

Mental Health Accommodation Strategy 2018-2023



*Care and Support
Accommodation Strategy*

Contents

- 1. Introduction 3
- 2. Background Information 4
- 3. Current Accommodation for those with a Mental Health Need 9
- 4. Issues 14
- 5. Recommendations 15
- 6. Action Plan 17

1. Introduction

- 1.1 All local authorities with strategic housing responsibilities need to plan to meet the housing needs of local residents. This strategy sets out the Council's aims in meeting the accommodation needs of people with a mental health illness.
- 1.2 Housing can have a significant impact on a person's mental health both in terms of the impact of having settled and secure accommodation and in terms of the detrimental effect on an individual when they lack suitable housing.
- 1.3 The National Mental Health Development Unit (2010) believe that improved recovery outcomes can be delivered through housing and housing related services being seen as an essential part of the care pathway. Housing and housing related support can reduce overall costs to the system and improve outcomes for service users.
- 1.4 Housing should provide not only shelter but also a secure and positive environment that supports people as their lives progress¹. It is important to ensure that people with a mental health illness have access to a range of housing and support options to meet their needs. Most people with a mental health illness live in their own homes and communities whilst receiving support.
- 1.5 This strategy sets out the Council's aims in meeting the accommodation needs of people with mental health needs. The strategy considers the role housing, health and social care provision has to play in an integrated approach to providing access to accommodation that is sustainable, affordable, addresses the needs of those with a mental health illness and supports the wellbeing of the Bedford Borough community.
- 1.6 Mental well-being is fundamental to a person's quality of life. It is linked to good physical health, better cognitive and physical functioning, increased productivity, better interpersonal relationships, longer life expectancy and greater capacity to deal with stress and adversity.
- 1.7 There are strong links between social deprivation and mental ill health, therefore service provision and treatment should be focused towards more deprived areas of the Borough such as Harpur, Cauldwell, Queens Park and Castle wards.
- 1.8 The Mental Health Foundation (2016) state that research has shown that those who are homeless or at risk of homelessness, are much more likely to experience mental distress. In 2010 Homeless Link reported that 7 out of 10 clients had mental health needs and a third of those currently lack the support they need to address their mental health.
- 1.9 There is a need for a variety of supported accommodation to reflect the varied support needs of people with a mental health illness. The supported accommodation types considered within this strategy are: high level integrated support; housing for complex needs; homelessness; low level step-down care, for patients transitioning from more intensive care to a lower level of care; and housing in later life.

¹ *Mental Health Foundation (2016) 'Mental Health and Housing'*

- 1.10 Supported accommodation covers a wide range of different types of housing with services not normally provided in the mainstream rented sector. This includes, for example, intensive 24 hour support, hostel accommodation, and accommodation with only occasional social support or assistance provided.
- 1.11 These housing types can include: private accommodation with resident or non-resident carers; purpose built accommodation with full or part time staff provided by charities or voluntary groups; or hostel accommodation.
- 1.12 It is important to ensure the suitable location of mental health accommodation making certain it meets the needs of the individuals. Accommodation ideally should be close to services and have access to a GP but not close to areas known to have high risk of possible issues including drug and alcohol abuse.
- 1.13 Mental health needs can be met across all of these types of accommodation as long as the right support is in place. Housing support is an essential element in helping to look after and improve a person’s wellbeing. The Mental Health Foundation state that investing in housing related support services can generate savings across health and social care.
- 1.14 The prevalence of dementia will rise significantly with the aging population, estimated to have increased by 16% between 2010 and 2016 in Bedford Borough.

2. Background Information

- 2.1 In 2015 the number of people aged 18-64 predicted to have a common mental health disorder in Bedford Borough was 16,009. This is predicted to increase to 17,288 by 2030. Table 1 shows the numbers of people aged 18-64 predicted to have mental health needs in Bedford Borough.

Table 1 – People in Bedford Borough predicted to have mental health needs

Mental health - all people	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	16,009	16,542	16,916	17,288
People aged 18-64 predicted to have a borderline personality disorder	448	463	473	484
People aged 18-64 predicted to have an antisocial personality disorder	343	356	364	373
People aged 18-64 predicted to have psychotic disorder	398	411	420	430
People aged 18-64 predicted to have two or more psychiatric disorders	7,140	7,383	7,549	7,721

Source: www.pansi.org.uk

2.2 Mental health illness affects about one in four people. For Bedford Borough this means based on 2013 population figure of 157,840, the total population at risk of a mental health illness is 39,460. However only 8% to 12% of this number would be expected to need referral to a specialist mental health service, and only 4% are likely to be admitted to a mental health hospital. The majority will be seen, diagnosed and treated by their GP.

Policy Context

2.3 There is a need to re-energise and improve mental health care across the whole system to meet increased demand and improve outcomes. In this context, the Five Year Forward View for Mental Health Services 2016 – 2021 sets out a number of priority areas:

- A 7 day NHS – right care, right time, right quality
- An integrated mental and physical health approach
- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

2.4 Although ‘the quality of mental health care has improved significantly in recent years only recently has attention been paid to the importance of housing in the recovery process’ with the following recommendations being made by the Mental Health Taskforce to NHS England in February 2016:

- The Department of Health, Department of Communities and Local Government, NHS England, HM Treasury and other agencies should work with local authorities to build the evidence base for specialist housing support for vulnerable people with a mental health illness and explore the case for

using NHS land to make more supported housing available for this group.

- The Department of Work and Pensions should, based on the outcome of the “Supported Housing” review in relation to the proposed Housing Benefit cap to Local Housing Allowance levels, use the evidence to ensure the right levels of protection are in place for people with a mental health illness who require specialist supported housing.

2.5 Bedford Borough and Bedfordshire Clinical Commissioning Group’s Joint Commissioning Strategy for Mental Health 2013-2018 has the vision for people with mental health needs in the Borough:

‘To provide excellent, safe, sound, supportive, cost effective and transformational services for people with mental health needs that promote independence, wellbeing, and choice and are shaped by accurate assessment of community needs.’

2.6 People with a mental health disorder have poorer physical health and often are subject to discrimination and stigma. Males with mental illness die on average 16 years earlier and women with mental illness die 12 years earlier than those without mental illness.

- 2.7 Impacts of mental disorder in adulthood include;
- Higher unemployment
 - Higher rate of debt problems
 - Higher risk of homelessness including rough sleeping
 - Higher smoking prevalence
 - Increased risk of physical health problems especially heart disease and cancer
- 2.8 No Health Without Mental Health (DH, 2011) highlights groups who are more likely to suffer from a mental health illness including:
- People with drug and alcohol problems - A clear association exists between mental illness and drug and alcohol dependence. People experiencing mental ill health have a higher risk of substance misuse
 - Prisoners - Some 90% of all prisoners are estimated to have a diagnosable mental health illness (including personality disorder) and/or a substance misuse problem
 - Homeless people - People who are homeless have 40–50 times higher rates of mental health illness than the general population
 - Lesbian, gay and bisexual people - People who are lesbian, gay and bisexual all have a higher risk of mental health illness and of self-harm
 - Military veterans

2.9 Mental health wellbeing is key to a person's quality of life and this can be linked to good quality and accessible housing. The joint commissioning strategy states that people with mental health needs need to be supported and a joined up approach across a number of agencies.

2.10 For the purposes of this strategy people with complex needs can be defined as:

...having multiple issues in their lives which can include mental health and/or addictions, developmental issues, physical health issues, involvement in the Criminal Justice system, problems finding and maintaining housing etc.²



² <http://navnetnl.ca/needs/> Accessed: 17/10/17

2.11 In July 2012 the Mental Health Housing Needs Research Report for Bedford Borough was prepared for the Supporting People Partnership. The following are key recommendations of that report and the progress that has been made so far:

Key Recommendation	Progress to meet recommendation
Provision of a supported housing service for people with complex needs	The Complex Needs Unit is on site and due for completion 2017-18.
Look at whether existing provision could be re-modelled to better meet needs	Some existing accommodation services have been decommissioned and the 'Tenancy Sustainment Officer' post has been commissioned.
Consider alternative supported housing models (e.g. 'sheltered' model)	This is being considered as part of the new development bpha are taking forward
More innovative and creative use of self-directed support and personal budgets (e.g. use of personal assistants to meet some support requirements, use of personal budgets to provide respite opportunities)	Requires further work – included within the action plan of this strategy
Better joint working and care support planning	Requires further work – included within the action plan of this strategy to produce better referral protocols and information sharing
Dedicated housing worker or 'housing champion' within SEPT who is able to assist frontline staff who experience difficulties in housing their clients (e.g. those ineligible for social housing)	South Essex Partnership University NHS Foundation Trust (SEPT) was dissolved on 31 March 2017 following a merger with North Essex Partnership University NHS Foundation Trust (NEP) to form Essex Partnership University NHS Foundation Trust. The new 'Tenancy Sustainment Officer' role will help staff who experience difficulties in housing their clients. The aim of the role is to prevent tenancy loss amongst CPA clients, therefore reducing the number who need assistance to find other accommodation.
Review residential provision and look at move-on options	Completed as part of this Strategy
Ensure there is early identification of housing needs for those admitted to wards or crisis units to enable housing needs to be addressed (fully or partially) prior to discharge	There is a 'housing options referral' protocol in place between BBC's Housing Service and the wards
Establish the numbers of clients unable to access social housing due to rent arrears and the origins of these arrears, and then look at how this barrier to social housing could be removed for some current clients and avoided for future clients	Requires further work – included within the action plan of this strategy
Establish how many people currently supported by carers are likely to require alternative accommodation within the next 10 years and what accommodation this would be	Included as recommendation 5.6.

2.12 These points are all included within the recommendation and action plan part of the strategy.

- 2.13 People's future housing options should be an integral part of all recovery, support and care plans. Individuals may see a reduction in their level of independence for example, through a hospital admission, however it should be a key focus to return a person's previous level of independence.

Dementia

- 2.14 Dementia is a specific form of mental illness which continues to predominantly affect older people. More detailed information on Dementia can be found within the Older Person's Accommodation Strategy.

Autism

- 2.15 Autism is known as a spectrum condition because of the range of difficulties it causes people. For those adults with a higher level autistic spectrum disorder who have average or above average intelligence, their housing needs are met through general needs housing through applying to the Housing Register allocation scheme. Additional priority on the Housing Register may be given if there is a necessary medical assessment. This higher priority increases the prospects of applicants with autism securing their choice of property that will be suited to their needs.



3. Current Accommodation for those with a Mental Health Need

3.1 Bedford Borough only has a small number of supported housing services for people with a mental health illness; therefore it can be difficult to find suitable services for the range of needs people present with.

3.2 The importance of housing is identified within the Joint Commissioning Strategy for Mental Health;

“Stable and appropriate housing is important to people who use mental health services and their carers. Too often people become stuck in costly and inappropriate residential care or out of area placements, or their discharge from psychiatric hospital is delayed because of lack of appropriate housing”.

The following three actions were identified within the strategy:

Key Recommendation	Progress to meet recommendation
We will review our local housing provision, map local demand and commission or decommission accordingly in order to maximise community based provision	Bedford Borough Council undertook a Housing Needs Survey with ELFT in 2012 and has recently published the Supported Housing Strategy 2017.
We will take into account and work on implementation of the housing review recommendations completed by Bedford Borough Supporting People Partnership Board.	Related action in this Strategy’s action plan.
We will create an effective system of information exchange between care management, housing department and commissioning team in order to have reliable data to inform local commissioning.	Related action in this Strategy’s action plan to improve the information exchange between internal departments. There is a ‘housing options referral’ protocol in place between BBC’s Housing Service and the wards and to produce better referral protocols and information sharing

3.3 The Joint Commissioning Strategy for Mental Health also highlights the importance of ensuring ‘housing’ is part of discharge planning;

“We will ensure that mental health services do not discharge patients from hospital with ‘nowhere to go’. Proper discharge planning and assessment process will consider housing needs of a service user, and the fact whether the environment from which service user was admitted is still suitable for their return.”

3.4 The types of housing and support services available within Bedford Borough for people with a mental health illness are detailed below;

- Hostel Accommodation

A single building containing a number of single occupancy or bedsit style rooms. Generally this type of accommodation is aimed at people who are homeless or at risk of homelessness and is generally time limited (in Bedford up to 2 years). Support is provided by a staff team based on site during the day and sometimes into the evening. Some hostels also have night security staff that retain a presence but do not provide any support to clients.

- Independent/Supported Living

Small units of accommodation, either purpose built with independent flats or using larger homes converted into bedsits or shared housing that allow a small group of adults with mental health illnesses to live as independently as possible in a home setting. Support and care is provided by a staff team based on site. Staffing, care and support levels will vary according to assessed client's needs, but will usually include waking night or sleep in staff.

- Accommodation with Visiting Support

Support delivered to people in their own home within the community. Usually this will be rented accommodation (often social housing) and may be accommodation they occupy alone or accommodation within a block designated as supported accommodation for people with similar needs. The level of support provided and frequency of visits will depend on the

assessed needs of the client, but generally those receiving this kind of service will have greater levels of independence, will not require a constant staff presence and will be able to undertake a number of day to day tasks unsupervised (e.g. prepare meals, attend social activities, visit local shops).

- Registered care homes

Staffed facilities providing accommodation, meals and where needed, personal care (help with washing, dressing and giving medication). Staff at services will also arrange social activities within and outside the service and be able to accompany individual clients on outings and to appointments. These services are staffed 24hrs a day, every day and must be registered with the Care Quality Commission.

3.5 The community and safety of the environment is an important factor when building and providing schemes for people with mental health needs.

3.6 There is also a significant number of people with a mental health illness living at home with parents, other family or a partner and receiving support from them there, with or without visiting health and social care support.

3.7 The tables below list the various hostel services (Table 2), supported living services (Table 3) and blocks of accommodation with visiting support (Table 4) available within the Borough. These tables refer to different types of accommodation and services offered including supported accommodation tenancies and care homes.

3.8 These services are primarily accommodation based, although some also have the ability to offer outreach or resettlement support to others within the community. The number of units refers to the number of bedspaces available.

Table 2: Accommodation Based Services - BBC Funded

Provider	Service Name	Units
Penrose Options	Holman House	19

Table 3: Supported Housing, including Care Homes for people with a Mental Health Illness

Provider	Service Name	Units
Bedfordshire Supported Housing Ltd	Amphill Road	7
Bedfordshire Supported Housing Ltd	Rutland Road	5
Bedfordshire Supported Housing Ltd	Francis House	6
Bedfordshire Supported Housing Ltd	Foster Hill Road	6
Together	Kelvin Grove	12

Table 4: Accommodation Based Services - Other Funded

Provider	Service Name	Units
Aldwyck Housing Association	Angel View	8
Aldwyck Housing Association	Shakespeare Road	4
Bpha	Sisters House & Warwick Avenue	17

Table 5: Visiting Support Services - BBC Funded

Provider	Service Name	Units
ELFT	Housing Support Worker (Tenancy Sustainment)	12

3.9 In addition to the dedicated mental health services above, a large number of people with a mental health illness are also accommodated and supported by the homeless and rough sleeper services within the Borough. Housing Needs Research undertaken in 2012 showed that 44% of hostel residents had a mental health illness, people with diagnosed conditions accounting for 31% of that figure.

3.10 Having adequate supported housing is important in preventing people with mental illness being placed in residential care.

3.11 Table 6 below shows the numbers of clients with a mental health illness for whom the Council makes payments for their accommodation and/or support. The majority (63%) are supported through Home Care. The second largest group of clients (34%) are in long-term residential care.

Table 6: Mental Health Accommodation and Support Types

Accommodation Type	Total Records
Home Care	89
Nursing Home – Long-term	3
Residential home – long-term (Independent and In House)	48
Residential Home – Respite	1
Total	141

Source: SWIPE 09/08/16

Residential Care

- 3.12 Table 7 shows a breakdown of the residential care home placements being used for residential care by Bedford Borough Council. Whilst some of the homes listed are specialist mental health services, the majority are generic care homes which are able to support people with a number of conditions or support needs, including mental health illness.
- 3.13 The table shows that 14% of those housed in residential care homes are housed out of the Borough.

Table 7: Residential Care Placements

Residential Care Home	Number of clients supported	Out of Borough
7 Kimbolton Avenue	2	No
Anjulita Court	2	No
Ashfields Retirement Home	1	Yes
Azalea House	2	No
Birchy Hill Nursing Home	1	Yes
Bunyan Lodge	2	No
Bushmead Court	2	No
82 Chaucer Road	1	No
Charter House	3	No
Crossways Residential Home	1	No
Dale House Care Centre	1	Yes
Elcombe House	3	No
Francis House	2	No
Greenways Care Home	1	Yes
Henrietta House	1	No
Hepworth House	1	No
Highfield Residential Home	4	No

Lansglade	1	No
Lillibet House	1	No
Lillibet Lodge	4	No
Lillibet Manor	1	No
Medihands Residential Home	1	Yes
Milton House	1	No
Oaklands Care Home	1	No
Oasis House	4	No
Positive Community Care Ltd	1	Yes
Potton House Nursing Home	1	Yes
Puttenhoe Residential Home	2	No
Manton Heights	1	No
Rivermead Residential Home	5	No
Rutland Road Care Home	3	No
Salvete	1	No
Sharnbrook House	1	No
Southway Residential Home	1	No
St Matthews Nursing Home	1	Yes
Stepping Stones Care Homes Ltd	2	Yes
The Beeches	1	Yes
The Crescent Nursing Home	3	No
The Willows	3	No
Kelvin Grove	6	No
Pemdale	1	Yes
Waterloo House	4	No
Woburn Sands Lodge	2	Yes
Total	83	12

Source: SWIPE 21/10/16

- 3.14 A number of the residential care homes in the Borough tend to be older properties that are not necessarily suitable to be a residential care home now due to their layout and lack of adaptability.
- 3.15 Potential sites have been identified for possible mental health schemes which would allow for independent accommodation (flats) with visiting or if required, on site, support. The suitability of site needs to be considered to ensure it meets the needs of the client group. This could help to provide an alternative to registered and high care schemes and therefore reduce the numbers of people with a mental health illness being placed in residential care if they do not require it. The recommendation is for these sorts of developments to be fairly small, with between 6 and 12 units provided, depending on the level of client need being catered for.



- 3.16 Table 8 shows the numbers of clients receiving Home Care or Residential care broken down by age. Those who are 65 or over account for half of those in residential care and just over a third (34%) of those receiving home care support.

Table 8: Numbers receiving Home Care Support or Residential Care, broken down by age.

Age	Number receiving Home Care Support	Number in Residential Care
18-29	5	0
30-39	14	5
40-49	12	5
50-64	28	16
65-74	12	6
75+	18	20
Total	89	52

Source: SWIPE 09/08/16



4. Issues

Early identification of housing needs

- 4.1 There needs to be a more coordinated approach to ensuring that housing needs, particularly homelessness, are identified whilst clients are in hospital to enable better planning at the point of discharge to enable (wherever possible) appropriate accommodation to be secured in a timely manner.
- 4.2 There needs to be early identification of clients who are living with aging or unwell carers so that alternative accommodation and support can be planned for in advance, rather than at crisis point (e.g. if a carer is hospitalised or needs residential care)

Availability of services

- 4.3 The limited number of mental health supported housing and supported living schemes within the Borough mean that finding the right level and type of accommodation for people who are leaving hospital or stepping down/up can be challenging and may result in people being placed in services which are not best suited to their needs. The 2015 Housing Related Support Needs Analysis (BBC) highlighted gaps in the following areas;
- self-contained flats with access to 24hrs staff support
 - access to accommodation with floating support
 - accommodation and support for those with complex needs
 - need for a community rehab unit

- 4.4 Finding accommodation and support for people who are homeless with complex needs is exceedingly difficult as very few supported housing or supported living services can adequately meet the needs of these individuals, either due to being unable to offer a high enough level support or because they are unable to manage elements of their needs e.g. their substance misuse. A 'Complex Needs Project' is being developed in Bedford Borough, which will cater for those who are homeless or rough sleeping and have more complex needs and chaotic lifestyles. It is anticipated that a number of these individuals will also have a mental health illness.
- 4.5 Services need to be flexible so that they can adapt and react to changing client needs.

Independent accommodation

- 4.6 The large demand for housing, particularly 1 bedroom properties, means that accessing move-on accommodation for those ready to move on to independent accommodation in the community is often challenging.
- 4.7 Once people are accommodated in the community they need to be able to access support and other wraparound services.

People placed outside of Bedford Borough

- 4.8 Currently, there are 12 Bedford Borough residents with mental health issues (14%) in residential care placements outside of the Borough. Some are reasonably close, for example in Central Bedfordshire or Northamptonshire; others are further afield, for example in Derbyshire and Hampshire. Whilst it may not always be financially viable to provide the specific intensive support some of these people may require within Bedford Borough,

consideration needs to be given to the number of facilities in the Borough for people with a mental health illness, and whether these are able to meet the range of needs people present with.

Prevalence of mental health within other groups

- 4.9 A large number of the people being accommodated and supported by local homeless and rough sleeper services also have a mental health illness.
- 4.10 As highlighted within 'No Health Without Mental Health' (DH, 2011), mental health illness also disproportionately effects a number of individuals from other groups;
- People with drug and alcohol problems
 - Prisoners
 - Homeless people
 - Lesbian, gay and bisexual people
 - Military veterans
- 4.11 A range of hostel and supported accommodation is already available within Bedford Borough for some of these groups, and for some people with a mental health illness, this will be their access point into secondary mental health services. It is therefore important that these services are able to provide support to, and access support for, any of their clients with mental health needs.

5. Recommendations

- 5.1 Work with partners to promote the development of the most suitable housing options to meet the range of needs identified in this strategy within the resources available.
- 5.2 Reduce the identified gaps in:
- a. The number of self-contained flats with access to 24 hours staff support
 - b. Access to accommodation with floating support
 - c. Accommodation and support for those with complex needs



- 5.3 Consider the development of accommodation that supports people transitioning from residential care to a lower level of support allowing more independent living.
- 5.4 In developing accommodation solutions consider how residents will have access to support including flexible support, and reasonable levels of support at weekends or out of normal hours where required.
- 5.5 Work with NHS partners to ensure there is early identification of housing needs for those admitted to wards or crisis units to enable housing needs to be addressed (fully or partially) prior to discharge.
- 5.6 Establish how many people currently supported by carers are likely to require alternative accommodation within the next 10 years, and what their accommodation and support needs are likely to be.
- 5.7 Within available resources work with partners to support the continuous improvement of existing supported housing schemes and accommodation related support services.
- 5.8 Establish the numbers of clients unable to access social housing due to rent arrears and the origins of these arrears, and then look at how this barrier to social housing could be removed for some current clients and avoided for future clients.

- 5.9 Improve joint working and care support planning.
- 5.10 Implement the recommendations arising from the housing review completed by Bedford Borough Supporting People Partnership Board.



6. Action Plan

6.1 The following action plan has been developed from the above recommendations.

Action	Outcome	Recommendation Link	Timescales	Financial and resource requirements	Responsible Area	
1	Promote the development of the most suitable housing options for people with mental health issues	Appropriate schemes and partners identified to bring forward development	5.1	September 2018	Staff time	Housing Services/ Housing Strategy
2	Identify site and partner for development of a scheme of 6-10 flats with access to 24 hour support	Site and partner identified	5.2.1	March 2019	Staff time	Housing Strategy/ Housing Services
3	Promote development of a scheme of 6-10 flats with access to 24 hour support	Scheme developed with 24 hour support	5.2.1	Within lifetime of strategy	Staff time	Housing Strategy/ Housing Services
4	Improve access to accommodation with floating support to increase the provision of move on accommodation	Site and partner identified for 1-2 scheme(s) of 6-10 units with access to floating support	5.2.2	March 2019	Staff time	Housing Strategy/ Housing Services
5	Improve access to accommodation with floating support to increase the provision of move on accommodation	Promote development of 1-2 scheme(s) of 6-10 units with access to floating support	5.2.2	Within lifetime of strategy	Staff time	Housing Strategy/ Housing Services
6	Support completion of Complex Needs Project	Scheme complete and occupied	5.2.3	April 2018	Staff time	Housing Strategy/ Housing Services
7	Identify pathways for people transitioning from residential care to a lower level of support allowing more independent living.	Transition model developed that informs scheme developments and allocations	5.3	April 2018	Staff Time	Housing Services
8	Consider how residents will have access to support including flexible support, and reasonable levels of support at weekends or out of normal hours where required.	Pathways to access support identified.	5.4	August 2018	Staff time	Housing Services
9	Work with NHS partners to ensure there is early identification of housing needs for those admitted to wards or crisis units to enable housing needs to be addressed (fully or partially) prior to discharge.	Agreed process for early assessment in place.	5.5	April 2019	Staff time	Housing Services

10	Establish how many people currently supported by carers are likely to require alternative accommodation within the next 10 years, and what their accommodation and support needs are likely to be.	10 year forecast of the accommodation needs of people currently supported by carers produced	5.6	December 2018	Staff time	Housing Services
11	Identify improvements required to existing supported housing schemes	Improvements required to schemes outlined	5.7	December 2018	Staff time	Housing Services
12	Work with partners to determine resource availability/funding to complete identified improvements to existing supported housing schemes	Resource availability / funding determined	5.7	April 2019	Staff time	Housing Services/ Housing Strategy
13	Investigate the numbers of clients unable to access social housing due to rent arrears and the origins of these arrears, and then look at how this barrier to social housing could be removed for some current clients and avoided for future clients	Work completed on the number of clients affected by rent arrears and a procedure developed to avoid this issue for future clients	5.8	April 2019	Staff time	Housing Services
14	Produce better referral protocols and improve information sharing	Referral protocol and information sharing procedure developed	5.9	September 2019	Staff time	Housing Services/ Adult Social Care
15	Implement the recommendations arising from the housing review completed by Bedford Borough Supporting People Partnership Board.	Recommendations actioned	5.10	September 2019	Staff time	Housing Services

6.2 The action plan will be monitored biannually where progress against each action will be provided. This monitoring will be led by the Housing Strategy Team but will be completed in conjunction with all responsible teams.

Notes

Finding out more

If you would like further copies, a large-print copy or information about us and our services, please telephone or write to us at our address below.

Për Informacion

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