

Older Persons' Accommodation Strategy

2018-2023



*Care and Support
Accommodation Strategy*

Contents

1. Executive Summary	p3
2. Introduction	p6
3. Background Information	p11
The Housing Aspirations of Older persons	11
The types of Housing Available to Older Persons	12
Legal and Policy Context	17
Demography	19
Analysis at Ward Level	24
4. Current Accommodation and Supply	p26
People Remaining in their Own Home	26
Current Overall Provision of Specialist Accommodation for Older Persons	27
Location of Specialist Housing for Older Persons in Bedford Borough	29
5. Future Provision	p30
6. Recommendations	p35
7. Strategy and Action Plan	p36
8. Appendix A Older Persons' Accomodation Strategy 2018-2023 Tables and Figures	p38

1. Executive Summary

- 1.1 The older persons population is estimated to increase by 90% over the next 20 years¹. The ageing population is one of the greatest challenges for housing and this is an area where significant changes need to be made including the perceptions of what housing for older persons should mean. There are strong links between older age, housing and health. The demand for health and social care services is rising and placing increasing pressure on both resources and services.
- 1.2 The Council has a duty under the Care Act 2014 to meet needs for care and support and whilst this strategy addresses the accommodation requirements of older persons, it is important to ensure that access to care services is addressed when the design and location of older persons' accommodation is considered.
- 1.3 There are different housing solutions required for different levels of need. These include sheltered housing, Extra Care housing, retirement communities and residential and nursing care homes.
- 1.4 It is important to assess the future need for specialist accommodation for older persons to ensure that it can sufficiently meet predicted needs. It should however, be realised that many older persons may not want or need specialist accommodation and want to stay in their own home or general housing. For these people it will be important to ensure that there is general housing available that can be adapted to meet their changing needs.

¹ Housing LIN (December 2011) 'Strategic Housing for Older People: A resource pack'



- 1.5 Older persons live in both general mainstream housing and more specialist housing. Disabled Facilities Grants and other assistive technologies can help people to live in their own homes for longer.
- 1.6 Bedford Borough has a significant supply of specialist housing for older people.
- 1.7 31% of the specialist housing for older persons in Bedford Borough is Extra Care.
- 1.8 There are 892 sheltered housing units in Bedford Borough which represents 26% of the specialist housing for older people. Combined, residential and nursing care accounts for 35% of the specialist older persons' housing.
- 1.9 The need for rented sheltered housing is reducing. This is due to people being able to live in their own homes for longer. Older persons are then more likely to move to Extra Care housing as opposed to sheltered because they are older with more requirements than sheltered housing can offer. Five sheltered housing schemes have been decommissioned during the lifespan of the previous older persons' Accommodation Strategy (OPAS), totalling 156 dwellings and therefore the rate of decommissioning is likely to slow. A further three schemes are under consideration to be decommissioned over the next five years. There is also evidence of increasing demand for owner-occupied sheltered housing which will mean that whilst rented sheltered housing should reduce, levels of owned should be maintained.
- 1.10 Following the adoption of the previous OPAS, new Extra Care schemes have been delivered at St Bedes (104 flats including 51 for rent and 53 for shared ownership), Gordon Colling House (55 flats for rent) and Charter House (42 affordable rented flats). Two further Extra Care schemes at Fields Road, Wootton (55 flats) and Wixams (230 flats of which 138 are affordable) are under construction and are due to be completed 2018/19.
- 1.11 There remains an emphasis to sustain people at home for as long as possible and for the provision of Extra Care housing to accommodate the forecast increase in demand so it is not expected that the number of residential and nursing care homes will increase during the duration of this Strategy.
- 1.12 It is important to ensure the suitability of accommodation and to consider preventative means to enable older persons to live independently for as long as is feasible. This will impact upon the pressures placed upon health and social care. Disabled Facilities Grants (DFGs) will remain an essential support to many older persons who need adaptations, and who meet eligibility criteria for a DFG, to remain in their own home. This can however, also be dependent upon whether older persons can afford their contribution to the DFG, if a contribution is required.
- 1.13 Over the life of this strategy there will be a continuing need to increase provision of a range of supported living housing options in response to the growing need.
- 1.14 74 Extra Care dwellings are identified as being required by 2023. This is in addition to those schemes already in the pipeline. It should be noticed that the proposed schemes may not be delivered and if they are it may be after this Strategy timeline. The Local Plan will run until 2035 and will bring forward sites later in its period. In addition, Extra Care housing schemes have

a significant planning and lead in time. The requirement of 74 dwellings is based on an average over the 20 year plan, and it may be that some of this requirement will be delivered beyond the period covered by this strategy. This will be monitored and any shortfall carried forward into future Older Persons' Accommodation Strategy targets.

- 1.15 The total number of sheltered dwellings has been calculated for the strategy period by averaging the SHMA's identified need. Whilst a need for 98 new sheltered dwellings has been identified, the demand for sheltered housing has reduced.



- 1.16 A range of accommodation options including one bedroom and two bedroom properties for sale, for rent and within the social rented sector need to be developed with a continued strong focus on the delivery of Extra Care.
- 1.17 The following recommendations have been established from this Strategy.
- Consider preventative means to enable older persons to live independently in their own accommodation for as long as is feasible.
 - Ensure DFGs remain available to those who require them and whom meet the eligibility criteria, to enable them to remain in their own home.
 - In delivering new older persons' housing consider development plan policies and apply the Building Regulations Part M (Dwellings) Category 3 Wheelchair dwellings standard where possible.
 - Provide 74 Extra Care dwellings by 2023 and monitor progress in doing so in case they need to be carried forward into future OPAS targets. Keep this target under review and provide additional Extra Care dwellings if need is evidenced.
 - Review the demand for affordable rented sheltered housing in the context of available supply in year three of this strategy and develop further such dwellings only if there is sufficient evidence of unmet needs to justify the provision of an additional scheme.
 - Ensure that within available resources, the number of residential care and nursing homes meet the needs of older persons in the Borough.
 - Monitor the need and demand of older ethnic minority people, particularly those with a higher prevalence of disability.

2. Introduction

- 2.1 The terms “older people” or “older persons” are general terms usually referring to people over 65 years of age. In recent times, anyone over the age of 50 may have been classified in the older persons demographic. Within this document specific age groups are referred to where appropriate, but in general the older persons’ population refers to over 65’s. In producing this Strategy some statistics are only available for certain age ranges. In certain cases figures for over 50’s have been included to help identify future need.
- 2.2 The older persons’ population is estimated to increase nationally by 90% over the next 20 years². This increase will largely be in the population aged 80 and over who will be most likely to need some care and support, placing increasing pressure on housing services and adult social services to deliver accommodation and services that meet the needs of this population.
- 2.3 The Bedford Strategic Housing Market Assessment (SHMA) Update 2016 identifies the need for 1,769 specialist homes for older persons to be provided within the period up to 2035. This includes around 900 sheltered homes (535 owner occupied and 358 for rent) and almost 900 Extra Care homes (533 owner occupied and 343 for rent). This strategy covers the five year period 2018–2023 and seeks to identify how the Council can meet the accommodation needs and aspirations of older persons. This strategy covers the five year period 2018-2023 and seeks to identify how the Council can meet the accommodation needs of older persons during that time.

² Housing LIN (December 2011) ‘Strategic Housing for Older People: A resource pack’



- Unmet need, as identified in the SHMA (as amended by any relevant updates) will be considered and met as part of future Older Persons' Accommodation Strategies.
- 2.4 The ageing population is one of the greatest challenges for housing and this is an area where significant changes need to be made including the perceptions of what housing for older persons should mean. There are strong links between older age, housing and health. The demand for health and social care services is rising and placing increasing pressure on both resources and services.
- 2.5 New duties within the Care Act 2014 place a greater emphasis on prevention, which is at the forefront of promoting independence and choice for people and how the Council must work together with communities and organisations to enable people to take greater control of their health and wellbeing. It will be important to prevent situations where people need help from the health and social care system to manage their needs by ensuring suitable accommodation is available. In this strategy 'accommodation' means all types of housing and care accommodation that older persons might live in, temporarily or permanently.
- 2.6 The Local Government Association (LGA) reported (2017³) that there is a distinct and urgent need to better provide a range of housing options to meet the wide variety of housing circumstances, aspirations and needs of people as they age. The development of effective and integrated housing and health responses to an ageing population supports older people to return to their homes and provides practical assistance to reduce the likelihood of falls by assessing and removing hazards in the home to prevent hospital admissions.
- 2.7 The Housing Learning and Improvement Network (LIN) are recognised by Government and the housing care sector as a leading knowledge hub on specialist housing. They state that the 'way we have thought about, designed and funded housing for older persons needs to change. With an emphasis on choice and individuals having funding, either from their own resources or from a personal health and social care budget'.
- 2.8 Housing for older persons has evolved over the last thirty years and many older people who require specialist housing, support or care also want to maintain independence and be part of a community. Figure 1 outlines possible aspirations and drivers for future older person's accommodation and what the implications would be. These should be considered when planning future older persons' housing.

3 Local Government Association (2017) 'Housing our ageing population'

Figure 1: Possible aspirations and drivers for future older persons' accommodation

Aspirations And Drivers	Implication For Commissioners And Providers
Provide greater choice given the significant levels of owner occupation amongst the older population.	<p>Housing developments suitable for older people need to offer a choice of tenure, with more options for outright purchase or shared ownership. This should match the tenure make-up of the market.</p> <p>This may also mean local authorities freeing up land in prime sites for development, planners being much better versed in the needs of older people and financial incentives to developers to develop innovative housing approaches.</p>
Encourage a planning, fiscal and regulatory environment that stimulates the development of new types of housing for older people.	<p>Planners need to be aware, particularly in areas of high density of older people, of what makes a good neighbourhood to live in. This is not just in terms of housing, but in terms of street architecture and facilities, such as lighting, drop kerbs, public toilets, etc., in transport and in service availability.</p> <p>Planners and regulators currently have varying views about the status of housing with care or Extra Care housing, for example whether it should be treated as a residential care home in planning terms, or as a form of housing. This ambiguity does not help the development of Extra Care housing locally, and means both commissioners and providers need to work to ensure clarity about what they are trying to achieve with key stakeholders.</p> <p>In Denmark around 8% of Danes aged over 50 now live in Co-Housing, yet the traditional housing models of freeholds and mortgages are often obstacles to this kind of development in the UK.</p>
Maintain or reduce expenditure on residential care and/or hospital admissions and facilitate hospital discharge through increasing care and support in the community.	<p>All new developments should be capable of having the range of health and care services being delivered into them to ensure that they can remain lifetime homes, e.g. supporting reablement, intermediate care, and end of life care.</p> <p>Well designed housing options for older people will reduce the level of admissions into residential care for housing related reasons. It will also promote improved health, such as reducing falls and fractures, which in turn will lessen the demand for care services.</p> <p>Housing suitable for older people should focus on design that facilitates health and wellbeing, e.g. removal of trip hazards, good lighting to assist people with visual impairments, have wiring and trunking designed into buildings to assist telehealth and telecare if needed later in life.</p>

Aspirations And Drivers	Implication For Commissioners And Providers
Encourage greater planning for old age, and in particular planning a move to more suitable housing.	It is unclear the degree to which housing choice influences decisions about moves in later life, but evidence from other countries, such as the Netherlands and Denmark, suggests that more people will consider a move if there are attractive housing options available. Visioning different types of housing developments could be a useful role that Councils could take on in partnership with developers. Offering assistance and physical help with moving may be particularly important in helping people to make a move in older age.
Respond to the needs of the older people who, on current projections, will develop dementia.	The main focus for specialist housing for older people has been on those with physical rather than mental frailty. Commissioners and providers need to address the design and delivery issues to maximise the opportunities for people with dementia to remain in housing in the community.
Deliver social housing within the constrained and decentralised funding environment.	<p>Proposals to change the housing benefit system for supported housing, alongside changes to Supporting People funding, mean providers and commissioners will need to work together to ensure services are affordable for older people, as well as financially viable.</p> <p>There is no longer a dedicated funding stream to support the development of Extra Care housing and so commissioners and providers need to work together to find alternative approaches which maximise the benefit of any public grants still available. This is likely to involve exploring the potential to include rented property within developments primarily for sale.</p>

Source: Housing LIN (December 2011) 'Strategic Housing for Older People: A Resource Pack'

- 2.9 Providing a range of housing options regardless of whether people rent or own their own property will enable older persons to have a greater independence and offer a choice of whether they move to specialist housing or remain in their own homes. In addition, meeting the needs of older persons may release larger family housing for those who need it.
- 2.10 The suitability of housing is a critical factor to the health and wellbeing of individuals and the capacity of public services to support health ageing over the long term⁴.
- 2.11 Whilst developing this document it has been key to accurately forecast what impact the projected increase in older persons population will have on the requirement for specialist accommodation. Care has been taken to avoid applying arbitrary models without first considering whether they are applicable to the Bedford Borough context.

The Model

- 2.12 The previous OPAS followed the Housing LIN model More Choice, Greater Voice (MCGV) (2008). The SHMA (2016) also used this model to provide projections for specialist older persons' accommodation.
- 2.13 Housing LIN has since released their toolkit and model Strategic Housing for Older People (SHOP) (December 2011). The SHMA (2016) made reference to this but it was decided to use the previous MCGV model (raising the importance of establishing a local framework that takes local data into account) as the SHOP toolkit does not address the need for care homes which the MCGV model does. When analysed in relation to Bedford

Borough the figure for specialist accommodation needed therefore increases by over one third as care homes are taken into account.

- 2.14 This strategy will use the MCGV model adapted to establish a local framework. As determined in the SHMA it is considered that this model is most suited to Bedford Borough when considering existing provision and the likely future demand for specialist older person's housing.
- 2.15 This strategy forms part of an overarching Care and Support Accommodation Strategy and has been developed to ensure that it is deliverable within the resources available to the Council. However, this strategy is a working strategy and may be reviewed during its lifetime to meet needs and changes within Bedford Borough.

⁴ Demonstrating the Health and Social Cost-Benefits of Lifestyle Housing for Older People

3. Background Information

The Housing Aspirations of Older Persons

- 3.1 Older people tend to move for different reasons at different stages of their lives. Some choose to move at an earlier age due to 'pull' factors such as better location, or to a smaller, easier to manage home. These people have tended to move to other general needs housing, for example a flat or a bungalow.
- 3.2 Other older people choose to stay where they are for as long as possible, even if their current home may not be easy to manage, and then move at a later stage due to 'push' factors such as illness and disabilities which make it harder to get around the house, loneliness or the death of a partner.
- 3.3 In making their choices a number of factors are becoming increasingly important:
- Space: older people are looking for good space standard accommodation. This is reflected in the fact that much of the existing sheltered housing stock is now becoming hard to let or sell, in particular small units such as bedsits.
 - Two bedrooms: the wish for two bedrooms is becoming the norm.
 - Location: location has always been, and still is, a critical factor in older people making a housing choice that suits them. This will involve the consideration of which services and facilities are close by.
 - Accessibility to services: A growing number of older people are looking to move to somewhere where both the building and

services will be able to support them if they become frailer without them having to make a further move.

- Service Approach: older people are increasingly looking for a service model that is flexible and allows them to purchase services as they need them. They also want fairness and quality in how they pay for services and transparency on what they are getting for what cost, and flexibility in being able to purchase services as and when they need.
- Couples remaining together: older couples, where one person is frail and the existing home is unsuitable to provide care, are looking for a supported housing option that enables them to remain living together, as an alternative to a care home.

- 3.4 Whilst this strategy addresses the accommodation requirements of older persons, it is important to ensure that access to care services is addressed when the design and location of Older Persons' accommodation is considered.



The Types of Housing Available to Older Persons

- 3.5 Figure 2 shows the spectrum of housing options according to intensity of care. With a population that is living for longer it is important to ensure that people are helped to remain in their own homes if appropriate.

Figure 2: Spectrum of housing options



Source: Happi 2016

- 3.6 The vast majority of over 65's in Bedford Borough live in mainstream private housing, predominately as owner occupiers, with some individuals in the private rented sector (POPPI, 2017). When considering the over 85's in Bedford, the numbers living in mainstream private housing drops slightly from 86.37% (65-74 year olds) to 78.71% (85+ year olds). This demonstrates an increased reliance on the social rented sector for housing provision for over 85 year olds in the Borough.
- 3.7 This would suggest that the future generations of over 65's are less likely to be reliant on housing solutions in the social rented sector as they are already housed within the mainstream private housing sector, and will expect specialist housing for sale or rent in the private market to be available to them.
- 3.8 Different housing solutions are required for different levels of need. For over 65's with a housing need there are a number of different types of housing that can be considered to meet various care and housing needs. These are described below:

Retirement Housing

- 3.8.1 Retirement housing can be categorised as general needs housing preferably built to lifetime homes standards which is available to individuals over 50. It is independent, private housing. It will usually be two bedrooms in size and placed in accessible locations that link well with the wider community. There will usually be a community alarm facility in each property and access to visiting services such as visiting wardens on demand.
- 3.8.2 It is not expected that individuals accessing retirement housing will have any particular support or care needs, but individuals will be able to receive low level support or low levels of domiciliary care within this setting.

Sheltered Housing/Assisted Living

- 3.8.3 Sheltered Housing Schemes offer specially designed housing for the elderly, with access to the assistance of a warden, alarm systems in times of emergency and the advantages of social activities and companionship. Sheltered housing can sometimes be referred to as Assisted Living.
- 3.8.4 Each unit of accommodation in a Sheltered Housing Scheme has its own front door. It is housing rather than residential care. Schemes comprise groups of unfurnished self-contained flats or bungalows. Some schemes are modern complexes with communal facilities such as a lounge, laundry, guest room and gardens, whilst others are groups of bungalows or flats, sometimes with a small individual garden. Accommodation is available for couples and for single people and can be privately owned or social housing.
- 3.8.5 Typically, each sheltered scheme will have some type of warden support provided to residents. This is typically low level, such as help with form filling or claiming of benefits and is intended to maintain independence. Domiciliary Care may be provided to some residents at a relatively low level of perhaps four or five hours per week, but more substantive care would not normally be delivered within a Sheltered Housing or Assisted Living environment. A Sheltered Housing or Assistive Living scheme will not normally cater for frail elderly individuals.
- 3.8.6 Tables 25, 26 and 27 in Appendix A to this strategy, list the current sheltered schemes in Bedford Borough.

Enhanced Sheltered Housing

- 3.8.7 Enhanced Sheltered Housing is often used to describe Sheltered Housing Schemes which have been remodelled to provide a level of care on-site. In years past, these may have been referred to as schemes for the Frail Elderly or Very Sheltered Housing.
- 3.8.8 Whilst these services benefit from a sheltered housing environment with some care provided onsite, they do not have the same level of design built into an Extra Care provision. Often an Enhanced Sheltered Housing Scheme will have been developed as the most cost effective way of managing existing resources in an area, or to convert large amounts of sheltered housing into a higher level of provision.

Extra Care Housing

- 3.8.9 Extra Care Housing is self-contained housing with facilities provided on-site to enable independence to be maintained. This may include domiciliary or personal care provision, but would not include nursing care.
- 3.8.10 Extra Care Housing is a form of provision that sits between sheltered housing and residential or nursing care homes. It offers older persons a wide range of facilities and access to on-site care while allowing them to retain ownership or a tenancy of a self-contained apartment within the development. This supports a higher level of independence for longer and a more gradual transition as care needs increase. The support of a community and the informal provision of care by residents are also important.

3.8.11 Extra Care Housing schemes will often have a mixed community of over 50's with around one third not requiring care, one third requiring low level care, and one third requiring medium to higher level care. Typically it is expected that up to 15 hours of care per person per week can be delivered in an Extra Care setting, although more care can be provided depending on the individual and the ability of the scheme to meet their needs. Usually, once the upper threshold is exceeded, an evaluation of the suitability of independent accommodation will need to take place as the individual may be better cared for in registered care provision.

3.8.12 Extra Care Housing will have a range of communal facilities on site as well as a dedicated 24 hours a day on site care team providing domiciliary care. The facilities will usually include assisted bathrooms, as well as communal areas offering access to leisure activities. It is a person's individual home. It is not a care home or hospital and this is reflected in the nature of its occupancy through ownership, lease or tenancy.

3.8.13 The Twelve Design characteristics for the success of Extra Care are⁵:

- Single building with internal level access (for reasons of economy and end-user accessibility);
- Mainly single aspect apartments (double-loaded corridors necessitated by land values/sustainable land use, through double-aspect achieved where possible);
- Quality amenity space (quantity is less important where there is a shared garden);

- Parking ratio of one space per three apartments;
- Communal space or 'Owners Lounge' (space for social interaction, helping to mitigate loneliness);
- Manager's office (and apartment for Lodge Manager in developments over 50 apartments);
- Guest suite (twin bedroom and shower room for visiting friends and family);
- Plant room;
- At least one lift (essential for end user accessibility);
- Internal refuse store;
- Mobility scooter store;
- Target minimum of 30 apartments.

3.8.14 The use of the properties for people who need care and the provision of care to the residents is a critical issue. Where they are presented as a form of care institution it is critical that the scheme should provide that at least one member of every household resident in the scheme is in need of care and will be contracted to receive and be in receipt of at least two hours care per week. Personal care needs to be properly defined.

Developers may seek to present housing schemes which may have some leisure facilities and a high level of property management related services as Extra Care schemes and some support as care institutions.

This is important to the Affordable Housing requirement. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration)

5 Housing LIN 'Retirement Living Explained: A Guide for Design & Planning Professionals'

Regulations 2009 define personal care needs as follows: “physical assistance given to a person in connection with :

- eating and drinking
- toileting (including continence management)
- washing and bathing
- dressing
- oral care
- the care of skin hair and nails (but not the care provided by a chiropodist or podiatrist).”

3.8.15 Extra Care housing will be increasingly in demand from Bedford Borough’s ageing population who are able to remain in their own homes for longer and move directly into Extra Care rather than into sheltered housing.

3.8.16 Extra Care residents are less likely to be admitted to hospital overnight and less likely to enter institutional accommodation compared to those receiving domiciliary care in the community.

3.8.17 A list of current Extra Care housing schemes are listed at sections 25, 26 and 27 in Appendix A to this strategy



Retirement Communities

3.8.18 The Department of Health (2004) has described retirement communities as large-scale Extra Care housing, comprising ‘an all-embracing, comprehensive alternative to both sheltered housing and residential care providing for a whole range of needs and individual circumstances’.

3.8.19 Retirement communities are large scale purpose built developments. They usually provide good standard accommodation for sale and/or rent with a wide range of facilities available on site. Accommodation includes spacious apartments for those who are physically able and want independence, similar to Sheltered Housing or Assisted Living, and Serviced Apartments where residents have care provided on a similar basis to Extra Care housing. There is often a care home providing nursing and residential care as part of the scheme which sometimes includes apartments designed for those with dementia.

3.8.20 People living in a retirement community are considered to be more socially connected and are therefore less prone to loneliness. The Housing LIN report⁶ states that reducing social isolation and increasing mental stimulation later in life via improved housing conditions and age friendly environments can delay the onset of cognitive decline by up to 1.75 years. The report also states that living in a care village increases life expectancy by up to five years.

6 Demonstrating the Health and Social Cost-Benefits of Lifestyle Housing for Older People

- 3.9 Location of the development remains an important factor influencing decisions to move, with proximity to amenities also being important⁷.
- 3.10 The size of the development is of particular importance to ensure that annual management and service charges are cost effective whilst still meeting the identified need.
- 3.11 Accommodation should be designed around people's needs; with areas where they can socialise. These design, location and size requirements should be taken into account when considering proposals for Extra Care housing.

Registered Care Provision

- 3.12 Registered care provision is accommodation registered with the Care Quality Commission meeting the minimum requirements for the provision of personal care. The accommodation will incorporate a number of design features including infrastructure for assistive technology. Typically accommodation consists of en-suite rooms rather than self-contained flats.
- 3.13 People living in care homes may pay for their own care, care could be arranged by the Council or they could be funded by the NHS under Continuing Health Care when care for a long-term medical condition is funded by the NHS.
- 3.14 A list of the current residential and nursing care homes in the Borough can be seen in table 28 in Appendix A to this Strategy.



⁷ NHBC Foundation 2016 'Retirement housing – Residents' experiences'

Legal and Policy Context

The Care Act 2014

- 3.15 The Council has a duty to meet needs for care and support however this strategy focuses on the accommodation needs for older persons. Care and support needs are focussed on in the Council's Supported Housing Strategy 2017. A main element of the Care Act 2014 is the 'suitability of accommodation' in meeting the at home care and support needs of older persons.
- 3.16 The Care Act 2014 includes housing services amongst those which should be integrated with health services. Whilst acknowledging that housing and care are distinct services the Act also recognises that housing can form part of the solution for someone with care and support needs.
- 3.17 Under the Care Act, local authorities should facilitate a genuine choice of service type, not only a selection of providers offering similar services, encouraging, for example, a variety of different living options such as Extra Care housing, supported living and at home support and domiciliary care.

Housing White Paper 2017

- 3.18 The Government's Housing White Paper 2017 sets out that all local authorities need to have plans in place to detail how the housing needs of older persons will be met. The Government is introducing a new statutory duty through the Neighbourhood Planning Act 2017 on the Secretary of State to produce guidance for local planning authorities on how their local development documents should meet the housing needs of older and disabled people.

Housing Strategy Review 2016-2020

- 3.19 The Housing Strategy Review 2016-2020 builds on the Housing Strategy 2012-2017 and extends it to 2020. It considers options to increase the housing supply in Bedford Borough whilst recognising the seriousness of the challenge that the Council faces in seeking to address the Borough's housing needs. The Council will work with Registered Providers, Care Providers, and developers to reshape the accommodation offered to older persons. It recognises (section 12) that although Bedford Borough has a sufficient supply of general registered care homes there is a limited need for additional residential care with nursing capacity.
- 3.20 Bedford Borough Council's population statistics can be found in the Housing Strategy Review 2016-2020 (Section 5, p19). This strategy will focus on the demographics relating to older persons.
- 3.21 In 2013 it was reported that retirement properties made up just 2% of the UK housing stock (Housing LIN) with demand not meeting the supply. The report stated that over half (58%) of people over 60 were interested in moving of which 57% wanted to downsize by at least one bedroom.
- 3.22 An action within the Housing Strategy Review is to develop an Older Person's Accommodation Strategy.

Older Persons' Accommodation Strategy (OPAS) 2011-2016

- 3.23 The previous OPAS was published in 2011 and will be replaced by this strategy. The previous strategy found that the current range of specialist accommodation did not meet the current needs of older persons or those likely to emerge in the future. The Strategy was reviewed by Deloitte in 2014 and its conclusions broadly supported.
- 3.24 A key element that derived from the Strategy was the need for investment in Extra Care schemes. Five Extra Care schemes have been delivered or are under construction. Whilst some developments have been completed, this revised strategy will need to consider the future requirement for Extra Care housing.
- 3.25 A second element was the need to modernise residential and nursing care provision. In 2016 the Council announced a major £3.5 million programme to refresh and improve five care homes in its management.
- 3.26 A third element was the need to review the number and quality of older sheltered housing schemes. The Council has worked with Housing Association partners and there has been a reduction in overall number of units in cooperation with the landlords. This was achieved by decommissioning units where there was no or low demand.
- 3.27 During the lifetime of the 2011–2016 Strategy there has been an overall reduction of 167 obsolete sheltered housing dwellings and an increase of 159 dwellings of Extra Care provision of which 53 were for sale.

Strategic Housing Market Assessment (SHMA)

- 3.28 The Bedford SHMA identifies that over half (55%) of the population growth between 2015–35 is projected to be aged 65 or over and almost a third projected to be 75 years+. The population is ageing, and people can expect to live longer healthier lives than previous generations. Whilst most of these older persons will already live in the area and many will not move from their current homes; those that do move home are likely to be looking for more suitable housing.

Joint Strategic Needs Assessment (JSNA)

- 3.29 The Bedford Borough JSNA states that, alongside the demographic changes that are projected to take place within Bedford Borough, the aspirations of older persons are also changing. Most significantly, more people are expressing a desire to remain within their own home and receive care in that setting. Plans will need to consider the increased availability of telecare, telehealth and reablement services, the requirement to reduce reliance on domiciliary care in the light of shrinking care budgets, and increasing pressure on budgets for aids and adaptations provided to homeowners by the Council with more people wishing to remain at home. This presents a significant challenge when projecting the future accommodation needs of the older persons population in Bedford Borough.

Planning Practice Guidance (March 2015)

3.30 Planning Practice Guidance (March 2015) (PPG) states that:

'The need to provide housing for older persons is critical given the projected increase in the number of households aged 65 and over. Plan makers will need to consider the size, location and quality of dwellings needed in the future for older persons in order to allow them to live independently and safely in their own home for as long as possible, or to move to more suitable accommodation.'

3.31 It also stated that Local Plan assessments should, where appropriate, 'identify specific sites for all types of housing to meet their anticipated housing requirement.' If a local plan does not consider it appropriate to allocate these sites it should ensure 'sufficiently robust criteria [are] in place to set out when such homes will be permitted'.

3.32 It is made clear in the guidance that 'supported independent living can help to reduce the costs to health and social services'.

3.33 It is important to assess the future need for specialist accommodation for older persons to ensure that it can sufficiently meet predicted needs. It should however, be realised that many older persons may not want or need specialist accommodation and want to stay in their own home or general housing. For these people it will be important to ensure that there is general housing available that can be adapted to meet their changing needs.

Demography

3.34 Figure 3 in Appendix A to this strategy shows the total population aged 50+. 36% of Bedford Borough's population at 2017 is aged over 50. This compares to 37% nationally and 38% in the Eastern Region. 22,600 (37% of over 50's) people in the Borough are aged 50-59. It is important to consider that these people will be accessing older persons' accommodation within the next ten years.

3.35 Figure 4 in Appendix A to this strategy shows the predicted population change in over 65's in Bedford Borough. It is estimated that the population of over 65s will increase by 16,300 (55%) by 2035.

3.36 The trend of much higher growth in the older population than in the total Bedford Borough population is forecast to continue, and increase further towards 2035. The 65-69 population is projected to increase by 35% between 2017 and 2035 whereas the older age ranges are expected to increase by higher levels with those aged 85-89 increasing by 93% and 90+ by 131%.

3.37 Older people will form a greater proportion of the total Borough population over the next 18 years.

3.38 The increase in the numbers aged 85 and over will clearly result in a demand for additional Nursing and Residential Care and, also, Extra Care provision.

Ethnicity

- 3.39 Bedford Borough is one of the most ethnically diverse authorities in the East of England with up to 100 different ethnic groups.
- 3.40 The number of older people from BME groups is growing (see figure 5 in Appendix A to this strategy), with the largest being Asian/Asian British. Though concentrated under 75 they will, as they age, form a higher proportion of older cohorts.
- 3.41 Asian/Asian British groups form just 2% of the 85+ population and 3.5% of those aged 75-84, but they represent 4.7% of the 65-74 and 7.1% of those aged 55-64. There may also be a greater prevalence of illness and disability among Asian older people. A 2012 study found that Asian people were significantly more likely to experience all of the disability outcomes than White Europeans⁸.

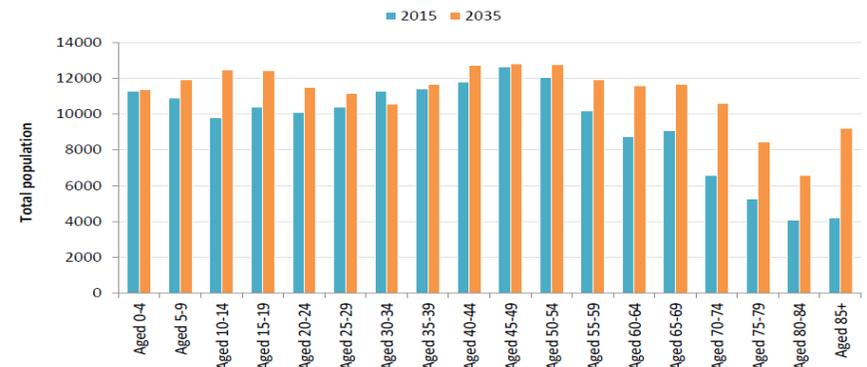


8 Williams, E (2012) Ethnic Differences in Disability Prevalence and Their Determinants Studied over a 20-Year Period: A Cohort Study (available at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0045602>)

Tenure and Household Type

- 3.42 The majority of older persons aged 65 and over are living in their own homes with 2331 in social rented properties (see figure 6 in Appendix A to this strategy).
- 3.43 52% of households aged 65 and over are two person households with no dependent children with 47% being one person households (see figure 7 in Appendix A to this strategy).
- 3.44 Figure 8 (below) shows the projected increase in Bedford Borough's population between 2015 and 2035. The largest increases are shown to be in the over 60 population emphasising the increasing need and demand for older persons' accommodation.

Figure 8: Bedford Borough population projections 2015-35 by five year age cohort based on SHMA population projections



Source: SHMA 2016

Deprivation

- 3.45 The Indices of Deprivation 2015 ranks Bedford Borough 148 out of 326 local authorities in England, where 1 is most deprived. Part of the Indices of Deprivation is the Income Deprivation Affecting Older People Index (IDAOPi). In the IDAOPi 2015 Bedford Borough ranks 173 out of 326 for all English local authorities.
- 3.46 Across the Borough, 13.5% of Older persons are considered to be income deprived. Levels of older person deprivation⁹ vary between area ranging from a high of 50% in Lower Super Output Area (LSOA) 471 in Castle ward to a low of 3% in LSOA 532 in Putnoe ward. The Borough has 6 LSOAs among the 0-10% most deprived areas in England on the IDAOPi measure, five LSOAs among the 10-20%, and 13 among the 20-30% most deprived.

All 24 of these LSOAs are located in the urban area with the most severe deprivation in parts of Castle, Cauldwell, Harpur, Kingsbrook and Queens Park wards.

Living Alone

- 3.47 The number of people aged 65+ in Bedford Borough who are projected to live alone will increase by 6,544 by 2035 (see figure 9 in Appendix A to this strategy).
- 3.48 This information is important for understanding the demand for future housing and could also act as an indication of the need for support for those who may experience social isolation.
- 3.49 It should be noted however, that while the number of people living alone will increase, it is likely to decline as a proportion of older people, particularly among the 85+ population. This is largely due to gains in male life expectancy. It may also be related to deprivation as much higher proportions of older people are likely to live in couples in such wards as Brickhill, Bromham and Putnoe than in the more deprived areas such as Castle, Cauldwell, Harpur and Kingsbrook.
- 3.50 Older people living as couples are more likely to want to stay in their own home. If they do move, they are likely to require access to two bedrooms. As much of the existing specialist older persons' accommodation is predominantly 1 bed roomed, this may not meet their requirements.

9 Income Deprivation Affecting Older People Index 2015

Health

- 3.51 Health significantly affects lives of older persons and impacts on a person's ability to continue to live a fulfilled life within their community. Appropriate housing well located, with or without care and support, plays a key role in enabling people to live independently.
- 3.52 The average life expectancy in 2014 for Bedford Borough was 80.2 years for men and 83.9 years for women.
- 3.53 Falls can have a significant impact on an older person's health and accommodation needs. The number of falls resulting in hospital admission for the total population aged 65 and over is expected to increase from 594 in 2015 to 912 in 2030 (see figure 10 in Appendix A to this strategy).
- 3.54 Mobility can also be an issue affecting whether older persons can get up and down the stairs, get out of the door or even get around the house. The number of people aged 65 and over who have mobility issues and are unable to manage at least one activity on their own, is expected to increase from 5,497 in 2017 to 9,350 in 2035 (see figure 11 in Appendix A to this strategy). This will add increased pressure to the need for Disabled Facilities Grants and other home adaptations.

Limiting Long Term Illness and Disability

- 3.55 Whether an older person can stay in their existing home, and the type of specialist older person accommodation they require if they do move, is greatly influenced by their health.
- 3.56 Rates of limiting long-term illness by age have been combined with population projections in figure 12 in Appendix A to this strategy for the Borough to project the numbers of older persons suffering from a long-term illness or disability. It is estimated that 22,078 people aged 65 and over will have a limiting long-term illness in 2035, this compares to 13,614 in 2017.

Dementia

- 3.57 The highest prevalence of dementia for both males and females (see figure 13 in Appendix A to this strategy) is for those aged 90 and over (27.9% and 30.7% respectively).
- 3.58 The resulting projections for Bedford Borough indicate a possible 3,857 people aged over 65 with dementia by 2035 (see figure 14 in Appendix A to this strategy). Two thirds (76%) will be people aged 80 and over. Residential care homes need to be able to meet the needs of this increasing group where a higher levels of care is required.

Learning Disabilities

- 3.59 The number of people in the Borough aged 65+ with learning disabilities is projected to rise by 350 by 2035 compared to 2017 (see figure 15 in Appendix A to this strategy). The accommodation needs of people with learning disabilities is considered in the Learning Disabilities Accommodation Strategy 2017-2022.

Provision of Unpaid Care

- 3.60 The number of people aged 65+ who provide unpaid care to a relative or friend is projected to rise by 51% by 2035 (see figure 16 in Appendix A to this strategy). The projected rate of increase within the 85+ age group is considerably higher at 114%, reflecting the high rate of population growth in this age group and the increasing proportion who will live as couples.
- 3.61 35% of people providing unpaid care are providing more than 50 hours of care per week.

Domestic Tasks, Self-Care and Mobility

- 3.62 Figures 17, 18 and 19 in Appendix A to this strategy show the number of people aged 65 and over in Bedford Borough who are unable to manage at least one domestic task, self-care activity and mobility activity. This data provides an indication of the extent to which support in these areas will be required in the future.
- 3.63 The domestic task, self-care and mobility projections indicate substantial increases in the numbers of people who will experience difficulties by 2035. Consequently, the services that are provided to assist with each of these types of tasks are set to experience increasing pressures over the next 18 years, with considerably elevated numbers of older people requiring these services to remain independent.

Economically Active

- 3.64 Figure 20 in Appendix A to this strategy shows the estimated economically active population for Bedford Borough. The economically active population is likely to increase as the population increases however, with changes to retirement ages and people generally starting to work for longer it is predicted that more of the older population will still be economically active. For those aged 65-69 there is an estimated increase from 1,621 in 2015 to 3,651 in 2035. This has implications for the provision of aids and adaptations, housing design, and support, care and health services.
- 3.65 An increased number of people who will be economically active over the age of 65 may affect the type of housing they need. It is likely that many will remain in their family home choosing not to downsize or find alternative accommodation until a later date, if at all, maintaining their independence.
- 3.66 The increasingly ageing population will however, put additional pressure on medium and higher need specialist older persons' accommodation. However, it does not necessarily mean that the additional units and or bedspaces should be provided in residential institutions. The SHMA has recognised this with the predicted need for new specialist housing as sheltered and Extra Care housing. This is discussed further in section four.

Analysis at Ward Level

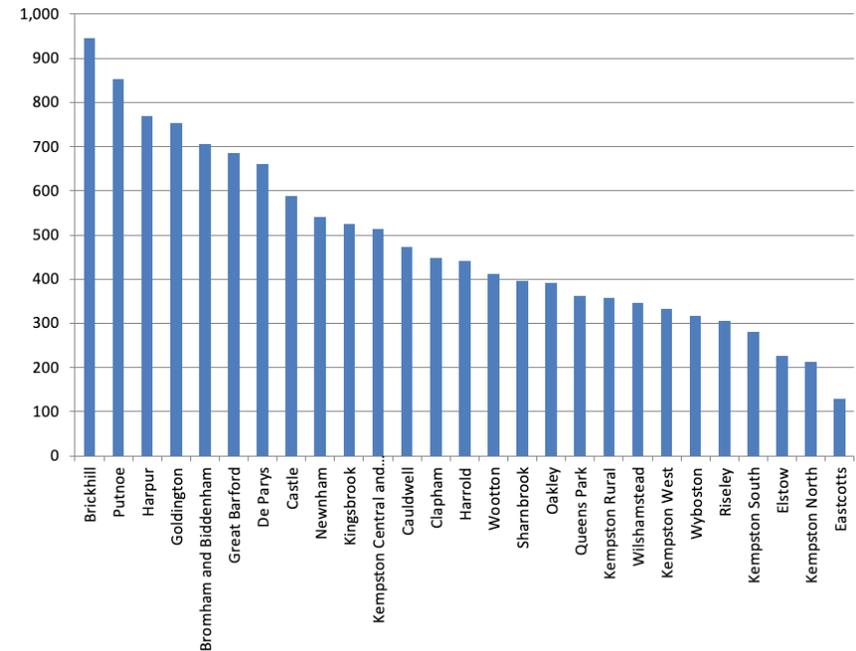
- 3.67 The data presented above provides a picture of the likely trends over the next 20 years for Bedford Borough as a whole. Within the Borough, however, there is considerable variation in demographic and socio-economic structure by ward.

- 3.68 This distribution of older people by age, tenure, living alone, and living with a limiting long-term illness has major implications for housing-related care strategies. It is important that the four factors of age, tenure, living arrangements and health are examined to consider what impact these will have on the future level, nature and location of older people's accommodation in Bedford Borough.

- 3.69 Figure 21 (right) shows the ranking of wards by the number of household residents aged 65+. Putnoe and Brickhill wards stand out in particular, with their current age profiles reflecting the timing of the original development of these areas.

- 3.70 There are low numbers of older people in two of the large, deprived wards in Bedford (Cauldwell and Queens Park), and low numbers in small-population rural wards, even though older people represent a high proportion of the population of many of the Borough's rural wards.

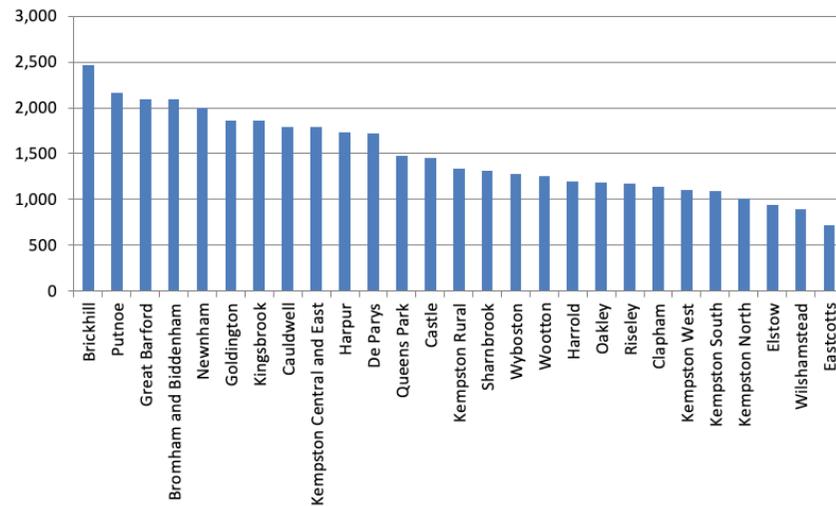
Figure 21: Household Residents Aged 65+ by Ward, 2011



Source: Census 2011 – NOMIS

3.71 It is also instructive to examine the distribution of the 45-64 age group by ward since this represents the next generation of older people, and the accommodation strategy needs to reflect this future demand. Figure 22 (below) for the 45-64 population confirms the pattern of the 65+ population, with the same wards of Brickhill and Putnoe having the highest numbers of residents aged 45-64.

Figure 22: Household Residents Aged 45 -64 by Ward, 2011

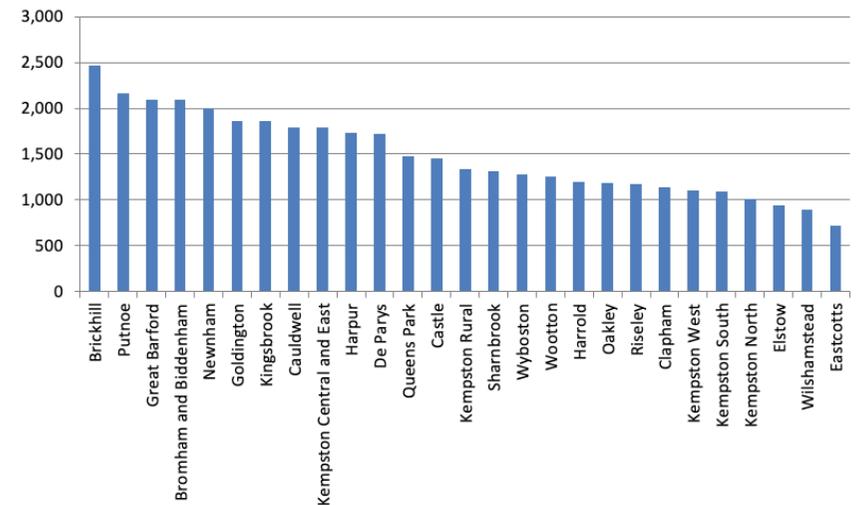


Source: Census 2011 – NOMIS

Tenure

3.72 The key feature of Figure 23 (below), which shows the proportion of household residents by ward living in owned accommodation, is the generally high level of home ownership among older people. The exceptions are the more deprived urban wards such as Kingsbrook, Castle and Harpur as well as Eastcotts ward, which includes the Shortstown area. Data is only available for 2011, but is unlikely to have changed significantly since that time.

Figure 23: Proportion of Household Residents Aged 65+ Living in Owned Accommodation by Ward, 2011



Source: Census 2011- NOMIS

4. Current Accommodation and Supply

People Remaining in their Own Home

- 4.1 Older persons live in both general mainstream housing and more specialist housing.
- 4.2 The Council facilitates the process for Disabled Facilities Grant funding, from receipt of the referral to the design of the scheme and application stage. All queries for DFG funding are subject to a referral and assessment carried out by the Occupational Therapist.
- 4.3 In 2016/17 153 people in Bedford Borough benefitted from having a DFG. This compares to 156 in 2015/16. In 2016/17 there were 424 DFG enquiries (476 in 2015/16) and 204 applications received (143 in 2015/16).
- 4.4 The maximum grant available is £30,000 and unless the applicant is on a passporting benefit, each applicant is subject to a means test. This statutory grant provides major adaptations to be made to an individual's home enabling them to remain living as independently as possible in their own home. Some examples of the types of work which can be undertaken include:
- Facilitating access in and out of the dwelling by widening doors, levelling thresholds and installing ramps.
 - Facilitating access to the living room and kitchen.
 - Facilitating access to the bedroom, toilet, washbasin and bath (and/or shower) facilities; for example, by installing a stair lift or providing a downstairs bedroom and bathroom.
 - Improving or providing a heating system in the home that's suitable for the needs of the disabled person.
- 4.5 The current waiting times from the point of receiving the Occupational Therapist Referral is as follows:
- High: from start to finish, depending on the results of the means test, this can take up to 16 weeks to complete
 - Significant: from start to finish, depending on the results of the means test, this can take up to 16 weeks to complete
 - Low: Generally these cases are not undertaken as they are superseded by High and Significant Cases
- 4.6 Disabled Facilities Grants will be considered further in the Physical Disabilities Accommodation Strategy but it is important to note that the grant works are vital to enabling people to remain at home rather than move into residential or nursing homes which may not be appropriate to their needs and therefore removes pressures from Adult Social Care Funding.
- 4.7 Assistive Technology/Telecare is another means that can help older persons remain in their own homes for longer. The use of this technology in Bedford Borough has been increasing (Supported Housing Strategy 2017).

Current Overall Provision of Specialist Accommodation for Older Persons

4.8 Bedford Borough has a significant supply of specialist housing for older people. Figure 24 (right) shows the current provision of specialist older person housing currently within Bedford Borough. The majority of the provision of housing is centred in the urban areas of Bedford and Kempston with some located in more rural areas. The limited provision in the rural villages is consistent with the planning strategy of focussing development in the urban area and recognising the need for specialist provision to be in sustainable/accessible areas.



- 4.9 The provision of single storey accommodation including bungalows can make a valuable contribution in helping older people remain in their own home for longer. Such accommodation will be sought on new development schemes in the context of emerging Local Plan 2030 Policy 60S.
- 4.10 31% of the specialist housing for older persons in Bedford Borough is Extra Care. This links to the need for additional Extra Care units. There are 892 sheltered housing units in Bedford Borough which represents 26% of the housing for older people. Combined, residential and nursing care accounts for 35% of the specialist older person housing.

Figure 24: Current specialist housing for older persons in Bedford Borough

Service Provision	Number of Schemes	Total number of units
Housing Without Support	4	70
Sheltered Housing	28	892
Extra Care	9	1033
Leasehold	4	192
Residential Nursing Care	10	367
Residential Care	28	818
Total	83	3372

Source: Supported Housing Team, Bedford Borough Council

Sheltered Housing

- 4.11 The need for rented sheltered housing is reducing. The existing sheltered housing stock in Bedford Borough is of a variable standard with some purpose built accommodation, and some properties converted to sheltered housing. Previous bedsit schemes and those with accessibility issues have been either reduced or eliminated.
- 4.12 Five Sheltered Housing Schemes have been decommissioned during the lifespan of the previous OPAS, totalling 156 dwellings and therefore the rate of decommissioning is likely to slow. A further three schemes are under consideration to be decommissioned over the next five years. There is also evidence of increasing demand for owner-occupied sheltered housing which will mean that whilst rented sheltered housing should reduce, levels of owned should be maintained.
- 4.13 Figures 25, 26 and 27 (in Appendix A to this strategy) list the Bedford Borough Council funded support services that are available for older persons.

Extra Care

- 4.14 Following the adoption of the previous OPAS, new Extra Care schemes have been delivered at St Bedes (104 flats including 51 for rent and 53 for shared ownership) , Gordon Colling House (55 flats for rent) and Charter House (42 affordable rented flats). There is now a waiting list of 170 applicants for the scheme at St Bede's with strong interest in the shared ownership homes. Two further Extra Care schemes at Fields Road, Wootton (55 flats) and Wixams (230 flats of which 138 are affordable) are under construction and are due to be completed 2018/19.

Care Homes

- 4.15 Bedford Borough is well served with registered care provision (see figure 28 in Appendix A to this strategy for a list of registered and nursing care homes in Bedford Borough). There are 35 care homes totalling 1150 dwellings of accommodation. Five of these care homes, are owned by Bedford Borough Council and are undergoing a program of works to improve their standards and ensure that they remain fit for purpose.
- 4.16 There remains an emphasis to sustain people at home for as long as possible and so it is not expected that the number of residential and nursing care homes will increase in the future.

Location of Specialist Housing for Older Persons in Bedford Borough

- 4.17 Support services need to be accessible for people, requiring a more central location especially those for the socially excluded, young people and older persons who need better access to other services and amenities as well. This will also lead to a more sustainable development.
- 4.18 The majority of schemes are in the MK40 and MK42 areas of Bedford which are centrally located. A small number are in rural areas including Renhold and Wilstead.
- 4.19 Specialist housing for older persons are predominantly located in large Victorian houses that are more suitable for services of this nature than some of the smaller more modern houses in other areas. (There are fewer services located in Kempston, and no concentrations, which may be because there are fewer large Victorian houses.) The suitability of these properties for the services provided is in question in some cases and relocation may need to be considered.
- 4.20 The more deprived wards in the urban area including Cauldwell and Queens Park, have a low proportion of older people. However, at any given age, older people in more deprived areas are likely to be in poorer health and to need greater provision of specialist older people's accommodation than residents of more affluent areas. Residents of more deprived wards will generate a disproportionate demand for older people's accommodation due to lower home ownership, fewer living in couples, and poorer health than residents of more affluent areas. The existing stock of sheltered housing for rent may have little appeal to those moving from owned accommodation and the current supply is likely to exceed future demand. Demand for rental sheltered housing in Bedford Borough will decline but there are significant numbers of potential tenants from the more deprived wards in the Borough who tend to be renters, live alone, and have greater care and support needs at a younger age. Sheltered rental housing and Extra Care to rent will both be required for many of these older people.
- 4.21 There is a high concentration of care services in Linden Road and the surrounding area and if the need is identified for further supported care services it may be that other locations are considered by funders and providers to ensure that services are not all located in the same area.
- 4.22 The most appropriate location for the provision of additional sheltered housing/assisted living and Extra Care housing will be in and adjoining the urban areas of Bedford and Kempston and sustainable village centres. This reflects both the indicative needs and the Council's planning policies, maximising access to services and amenities. Where availability of sustainable sites allows, the Council will work to ensure a distribution of specialist older persons' accommodation throughout the Borough.

5. Future Provision

- 5.1 The future accommodation needs of older persons will reflect the overall demand for housing and the impact of levels of health in the population which have been reviewed above.
- 5.2 It is important to ensure the suitability of accommodation and to consider preventative means to enable older persons to live independently for as long as is feasible. This will impact upon the pressures placed upon health and social care. DFGs will remain an essential support to many older persons who need adaptations, and who meet the eligibility criteria for a DFG, to remain in their own home.
- 5.3 In delivering new older persons' housing Building Regulations Part M (Dwellings) Category 3 Wheelchair Dwellings should be adopted where possible. New older persons' housing provision should aim to have a minimum standard of Assistive Technology to allow people to perform tasks for themselves and ensure a level of independence.
- 5.4 When it is no longer the best solution, or no longer possible, for people to remain in their own homes the overall aim in providing specialist accommodation for older people should continue to be to assist them in remaining independent for as long as possible. Providing a range of housing based solutions will help to increase their levels of independence and activity and is likely to result in a slight reduction in the number of individuals entering the care sector.
- 5.5 Over the life of this strategy there will be a continuing need to increase provision of a range of supported living housing options in response to the growing need. The More Choice, Greater Voice (MCGV) toolkit provides a broad estimate of the general projected future demand for specialist older persons' accommodation. The toolkit has been used alongside the existing provision and local knowledge of the considered future need for specialist older persons' accommodation. The approach is based on balancing estimates of need with the direction of policy and demand in the market. Although progress has been made in addressing the shortfall in Extra Care there is still a substantial shortfall in the provision of Extra Care and there continues to be a need for increased levels of sheltered housing to buy.

Figure 29: SHMA Modelled Demand for Older Person Housing

		Rate per 1,000 persons aged 75+	Gross need 2015	Existing supply 2015	Backlog at start of Plan period	Gross need 2035	New need 2015-35	Total need 2035
Sheltered Housing	Owned	30	406	192	214	727	321	535
	Rented	62	838	1,143	-305	1,501	663	358
Extra Care	Owned	22	297	0	297	533	235	533
	Rented	22	297	190	107	533	235	343
TOTAL		136	1,839	1,525	314	3,294	1,455	1,769

Source: SHMA 2016 Figure 119

- 5.6 Figure 29 shows the identified backlog of 314 dwellings at the start of the plan period 2015 with a total need in 2035 of 1,769 dwellings. This figure split over the lifetime of this strategy would equate to a required 442 dwellings.
- 5.7 The SHMA states (Para 6.88) that over the 20-year Plan period 2015-35, the analysis identifies a need for 1,455 additional homes; yielding an overall need of 1,769 dwellings to be provided over the Plan period. This includes around 900 sheltered homes (535 owner occupied and 358 for rent) and approaching 900 Extra Care homes (533 owner occupied and 343 for rent).

5.8 The toolkit suggests that around a third of older persons living in Extra Care housing would otherwise need residential care. The SHMA indicates that the provision of an additional 876 Extra Care homes would divert around 292 persons from residential care. There are currently two proposed residential care schemes at Station Road Turvey (68) and Wyboston Lakes (120) that would deliver 188 residential care dwellings.

5.9 Since the SHMA analysis, as stated at 4.13, 201 Extra Care dwellings have been completed with a further 285 currently under construction and due to be completed 2018/19.

5.10 Four schemes have been brought forward by the private sector. Two of these schemes have started on site; one at Putnoe, providing 54 Extra Care homes and 34 sheltered homes, and one at Wixams, providing 92 Extra Care homes. Two other schemes, at Station Road, Turvey (78 Extra Care homes and 68 residential care homes) and Wyboston Lakes (90 Extra Care homes and 120 residential care dwellings) have been granted planning permission but have not yet been brought forward to start on site. However, a new site could be identified to ensure that the need is met and also to prepare to meet the future needs over the period to 2035 identified in the SHMA.

5.11 The number of Extra Care dwellings required in the strategy period has been averaged from the need identified from the SHMA and is as follows:

Backlog (identified from SHMA 2016)	404
Supply required to 2023	219
Total required	623
Pipeline (see para 5.10)	381
Proposed Schemes	168
Net supply required to 2023	74

5.12 74 Extra Care dwellings are identified as being required by 2023. This is in addition to those schemes already in the pipeline. It should be noticed that the proposed schemes may not be delivered and if they are it may be after this Strategy timeline. The Local Plan will run until 2035 and will bring forward sites later in its period. In addition, Extra Care housing schemes have a significant planning and lead in time. The requirement of 74 dwellings is based on an average over the 20 year plan, and it may be that some of this requirement will be delivered beyond the period covered by this strategy. This will be monitored and any shortfall carried forward into future Older Persons' Accommodation Strategy targets.

5.13 In acknowledging that the 74 dwelling requirement is based upon averages and, as yet, undelivered pipeline schemes this figure will be kept under review and more provided if need is evidenced.



5.14 There is a proposed need for 893 additional sheltered housing units by 2035. The sheltered housing required in the strategy period is as follows:

Backlog	-91
Supply required to 2023	223
Pipeline	34
Net supply required to 2023	98

5.15 The total number of sheltered dwellings has been calculated for the strategy period by using the SHMA's identified need. Whilst a need for 98 sheltered dwellings has been identified, the demand for sheltered housing has reduced. Registered providers have been decommissioning rented sheltered housing schemes, see 3.27 and 3.28 above. It is proposed to review the demand for affordable rented sheltered housing in the context of available supply in year three of this strategy and develop further such dwellings only if there is sufficient evidence of unmet needs to justify the provision of an additional scheme. The identified need for additional sheltered housing in this strategy period is from the privately owned sector, and schemes for privately owned sheltered accommodation will be supported on their merits.

5.16 There may also be scope to change the tenure of existing sheltered housing in conjunction with modernisation programmes. This should be monitored.

5.17 The SHMA identified a likely increase in the number of residents of care homes of about 828 persons over the period 2015-35 (SHMA, 2016). This will be influenced by trends towards people living longer, healthier lives and living in their own homes for longer. A significant part of the care home provision is in smaller homes in older, converted, premises, in which on site nursing

care is not available. There is a need for renewal as well as new provision. This renewal and re-provision should take the form of care homes that provide nursing care which is reflected in the scale and design of the home and the CQC registration and management regime that the care home operates.

- 5.18 The predicted increase of 828 residents in care homes equates to 331 persons requiring residential care properties by 2023. There are a number of proposals of 159 bedrooms for new residential care and nursing care provision (Bedford Road, Wilstead (70 beds) Turvey Station (38 beds) Wyboston Lakes (51 beds). These proposals are at various stages of development. The delivery of these schemes, and the timing of that delivery, is not certain. The emphasis to sustain people in their own homes and the increased provision of Extra Care proposed means that the number of residential and nursing care homes does not need to increase during the duration of this Strategy.
- 5.19 The high and growing proportion of older people living in couples indicates a need for the future stock of older people's accommodation to include a greater supply of larger units suitable for couples. A significant proportion of this should be for sale, reflecting the high home ownership rates among older people who live in couples.
- 5.20 The high rate of home ownership among older people implies a need for significantly increased provision of sheltered housing for sale. However, the high proportion of older people in the Borough who are home owners, live in couples (primarily due to increased male life expectancy) and have better health will reduce the need for sheltered accommodation due to them being able to remain in their own homes. The high and growing proportion of older people living in couples is also likely to result

in more people remaining in their own homes for longer and moving at a stage when they have higher care needs, requiring Extra Care provision. This will transfer demand from sheltered housing to Extra Care.

- 5.21 Moving at a later stage also increases the likelihood of dementia being a factor in the need that has to be met. It is expected that provision for people with dementia would be made available within Extra Care housing developments. This presents the best opportunity for people in the early stages of dementia to remain independent. The level of care that can be provided in an Extra Care housing development will also mean that individuals with moderate dementia can be supported for longer.
- 5.22 There will be strong demand for specialist older persons' accommodation for sale to people who currently own their homes. There will also be continuing need for older persons' rental accommodation from people living in social and private rented housing in the more deprived wards of the Borough.
- 5.23 In summary, a range of accommodation options including 1 bedroom and 2 bedroom properties for sale, for rent and within the social rented sector need to be developed with a continued strong focus on the delivery of Extra Care.

6. Recommendations

The following recommendations have been taken from the above analysis:

1. Enable older persons to live independently in their own accommodation for as long as is feasible. This includes the use of telecare and assisted technology. Allowing people to remain in their own homes for longer increases independence and reduces the pressure on other services.
2. Disabled Facilities Grants are an important tool to help people to remain in their own homes and ensuring they remain available to those who require them and whom qualify will reduce the number of people who require alternative accommodation, reducing the pressure on older person services.
3. In delivering new older persons housing consideration should be given to the Neighbourhood Plan Policies and adopt the Building Regulations Part M (Dwellings) Category 3 Wheelchair Dwellings standard where possible.
4. Extra Care schemes can take time to progress from initial planning stages to completion. Meet the identified requirement of an additional 74 Extra Care dwellings in the Borough and monitor progress of doing so in case it needs to be carried forward into future OPAS targets. Extra Care schemes should make best use of assistive technology to allow residents to live as independently as possible for as long as possible. Keep this target under review and provide additional Extra Care dwellings if need is evidenced.
5. Review the demand for affordable rented and owned sheltered housing in the context of available supply in year three of this strategy and develop further such dwellings only if there is sufficient evidence of unmet needs to justify the provision of an additional scheme.
6. Consider the residential care and nursing homes needs of older persons in the Borough and determine whether further schemes may be required in the future (within available resources) or if the increased amount of Extra Care housing reduces the need for residential care and nursing homes. Where provided residential care and nursing homes should make best use of assistive technology to allow residents to live as independently as possible for as long as possible.
7. Understand and consider the specific housing needs of older ethnic minority people, particularly those ethnic minority groups with a higher prevalence of disability.

7. Strategy and Action Plan

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

Action	Link to recommendation	Outcome	Timescales	Financial and resource requirements	Responsible Area	
The supply of Older persons housing						
1.1	Identify an Extra Care site (s) to deliver at least 74 homes, more if additional need is identified.	4	Possible site identified. Site added to affordable housing delivery plans.	By 2023	Staff time / Delivery mechanism to be investigated.	Housing Strategy
1.2	Investigate and review the demand for the 98 required sheltered homes to establish if further rented sheltered housing is required.	5	Need for a further 98 sheltered homes established.	2021-2022	Staff time / Delivery mechanism to be investigated.	Housing Strategy/ Supported Housing
1.3	Monitor the rented sheltered housing schemes that are decommissioned in Bedford Borough	5	Up to date list kept of decommissioned sheltered housing schemes	Ongoing	Staff time	Housing Strategy
1.4	Review the options of additional nursing and residential care schemes in Bedford Borough	6	Options identified and plan produced if required.	2021-2022	Staff time	Housing Strategy
1.5	Investigate the specific housing needs of older ethnic minority people, particularly those ethnic minority groups with a higher prevalence of disability. Formulate proposals to meet the needs identified.	7	Need for scheme identified.	2022-2023	Staff time	Housing Strategy
1.6	Use the Neighbourhood Plan Policies to deliver schemes for older persons	3	Monitor progress with schemes from the Neighbourhood Plan Policies.	Ongoing	Staff time, Delivery mechanism to be investigated.	Housing Strategy
1.7	Ensure all older persons' accommodation meets Building Regulations Part M (Dwellings) Category 3 Wheelchair Dwellings wherever possible	3	All dwellings specifically designed for older persons comply with Building Regulations Part M (Dwellings) Category 3 Wheelchair Dwellings wherever possible.	Ongoing	Staff time	Housing Strategy

Action		Link to recommendation	Outcome	Timescales	Financial and resource requirements	Responsible Area
Options to help Older persons remain in their own home						
2.1	Monitor the increasing pressures placed on the need for DFGs	2	Waiting list and number of completed DFGs monitored.	Ongoing	Staff time	Home Improvement Team
2.2	Encourage new Extra Care housing developments to be built to lifetime homes standard	3	New housing developments built to lifetime homes standard	Ongoing	Staff time	Housing Strategy / Development Management
2.3	Increase the availability of assistive technology in individual homes and in all-purpose built older persons' schemes	1, 4 and 6.	An increased number of older persons have access to these services.	Ongoing	Staff time	Adult Services

7.1 The action plan will be monitored bi-annually 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

Appendix A

Older Persons' Accommodation Strategy 2018-2023 Tables and Figures

Figure 3: Bedford Borough Population over 50

Age	Bedford	National	East
Total Population	168,800	63,785,900	6,130,500
Aged 50 - 54 years	12,200	4,501,100	439,000
Aged 55 - 59 years	10,400	3,950,900	381,500
Aged 60 - 64 years	8,800	3,437,300	336,300
Aged 65 - 69 years	8,900	3,547,000	359,800
Aged 70 - 74 years	6,900	2,775,500	285,000
Aged 75 - 79 years	5,100	2,099,000	211,600
Aged 80 - 84 years	4,100	1,567,000	163,400
Aged 85 and over	4,200	1,527,800	164,600
Total Population aged 50+	60,600	23,405,600	2,341,200

Source: NOMIS – Official Labour Market Statistics, 2017

Figure 4: Population by Age

Age Range	2017	2020	2025	2030	2035	% Change 2017-2035
Population aged 65-69	8,600	8,300	9,500	11,100	11,600	35
Population aged 70-74	7,500	8,300	7,900	9,000	10,600	41
Population aged 75-79	5,200	5,900	7,700	7,300	8,400	61
Population aged 80-84	4,200	4,400	5,200	6,800	6,500	55
Population aged 85-89	2,800	3,000	3,400	4,100	5,400	93
Population aged 90+	1,600	1,800	2,300	2,900	3,700	131
Total population aged 65+	29,900	31,700	36,000	41,200	46,200	55

Source: POPPI, August 2017

Figure 5: Population Aged 55+ by Ethnic Group 2011

	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group	TOTAL
People aged 55-64	16,337	123	1,301	352	107	18,220
People aged 65-74	11,774	51	605	297	34	12,761
People aged 75-84	8,111	36	307	200	26	8,680
People aged 85 and over	3,296	12	67	45	7	3,427
Total population aged 55 and over	39,518	222	2,280	894	174	43,088

Source: PANSI 2017 for 55-64, and POPPI 2017 for 65+

Figure 6: Age 65 and over – tenure type

Tenure	Number
Owned	12,480
Shared Ownership	72
Rented from Council (Local Authority)	220
Other Social Rented	2,331
Private Rented	659
Living Rent Free	405

Source: POPPI 2017

Figure 7: Age 65 and over – household type

Household type	Number
One person household	7,616
Two or more person household; No dependent children	8,333
Two or more person household; with dependent children	218
Total	16,167

Source: POPPI 2017

Figure 9: People Aged 65+ Projected to Live Alone in Bedford Borough

	2017	2020	2025	2030	2035
Males aged 65-74 predicted to live alone	1,560	1,620	1,700	1,960	2,180
Males aged 75 and over predicted to live alone	2,006	2,244	2,856	3,264	3,706
Females aged 65-74 predicted to live alone	2,460	2,580	2,670	3,090	3,390
Females aged 75 and over predicted to live alone	4,758	5,185	6,222	7,076	8,052
Total population aged 65-74 predicted to live alone	4,020	4,200	4,370	5,050	5,570
Total population aged 75 and over predicted to live alone	6,764	7,429	9,078	10,340	11,758

Source: POPPI 2017

Figure 10: People aged 65 and over predicted to be admitted to hospital as a result of falls in Bedford Borough, by age, projected to 2030

	2014	2015	2020	2025	2030
People aged 65-69 predicted to be admitted to hospital as a result of falls	45	46	43	48	55
People aged 70-74 predicted to be admitted to hospital as a result of falls	56	59	76	71	80
People aged 75 and over admitted to hospital as a result of falls	482	489	559	684	776
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	583	594	678	803	912

Source: POPPI 2017

Figure 11: Mobility Issues and the inability to manage one activity over 65

	2017	2020	2025	2030	2035
People aged 65-69 unable to manage at least one activity on their own	732	707	808	945	986
People aged 70-74 unable to manage at least one activity on their own	968	1,098	1,036	1,176	1,390
People aged 75-79 unable to manage at least one activity on their own	867	987	1,284	1,239	1,404
People aged 80-84 unable to manage at least one activity on their own	1,020	1,056	1,244	1,620	1,555
People aged 85 and over unable to manage at least one activity on their own	1,910	2,130	2,505	3,065	4,015
Total population aged 65 and over unable to manage at least one activity on their own	5,497	5,978	6,877	8,045	9,350

Source: POPPI 2017

Figure 12: Population aged 65+ with Limiting Long-Term Illness

	2017	2020	2025	2030	2035
People aged 65-74 with a limiting long-term illness	5,431	5,600	5,869	6,780	7,488
People aged 75-84 with a limiting long-term illness	5,264	5,768	7,224	7,896	8,344
People aged 85+ with a limiting long-term illness	2,919	3,258	3,870	4,752	6,246
Total Population aged 65 and over with a limiting long-term illness	13,614	14,626	16,963	19,428	22,078

Source: POPPI, 2018

Figure 13: Prevalence of Dementia

Age Range	% males	% females
65-69	1.5	1.0
70-74	3.1	2.4
75-79	5.1	6.5
80-85	10.2	13.3
85-89	16.7	22.2
90+	27.9	30.7

Source: POPPI 2017

Figure 14: Dementia Projections for the 65+ Population

	2017	2020	2025	2030	2035
People aged 65-69 predicted to have dementia	107	103	119	138	145
People aged 70-74 predicted to have dementia	203	230	216	247	290
People aged 75-79 predicted to have dementia	303	344	449	432	490
People aged 80-84 predicted to have dementia	503	523	617	805	772
People aged 85-89 predicted to have dementia	561	600	672	811	1,067
People aged 90 and over predicted to have dementia	447	536	684	860	1,094
Total population aged 65 and over predicted to have dementia	2,123	2,337	2,757	3,293	3,857

SOURCE: POPPI –2017

Figure 15: People aged 65+ predicted to have a learning disability

	2017	2020	2025	2030	2035
People aged 65-74 predicted to have a learning disability	348	361	376	434	481
People aged 75-84 predicted to have a learning disability	188	207	262	286	305
People aged 85 and over predicted to have a learning disability	82	92	111	138	183
Total population aged 65 and over predicted to have a learning disability	619	661	749	858	969

Source: POPPI, 2017

Figure 16: People aged 65+ in Bedford Borough, providing unpaid care to a partner, family member or other person

	2017	2020	2025	2030	2035	TOTAL
People aged 65-69 providing 1-19 hours of unpaid care	961	927	1,061	1,240	1,296	5485
People aged 70-74 providing 1-19 hours of unpaid care	666	737	702	800	942	3847
People aged 75-79 providing 1-19 hours of unpaid care	322	366	477	452	521	2138
People aged 80-84 providing 1-19 hours of unpaid care	191	200	237	310	296	1234
People aged 85 and over providing 1-19 hours of unpaid care	121	135	161	197	259	873
People aged 65-69 providing 20-49 hours of unpaid care	139	134	153	179	187	792
People aged 70-74 providing 20-49 hours of unpaid care	157	173	165	188	221	904
People aged 75-79 providing 20-49 hours of unpaid care	112	127	165	157	181	742
People aged 80-84 providing 20-49 hours of unpaid care	68	71	84	110	105	438
People aged 85 and over providing 20-49 hours of unpaid care	52	58	69	85	112	376
People aged 65-69 providing 50+ hours of unpaid care	315	304	347	406	424	1796
People aged 70-74 providing 50+ hours of unpaid care	336	372	354	403	475	1940
People aged 75-79 providing 50+ hours of unpaid care	294	334	435	413	475	1951
People aged 80-84 providing 50+ hours of unpaid care	253	265	313	410	392	1633
People aged 85 and over providing 50+ hours of unpaid care	214	239	284	348	458	1543
Total population aged 65 and over providing unpaid care	4,201	4,443	5,009	5,698	6,343	25694

Source: POPPI, 2017

Figure 17: People aged 65+ unable to manage at least 1 domestic task

	2017	2020	2025	2030	2035	TOTAL
Males aged 65-69 unable to manage at least one domestic task on their own	672	640	752	864	928	3856
Males aged 70-74 unable to manage at least one domestic task on their own	756	861	798	924	1,071	4410
Males aged 75-79 unable to manage at least one domestic task on their own	900	1,008	1,332	1,260	1,440	5940
Males aged 80-84 unable to manage at least one domestic task on their own	738	820	984	1,312	1,230	5084
Males aged 85 and over unable to manage at least one domestic task on their own	1,088	1,224	1,564	1,972	2,652	8500
Females aged 65-69 unable to manage at least one domestic task on their own	1,232	1,204	1,344	1,596	1,624	7000
Females aged 70-74 unable to manage at least one domestic task on their own	1,520	1,720	1,640	1,840	2,200	8920
Females aged 75-79 unable to manage at least one domestic task on their own	1,404	1,612	2,080	2,028	2,288	9412
Females aged 80-84 unable to manage at least one domestic task on their own	1,608	1,608	1,876	2,412	2,345	9849
Females aged 85 and over unable to manage at least one domestic task on their own	2,214	2,460	2,788	3,362	4,346	15170
Total population aged 65 and over unable to manage at least one domestic task on their own	12,132	13,157	15,158	17,570	20,000	78,017

Source: POPPI, 2017

Figure 18: People aged 65+ unable to manage at least 1 self-care activity

	2017	2020	2025	2030	2035	TOTAL
Males aged 65-69 unable to manage at least one self-care activity on their own	756	720	846	972	1,044	4338
Males aged 70-74 unable to manage at least one self-care activity on their own	684	779	722	836	969	3990
Males aged 75-79 unable to manage at least one self-care activity on their own	725	812	1,073	1,015	1,160	4785
Males aged 80-84 unable to manage at least one self-care activity on their own	594	660	792	1,056	990	4092
Males aged 85 and over unable to manage at least one self-care activity on their own	816	918	1,173	1,479	1,989	6375
Females aged 65-69 unable to manage at least one self-care activity on their own	924	903	1,008	1,197	1,218	5250
Females aged 70-74 unable to manage at least one self-care activity on their own	1,140	1,290	1,230	1,380	1,650	6690
Females aged 75-79 unable to manage at least one self-care activity on their own	1,053	1,209	1,560	1,521	1,716	7059
Females aged 80-84 unable to manage at least one self-care activity on their own	1,272	1,272	1,484	1,908	1,855	7791
Females aged 85 and over unable to manage at least one self-care activity on their own	1,998	2,220	2,516	3,034	3,922	13690
Total population aged 65 and over unable to manage at least one self-care activity on their own	9,962	10,783	12,404	14,398	16,513	64,060

Source: POPPI, 2017

Figure 19: People aged 65+ with Mobility Problems

	2017	2020	2025	2030	2035	TOTAL
People aged 65-69 unable to manage at least one activity on their own	732	707	808	945	986	4178
People aged 70-74 unable to manage at least one activity on their own	968	1,098	1,036	1,176	1,390	5668
People aged 75-79 unable to manage at least one activity on their own	867	987	1,284	1,239	1,404	5781
People aged 80-84 unable to manage at least one activity on their own	1,020	1,056	1,244	1,620	1,555	6495
People aged 85 and over unable to manage at least one activity on their own	1,910	2,130	2,505	3,065	4,015	13625
Total population aged 65 and over unable to manage at least one activity on their own	5,497	5,978	6,877	8,045	9,350	35,747

Source: POPPI, 2017

Figure 20: Projected economically active population 2015-2035

	2015			2035		
				Baseline 10-yr trend (2001-2011)		
Age	M	F	Total	M	F	Total
16-19	2,607	1,294	3,900	2,747	1,383	4,129
20-24	4,470	3,264	7,734	4,946	6,687	8,633
25-29	4,858	4,066	8,924	5,084	3,805	8,889
30-34	5,238	4,578	9,816	4,673	3,638	8,311
35-39	4,830	4,394	9,224	4,765	3,974	8,739
40-44	5,188	4,670	9,857	5,153	4,703	9,856
45-49	5,650	5,062	10,712	5,162	5,124	10,286
50-54	5,358	5,187	10,545	5,135	5,299	10,435
55-59	4,338	4,030	8,367	4,619	4,632	9,252
60-64	3,026	2,464	5,489	4,125	3,753	7,878
65-69	860	761	1,621	1,780	1,872	3,651
70-74	315	234	549	601	629	1,230
75+	190	217	407	481	651	1,132
TOTAL	46,929	40,221	87,147	49,271	43,151	92,422
Total change 2015-2035				+2,346	+2,929	+5,275

Source: SHMA 2016

Provider	Service Name	Units
Aldwyck Housing Association	Cuthbert Court	31
Aldwyck Housing Association	Hillier Court	28
Anchor Trust	Dame Alice Court ^	39
BCHA	Bedesman	31
BCHA	Maydenbury	30
Bpha	Sheltered Housing	335
Bpha	Gordon Colling House ^	55
Bpha	Sir William Harpur House^	37
Bpha	Tavistock Court ^	32
Housing 21	Edward Arnold Court	61
Orbit Housing Association	St. Bedes ^	104
Stonewater	Raglan Court	32
Stonewater	Dispersed units	28
Stonewater	Warwick House	30
Stonewater	The Lodge	30
Aldwyck Housing Association	Cuthbert Court	31

Source: Supported Housing Strategy 2017-2022

Figure 26 – Floating/Visiting Support Services – BBC Funded

Provider	Service Name	Units
Stonewater	Asian Elders Outreach	10
Places for People	Older Persons Community Visiting Support	45

Source: Supported Housing Strategy 2017-2022

Figure 27 - Accommodation Based Services - Other Funded Provider

Provider	Service Provider	Units
Abbeyfield Bedford Society Ltd	Darrell Jeffreys House	15
Aldwyck Housing Association (Leasehold)	Montgomery Court	29
Hanover Housing Association	Hanover Court	38
Hanover Housing Association	Hanover Court	61
Hanover Housing Association	Wisson Court	8
Harpur Trust	Harpur House	24
Harpur Trust	Randalls Cottages	14
Lilibet Court	Lilibet Court	27
Orbit Housing Association (Leasehold)	The Limes	46
Peveral Retirement (Leasehold)	Aspley Court	59
Peveral Retirement (Leasehold)	Homebrook House	58
Pilgrims' Friend Society	Dorothea Court	26
St. John's Homes Trust	St. John's Homes	21

Source: Supported Housing Strategy 2017-2022

Figure 28: Registered and Nursing Care Homes in Bedford Borough

Care Home Name	Number of units	Provider
Airedale Nursing Home	35	The Airedale Nursing Home
Anjulita Court	62	Methodist Homes
Annandale Lodge	26	Lansglade Homes Limited
Beacon House	40	Lansglade Homes Limited
Bedford Charter House	64	BCHA
Brook House	20	Risely Beds Limited
Bushmead Court	27	Calsan Limited
Crescent	28	Apex Care Homes Limited
Crossways	30	Contemplation Homes Limited
Danecroft	33	St. Andrews Care Homes Limited
Dial House Nursing & Residential Home	50	Dial House Care Limited
Elcombe House	22	St. Andrews Care Homes Limited

Care Home Name	Number of units	Provider
Fenwick House	30	Wagh Limited (Fenwick House)
Henrietta House	25	Lansglade Homes Limited
Hepworth House	18	Private Individual
Highfield	34	Bedford Borough Council
Holly Tree Lodge	14	Holly Tree Lodge
Kimbolton Lodge	36	Kimbolton Lodge Limited
Lansglade House	31	Lansglade Homes Limited
Lilibet House	30	Private Individual
Lilibet Lodge	25	Private Individual
Lloyd Lodge	18	Lloyd Lodge Limited
Manton Heights Care Centre	91	Ranc Care Homes Limited
Milton Ernest Hall	33	Ross Healthcare Limited
Oasis House	30	GB Care Limited
Parkside	31	Bedford Borough Council
Parkview Lodge	14	Private Individual
Puttenhoe	29	Bedford Borough Council
Renhold Community Home	5	Choice Support
Rivermead	33	Bedford Borough Council
Salvete Care Home	40	Private Individual
Sandhurst Lodge	10	Dr Gulati
Shakespeare House	18	Mr Mrs Vijama
Sharnbrook House	30	Greensleeves Homes Trust
Southway	42	Bedford Borough Council
St Andrews	19	St Andrews Care Homes Limited
St. Margarets	21	Calsan Limited
The Airedale Nursing Home	57	Tanh Limited
The Mallards	22	Lansglade Homes Limited
The Willows	31	Hestia Health Care Limited
Waterloo House	24	Waterloo House Care Homes Limited
Total	1278	

Source: Supporting People, 2016

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তথ্যের জন্য



01234 718585



Environment

Planning and Highways
Bedford Borough Council
Borough Hall
Cauldwell Street
Bedford MK42 9AP



housing.strategy@bedford.gov.uk



www.bedford.gov.uk