

Service Model Assessment

Proposed Specialist Supported Accommodation Development – Universal Care @ 315

1. Purpose

This Service Model Assessment explains the operational model that will be delivered from the proposed development and demonstrates how the building has been designed to support adults with a range of complex care and support needs to live as independently as possible within their local community.

The assessment considers the intended client group, the proposed accommodation and support model, and how the physical environment has been designed to promote independence, wellbeing, safety and community participation. It also demonstrates how the development aligns with current national policy and the direction of travel for adult social care, housing and mental health services.

This document should be read alongside the Design and Access Statement and other supporting planning documents.

2. Strategic Context and Need

Adult social care is undergoing significant change. National policy is moving away from traditional institutional models of care towards community-based housing and support that enables people to live ordinary lives within their own communities. This direction is reflected across a number of government policies and programmes, including the Adult Social Care Reform agenda, the NHS Long Term Plan, Building the Right Support, the Mental Health Act Reform Programme and the national commitment to reduce reliance on long-stay mental health inpatient care.

Across England there remains significant demand for specialist accommodation that enables people with learning disabilities, autism and mental health needs to be supported closer to home. Many individuals continue to experience delayed discharge from hospital or are placed outside their local area because suitable accommodation and support cannot be sourced locally.

The proposed development has been designed to respond directly to these challenges by providing flexible specialist accommodation capable of supporting individuals whose needs might otherwise result in:

- Prolonged hospital admission
- Delayed discharge from inpatient mental health services
- Inappropriate residential care placements
- Out-of-area placements
- Repeated placement breakdowns; or
- Avoidable admissions into more restrictive environments.

The development is intended to form part of a wider pathway of care, supporting people to move towards greater independence whilst maintaining access to personalised care and support.

Rather than simply providing accommodation, the scheme has been designed as an enabling environment that supports recovery, independence and long-term stability.

3. Intended Client Group

The service is intended for adults aged 18 years and over who require specialist accommodation alongside flexible care and support. The model is particularly suited to individuals with:

- Learning disabilities
- Autism
- Enduring mental health needs
- Physical disabilities
- Acquired brain injury (where appropriate)
- Sensory impairments; and
- Multiple and complex support needs.

The proposed model is particularly well suited to individuals who are able to benefit from living within their local community but who require a higher level of environmental support, structured routines or specialist interventions than can typically be provided through general supported living.

The accommodation has been designed to support people whose needs may change over time, allowing support packages to increase or reduce as individuals develop greater independence.

4. Service Philosophy

Universal Care has been designed around the principle that accommodation should do more than provide somewhere to live.

The environment, staffing model and operational approach have been developed together to create a service that actively supports people to develop skills, build confidence and participate in community life. The emphasis is not simply on providing care, but on enabling progression wherever possible.

North Kirklees is one of the most culturally diverse communities in West Yorkshire. Universal Care recognises that delivering equitable care requires more than treating everyone the same; it requires understanding the different cultural, religious and social factors that influence how people experience health, wellbeing and support.

The proposed service model has therefore been developed to provide culturally responsive care that respects individual identity whilst promoting independence and inclusion. This includes recognising the importance of faith, language, family

involvement, cultural traditions and dietary requirements as part of everyday care planning rather than as additional considerations.

The service will work closely with local communities and partner organisations to ensure support remains relevant to the people it serves and reflects the diverse population of North Kirklees. This approach aims to improve engagement, strengthen trust and ensure that individuals receive support that is both clinically appropriate and culturally meaningful.

By creating a culturally responsive environment within a highly diverse part of Kirklees, the development aims to provide accommodation that enables people to remain connected to their families, faith communities, cultural networks and local support systems. Maintaining these connections is recognised as an important factor in promoting wellbeing, reducing social isolation and supporting long-term independence

5. Accommodation Model

The building has been deliberately designed to bridge the gap between independent living and more traditional residential care. Residents will have access to high-quality accommodation alongside a range of communal facilities that support wellbeing, skill development and social interaction.

The design includes a range of features to maximise independence including:

- Accessible private accommodation
- Communal living and wellbeing spaces
- Independent living kitchen facilities
- Quiet and low-stimulation areas
- Recreational and activity space
- Secure access arrangements
- Staff facilities that enable effective support whilst maintaining privacy and independence
- Adaptable internal layouts capable of responding to changing support needs.

Unlike institutional environments, the development seeks to create a domestic, welcoming atmosphere whilst incorporating the infrastructure necessary to support individuals with more complex needs safely. The building itself forms part of the therapeutic environment rather than simply acting as the location in which support is delivered.

6. Support Model

Support will be individually commissioned and based upon assessed need rather than a fixed model of care. Support will be reviewed regularly with individuals, families and professionals to ensure that it remains proportionate and focused on achieving measurable progress. The intention is that support evolves alongside the individual rather than creating unnecessary dependency.

The model has been designed to provide flexible, responsive support that can increase or reduce over time as an individual's needs change. This enables people to move towards greater independence where appropriate, whilst ensuring that higher levels of support can be provided during periods of increased need without requiring unnecessary moves to more restrictive environments.

Support will be delivered through a strengths-based approach that focuses on building confidence, developing life skills and enabling people to exercise greater choice and control over their own lives. Rather than creating dependency, the service aims to maximise each individual's potential by encouraging active participation in everyday living, decision-making and community life.

The model is intended to complement wider health and social care pathways by supporting individuals who may be stepping down from inpatient mental health settings, transitioning from residential care, or requiring specialist community support to avoid unnecessary hospital admission or placement breakdown.

7. Staffing Model

The service will operate with a flexible staffing model that reflects the assessed dependency of residents rather than applying fixed staffing ratios. The core team is expected to comprise:

Registered Manager
Deputy Manager
Team Leaders
Support Workers
Waking Night Support Workers.

Where required, residents will also benefit from coordinated input from wider professional networks including occupational therapists, psychology services, Positive Behaviour Support practitioners, community mental health teams and specialist nursing services.

This integrated approach enables the service to respond safely to changing needs whilst avoiding unnecessary escalation into more restrictive care settings.

8. Environment Supporting Independence

The building has been designed to support independence through its physical layout.

Communal areas have been incorporated to encourage social interaction, reduce isolation and provide opportunities for meaningful activity.

Dedicated spaces allow residents to develop everyday living skills, participate in structured programmes and access quieter environments when sensory regulation or emotional wellbeing require it.

The layout also supports effective staff supervision without creating an institutional atmosphere, allowing people to receive support whilst maintaining privacy and autonomy.

The design has been informed by principles of accessibility, dementia-friendly and autism-informed design, flexibility and future adaptability.

9. Staff Vehicles and Parking

The operational model is designed to minimise vehicle movements associated with the service. The majority of staff will work full shift patterns, resulting in staff arrival and departure being concentrated around shift changeovers rather than throughout the day.

Based on the proposed staffing model it is anticipated that:

- A maximum of 3–4 staff vehicles would normally be present on site during daytime hours.
- Typically 1–2 staff vehicles would be present overnight.
- The Registered Manager or visiting professionals may generate occasional additional vehicle movements during normal office hours.
- Community nurses, social workers, therapists and other professionals will attend by appointment as required, generating relatively low levels of additional traffic.
- Vehicle movements associated with the operation of the service are therefore expected to be significantly lower than many alternative commercial or community uses.

10. Resident Transport

Residents will be encouraged and supported to access community facilities using the most appropriate form of transport based on their individual needs and abilities.

This may include:

Public transport
Community transport services
Supported travel training
Family transport; and
Accessible vehicles where required.

The location of the development provides good access to local amenities and public transport, supporting the wider aim of promoting independence and reducing unnecessary reliance on private vehicle use.

The proposed operational model is not expected to generate significant levels of traffic or vehicle movements. Staff attendance will be concentrated around shift changeovers, visitor numbers are expected to be modest, and the majority of operational activity will take place within the building. Consequently, the day-to-day operation of the service is anticipated to have a low impact on the surrounding highway network and neighbouring properties.

11. Quality, Safety and Governance

The service will operate within the requirements of the Health and Social Care Act 2008 and will be regulated by the Care Quality Commission where regulated activities are provided.

Governance arrangements will extend beyond regulatory compliance and will focus on continuous improvement. Particular emphasis will be placed on measuring independence, community participation and quality of life rather than solely monitoring care delivery.

12. Conclusion

This proposal represents more than the delivery of specialist accommodation. It has been conceived as an integrated supported living model that combines high-quality housing with flexible care, specialist support and an environment specifically designed to promote independence.

The development reflects the direction of national adult social care and mental health policy by providing an alternative to institutional care, supporting timely discharge from hospital where appropriate and enabling people to live within their own communities with the right level of support.

By increasing the availability of specialist accommodation within Kirklees, the scheme has the potential to strengthen the local care market, reduce reliance on out-of-area placements and provide a sustainable housing option for adults whose needs might otherwise be met through more restrictive and costly models of care.