

Moray Housing Market Partnership

2023 HNDA: Stakeholder Consultation Outcomes

April 2023



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Appendix A: Specialist Housing Workshop Delegate List
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1 Introduction

In March and April 2023, the Moray Housing Market Partnership hosted a programme of consultation and engagement events inviting stakeholders to scrutinise, validate and debate the emerging outcomes of the Housing Need and Demand Assessment (HNDA) study for Moray (2023).

The Moray HNDA is now nearing completion and will provide crucial evidence to inform Local Housing Strategy and Local Development Planning processes. The aim of the specialist housing workshop was to provide an opportunity for stakeholders involved in the planning, commissioning and delivery of specialist housing in Moray to scrutinise the evidence and discuss the approach to meeting identified housing requirements. This includes the setting of wheelchair and accessible housing targets (across tenure), as well as the planning and commissioning of services to meet particular housing needs. The workshop provided an important opportunity for the HNDA partnership to obtain feedback on the process and draft outputs of the 2023 Moray HNDA and to influence the final draft document to be submitted to the Scottish Government in July 2023.

The workshop took place on Wednesday 26th April 2023 from 2.00 - 4.00pm and was hosted virtually via Microsoft Teams.






Delegates from across housing, health and social care sectors were presented with background information on the Moray HNDA process, with a specific focus on Core Output 3 (specialist housing). A wide range of stakeholder and partner interests were represented at the event from public, private, third and community sectors. Appendix A provides full details of the stakeholders who attended and participated in the workshop. In total, 35 partners and stakeholders attended the full workshop programme.

This outcomes report details the views and perspectives of stakeholders on the emerging evidence and outputs of the 2023 HNDA providing important validation evidence on the extent and nature of specialist housing requirements across the Moray area.



2 Meeting Specialist Housing Need: Stakeholder Consultation Outcomes

The aim of the specialist housing workshop was to enable stakeholder consultation on the assumptions and evidence underpinning emerging housing estimates and to consider the role of specialist housing provision in meeting identified need. Stakeholder consultation outcomes will then inform the final HNDA submission to the Scottish Government **for consideration of whether the HNDA is robust and credible**. The programme for the specialist housing workshop was as follows:

				
Introduction 14.00 – 14.15	Specialist Housing Briefing 14.15 – 14.30	Stakeholder Reaction Time 14.30 – 15.00	Partner Breakout 15.00 – 15.55	Next Steps 15.55 – 16.00
Background to Moray HNDA process HNDA evidence and insights	Specialist housing analysis - methodology Specialist housing requirements: Key findings	Specialist housing requirements: validating the main issues	Accessible & wheelchair housing targets Housing for older people Independence at home Housing needs of key client groups	HNDA Timescales Stakeholder comment – 1 key policy ask Close of workshop

Local authorities are encouraged to work with Housing Market Partnerships (HMPs) in approving housing estimates and to adopt a collaborative and constructive approach to assessing the role of specialist housing in future housing supply and land use planning policies. The objectives for the HNDA Specialist Housing Workshop were to:

- share the emerging evidence on the extent and nature of existing specialist housing across Moray, highlighting gaps in insight and intelligence
- attain stakeholder views on role of specialist housing in addressing housing estimates including:
 - the extent of wheelchair and accessible provision required
 - the role of age exclusive housing in meeting the growing population of older households in Moray
 - the planning and commissioning processes needed to promote services which enable independence at home
 - the housing needs of key client groups including households with a learning disability, physical disability or mental health condition.

Partners were invited to discuss the evidence and analysis, provide local anecdotal evidence and consider the policy implications for specialist housing. An interactive whiteboard was used during breakout groups to record the views and opinions of stakeholders. Copies of the slide-pack used to present evidence on specialist housing provision are available in Appendix B.







2.1 Specialist Housing Insight and Evidence

To inform the debate, an opening plenary session presented the evidence and assumptions which underpin the analysis of specialist housing supply, as well as unmet need for specialist housing. Partners and stakeholders were then split into two focus groups to provide time for questions,



feedback and debate on the analysis, evidence and policy implications associated with the future delivery of specialist housing across the Moray area.

The key headlines and main issues associated with Core Output 3 (Specialist Housing) can be summarised as follows:

<p>Health & disability profile</p> 	<p>45% of households in Moray, contain one or more person with a long term sick or disabled (LTSD) person which equal to the national average of 44%. 62% of households in Moray's social housing sector have a person with LTSD. The 2023 Moray HNDA Survey identified that 18% of households surveyed had a long term illness, 17% had a physical disability and 16% had a mental health condition.</p>	<p>Housing for Older People</p> 	<p>By 2043, the 85+ age group in Moray is expected to grow by 85%. There are 592 units of social housing specifically designed for older people, with 16 Care Homes across Moray.</p> <p>Approximately 300 respondents from the Moray HNDA survey expressed a requirement for retirement or sheltered housing compared to an average turnover of 25 sheltered housing properties per annum over the last three years.</p>
<p>Accessible & wheelchair housing</p> 	<p>16% of Moray households with a health condition or disability require specialist housing. The largest number 1,856 households require housing without stairs and 434 require wheelchair housing.</p> <p>There are 4,074 units of specialist housing provision in the social housing sector in Moray. 22% of applicants on the Moray HR require specialist housing.</p>	<p>Specialist housing for key client groups</p> 	<p>The Moray Health & Social Care Partnership commission supported housing services for a range of client groups living in the Moray area. This includes: 678 care home or supported housing places, 250 commissioned care packages and 130 housing support packages for households with learning disabilities. 211 people with learning disability/autism require supported accommodation and 14 people with mental health needs require housing accommodation.</p>
<p>Non permanent housing</p> 	<p>There are 123 temporary accommodation units across Moray to meet needs of homeless households. Time spent in temporary accommodation in Moray is less (at 136 days) than in Scotland (at 207 days). Whilst the overall numbers of adults in short stay / respite care places in Moray have decreased by 8% between 2009 and 2019, there has been an increase in respite places for older people (17 in 2019) of 31%.</p>	<p>Care & support for independent living</p> 	<p>In 2017, there was a population of just under 3,000 households engaging with social care services. Approximately 1,300 households have commissioned care packages to enable them to live independently at home 32% of all LTSD households across Moray have adaptations to their property with 35% needing an adaption to their property.</p>

2.2 HNDA Evidence on Specialist Housing: Stakeholder Validation

Following conference presentations on specialist housing need and topline results detailing the outcomes of the Moray HNDA household survey, there was an opportunity for discussion on the key findings and to allow stakeholders the opportunity to reflect on and react to emerging research outcomes. This was an open discussion which enabled stakeholders to highlight and share further local knowledge to help inform the policy framework for specialist housing prior to the more detailed scrutiny in breakout sessions. The main themes which emerged from the discussion were as follows:

- partners validated that the emerging HNDA evidence on unmet need for specialist housing reflects frontline service experiences and client group pressures
- several partners acknowledged the challenges associated with meeting the increasingly complex care, support and housing needs of an ageing population in Moray. It was noted that the population of unpaid carers (8% of households in the Moray area) are also ageing, with significant gaps in service provision to cope with emergency or crisis situations that arise. This includes the need for carer support and further investment in respite care
- partners noted that lower proportions of older households expressed demand for age exclusive housing with a shift towards preferences for accessible housing. It was suggested that existing age exclusive housing which was built to design specifications in the 1970's and 1980's, may be affecting customer preferences rather than a decline in demand for housing for older people. Redesigning existing age exclusive provision is a priority for social landlords in Moray including reimagining housing provision to meet current customer expectations and realigning the service offer towards new models of care such as extra care housing
- important considerations in designing or commissioning future housing models for older people include adaptability features and flexible care options. Other key factors in planning and commissioning include connectivity to local services, amenities, public transport and capacity in the local care sector



- creativity in developing supported housing provision for a wider range of mixed client groups is needed in Moray to improve the utilisation of scarce resources and provide a more flexible model of accommodation based care.



3 Stakeholder Engagement Outcomes: Focus Group Discussion

3.1.1 Question 1 – Delivering accessible and wheelchair accessible housing

The focus group session offered stakeholders the opportunity to discuss and consider identified gaps in the current supply of specialist housing, as well as policy interventions to support households to remain independent at home for as long as possible. The first question set stakeholders were asked to consider focused on the delivery of wheelchair and accessible housing as follows:

How should we target increases in the delivery of accessible/wheelchair homes?

What are the greatest barriers to delivery?

What role should the private sector play in delivering specialist housing options?

Question 1 stakeholder feedback for each focus groups is detailed below:

Focus Group 1 – Delivering accessible and wheelchair housing

Stakeholders validated the emerging HNDA evidence which suggests there is indeed a shortfall of wheelchair accessible and accessible homes across Moray to meet the needs of households with health conditions or physical disabilities. This shortfall in Moray mirrors national shortfalls in accessible housing across Scotland. It was noted that if a 'step change' in accessible housing was to be achieved to meet the scale of unmet need identified, this is likely to require national policy development both in terms of setting targets and clear design specifications and standards. It was suggested that the promised review of the Housing for Varying Needs Standard within Housing to 2040, is a good opportunity for the Scottish Government to achieve this.

“As an RSL who operates across the country, we can see that there is a national shortage of wheelchair homes. We need joint planning and commissioning processes to enable good and future proofed adaptable design archetypes to address this. There needs to be clarity of standard and delivery targets”

“There are clear shortages in accessible homes to buy and we definitely need more accessible housing in the market across Moray. To achieve this, I think national planning policy needs to be developed. We need consistent design types and standards, particularly for wheelchair housing. At the moment, it's down to private developers and some improve accessibility beyond building standards, some don't. Better definitions and clarity on the expectations of private developers is needed”

“A key barrier to the delivery of wheelchair housing by private sector developers is the lack of planning policies in place to guide design and delivery. This should be a priority for the LDP and LHS”.

Stakeholders agreed that the main barrier to delivering more accessible and wheelchair housing is the relationship between housing design, density and development viability. It was noted that accessible homes are 'hungrier' in terms of footprint and land-take which lowers the density of development sites. For commercial developers, who do not have access to development subsidies, this can mean the difference between a site being viable and not viable. The risk is that ambitious targets and design standards actually diminish the number of homes completed by private developers which has in turn, impacts on the delivery of the affordable housing policy. Target setting therefore needs to be carefully considered.



“Lower site densities as a result of ambitious wheelchair accessible housing targets could actually lower overall completion as less development is achieved on each site. This has implications for the affordable housing policy and unintended consequences for the market. We need to strike the right balance between accessibility and viability”.

Current planning policy in Moray encourages private developers to deliver 10% of market homes to accessible design standards. If all private developers achieved this, this would mean that 7.5% of all future completions would be built to accessible standards (i.e. 10% of 75% of market completions, adjusted for the affordable housing policy target of 25%). Whilst there is no clear consensus on whether the 7.5% target should be used as the basis for setting an all-tenure wheelchair housing target in the next LDP, it was acknowledged that private developers have an appetite to improve the accessibility of their homes. There was consensus around the suggestion that the same policy target should apply to affordable housing developments as to private developments (i.e. a 7.5% accessible target in affordable completions should be applied).

“Should this target be built over 100% not 75%? To reduce the risk on development viability, maybe we pursue adaptable archetype designs (not specifically wheelchair or accessible design types) as a compromise?”

Debate also focused on whether more creative approaches to housing design could de-risk developments from a density perspective. Typically, accessible homes are low-rise and often bungalows but could ground floor flats or other house types offer accessible options?

“Our market insight informs the profile of delivery for accessible homes, both in terms of house type and design. As a private developer we need to build to meet the needs of the market, but development also needs to be viable. We could sell bungalows any day of the week, but their site viability is low. To build a bungalow costs more than two storey homes as the house type affects site density and ultimately land values. That the reality we face”

“Should delivering accessible housing delivery always lower density? Are we only ever building bungalows to deliver wheelchair units - do we need to be more creative with design?”

“Demand for flats from older households is extremely low. It's a very unpopular house type amongst older people and we've had cases where an accessible home has been refused. The household would rather stay in unsuitable housing than move to a flat.”

Whilst stakeholders acknowledged the difficult balance between design, density and viability in the delivery of accessible homes, again the debate turned to adaptable design which could futureproof new housing delivery and enable households to remain at home for as long as possible:

“We should be future proofing housing design including the use of SMART technology options. We need to be creative and understand what our communities will look like in the future so that we can build the right homes today. This is a big gap in insight...”

“We need to connect insight across developers, health, care sectors and housing. And I agree - we need to be far more proactive in commissioning smart enabled properties.”

Focus Group 2 – Delivering accessible and wheelchair housing

Discussions held throughout Group 2's session validated the emerging HNDA evidence that there is a shortfall of wheelchair and accessible housing across Moray to meet the needs of households with health conditions or a physical disability. It was noted that current Planning Policy requirements are too low and that there is a need for policy development at both a national and local level if shortfalls are to be met across all tenures, including the private sector.



Private sector stakeholders suggested that targets should be flexible to adjust for site constraints and financial viability which may impact on deliverability at specific developments. There was also debate around whether the priority should be on adapting the existing housing stock, new stock or both.

“Current planning policy is essentially 10% of private units (to be delivered as accessible) but that’s clearly way below the actual demand that is emerging through the HNDA. We will need a change in policy both at the national and local level to increase supply up to an adequate level”

“There are obviously people that are struggling within properties which are not suitable for their needs who perhaps would purchase a house on the open market, if the market could be encouraged and persuaded that the demand profile is there”

“The fact of the matter is we have to consider improving the accessibility of existing stock particularly as the majority of people over the age of 60 are owner-occupiers and therefore likely to want to stay in their own homes. These households are often asset rich but cash poor”

“Springfield, would support a policy on accessible and adaptable and homes in the new LDP. But I think the key thing is there needs to be a sensible, flexible policy approach so that the policy is achievable e.g. sites where level access may not be possible need flexibility. In a new LDP there might be other matters relating to financial viability of sites within certain settlements, certain peripheral settlements, that should inform targets”

Stakeholders identified several barriers to the delivery of accessible and wheelchair housing which can be themed around availability of resources, gaps in resources for the private rented sector, the expensive costs of adapting existing housing stock and changing customer expectations. Challenges relating to localities in Moray, the layout of sites and affordability to customers were also raised.

The group also identified that there was a need to formalise emerging need through formal Occupational Therapy (OT) assessment and resource implications on OT Services to undertake assessments to meet increasing demand were likely to be an issue.

“There are two fundamental areas where there could be challenges. One would be the financial resources available to carry out further adaptations and the other would be the requirements for formal OT assessment to be able to meet a target and the demand to increase accessible wheelchair homes within Moray”

“Certainly, for Moray, we need to look at the geography of the area and layout. Anything is achievable in relation to adaptations, but if the property sits at the top of a hill, it then raises the question is it wheelchair accessible?”

“It is so expensive to add or adapt to an existing property, whereas for a new build it’s very easy. With a new build it is in the fabric of the building therefore far easier to make changes when all the infrastructure is behind the walls”

“It’s not just about numbers, one of the constraints for new build is affordability to customers, particularly just now with the cost of living and utilities. So, some people, whether they would like to move are restricted simply because the cost applicable to some of these properties is high”

“Housing for varying need is so expensive to achieve in an existing property, whereas for a new build it’s very easy. It’s also a preventative approach as it is far easier to make changes when all the infrastructure has been allowed for at the outset”



3.1.2 Question 2 – The role of Housing for Older People

The second set of questions stakeholders were asked to consider focused on the current and future provision of specialist housing for older people, including:

How do we meet the needs of the increasing population of older people in Moray?
Are there gaps in housing provision or services for older people?
Should we aim to deliver more specialist housing options for older people e.g. extra care housing, sheltered housing, retirement housing?

Stakeholder feedback on Question 2 is detailed below:

Focus Group 1 – Housing for Older People

Whilst stakeholders noted that both analysis of the Moray housing waiting list and HNDA survey outcomes suggest that older households prefer accessible or ground floor housing options over age exclusive provision; it was agreed that given the scale of projected increases in the older population, increasing the supply of housing for older people should influence the next Local Housing Strategy and Local Development Plan. Strong consensus was evident that the findings of 2023 HNDA should be used to set a policy framework in the LHS and SHIP, which encourages collaboration across planners, RSLs, social care commissioning teams and developers to increase the supply of housing for older people.

It was agreed that expressed demand for sheltered housing may be influenced by an outdated product designed many decades ago and that new models of provision which maximise security of tenure and promote independence in the community should be a priority moving forward. This includes extending use of the Housing with Care model, which as proven to be successful and increasingly popular with Moray residents.

Since Housing with Care has been developed in Moray, very sheltered housing has become less popular. Housing with Care offers a full Scottish Secure Tenancy with maximum security of tenure and a 2-bedroom property which enables households to accommodate family or social networks. Both landlord functions and housing support services are delivered by the RSL. A shortage of care packages has resulted in very sheltered housing being seen as a greater risk for tenants given gaps in provider capacity as a result of post Covid recruitment and retention problems. The Housing with Care model addresses this issue with the RSL acting as both landlord and care provider.

“There is evidence of unmet demand for housing models which offer flexible care but security of tenure for older people. Our Housing with Care developments which provide 2-bedroom properties have proven to be extremely popular with older people. We need more provision using the principles of this model”

“The care needs of older people have accelerated since Covid but capacity in the care sector has significantly diminished as a result of recruitment and retention pressures. In some ways, it’s the perfect storm, we need more models where the landlord is also commissioned to provide the care and support service”

“There are gaps in Housing with Care provision as households live for longer and care needs are more complex. As an RSL we would be keen to invest in more Housing with Care development if we could be assured the support funding is in place”



Stakeholders agreed that any future housing provision for older people should offer flexible care models which can be stepped up and stepped down within a community setting. Ensuring that RSLs, planners and social care commissioners collaborate to design and test future iterations of the Housing with Care model is essential.

Focus Group 2 – Housing for Older People

Group 2 discussed the various different types of supported accommodation across the care client groups and some of the difficulties with people sharing accommodation rather than living in self-contained accommodation. The core and cluster model, with a cluster of self-contained tenancies in the community, was seen as a more progressive model and working well for both older people and people with learning difficulties.

In relation to provision for older people's housing it was acknowledged that there are gaps in housing options for older people but there is a need to modernise accommodation provision. Sheltered accommodation was seen to be outdated in terms of the accommodation and model provided with the Group agreeing more focus should be on modernising, step-up and step-down care at home provision, alternative housing options and the use of technology to enable older people to live independently. The group also highlighted the need to continue the provision of care homes in Moray, as well as encouraging modernisation in this sector.

"I would say that sheltered housing has actually had its day. I don't think it's a model that that people of a certain age want anymore. Having a mother who's turned 80, she still feels she's too young for sheltered housing"

"If we were building from scratch, for me, it's the technology that needs to go in and the environment in which those homes are situated, that needs to be right"

"We need to use our care at home provision in a smarter way. Everybody wants to go into what's classed as 'specialist accommodation' for older people. But if we have some kind of reactive provision available that can either be stepped up or stepped down to meet the changing needs of older people, then that's a far more enticing model for people to accept"

"The model of replacing care homes with purpose-built villages (whilst some of these models are excellent) in Moray we're very much supportive of our care homes who are all private owned businesses. We need to consider helping them to adapt their current buildings and properties to make them a bit more modern and fit for purpose. This has happened in other areas, but typically where the care homes has been local authority owned"

"I think there's something around balanced communities that maybe needs to be reflected. You know, a number of years ago you would defend pensioners cottages as well as sheltered housing complexes. And those were obviously quite age defined as well as the physical setup and support that was provided".

3.1.3 Question 3 – Enabling Independence at Home

The third set of questions stakeholders were asked to consider was:

How do we promote and enable independence at home by improving joint planning and commissioning processes for:

- Property adaptations?
- Technology Enabled Care?
- Care & Support Services?



Question 3 stakeholder feedback on supporting and enabling independence at home is detailed below:

Focus Group 1 – Enabling Independence at Home

Whilst stakeholders acknowledge that gaps in specialist provision for older people in Moray need to be a key part of future planning and investment strategies, enabling households to remain at home using property adaptations and smart technology was considered 'essential'. This includes both investment in new housing, as well as retrofitting existing homes.

“As housing needs progress as a result of age or health conditions, property adaptability is very important. We need to consider how we make best use of our housing stock too. Adaptable housing designs would be a major step forward in future proofing our homes. But over and above this, we need strong investment in property adaptations and smart tech in existing homes.”

It was acknowledged that the Centre for Research and Innovation in Digital Health (a key element of the Moray Growth Deal) provides partners with a very unique opportunity to develop and test models of technology enabled care which support people to live independently in a home environment for as long as possible.

Forward planning and anticipating future needs will be key to addressing the needs of the increasing population of people who will require some form of specialist housing. Closer working between housing, the HSCP as well as front line health professionals would be one way of doing this, as would sharing local knowledge of key clients facing crisis to enable joint and preventative action.

Furthermore, there needs to be more awareness raising and signposting of the full range of resources available to support independent living at home, encouraging households to forward plan preferred interventions to meet housing, care and support needs.

Focus Group 2 – Enabling Independence at Home

The Group were in agreement that enabling people to stay living at home and in their communities for longer, was a key priority for Moray. The group believed that there are good links in place across the relevant services, but more could be done to promote the use of technology with gaps in resources.

The significance of the Centre for Research and Innovation in Digital Health was highlighted as bringing together the social care services, adaptations and telecare required to enable independent living. However, the Group reiterated the challenge of adapting existing stock and ensuring new build housing is well designed to avoid people needing to move in the future. The group highlighted the use of a system called 'Just Roaming' being successfully used for people with learning difficulties but highlighted that further consideration was required on its future and how it could be mainstreamed in the longer term.

“I would be certainly advocating to keep people at home for as long as possible. We've mentioned about planning policy but we need to obviously give consideration to the Scottish Government equipment and adaptations guidance that's recently come out, which clearly gives us a steer in what we should be expecting from a health and social care partnership in making that provision for people in their own homes”

“The evidence shows that people want to stay in their homes and the existing stock probably needs a lot of adaptation. In terms of looking into new builds and I think it's something very



important to try and design them in a way that people can stay in their homes as a home for life, as well as looking into new and different technologies”

“The Digital Health and Care Innovation Centre and the £5million for Moray is taking care of where we would want to be with technology enabled care which goes across all sections of health and social care. Obviously, the interlinked connections are that if you get the technology right, you in turn get the adaptations right and you get the equipment”

“We have very strong links with our housing colleagues and external partners and do a lot of joint planning. But I think when we consider telecare, people need a responding resource, whether that's a warden or whether that's the regional call centre”

We've put in a system called 'just roaming' into a couple of our learning disabilities complexes which has been really effective. It gives insight into people's movement and allows the staff team's attention to be tailored to the individual. It's an important concept, but expensive and I'm not sure it's a sustainable way forward in the long run but would be good if this sort of technology can be incorporated into the build design in the first instance'.

3.1.4 Question 4 – Meeting the Needs of Key Client Groups

The fourth question set stakeholders were asked to consider was:

How do we improve insight and pre-planning to support increases in the supply of supported housing for key client groups?

Are there gaps in housing provision or services for key client groups? What are the priorities?

What models of provision are most needed in Moray? What innovation should we pilot or pursue?

Question 4 stakeholder feedback groups is detailed below:

Focus Group 1 – Enabling Independence at Home

There was strong stakeholder interest in applying the Housing with Care model that has been successful in meeting the housing needs of older in Moray, to a range of other client groups. In particular, this model could work well for adults with learning disabilities as the flexible care model could successfully enable independent living skills. It was also noted that this model offers strong security of tenure, a key objective for the client group.

“A Learning Disability Housing with Care model has the potential to work extremely well where the care provision and landlord relationship is strongly aligned. Undoubtedly this offers the potential for independent living in the community and could work well for other client groups including young people transitioning from care.

Social landlords are keen to extend the Housing with Care model to other client groups if housing support funding streams could be developed to make this work. There is a clear gap in this (more flexible) model of provision that focuses on promoting independence and developing tenancy management skills.

“There's a clear gap, with a housing support model needed for client groups who require assistance to achieve independent living skills. It's often challenging to access care packages but if housing support funding was available to social landlords, we could make a big difference across a wide range of client groups”.



Whilst households with learning disabilities and young people transitioning from care were identified as key priorities for flexible housing and support models, young adults with physical disabilities were described as a key group 'currently overlooked' in terms of appropriate housing options. It was concluded that a key gap in specialist provision is young people with care needs (including learning disabilities, autism and physical disabilities). Technology enabled care approaches should be pursued as the model of care to enable young people to experience as much independence and normality at home as possible. At the moment, young adults with care needs are often squeezed into provision where a gap appears, and the provision often does not meet their needs or expectations.

“Young disabled people have extremely limited housing options - there are very obvious gaps in provision. Expectations are changing and we don't have the provision to meet need. We need to think carefully about access to social networks, family, employment and education as well as housing and care needs”

Whilst people with mental health conditions are one of the largest groups in the population of households with health conditions and disabilities, stakeholders confirmed that specialist housing provision for this client group is not an obvious gap or current priority. Person led care and support packages in existing homes tend to be the preferred model of care. It was noted that whilst care provision at home continues to be a priority, the increasing use of smart technology offering remote support to promote independence should be the future priority.

“Evidencing mental health needs from an environmental perspective can be extremely tricky which is why unmet specialist housing numbers often look low. Aligning care and support to each housing setting is the key challenge”

“We should prioritise the use of smart technology at home to monitor the wellbeing and health needs of adults with mental health condition in a non-obtrusive way. We should plan for SMART technology in future housing design specifications and prioritise retrofitting in existing homes”

Focus Group 2 – Enabling Independence at Home

The Group identified a number of gaps in provision over and above unmet needs for older people, people with learning disabilities and people with mental health conditions. The gaps include specialist provision for people under the age of 65 with physical and sensory disability, younger people not falling into diagnosis of mental health or learning disability but who need support, and older people with addictions. The challenges around the cost of care packages and recruitment were also highlighted as issues which need to be addressed when using these types of models.

“There is a gap in specialist provision for those under 65 years of age who have physical and sensory disabilities e.g. a form of Huntington's. This client group has relatively small numbers, but is significant in their complexity of needs that don't actually fit into any other service provision”

“The other area that we're seeing more of in Moray are children transitioning through into adult services who are not falling into the typical diagnosis of learning disability or mental health conditions, but who require something more than mainstream housing, e.g. younger adults with autism who need structure around their accommodation and support”

“Older people with addictions is something that can be quite impactful if they're not accommodated in the correct setting, for those around them e.g. people with alcohol issues that may have early onset Korsakoff Syndrome and diminishing functionality but may not hit the thresholds for formal services. A focus is needed on what types of solution might be suitable”

“The other obvious challenge is around the cost of packages and the extent to which the built environment can provide economies of scale”



The flexibility of the core and cluster model was also discussed by the Group, and it was identified as one of the best models for people with Learning Disabilities. It was concluded that this model should be expanded and adapted for other care client groups. It was felt that models where people were sharing tenancies can cause issues due to personality incompatibilities.

“Core and cluster are the most effective and cost effective way forward in terms of a model of housing for learning disabilities and is a good model for other client groups. I mean it's basically around the economies of scale achieved in a small group setting where people have their own dwellings, their independence as much as possible and you have a flexible staff team who can respond”.



4 The Role of Specialist Housing in Meeting Housing Need: Stakeholder Consultation Outcomes – Key Themes

Analysis of stakeholder consultation feedback enables a number of key themes to emerge, which should influence and guide the Moray HMP to finalise Core Output 3 of the HNDA as follows:

- A key barrier to the delivery of wheelchair housing by private sector developers is a lack of planning policies in place to guide design and delivery. This should be a priority for the next Moray LDP and LHS
- The 10% target on market housing completions should be assessed against the emerging findings of the HNDA to assess whether it provides an appropriate starting point for setting an all-tenure wheelchair housing target
- The delivery of accessible housing from a private development perspective requires a difficult balance between design, site density and development viability. This often creates a barrier to developing accessible housing from a commercial perspective
- As well as delivering more wheelchair accessible and accessible homes we should be investing in housing design which is future proofed for changing health and mobility needs including adaptable features and the infrastructure for SMART technology
- Future housing provision for older people should offer a flexible care model which can be stepped up and stepped down within a community setting. Futureproofed adaptable design and technology enabled care should also be key features of future housing models
- Forward planning and anticipating future needs will be key to addressing the needs of the increasing population of those who will require some form of specialist housing. Further investment in awareness raising and signposting of the full range of resources available to support independent living at home, should encourage households with health conditions and disabilities to forward plan interventions to meet housing, care and support needs.
- The Centre for Research and Innovation in Digital Health provides partners in Moray with a very unique opportunity to develop and test models of technology enabled care which support people to live independently in a home environment for as long as possible
- The Housing with Care model delivered by RSLs in the Moray area should be expanded to meet the needs of a growing population of older people, as well as key client groups such as people with learning disabilities and young people leaving care
- The core and cluster model, with a cluster of self-contained tenancies in the community, was seen as a progressive model of care and working well for both older people and people with learning difficulties. This model should be considered for other client groups
- As well as gaps in specialist housing provision, the obvious gap is a housing support model for client groups who need assistance to achieve independent living and develop tenancy management skills. This includes people under the age of 65 with physical and sensory disability, younger people not falling into diagnosis of mental health or learning disability but who need support, and older people with addictions
- Young people with particular housing needs are a client group with extremely limited housing options and should be a priority in future housing and social care commissioning strategies



5 2023 Moray HNDA Stakeholder Consultation Outcomes: Key Themes

Local authorities are encouraged to work with stakeholders in Housing Market Partnerships (HMPs) to approve housing estimates and to adopt a collaborative and constructive approach to finalising HNDA outcomes. It is important for the credibility of an HNDA that can withstand the scrutiny of stakeholders as a basis for future policy decisions on housing supply and land use planning.

The HNDA specialist housing workshop was therefore instrumental in engaging Housing Market Partners across Moray in scrutinising, debating and validating:

- the extent and nature of unmet need for wheelchair and accessible housing and potential delivery solution to increase supply
- policy interventions and emerging solutions to meet the existing and arising housing need of the growing population of older households in Moray
- the extent and nature of in-situ solutions to enable households to live independently as home in the community they prefer including property adaptations, technology enabled care and housing support services
- policy interventions and emerging solutions to meet the existing and arising housing need of a range of key client groups across Moray.

Stakeholder engagement outcomes will now be utilised by the Moray HNDA partnership to refine, further develop and finalise the HNDA evidence base prior to sign off by service leaders in housing and planning. Informed by this feedback, it is intended that the 2023 Moray HNDA study is submitted to the Scottish Government for by the end of June 2023 **for consideration of whether the HNDA is robust and credible.**



Appendix A: Stakeholder Attendance List

Name	Organisation
David Lappin	Castlehill Housing Association
Colin Souter	Robersons Homes
Linda Craig	NHS Grampian
Dawn Duncan	NHS Grampian
Carol Chambers	Moray Council
Dan Harris	Cairngorms National Park
Jamie Brown	Osprey Housing
Gary Templeton	Moray Council
Craig Stirrat	Grampian Group
Hilda Puskas	Moray Council
Daska Murray	Moray Council
Emma Ozanne	Castlehill Housing Association
Chris McLeod	Moray Council
Sean Marshall	Hanover Scotland
Gordon McCluskey	Moray Council
Stuart Morrison	Springfield Homes
Andrew Stanley	Highlands & Islands Enterprise
Lesley Attridge	Moray Council
Fiona Geddes	Moray Council
Jim Curran	Hanover Scotland
Aimee Borzoni	Moray Council
Marie Burnell	Moray Council
Charles McKerron	Moray Council
Ailsa Innes	Moray Council
Andy (Guest)	
Helen Gauld	Langstane Housing Association
Sarah Petrie	Moray Council
Ivor McIvor	Moray Council
Dougie McPhee	Hanover Scotland
David Munro	Moray Council



Edward Thomas	Moray Council
Janette Topp	Hanover Scotland
Jim Grant	Moray Council
Angie McColl	NHS Grampian