as possible to ensure parity of access to community health services, crisis support, and out of hours support.

### ***Supporting people who need complex support: people with mental health needs***

- There is an increasing number of people who need complex support linked with homelessness, mental health and drug and alcohol related needs.

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<sup>15</sup> <https://www.keyring.org/>



- There is an increasing number of people who require complex support linked with 'personality disorder' related needs.
- There is evidence of an increasing number of young people with mental health needs who need complex support and a range of housing and accommodation options when they become 18.
- There is a need to develop additional supported housing capacity with 24/7 support and skilled on site mental health support to enable more people to be discharged in a timely way from acute psychiatric inpatient beds and to reduce or avoid the use of care homes as a form of 'step down' from inpatient beds.
- This type of supported housing with intensive support should provide an option for people who may have been excluded from other supported accommodation options, i.e. a supported housing service that 'doesn't give up' on people with mental health needs who require complex support.
- This type of supported housing needs to be part of a wider housing pathway providing people with a range of supported housing and mainstream housing with support options that promote and facilitate peoples' recovery.
- Older types of supported housing where people share communal facilities are often not suitable or appropriate for people with mental health needs who need complex support.
- Self-contained accommodation is the preferred default type of housing for people with mental health needs whether that is in mainstream housing or in supported housing.
- Health and social care commissioners are seeking to work with supported housing providers to make the most effective use of scarce supported housing particularly in relation to supporting residents to move on to independent housing.
- To facilitate increased move on from supported housing, there is a need to have access to increased provision of general needs housing for people with mental health needs who require complex support particularly one bed social housing dwellings.
- There is a requirement for supported housing providers to have stronger relationships with NHS community mental health teams and community rehabilitation teams in order to provide a more seamless service to people with mental health needs who require complex support.
- For a small number of people there remains a role for care home provision in an accommodation pathway. People should be enabled and supported to have an exit strategy into supported housing or mainstream housing from a care home placement.
- It is important to recognise that many people with mental health needs who need complex support are able to live in mainstream general needs housing with a personalised package of care and support. There is recognition that many people will need support to access general needs housing which is let through choice based lettings systems.

- There is a requirement to assist support providers to recruit, train and retain staff with the skills necessary to support people with mental health needs who require complex support.
- Health and social care commissioners recognise the importance of co-producing alongside people with mental health needs with lived experience and their supporters the type and range of supported accommodation that is needed in the future by people who require complex support.

## Annex 2. Planned development of supported and specialist housing to 2028/29

Plans we have already to develop 1,608 additional supported living with care units over the period to 2028/29.

Local Authority	Type of development	Number of units	Service
Cumberland	Flats/Apartments	79	Supported living with care
Durham	Flats/Apartments	117	Supported living with care
Durham	Flats/Apartments	6	Supported living with care
Durham	Flats/Apartments	TBC	Supported living with care
Durham	Flats/Apartments	80	Supported living with care
Durham	Flats/Apartments	80	Supported living with care
Durham	Flats/Apartments	80	Supported living with care
Gateshead	Flats/Apartments	60	Supported living with care
Northumberland	Bungalows	2	Supported living with care
Northumberland	Flats/Apartments	20	Supported living with care
Northumberland	Flats/Apartments	83	Supported living with care
Northumberland	Flats/Apartments	61	Supported living with care
Northumberland	Flats/Apartments	70	Supported living with care
Northumberland	Flats/Apartments	70	Supported living with care
Northumberland	Flats/Apartments	70	Supported living with care
Northumberland	Flats/Apartments	80	Supported living with care
Northumberland	Flats/Apartments	75	Supported living with care
Northumberland	Flats/Apartments	75	Supported living with care
Redcar and Cleveland	Flats/Apartments	20	Supported living with care
Redcar and Cleveland	Flats/Apartments	83	Supported living with care
South Tyneside	Flats/Apartments	95	Supported living with care
South Tyneside	Flats/Apartments	120	Supported living with care
Sunderland	Bungalows	13	Supported living with care
Sunderland	Flats/Apartments	84	Supported living with care
Sunderland	Flats/Apartments	85	Supported living with care
<b>Total</b>		<b>1608</b>	

The table below sets out the plans we already have to develop 336 additional specialist housing and accommodation units over the period to 2028/29.

Local authority	Accommodation type	Units	Service type	Customer need
Darlington	Bungalows	1	Supported Living	People with a learning disability
Darlington	Flats/Apartments	14	Supported Living	People with a learning disability
Darlington	Flats/Apartments	27	Supported Living	People with a learning disability
Darlington	Houses	4	Supported Living	People with a learning disability
Darlington	Flats/Apartments	16	Supported Living	People with a learning disability
Darlington	Flats/Apartments	8	Supported Living	People with a learning disability
Gateshead	Flats/Apartments	11	Supported Living	A combination of people with a learning disability and autistic people
Gateshead	Shared accommodation	4	Supported Living	A combination of people with a learning disability and autistic people
Middlesbrough	Bungalows	2	Supported Living	A combination of people with a learning disability and autistic people
Middlesbrough	Bungalows	12	Supported Living	Other
Middlesbrough	Bungalows	1	Supported Living	A combination of people with a learning disability and autistic people
Newcastle	Bungalows	20	Supported Living	A combination of people with a learning disability and autistic people
Newcastle	Other	15	Other	People with mental health conditions
North Cumbria	Bungalows	7	Supported Living	A combination of people with a learning disability and autistic people
North Tyneside	Flats/Apartments	9	Step Up/Step Down	Other
North Tyneside	Bungalows	2	Supported Living	A combination of people with a learning disability and autistic people
North Tyneside	Bungalows	2	Supported Living	A combination of people with a learning disability and autistic people
Northumberland	Bungalows	6	Supported Living	People with a learning disability
Northumberland	Flats/Apartments	11	Supported Living	People with mental health conditions
Northumberland	Flats/Apartments	7	Supported Living	People with mental health conditions
Northumberland	Flats/Apartments	10	Supported Living	People with mental health conditions
Northumberland	Bungalows	6	Supported Living	People with a learning disability

Local authority	Accommodation type	Units	Service type	Customer need
Northumberland	Flats/Apartments	12	Supported Living	People with mental health conditions
Northumberland	Bungalows	21	Supported Living	People with mental health conditions
Northumberland	Flats/Apartments	12	Supported Living	People with mental health conditions
Northumberland	Bungalows	2	Supported Living	People with a learning disability
Northumberland	Flats/Apartments	10	Supported Living	People with mental health conditions
Northumberland	Bungalows	2	Supported Living	People with a learning disability
Redcar and Cleveland	Houses	3	Supported Living	A combination of people with a learning disability, autistic people, and people with mental health conditions
South Tyneside	Bungalows	10	Supported Living	Autistic people
South Tyneside	Flats/Apartments	11	Supported Living	People with a learning disability
Stockton	Flats/Apartments	TBC	Supported Living	A combination of people with a learning disability and autistic people
Stockton	Shared accommodation	39	Supported Living	A combination of people with a learning disability and autistic people
Sunderland	Bungalows	12	Supported Living	A combination of people with a learning disability and autistic people
Sunderland	Bungalows	6	Supported Living	People with a learning disability
Tees Valley	Bungalows	7	Supported Living	A combination of people with a learning disability and autistic people
<b>Total</b>		<b>336</b>		