

Coventry Adult Social Care

# Mental Health Market Development Plan 2025-2030



Coventry City Council

# Background

The Mental Health Market Development Plan (18-64) is one of several commissioning plans that aim to improve supply, quality, and access to appropriate provision in the City according to current and predicted increased future needs. It focuses on support for a small subset of the population with mental health needs – a group of around 280 people who require accommodation and support funded by the council. It is aimed at existing and prospective providers and offers details of the type of high quality, effective services we plan to commission between 2025 and 2027.

These plans sit under, and should be read in conjunction with, the [Market Position Statement](#), which provides further context and sets out the shape of the current adult social care market and an indication of projected future demand.

## **For mental health services we aim to:**

- Promote the greatest level of independence possible, making use of everyone's personal assets, resources and abilities.
- Focus on recovery and helping people progress through and out of services to whatever extent is right for them.
- Make greater use of community resources and the wider mental health system.
- Future-proof the market with increased quantity of provision and greater use of assistive technology and innovative models of support.
- Better match supply and demand so there is a choice of good-quality, effective provision to suit different needs, giving us the best possible value for money.



## • What we plan to achieve

---

- **Improved quality** – we will work to continue raising the quality of provision across the city. This will include working with new and existing providers to ensure a high quality, evidence-based and robust reablement model is being delivered in all services based on the aspirations and strengths of the individual. Individuals will have choice, dignity and privacy in high-quality environments that promote recovery and integration into the community.
- **Improved affordability** – provision must be designed in a way that is affordable, resulting in sustainable support for individuals and for the wider mental health system. This will be achieved through commissioning pathways rather than individual services; trialling models such as housing with care and home support; greater challenge around use of 1:1 hours and fee rates; and greater use of technology, Artificial Intelligence (AI) and other innovations.
- **Improved supply and access** – we will continue to stimulate the market to develop and modify the local offer to ensure provision meets local needs in a cost-effective way, with the aim that Coventry people have a range of suitable options available in city in all but the most exceptional circumstances.

## • Our current position

---

**The Council's financial position** – There is significant financial pressure on the Council, with the budget continuing to be overspent, requiring a strategic approach to achieving financial sustainability and value for money.

**Referrals and transitions** – We continue to see an increase in numbers and complexity of referrals. The increasing complexity of all packages increases the level of risk of incidents between residents, so this has to be managed carefully between the Council, Health and individual providers to ensure resident mixes remain appropriate and safe. We are especially seeing an increase in referrals where someone has a mental health issue and autism or learning disability, and some transition cases where young people are on extremely high-cost packages with 2:1 or 3:1 support which is not sustainable or desirable in Adults' services.

**The type of placements we make** – We have made a move away from long-term residential placements where possible. Increasingly we are facing challenges around individuals with incredibly complex presentations and multiple risks. While we are more confident in the market being able to successfully support people with very complex needs than previously, there are a small number of service users the market still struggles to successfully accommodate.

**New facilities** – since our previous Market Position Statement we have supported the development of 11 new facilities, including 81 supported living beds, 30 medium-term hybrid residential beds delivering specific recovery-focused reablement programmes and 6 longer-term residential beds as part of a specific pathway. We continue to work with developers on further supported living beds to meet demand.

**Standards in new accommodation** – We have a lot of newly built facilities which have enabled us to design a quality environment for the specific client group. This includes having several accessible flats in each development, green space, locations close to bus routes and amenities to encourage independence. Fittings and design to avoid ligature risk is essential as are communal spaces to encourage residents to build relationships, kitchens to enable development of cooking skills, and flats large enough to offer a comfortable environment in which to recover. We limit the size of developments to mitigate against the risk of too many people with conflicting needs and presentations living close together and ensure everyone has their own personal space (either a flat or well-equipped room). For larger developments over 10 beds we ask that buildings are split into separate units on a site, with a maximum of around 20 flats per site. Smaller facilities have the benefit that staff get to know residents well, and we have a relatively low turnover of staff, and few recruitment problems compared to other parts of the care sector.

# ● Future Commissioning Intentions

---

**Recommissioning preventative support services** – strengthening the alignment with our adult social care front door offer and complement other commissioned services.

**Clear pathways through care** – The creation of clear service pathways which focus on promoting independence and supporting the person to move on to more independent living.

**Commissioning pathways** – Value for money to be optimised by exploring opportunities to reduce reliance on traditional care models and optimise care package sizes whilst ensuring the person remains safe and well and achieves their outcomes. This will be achieved by commissioning pathways in accommodation that can support step-down without the need for individuals to move.

**Individual packages of care** – Sourcing bespoke individual commissioned packages of care, offering opportunities to explore innovative solutions for matching individuals with affordable accommodations that align with Housing Benefit limits.

**Addressing challenges** – By addressing challenges in commissioning single units, providers can focus on creating scalable and financially sustainable models that deliver high quality care whilst maintaining affordability.

**Assistive technology** – Integration of assistive technology to provide valuable insights capable of informing evidence-based decision making enhancing individual outcomes. Technology may be used as a creative alternative to traditional nighttime support where appropriate.

**Short-term support** – Empower individuals by commissioning transitional or short-term support to maximise their potential. By investing in short term support, longer term sourcing decisions will be made with greater accuracy and alignment to people's unique needs and aspirations

**Clear future milestones** – At the point of placement, establishing clear expectations regarding an individual's pathway and future milestones (e.g. one year, three years, five years) creates a shared vision. Progress to be consistently reviewed to ensure care packages are dynamically aligned with the individual's achievements and evolving needs.

## **The main service user groups we need more support for are:**

- Younger adults with complex needs
- Neurodivergent adults where mental health is the main concern
- People with forensic, high-risk or complex needs
- People for whom existing models of provision have not worked
- People stepping down in need of small weekly support packages
- Younger people with early onset dementia
- People needing short-term respite or emergency support

## ● How will we co-produce:

We will coproduce with stakeholders including providers, social workers, commissioners, individuals in receipt of care and advocates in the following ways:

<b>Building a shared vision and fostering collaboration</b>	<ul style="list-style-type: none"><li>• Engaging stakeholders in open discussions to align goals and priorities.</li><li>• Facilitate workshops and forums identifying challenges, exploring opportunities and jointly designing pathways.</li><li>• Focusing on shared benefits and mutual value – enhancing care outcomes, ensuring financial sustainability and promoting workforce satisfaction.</li></ul>
<b>Creating clear service pathways</b>	<ul style="list-style-type: none"><li>• Collaborating to design step-down pathways that are clear and structured, supporting individuals to transition through services and support levels as their needs evolve.</li><li>• Conducting proof of concept initiatives to test the feasibility and effectiveness of new pathways before scaling them up.</li><li>• Working with providers to minimise void losses while ensuring service continuity.</li></ul>
<b>Embedding person-centred care planning</b>	<ul style="list-style-type: none"><li>• Collaborating with providers to ensure tailored care packages to refine how needs are assessed and translated into care packages, ensuring safety, risk management and efficiency are balanced.</li><li>• Providers must evidence how they work with people to optimise their independence and achieve outcomes, ensuring accountability and transparency.</li></ul>
<b>Innovative housing and accommodation approaches</b>	<ul style="list-style-type: none"><li>• Facilitating Affordable Housing Partnerships, promoting an holistic approach that support the development of accommodation achieving value for money.</li><li>• Promoting development of flexible accommodation models that are codesigned and support move on to more independent living solutions.</li><li>• This will include shared housing and clustered care models to make single-unit commissioning more financially viable.</li></ul>



<b>Promoting and developing the use of assistive technology</b>	<ul style="list-style-type: none"> <li>• Providers must utilise assistive technology in developing models of care that meet the person's needs in the most cost-effective way.</li> <li>• This will include working with the person and their representatives on how to use the technology, ensuring buy-in and confidence from the start of the care package.</li> </ul>
<b>Setting clear expectations and milestones</b>	<ul style="list-style-type: none"> <li>• Coproducing detailed pathway plans for everyone in partnership with the individual, outlining short, medium and longer-term milestones.</li> <li>• Making goals and expectations clear to all stakeholders including the individual and creating a shared vision for progress.</li> </ul>
<b>Reviewing progress</b>	<ul style="list-style-type: none"> <li>• The Council expects providers to play an active role in reviewing care packages alongside the individual and their social worker, ensuring support remains cost-effective while keeping people safe and well and meeting agreed outcomes.</li> </ul>



# ● Commissioning Delivery plan:

## Within 2 years

### The Council will;

- 1 Preventative services** – Recommission mental health preventive support services informed by co-production with experts by experience and other stakeholders.
- 2 Trialling new approaches** – Explore and test innovative commissioning approaches through personalised 1:1 engagement with providers, fostering collaboration and seeking tailored solutions.
- 3 Greater use of assistive technology** – work with Providers to embed Assistive Technology in their care and support models to enhance their promoting independence approach and improve outcomes and efficiencies.
- 4 Support individual transition planning** – Develop a model which supports individuals in transitioning through a care pathway designed to meet their evolving needs and aspirations, rather than confining them to static placements without room for growth.
- 5 Develop pathway model** – Re-assess our approach to commissioning and how we move away from sourcing traditional placements to pathways.

## Up to 5 years

Optimise our capacity: our preferred model is to support people to move on to create additional capacity for those with higher level needs to receive appropriate and timely support.

Further develop our care and support market to drive forward our ambitions and implement the outlined changes testing innovative commissioning and review approaches that foster a dynamic marketplace, empowering individuals to participate in adaptable care pathways that prioritise aspirational outcomes over static placements.

Where necessary and affordable we will expand our infrastructure to meet increasing demand with a plan to develop the following.

- 1 Create capacity through enabling timely progression through and out of services** – Our preferred model for building capacity in a sustainable way is to create move-on opportunities as part of pathways, with short, medium and long-term planning on an individual basis to prevent people becoming stuck in high levels of support for longer than necessary. Moving people on in a timely manner will create capacity at the more intensive end for new people entering the system or for those in crisis.



- 2 Facilitate innovation in the care market** - Further develop our care and support market to drive forward our ambitions and implement the outlined changes, testing innovative commissioning and reviewing approaches that foster a dynamic marketplace, empowering individuals to participate in adaptable care pathways that prioritise aspirational outcomes over static placements.
- 3. Expanding specialist infrastructure when required** – Where necessary and affordable, we will expand our infrastructure to meet increasing demand with a plan to develop the following:
  - a) Respite and emergency services** – Develop flexible respite and emergency solutions to provide short-term relief for individuals and caregivers, promoting stability and continuity of care and ensuring people have the support they need in a crisis.
  - b) Transition out of care schemes** – Facilitate successful moves out of social care by establishing three schemes of up to 12 flats with small numbers of support hours which steadily reduce as people complete the final steps to independent living.
  - c) Specialist supported living** – Commission a small number of supported living schemes able to support people with specific needs not currently well catered for in Coventry. These will include:
    - 12 self-contained flats designed to support autistic people where mental health is the primary concern.
    - 12 places for people with very complex, risky or forensic needs. These are likely to be across several schemes with some lower need beds also.
  - d) High needs scheme** – Commission one high needs scheme of up to 6 beds for younger people transitioning from children’s services with extremely high support levels.
  - e) A new model of support** – Develop an innovative solution for people for whom existing models have been unsuccessful.
  - f) Housing with care** – Develop up to 10 housing with care places for people with mental health issues who will need continued support as they age.
  - g) Early onset dementia beds** – Commission up to 6 dementia beds specifically for people aged under 65 which are responsive to the specific challenges this group face when they develop dementia.

## Contact us

---

Where providers wish to engage on any of the requirements outlined in this plan, we welcome your ideas for delivery.

Please contact [SocialCareCommissioning@coventry.gov.uk](mailto:SocialCareCommissioning@coventry.gov.uk) in the first instance.

New requirements will be issued via the Council's procurement system, please register if you are interested in this area at CSW-JETS