

Bristol Homes Board Meeting Agenda

**Wednesday, 28 November 2018, 3.00 pm
Committee Room - City Hall, College Green, Bristol, BS1 5TR**

Board Members:

Cllr Paul Smith, Cabinet Member for Homes & Communities (Chair)

Alistair Allender, Bristol Housing Partnership

James Durie, Bristol Chamber & West of England Initiative

Nick Horne, Independent

David Ingerslev, St Mungo's

Robert Kerse, University of Bristol - Chief Financial Officer

Ian Knight, Homes and Communities Agency (HCA)

Jackson Moulding, Bristol Community Led Housing Hub

Tom Renhard, ACORN

Steven Teagle, Galliford Try

Penny Walster, ACFA: Advice Network

Bevis Watts, Triodos Bank

Laura Welti, Bristol Disability Equality Forum

Distribution Others:

Sarah Spicer, (BCC)

Indicative Timings	No	Item	Lead	Purpose
3.00 pm	1.	Welcome, Introductions and Apologies for absence		
3.15 pm	2.	Minutes of the last meeting (Pages 3 - 6)		To approve the minutes of the meeting held on the 13 th September 2018.
	3.	Public Forum (Pages 7 - 8)		Public Forum questions and statements are permitted on any Key Decision agenda item. There are no Key Decisions to be taken at this meeting.

3.30 pm	4.	Mental Health and Housing Report - Tom Renhard	
		(Pages 9 - 41)	
4.15 pm	5.	Homelessness and Rough Sleeping Strategy - Graham Jones and David Ingerslev	
		(Pages 42 - 56)	
	6.	Housing Delivery Update	Report shared for information only
		(Pages 57 - 62)	
	7.	AOB	

Dates of Future Board Meetings

Thursday, 31 January 2019, 3.00 pm, City Hall, College Green, Bristol, BS1 5TR

Issued By: Claudette Campbell, Democratic services

City Hall, College Green, Bristol, BS1 5TR

Tel: 0117 92 22342

E-mail: democractic.services@bristol.gov.uk

Date: Date Not Specified

Bristol Homes Board

Minutes of the meeting 13 September 2018, 3.00 pm Venue – City Hall, Bristol

Board members:

Cllr Paul Smith, Cabinet Member for Homes and Communities (Chair)
Alistair Allender, Chief Executive Elim Housing and Chair Bristol Housing Partnership
James Durie, Chief Executive Bristol Chamber & West of England Initiative
(Regional Representative for Association of Residential Letting Agencies)
Nick Horne, Independent
David Ingerslev, Service Manager Compass Centre and Rough Sleeper Services, St Mungo's
(Chairperson, Bristol Supported Housing Forum)
Rob Kerse, Chief Finance Officer University of Bristol (Universities)
Ian Knight, Head of Accelerated Delivery South West Homes and Communities Agency (HCA)
Jackson Moulding, Director Ecomotive (Bristol Community Led Housing Hub)
Tom Renhard, Director, ACORN
Steven Teagle, Divisional Managing Director Affordable Housing & Regeneration Galliford Try
Penny Walster, Shelter, Hub Manager (ACFA:Advice Network)
Bevis Watts, Managing Director Triodos Bank UK
Laura Welti, Forum Manager (Bristol Disability Equality Forum)

Other attendees:

Sarah Spicer, Strategic Planning (BCC)
Allison Taylor, Democratic Services (BCC)

1. Welcome, Introductions and Apologies for absence

The Chair, Cllr Smith, welcomed those present. He noted the following apologies:-

- Steven Teagle – Kathryn Pennington as substitute;
- Laura Welti;
- Penny Walster;
- Rob Kerse;



- Bevis Watts.

2. Public Forum

None received.

3. Minutes of the last meeting

The minutes were agreed as a correct record subject to the following changes:-

- Membership listing – Nick Horne – delete ‘Chief Executive Liverty’ replace with ‘Independent’;
- Membership listing – Tom Renhard – Add ‘Director’ before ‘Acorn’.

Matters Arising

1. The Chair informed the Board that at its meeting on 4 September, Cabinet had agreed to set up a Local Housing Company. The company would be registered once its name was determined. The decision included the transfer of land at Romney House, Lockleaze (planning permission already granted) and the Baltic Wharf Caravan Club site (planning permission yet to be given) to the Company. There were also 26 sites that were being put forward as potential sites for self-build through Bristol & Bath Regional Capital and the Community Housing Hub

4. Housing Festival – Presentation by Jez Sweetland.

The Chair welcomed and introduced Jez Sweetland. Jez Sweetland then introduced his colleague Jessie Weldon and two guests – Francesca Medda and Huw Thomas from University College London.

The following points arose after the presentation:-

- Homes England had committed money to the Festival and it was hoped that this could bring brockeridge from other government departments;
- Ian Knight applauded the vision of the festival noting that Local Authorities were under such financial pressure that they could not meet all needs of communities. He hoped this would be a transformational launch pad and be at the forefront of a different approach to housing;
- Alistair Allender supported the vision but believed there was a need for strong leadership to keep it on track. In response, Jez Sweetland stated that the festival was the enabler with the Homes Board having an oversight of outcomes, politics and finances along with the City Office. Support was now needed for sponsorships and engagement regarding how the 19-day site could be run;
- James Durie supported the vision stating that it added to what work was currently underway. He questioned how it could be maintained over a 5-year period. He noted that Education and Transport were connected to Housing and should therefore be part of the vision. He hoped to be able to bring private house builders to the table;



- Jackson Moulding stated that the Board were considering all factors of delivery. It was not easy to deliver housing and engaging communities. He hoped the Festival would showcase innovation in order to engage the public. In response, the Board heard that it was hoped to tell those innovative stories over the 5-year period. This period was chosen in order to measure outcomes;
- The Chair was in full support of the vision and project, noting that he regularly attended Housing Conferences but a longer term project could make a far bigger impact. He hoped that the whole city and not just the centre would be showcased with various projects the Council was undertaking as well as what the Festival had to showcase;
- David Ingerslev welcomed the festival and noted that there were innovative projects in Bristol that were not found elsewhere. He supported the notion of communities having structures which enabled them to self-manage;
- Tom Renhard particularly supported bringing all housing activities together. He highlighted the challenge of pitching community engagement so that it was not simply a corporate matter. He offered engagement with respect to mental health housing;
- Nick Horne applauded the inspirational content of the presentation. He acknowledged the innovative community work happening outside of Bristol. He supported the concept of a mobile festival and hoped with the correct content Bristol would get behind it. He hoped that that the focus on people and communities would not be lost. In response Jez Sweetland hoped to find inspirational examples around the globe and that Bristol and the Board would help in its success by working in partnership. He hoped for a solution orientated culture with a will to succeed;
- The Chair thanked Jez Sweetland for the presentation and stated that the Board would act as a reference group for the Festival and urged the groups represented on the Board to engage with the Festival.

5. Social Housing Green Paper.

The full document and one-page summary had been circulated to Board members for initial comment. The Chair felt it would be too complex to respond as a Board and therefore encouraged all groups to respond individually. His initial thought was that a Green Paper on this subject had to be a good thing and that funding for social housing would continue. The following points arose from discussion:-

- Consultation ended on 6 November;
- Alistair Allender expressed some cynicism that the paper was politically driven and what it might deliver. He also questioned the content of some of the 5 key elements. He noted that the thriving communities content was new for this government and reflected the way the sector was seen;
- Nick Horne was underwhelmed with the Paper. There was little concerning how supply could be increased and a lack of linkage with welfare reform post-Grenfall. The more positive message regarding social housing and employment of residents was helpful;
- Ian Knight noted the value of shared ownership and asked whether the Planning Authority controlled this through S106 Agreements and was informed this was the case and that the level of share was limited to 1% and 40% for purchase of share. Shared ownership was once targeted at council house waiting lists but this was no longer the case as a relatively good income was now required. Shared-ownership made no contribution to homelessness and that's why more social housing was needed;
- Kathryn Pennington stated that the shared-ownership was a positive thing but was concerned about the model as a home owner was responsible for all repairs but only own 1% of the house which was inequitable;
- Alistair Allender concurred but noted it was commercially positive as it was possible to get renters to take it up who would be paying more and thus free up properties;



- Tom Renhard felt the paper could have included more on performance in relation to complaints to the Housing Ombudsman and with respect to measures/regulations to stop those complaints.

6. Standing Item – Housing Delivery Update.

- The Chair reported that the Council was to bid for additional housing capacity within revenue accounts for 378 homes and £40m additional borrowing. The bid would be for 10 individual schemes on condition that they started within 3 years.
- Affordable housing development: There had been some slippage in anticipated development figures, and further slippage could not be ruled out. He hoped Housing Associations would be encouraged to contact BCC as there was still grant available to bid for that could be used to buy up whole schemes to increase affordable housing numbers. The Council was on target to provide 800 new affordable homes by 2020. He noted the current increase in activity, particularly reporting that Romney House and Hartcliffe Campus now had outline planning permission. Work was taking place on bringing more sites forward on the border with neighbouring authorities in relation to the agreed Joint Spatial Plan;
- The Chair also reported that 4 June 2019 would be the centenary of the tree planting of Bristol's first post-war housing development as implemented by Dr Christopher Addison. There would be a ceremony and the Government Minister would be invited.

7. AOB.

- Suggested item for the November Homes Board was an updated on the Mental Health and Housing report;
- The land hub would be amalgamated into Bristol Community Land Trust after Christmas;
- Galliford Try offered to bring an item to a future meeting on the work they are undertaking to develop a skills academy for construction, Cllr Smith suggested this be a wider report that also looked at the new skills centre opening in Hengrove in 2019;
- There had been strong cross-party support for the Local Housing Company. There had been three Scrutiny meetings which had been positive;
- There had been no time to consider the One City Plan. An electronic update would therefore be circulated.

Meeting finished at 5.00 pm

CHAIR _____



Public Information Sheet

Inspection of Papers - Local Government
(Access to Information) Act 1985

You can find papers for all our meetings on our website at www.bristol.gov.uk.

You can also inspect papers at the City Hall Reception, College Green, Bristol, BS1 5TR.

Other formats and languages and assistance
For those with hearing impairment

You can get committee papers in other formats (e.g. large print, audio tape, braille etc) or in community languages by contacting the Democratic Services Officer. Please give as much notice as possible. We cannot guarantee re-formatting or translation of papers before the date of a particular meeting.

Committee rooms are fitted with induction loops to assist people with hearing impairment. If you require any assistance with this please speak to the Democratic Services Officer.

Public Forum

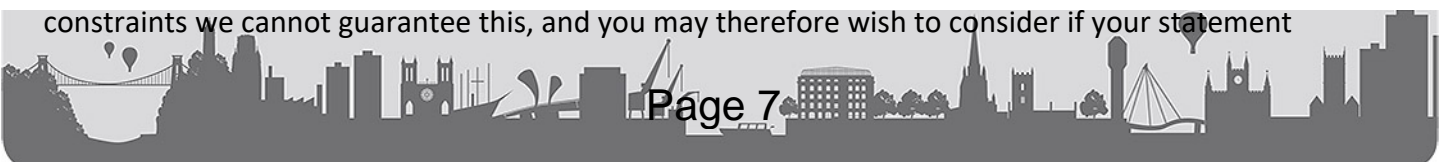
Members of the public may make a written statement ask a question or present a petition to most meetings. Your statement or question will be sent to the Committee and be available in the meeting room one hour before the meeting. Please submit it to democratic.services@bristol.gov.uk or Democratic Services Section, City Hall, College Green, Bristol BS1 5UY. The following requirements apply:

- The statement is received no later than **12.00 noon on the working day before the meeting** and is about a matter which is the responsibility of the committee concerned.
- The question is received no later than **three clear working days before the meeting**.

Any statement submitted should be no longer than one side of A4 paper. If the statement is longer than this, then for reasons of cost, only the first sheet will be copied and made available at the meeting. For copyright reasons, we are unable to reproduce or publish newspaper or magazine articles that may be attached to statements.

By participating in public forum business, we will assume that you have consented to your name and the details of your submission being recorded and circulated to the committee. This information will also be made available at the meeting to which it relates and placed in the official minute book as a public record (available from Democratic Services).

We will try to remove personal information such as contact details. However, because of time constraints we cannot guarantee this, and you may therefore wish to consider if your statement



contains information that you would prefer not to be in the public domain. Public Forum statements will not be posted on the council's website. Other committee papers may be placed on the council's website and information in them may be searchable on the internet.

Process during the meeting:

- Public Forum is normally one of the first items on the agenda, although statements and petitions that relate to specific items on the agenda may be taken just before the item concerned.
- There will be no debate on statements or petitions.
- The Chair will call each submission in turn. When you are invited to speak, please make sure that your presentation focuses on the key issues that you would like Members to consider. This will have the greatest impact.
- Your time allocation may have to be strictly limited if there are a lot of submissions. **This may be as short as one minute.**
- If there are a large number of submissions on one matter a representative may be requested to speak on the groups behalf.
- If you do not attend or speak at the meeting at which your public forum submission is being taken your statement will be noted by Members.

Webcasting/ Recording of meetings

Members of the public attending meetings or taking part in Public forum are advised that all Full Council and Cabinet meetings and some other committee meetings are now filmed for live or subsequent broadcast via the council's [webcasting pages](#). The whole of the meeting is filmed (except where there are confidential or exempt items) and the footage will be available for two years. If you ask a question or make a representation, then you are likely to be filmed and will be deemed to have given your consent to this. If you do not wish to be filmed you need to make yourself known to the webcasting staff. However, the Openness of Local Government Bodies Regulations 2014 now means that persons attending meetings may take photographs, film and audio record the proceedings and report on the meeting (Oral commentary is not permitted during the meeting as it would be disruptive). Members of the public should therefore be aware that they may be filmed by others attending and that is not within the council's control.

Report and Recommendations of the Mental Health and Housing Working Group

**The Mental Health and Housing Group is a short-life
Working Group, sitting under Bristol THRIVE**

**It was formed at Bristol's first Mental Health
Conversations event co-organised by Bristol
Independent Mental Health Network (BIMHN) and the
Community Access Support Service (CASS)**

July 2018

Contents

Report and Recommendations	1
1. Introduction from Tom Renhard, Chair of the Working Group	3
3. Executive Summary - the Working Group recommendations in a nutshell.....	5
4. Background – how the report was put together	6
5. National research and evidence on connections between mental health and housing ...	8
6. The local context: headlines on need in Bristol	8
7. Opportunities to do things differently in Bristol	9
8. Themes and recommendations from the Working Group.....	11
9. What happens next.....	21
Glossary of terms.....	22

Appendices:

1 – Report from Mental Health Conversations event held in November 2017

2 - Summary of national research and evidence

3 – Members of the Working Group

4 – Main groups and forums from the Working Group mapping exercise

1. Introduction from Tom Renhard, Chair of the Working Group

Four in five people with mental health problems say their housing has made their mental health worse. (Mind, May 2018)



There is an urgent need to do more to address the connected issues of mental health and housing in Bristol.

We know from our work in the City, and the extensive national research and evidence, that the numbers experiencing a combination of poor mental health, poor housing, and homelessness, are significant and growing. The resultant costs to individuals, families, communities, and the public purse, are huge.

We have put this Report together to be a catalyst for action now and change for the long term. We have the opportunity to do things differently and act together to address these connected problems.

To make this successful, we all have a role to play in being change-makers and doing our little bit to make our society a fairer and more pleasant place for all.

On behalf of the Mental Health and Housing Working Group, I call on all agencies who have a role to play, and those accountable for leading, commissioning, investing in, planning and running housing, mental health, and related services, to embrace this Report and its recommendations.

Tom Renhard

Chair, Mental Health and Housing Working Group

2. What the Report is about and who it's for

This Report and set of recommendations have been produced by the Mental Health and Housing short-life working group, which was formed at Bristol's first Mental Health Conversations event, held on 30 November 2017.

The Report sets out how to address identified gaps in the way services work in Bristol for people experiencing the connected issues of mental ill-health and housing/homelessness. The work of the Group focused on adults, but we know that homelessness also has a huge impact on the lives of children and young people.

The Report looks at on what can be done differently in our City to achieve change, and reflects a shared commitment by all those involved, to be part of the change.

It has been circulated to Working Group members and those who participated in the Conversations event.

Several the recommendations are being fed into existing strategic or operational working groups.

It is being reported for consideration and action by the following strategic bodies and individuals, who have key roles to lead City-wide change on the issues:

- Councillors Asher Craig, Paul Smith, Helen Holland and Celia Phipps
- Healthier Together (BNSSG STP)
- The Homes Board
- The Health and Wellbeing Board
- BNSSG CCG
- BCC Housing and Social Care
- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

Thanks are due to all those who participated in the Working Group sessions and contributed to the Report.

3. Executive Summary - the Working Group recommendations in a nutshell

There are significant links between poor housing and poor mental health and in Bristol the issues are growing, due to housing pressures and the rise in poor mental health.

We congratulate the City in launching its THRIVE programme and for this work to inform the mental health and housing work stream, which will be supported by the One City approach. We value the STP commitment to increased investment in mental health.

We've made a start and want to see momentum, change and improved outcomes. All agencies and organisations have a role to play, and this requires commitment, joined up leadership and action at strategic levels. Together, there are huge gains to be had.

However, while there are significant opportunities to make real headway, there are big challenges too: one of these is a risk that the issues get placed into silos due to the current structures and funding mechanisms. An integrated multi-agency approach is essential.

We also recognise the vital importance of a diversity of perspectives, experiences and voices continuing to be at the heart of the change process. Good quality housing and mental health services, and an inclusive, integrated approach, can play a significant role in helping to reduce inequalities in our City.

Building on the issues discussed at the Conversations event, the Working Group identified a number of over-arching themes, including:

- Levels of poverty, challenges with Universal Credit, and rising debt are significant factors;
- The need for more integrated services into the homelessness sector to reach people who don't access services;
- The importance of skilling up the mental health and housing sectors to intervene early and not to fall back on punitive actions;
- A lack of understanding of the connections between domestic violence, mental health and housing;
- A lack of understanding of cultural factors, how people with diverse backgrounds may present differently, and how this contributes to increasing stigma and widening inequalities.

We know that homelessness has a huge impact on the health and life chances of children and young people. With 50% of mental health problems established by the time young people are aged 14, and 75% by age 24, an early intervention and prevention approach with children and young people forms a vital part of our response.

Key recommendations are:

- Leadership by the City, to ensure a coordinated, joined up, city-wide approach, and action, with the involvement of people with lived experience;
- More dedicated provision for people with significant mental health needs in self-contained and supported housing projects, including provision for young people;
- Expand Housing First, with a mental health specific element, as part of the housing solution;
- Protect Mental Health floating support services to reduce risk of homelessness;
- More sustainable, integrated social care provision;
- Address long standing failure of services to deal with dual diagnosis (mental health, drug and/or alcohol problems);
- Strengthen early intervention work with children and young people, identifying risk factors, and taking an integrated approach to preventing homelessness and mental health problems;
- Strengthen information/support to landlords and tenants for where to go when a tenant is in mental health crisis;
- Expand housing options when mental health is at risk and offer earlier preventative support, to avoid mental health deterioration;
- Make design features which create a healthy, wellbeing environment a standard requirement within all housing developments.

The full recommendations are set out in section 8 below.

4. Background – how the report was put together

4.1. Bristol's first Mental Health Conversation event

On 30 November 2017, 63 people from a wide spectrum of voluntary and community organisations, Community Access Support Service (CASS), Bristol Independent Mental Health Network (BIMHN), IF Group and other user-led networks, Bristol City Council, the NHS, Housing Associations, and Golden Key, attended Bristol's first Mental Health Conversation.

This was themed on the subject of Mental Health, Housing and Homelessness.

The event was co-organised by BIMHN and CASS, with additional support and resources from Bristol Clinical Commissioning Group.

Councillor Paul Smith spoke about the challenges for Bristol and the impact of poor mental health on people's lives. Victoria Bleazard outlined the ambition of THRIVE and its commitment to this subject.

The aim was to share knowledge and understanding of the relationships between mental health, housing and homelessness, make connections, identify cross-cutting issues and work together to identify solutions.

The starting point was the recognition that due to the structure of service provision, resources and funding streams, the intersection of mental ill-health and precarious or substandard housing conditions is often addressed separately, with the resulting negative impacts on individuals' lives. Poor mental health is prevalent across society.

There was a buzz in the room, energy and commitment to making change happen.

See Appendix 1 for the Report from this event.

4.2. The role of the short-life working group

The group was set up with a mandate to do a piece of focused follow-on work and produce recommendations on the themes, issues and ideas generated from the Conversation event.

Sitting under Bristol's Thrive programme, this was seen as a great opportunity to look at what can be done better/differently to address gaps in the City, and to generate the necessary buy-in from stakeholder organisations and funding bodies to influence real change.

The Group was open to those expressing interest who attended the event, and others suggested subsequently, with the aim of being inclusive and bringing together a diversity of experience and perspectives on the issues. Acorn agreed to Chair, and Second Step offered to assist with admin and coordination.

The Group held two workshop sessions – see Appendix 3 for the list of contributors. To help the Group structure its thinking, these sessions looked at the issues and barriers faced by people in 4 main situations:

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.	B. People experiencing complex/serious mental health problems such as psychosis, who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.
C. People experiencing common mental health problems such as depression and anxiety, who are homeless including those sleeping rough.	D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

The Group then generated ideas and solutions to address the identified issues. These range from short term pieces of work and practical ideas, to areas which require more long-term strategic development, and investment.

What they have in common is the need for integrated approaches.

As part of its work, the Group undertook a mapping exercise to identify existing work-streams and forums in the City, with the aim of making the best use of these to influence and achieve change across the system, and to avoid duplication of effort.

The results of this mapping exercise are shown at Appendix 4.

We recognise that this is a changing picture, and as the Report is presented to the various Groups and individuals, decisions can be made on who is best placed to take the recommendations forward.

5. National research and evidence on the connections between mental health and housing

There is a significant body of research and data on the connections, and Appendix 2 provides a quick overview of some of the most recent reports from leading mental health and housing organisations, for reference.

6. The local context: headlines on need in Bristol

Bristol, like other cities across the UK, has seen a significant rise in homelessness and rough sleeping over the last 10 years. The number found sleeping rough on the last Rough Sleeper Count - just one measure of the most visible form of homelessness – was 66. Bristol has the fourth highest rate of homelessness in the country, and second highest rough sleeper count outside London, with a significant rise in the numbers of women sleeping rough.

Bristol City Council's data highlights mental health as the highest need amongst those using homelessness services.

A recent multi-agency round table event on Health and Housing highlighted mental health and underlined the importance of an integrated joined-up approach.

There is recognition of the huge pressures on resources and the system, across Housing, Health and Social Care, and the challenges this presents.

Within this context, the Mental Health and Housing Group saw both a pressing need, and the opportunity to work together to contribute new thinking, as well as building on existing good practice, and learning from elsewhere.

7. Opportunities to do things differently in Bristol

7.1. The One City Approach

Bristol's emerging One City approach and commitment to be a more fair, sustainable and healthy City, provide the conditions and opportunity to make real headway on the connected issues of mental health and housing.

Sue Milner, Interim Director of City Wellbeing, Resilience and Strategic Partnerships at Bristol City Council, set out the key elements of this approach at the City Gathering event on 8 June, which include:

- Alignment of focus, effort and resources on intractable problems
- Removal of barriers to progress and perverse incentives
- Shared aspirations / obligations / interdependencies.

7.2. Bristol THRIVE

A new 10-year programme, launched in early 2018, THRIVE aims to improve the mental health of everyone in Bristol, with a focus on those in the greatest need.

The goal is to reduce stigma, build awareness and resilience, and promote wellbeing, by mobilising wider resources – joining together statutory, voluntary, private and philanthropic.

THRIVE focuses on how a city can keep us all well, in a way that is 'owned' by the city, and considers mental health in its broadest sense, from initiatives to improve the whole population's wellbeing to interventions for people experiencing mental illness.

Safe and secure housing is seen as integral to this and THRIVE has recently initiated a health and housing workstream.

7.3. The Bristol North Somerset and South Gloucestershire Sustainability Partnership (BNSSG STP – Healthier Together)

There is a 5-year Forward View for Mental Health plan agreed with NHS, and the STP is in the early stages of developing a Mental Health Strategy. One of the themes is complex needs and homelessness, recognising that this is a key component of the Strategy.

7.4. Homelessness, Housing and Rough Sleeping

New funding to reduce rough sleeping: In July, Bristol was successful in its bid to MHCLG for rough sleeper monies, with £583,202 awarded for a range of services and provision in 2018/9.

Homelessness and Rough Sleeping Strategy: The government is expected to launch its national Homelessness/Rough Sleeping Strategy soon, and Bristol's own Homelessness and Rough Sleeping Strategy is to be produced by December 2018, led by the Homelessness Early Intervention, Prevention and Challenge Group, signed off by the Homes Board.

This is a critical opportunity to put mental health at the top of the agenda, to build on the long-term work and partnerships in the City, and ensure an integrated, multi-agency long-term approach to addressing the connected issues of mental health, housing and homelessness.

The Homelessness Reduction Act (from April 2018) includes a new Prevention duty owed to all eligible applicants threatened with homelessness in the next 56 days; a Relief duty owed to people who are actually homeless; an expanded advice and information duty to all residents designed with vulnerable groups in mind including people leaving hospital and people with mental health issues, and new data collection and reporting requirements. From October 2018 certain public bodies, including statutory Health agencies, will have a new 'Duty to Refer' with consent, their service users who are homeless, or threatened with homelessness, to a local authority of their choice. This is an opportunity for more proactive multi-agency involvement.

Bristol's Housing Strategy 2016 - 2020, 'More Than a Roof', sets out the vision and commitment to build more new housing, including affordable housing. Since the new administration came into post in 2016, this commitment has become 2000 new homes a year by the year 2020, of which 800 will be affordable homes, and recognises the importance of connecting with the Health and Well Being Strategy.

West of England Authority (WECA) is progressing its bid to government for a housing deal, bringing new investment into the region for new homes. This is an opportunity to include affordable housing and environments which promote mental health and wellbeing, and to include provision for vulnerable groups.

The affordable housing should meet the needs of vulnerable people (including young people affected by the Single Room Accommodation rate) through general needs, Housing First, and specific supported housing projects.

The Joint Spatial Plan (which covers all four West of England authorities, unlike the Combined Authority which does not include North Somerset) submitted to government, sets a target of 103,000 new homes, of which 24,500 should be affordable, to be built by 2036.

Overall, Bristol as a City is in a strong position to achieve new ways of working and make more headway on the connected issues of mental health and housing, which will help reduce inequalities, bring better outcomes for the whole City, and change for the long term.

8. Themes and recommendations from the Working Group

8.1. Over-arching themes

From its detailed work, the Group identified a number of important over-arching themes:

- Leadership and influencing are vital to ensure a City-wide approach, cultural change and action;
- People with lived experience and co-production should be at the heart of service delivery and service commissioning, so service design is client-centred;
- There is a lack of range and type of housing for people with mental health needs, including specific issues for young people;
- Housing affordability is critical;
- Prevention - intervening early to avoid mental health and housing problems escalating and becoming crises;
- The need for integrated, joined-up approaches;
- Inequalities and stigma are major factors - equalities approach needs to embed into the commissioning/procurement and design process for housing for people with mental health needs, to help reduce inequalities and promote social inclusion;
- Serious levels of social isolation – One City Plan;
- Protect essential mental health services - CCG to spend more on Mental Health;
- Universal credit presents a major risk to people's housing and mental health—how can that be mitigated?
- Embed financial support services and debt advice in NHS;
- Opportunities through online Wellbeing Hub – one stop shop (BCC leading);
- Need for psychological support embedded in services;
- PIE across the board – PIE principles to inform the design of housing schemes and the physical environment, the way we engage and work with people, and the creation of safe spaces city-wide;
- Protocols and systems within housing sectors need to change to stop punitive actions when people find themselves in mental health crisis.

Recommendation: these themes should be taken forward by the leads of the relevant strategic working groups as part of an integrated approach

8.2 Recommendations

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.		
<i>Recommendations</i>	<i>Rationale</i>	<i>Group(s) with responsibility</i>
A1. Expand Housing First - include mental health (MH) specific element. Learn from West Midlands Thrive.	Offers long term sustainable housing solution with intensive support for people with rough sleeping/ homelessness histories with specific MH needs, for whom existing accommodation pathways aren't suitable. Also, for Out of Area Placements. Meets a distinct gap in long term provision for these groups.	THRIVE BCC commissioners for Homelessness and Social Care CCG –Transformation Team (Mental Health)
A2. More dedicated housing provision for people with significant mental health needs, offering a wider range in self-contained and supported housing projects, and with flexible support which is responsive to clients' changing mental health needs. A particular issue is affordable provision for young people.	Inclusive approach is fundamental to wellbeing of individuals and communities – keeping us safe and well. Reflects One City and Thrive principles. Helps meet well documented shortfall in truly affordable, good quality, permanent housing. Support that is personalised and offered flexibly, can prevent individuals having to move when their mental health fluctuates.	CCG – Transformation Team (Mental Health) BCC - Homes Board and Social Care, including reviewing how revenue and capital funds are being invested WECA Deal for affordable housing
A3. Replicate Homeless Discharge Service operating at BRI, at Southmead Hospital. Link to learning from Winter Pressures pilots (St Mungo's and Second Step).	Integrating housing advice and non-medical link services into discharge planning helps prevent homelessness and promotes better health outcomes.	CCG Mental Health Strategy – Link to Enabling Discharge Group, High Impact Users Group

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.

Recommendations	Rationale	Group(s) with responsibility
A4. Create multi-disciplinary teams (MDTs) i.e. introduce CPNs and other professional roles into Golden Key Service Coordinator Team, Homeless Outreach & Homeless Health services	Integrated working brings joined up support and more effective outcomes, promotes skill-sharing and collective solutions. Builds on STP vision for MDTs.	STP integrated care work-stream Golden Key to explore MDTs in next phase
A5. Improve access to service information and signposting skills for frontline staff in knowing where to refer for people in MH crisis (links to B2 below) e.g. through access to a database of services, information on service criteria.	Builds capacity at front line contact points, including generic customer service points, to enable earlier intervention.	BCC BHP Housing Management Group
A6. Address long standing failure of services to deal with dual diagnosis (mental health, drug and alcohol problems) – requires senior leadership	Prevents people 'bouncing round system'. Well documented long standing gap in provision.	CCG Mental Health Strategy BCC Drug and Alcohol Service commissioners AWP review of dual diagnosis strategy.
A7i). Increase support and interventions in homelessness services for high numbers of young people and adults who have experienced ACEs and trauma and	This supports services to work in a more psychologically informed, effective way with what is becoming an increasingly prevalent problem amongst those entering homelessness services.	BCC Children and Adult Services CCG Mental Health Strategy

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.

<i>Recommendations</i>	<i>Rationale</i>	<i>Group(s) with responsibility</i>
<p>have emerging mental health needs.</p> <p>A7ii) The right support is available to vulnerable young people, at an early stage</p>	<p>The right support now will prevent young people coming into adult services with complex trauma that we see amongst a high number of clients in the adult homelessness pathways – most of whom had difficulties at this younger age.</p>	
<p>A8. Improved transitions between CAMHS and Adult services</p> <p>A7 and A8 connect with unmet housing needs for young people, including in the pathways, and in relation to affordable move on (see D3 below).</p>	<p>Improved transitions and coordinated work with housing support agencies ensures there is not a drop off in support at a critical time in young people's lives, thereby helping to prevent homelessness, and promoting mental health and wellbeing.</p>	<p>BCC Children and Adult Services CCG Mental Health Strategy</p>

B. People experiencing complex/serious mental health problems such as psychosis, who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

<i>Recommendations</i>	<i>Rationale</i>	<i>Who has responsibility/who can influence</i>
B1. Protect Mental Health floating support services to reduce risk of homelessness (also covered in A2 above and connects with D6 below).	<p>Specialist mental health tenancy support is proven essential support for preventing homelessness - early intervention prevents tenancy breakdown/loss of home/homelessness/mental health crisis, and costly interventions across the system.</p> <p>Saves public money. Helps prevent isolation and stigma, including for minority groups.</p>	CCG and BCC Social Care
B2. Develop vulnerable tenants' resilience.	Tenants with serious mental health problems are vulnerable to having their homes taken over by drug dealers (referred to as 'cuckooing').	BCC Social Care to look at how this could be supported across the system.
B2. More sustainable, integrated social care provision (see also D7 below).	Current commissioning approach is fragmented and doesn't address complex mental health needs, where there is a social care need. Joined up approach with interventions at the right level and stage can achieve more sustainable, cost-effective solution.	BCC Social Care Market Development review work, and CCG
B3. Upskill staff in Mental Health Crisis Service to be able to respond effectively to housing crisis and risk of homelessness. This could include training delivered by voluntary sector agencies with the expertise in this area.	Builds capacity in frontline mental health services, to pick up housing problems and crisis issues early, and help prevent homelessness and further MH deterioration. This could make good use of expertise in voluntary sector agencies and help promote 2-way learning.	AWP Operational Management Team.

B. People experiencing complex/serious mental health problems such as psychosis, who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

<i>Recommendations</i>	<i>Rationale</i>	<i>Who has responsibility/who can influence</i>
B4. Improve planning and handover when people are discharged from hospital, including involvement of social workers (see also A4 and B2 above)	Multi-agency integrated whole person approach helps prevent homelessness.	AWP & BCC Social Care
B5. General needs housing providers strengthen their role in resettlement and tenancy sustainment work and have access to specialist mental health staff e.g. learn from LiveWest model.	Builds capacity in frontline general needs housing staff, provides better tenancy support, connecting people into their communities and reducing evictions.	BHP Management Group
B6. Strengthen info/support to landlords and tenants for where to go when a tenant is in mental health crisis, for example this could include training workshops tailored for landlords.	People with severe mental health issues may not be in touch with services and are very vulnerable to MH crisis when their MH fluctuates. Landlords are in a good position to pick up signs, but generally feel ill-equipped and lack info on what to do.	BCC Homelessness Early Intervention, Prevention and Challenge Group.
B7. Based on Making Every Contact Count, train staff across all frontline teams to pick up issues early and make the right interventions/referrals.	Builds capacity and effectiveness across the system, with opportunity to prevent problems escalating and thereby make savings.	BCC Social Care and CCG

C. People experiencing common mental health problems such as depression and anxiety, who are homeless including those sleeping rough.

<i>Recommendations</i>	<i>Rationale</i>	<i>Who has responsibility/who can influence</i>
C1. Inform spec for new IAPT so inclusive for people in housing crisis or in homelessness services.	Current IAPT model not accessible for people who are homeless including those sleeping rough – need for more flexible, inclusive psychological/therapeutic support available to people in homelessness settings.	CCG Transformation Team (Mental Health)
C2. Increase knowledge of MH & Housing staff to navigate system. Promote better information-sharing, including through use of IT, and trust between agencies. Link to Homelessness Reduction Act. Also, amongst employers, GPs, schools, welfare providers. This links with A5 and new Homelessness website.	System is difficult to navigate. Lack of knowledge and confidence at frontline and lack of info-sharing between agencies means there are missed opportunities across the system to intervene early and help prevent mental health deterioration and crisis. Intervening upstream helps prevent costly interventions later – saving public money.	BCC
C3. MH 1 st aid training roll out	Builds capacity and awareness within mainstream services and across the system. Part of whole city/whole system approach under Thrive.	BCC THRIVE - Mental Health Literacy work-stream
C4. Embed debt advice into MH services, including information and training in knowing who to refer to, when.	Helps to prevent rent arrears and eviction, leading to homelessness.	BCC THRIVE - debt work-stream. Also See CASS & BIMHN report from the second Mental Health Conversations event, on welfare/debt and mental health

C. People experiencing common mental health problems such as depression and anxiety, who are homeless including those sleeping rough.

<i>Recommendations</i>	<i>Rationale</i>	<i>Who has responsibility/who can influence</i>
C5. Increase psychological support tailored for homeless people	Integration within homelessness services helps prevent deterioration in mental health and supports frontline staff in client engagement and achieving positive outcomes. Part of PIE approach.	BCC Homelessness Commissioners CCG Transformation Team (Mental Health)

D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.		
D1. Reduce social isolation	Major cause of mental ill-health and risk of housing and mental health problems become housing and MH crisis, across communities.	BCC THRIVE
D2. Improve standards and practice amongst private landlords.	Significant opportunities to improve poor practice through local levers e.g. train landlords in mental health awareness and how to access help, promotion and adoption of mental health charter.	BCC Acorn to work with BCC to consider how mental health can be incorporated into existing standards/charter.
D3. Address limited access to private rented sector (PRS) accommodation for young people	There is no PRS move on accommodation for young people at LHA rate – a serious block in the system which holds back their recovery.	BCC Homes Board
D4. Social landlords to promote wellbeing as part of their Registered Provider role e.g. United Communities model in North Bristol providing wellbeing activities for tenants as part of their wellbeing strategy; also, frontline staff training in Make Every Contact Count.	Part of preventative approach, and integration into mainstream housing - becomes 'business as usual'.	BCC THRIVE Health & Housing Group (part of forthcoming Report). NHF
D5. Expand housing options when MH is at risk and offer earlier,	Lack of options and pathways result in costlier interventions later – costlier to individuals and the system.	BCC Social Care Market Development, and Homelessness Reduction Act work.

D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.		
integrated preventative advice and support, to avoid MH deterioration.	Evidence of increasing numbers of callers at CHAS advice service whose mental health is being adversely affected by their housing.	Also, opportunity under BCC's review of HomeChoice and housing allocations. Includes opportunity in next round of advice service commissioning
D6. Reduce waiting lists in Mental Health floating support services to prevent homelessness and more complex mental health problems	Proven essential support for preventing homelessness. There are increasing numbers on the waiting list with lower support needs. Early intervention will prevent tenancy breakdown/loss of home/homelessness/mental health crisis, and costly interventions across the system. Saves public money. Helps prevent isolation and stigma, including for minority groups.	CCG Transformation Team (Mental Health) BCC Social Care Market Development work
D7. More sustainable integrated social care provision, available to people with lower support needs	Joined up approach with interventions at the right level and stage for people lower with support needs will help achieve more sustainable, cost-effective solution, as part of a more preventative approach.	BCC Social Care review (Better Lives at Home) and CCG Housing Review
D8. Provide access to housing support in primary care settings as part of integrated approach e.g. Recovery Navigator role to access relevant housing advice services.	Where people present at their GP with a mental health problem linked to problems with housing, GPs do not know where to refer for advice and support for the housing issue. Early intervention can prevent homelessness and escalation in mental health problems. Links to Homelessness Reduction Act.	CCG Transformation Team (Mental Health)

D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

D9. Strengthen early intervention work with children and young people, taking a joined-up approach to mental health and housing issues.

Risk factors for homelessness and mental health problems amongst children and young people are well-established. Early intervention can help prevent problems and make savings.

BCC CAMHS and CCG

9. What happens next

We recognise the importance of holding each other to account and keeping the momentum.

The short life Working Group will reconvene in 3 months' time to check in on progress and review the feedback from the Strategic Groups and individuals who have a responsibility to address the issues and recommendations. It is proposed that the Group sits under THRIVE to help with connections and embedding.

We also propose a follow up event is held in 2019, as part of Bristol's THRIVE programme.

Report Co-Authors:

Tom Renhard (BIMHN) – contact: tom@imhn.org

Sarah Minns, Second Step – contact: sarah.minns@second-step.co.uk

Aileen Edwards, Second Step – contact aileen.edwards@second-step.co.uk

July 2018

Glossary of terms

AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
BCC	Bristol City Council
BHP	Bristol Housing Partnership
BIMHN	Bristol Independent Mental Health Network
BNSSG CCG	Bristol North Somerset and South Gloucestershire Clinical Commissioning Group
BNSSG STP	Bristol North Somerset and South Gloucestershire Sustainability and Transformation Partnership
CAMHS	Child and Adolescent Mental Health Services
CASS	Community Access Support Service
IF Group	Independent Futures – a group of people with lived experience of homelessness, mental health, drug and alcohol problems, and offending histories, who are at the heart of Bristol’s Golden Key programme and service transformation.
MDT	Multi-Disciplinary Team
NHF	National Housing Federation
MHCLG	Ministry of Housing, Communities and Local Government
PIE	Psychologically Informed Environments
WECA	West of England Combined Authority

MENTAL HEALTH AND HOUSING – HOW CAN WE DO BETTER

AILEEN EDWARDS, CHIEF EXECUTIVE, SECOND STEP

TOM RENHARD, PROJECT MANAGER, INDEPENDENT MENTAL HEALTH NETWORK (IMHN)



BACKGROUND

- 45% of people accessing support from community mental health teams are in insecure accommodation.
- Homelessness pathway – 78% of people in the pathway have mental health needs.
- 60% of people highlighted housing pressures cause stress and anxiety.
- Social determinants of health a factor in wellbeing (e.g. housing / employment / financial health / roll out of universal credit).
- Seeking to bring the voices of those with lived experience together with professionals and key decision makers.

OPPORTUNITIES TO DO THINGS DIFFERENTLY IN BRISTOL

- One City Approach
- Thrive Bristol (one of eleven workstreams will focus on housing)
- The Bristol North Somerset and South Gloucestershire Sustainability Partnership (BNSSG STP – Healthier Together) – opportunity to link in with developing mental health strategy
- Homelessness, Housing and Rough Sleeping Strategy (City Council)
- Be a city delivering best practice and innovation
- Better integration between housing and health at a strategic level
- Better Lives Strategy (Social Care)
- Mental health is everybody's business

WHAT WE DID

- Mental Health Conversations event – End of November 2017
- Small working group convened and meeting between February and May 2017
- Report developed and discussed with key stakeholders July – November 2017

WHAT THE REPORT IS ABOUT AND WHO IT IS FOR

- It has been produced by the Mental Health and Housing short-life working group
- It sets out how to address identified gaps in the way services work in Bristol for people experiencing the connected issues of mental ill-health and housing/homelessness.
- The work of the group focused on adults, but we know that homelessness also has a huge impact on the lives of children and young people.
- The report looks at on what can be done differently in our City to achieve change, and reflects a shared commitment by all those involved, to be part of the change.



THINKING ABOUT COMMONALITY AND LEVEL OF NEED

Page 36

Need

A. People experiencing complex/serious mental health problems such as psychosis, who are homeless including those sleeping rough.

B. People experiencing complex/serious mental health problems such as psychosis, who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

C. People experiencing common mental health problems such as depression and anxiety, who are homeless including those sleeping rough.

D. People experiencing common mental health problems such as depression and anxiety who are housed; but where they may be poorly housed and there is a risk of this breaking down and them becoming homeless.

Housing Security

KEY THEMES (I)

- Levels of poverty, challenges with Universal Credit, and rising debt are significant factors;
- The need for more integrated services into the homelessness sector to reach people who don't access services;
- The importance of skilling up the mental health and housing sectors to intervene early and not to fall back on punitive actions;
- A lack of understanding of the connections between domestic violence, mental health and housing;
- A lack of understanding of cultural factors, how people with diverse backgrounds may present differently, and how this contributes to increasing stigma and widening inequalities.

KEY THEMES (2)

- Impact of social isolation can be significant – there is a need for this to be addressed through the One City Approach
- There is a lack of range and type of housing for people with mental health needs, including specific issues for young people;
- People with lived experience and co-production should be at the heart of service delivery and service commissioning, so service design is client-centred;
- Prevention - intervening early to avoid mental health and housing problems escalating and becoming crises;
- PIE across the board – PIE principles to inform the design of housing schemes and the physical environment, the way we engage and work with people, and the creation of safe spaces city-wide;

KEY RECOMMENDATIONS (I)

- Leadership by the City, to ensure a coordinated, joined up, city-wide approach, and action, with the involvement of people with lived experience;
- More dedicated provision for people with significant mental health needs in self-contained and supported housing projects, including provision for young people;
- Expand Housing First, with a mental health specific element, as part of the housing solution;
- Protect Mental Health floating support services to reduce risk of homelessness;
- More sustainable, integrated social care provision;

KEY RECOMMENDATIONS (2)

- Strengthen early intervention work with children and young people, identifying risk factors, and taking an integrated approach to preventing homelessness and mental health problems;
- Strengthen information/support to landlords and tenants for where to go when a tenant is in mental health crisis;
- Expand housing options when mental health is at risk and offer earlier preventative support, to avoid mental health deterioration;
- Make design features which create a healthy, wellbeing environment a standard requirement within all housing developments.

**THANKS FOR LISTENING
AND QUESTIONS?**

Bristol Homes Board

November 2018

Homelessness & Rough Sleeping

Strategy 2019-24

Graham Jones, Dave Clarke & David Ingerslev



Why is an update needed ?

- **Statutory duty** under Homelessness Act 2002 for every local authority to conduct a homelessness review and produce a homelessness strategy based on that review
- Strategy to be refreshed/updated at least every five years
- Existing 2013-18 Preventing Homelessness Strategy due for update
- **Legislative changes** (Homelessness Reduction Act, 2017) need to be reflected in new strategy.
- **National Rough Sleeping Strategy 2018** - New requirements from central government relating to homelessness strategy – ie. Annual action plan - monitored by central government.

Elements of Revised Strategy

- **Homelessness Review** – Evidence base which underpins the revised/renamed Homelessness and Rough Sleeping strategy
- **Revised strategy document**
- **Action Plan** (updated annually and, according to new [National Rough Sleeping Strategy](#), now reported to government)

Issues to consider

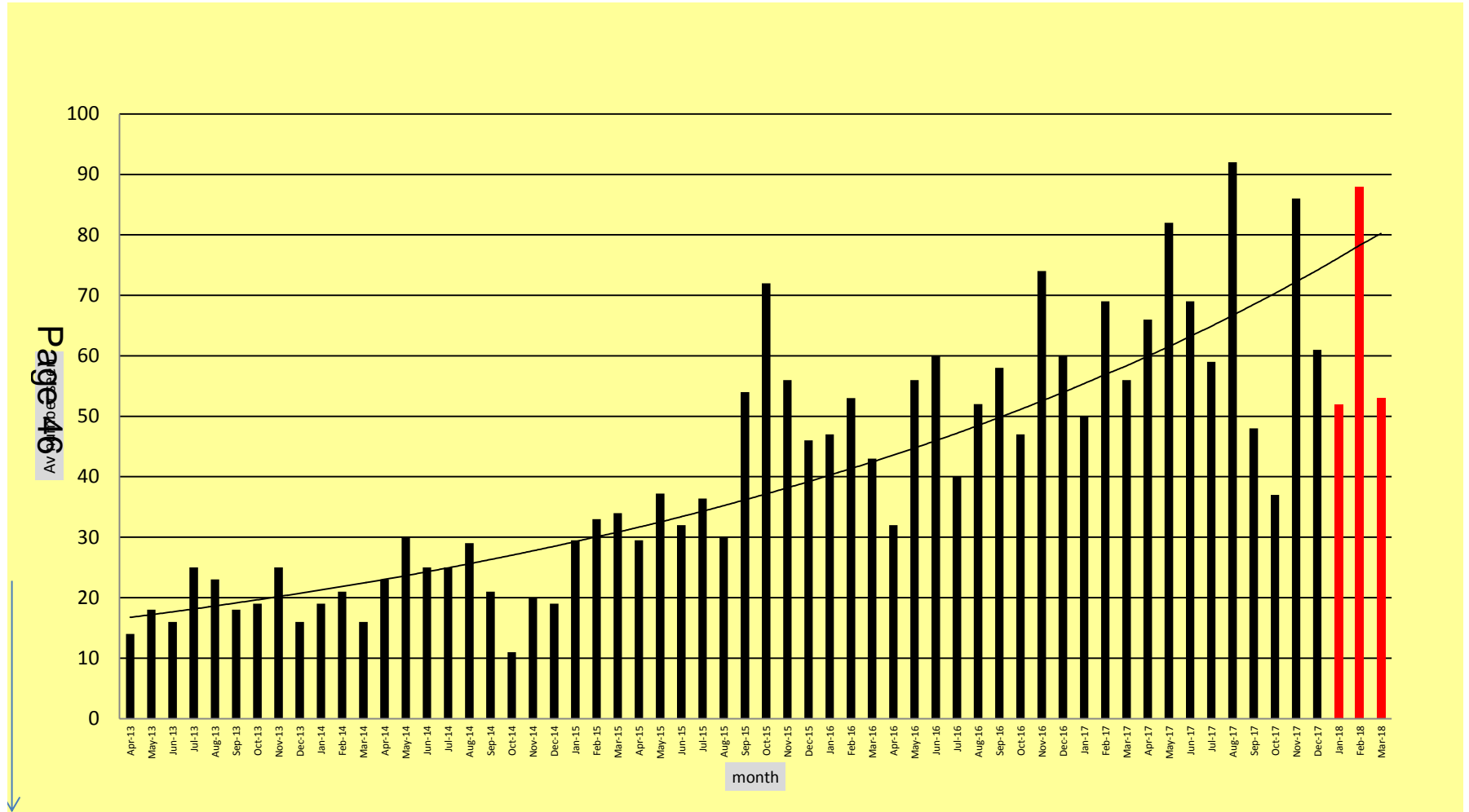
- Ensure revised strategy integrates with other policy and strategy work within housing and also with other relevant strategies within Council (Planning, Health, Corporate Plan etc)

Page 45

Ensure revised strategy integrates with One City Approach – particularly Homes and Communities theme

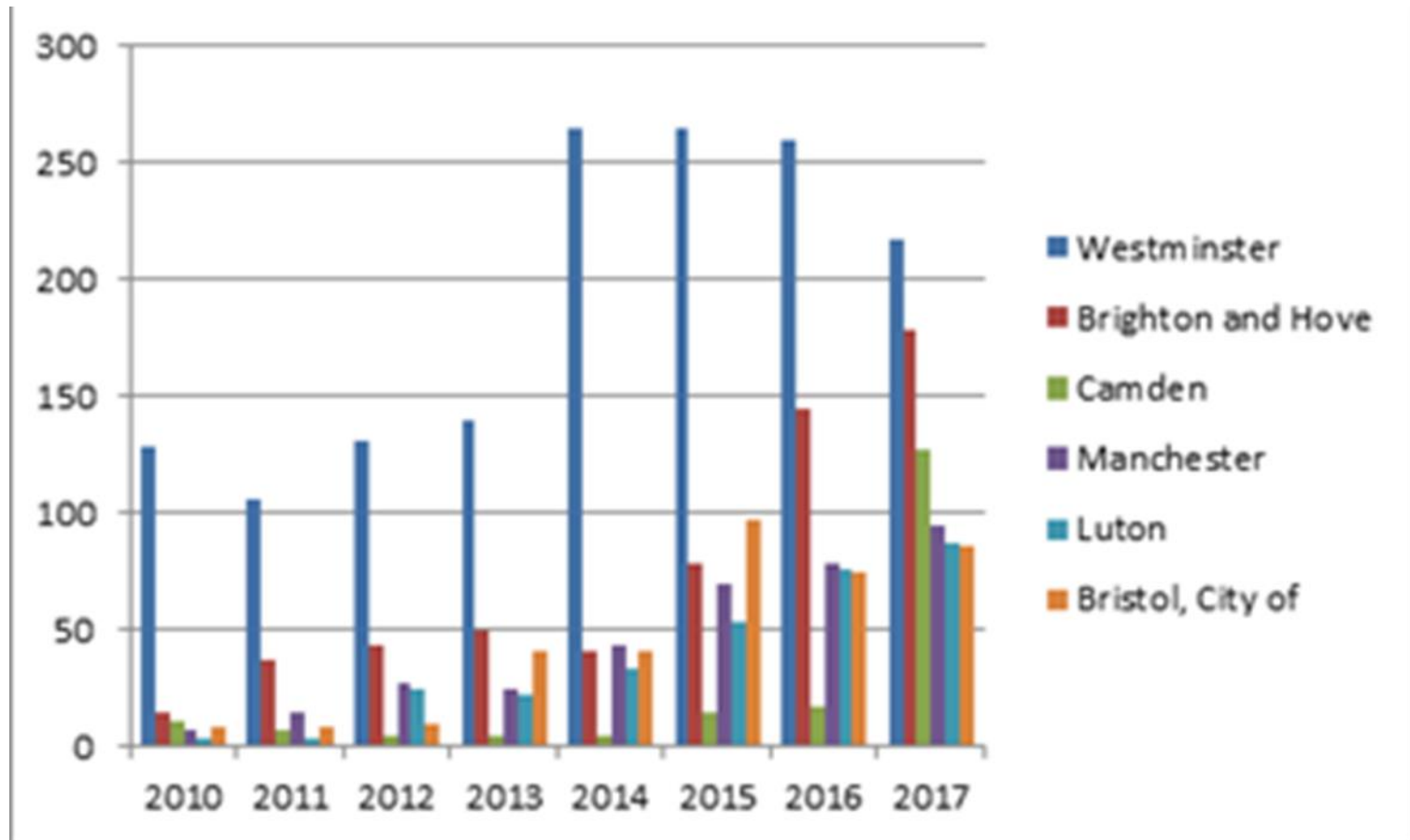
- Ensure strategy follows approach set out in Chapter 2 of [Homelessness Code of Guidance](#) and integrates with new National Rough Sleeping strategy

Rough Sleeping Count 2012-2018



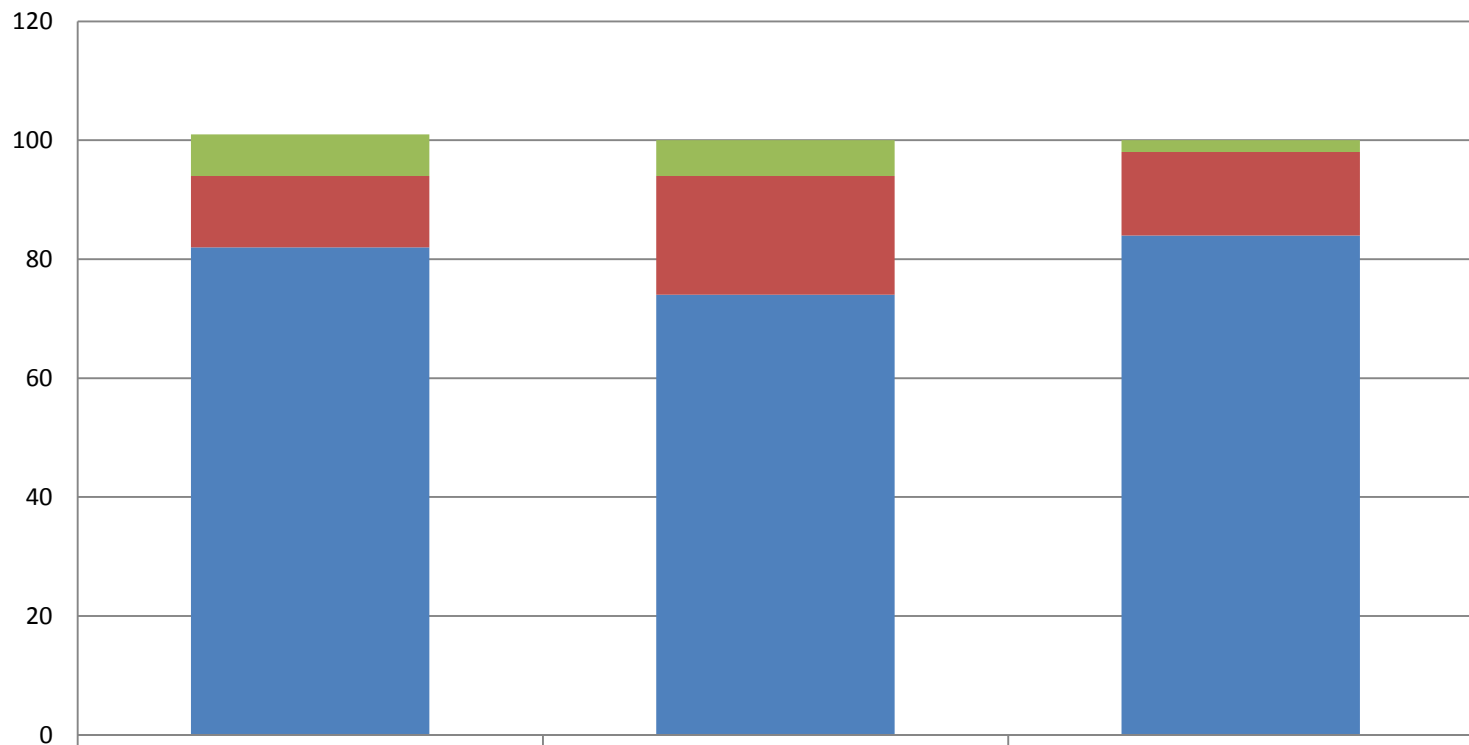
Rough sleeping – authorities with the highest numbers

Page 47



Gender of people sleeping rough – Nov 2017

Page 48



Gender Not known
Gender Women
Gender Men

London

Bristol

England

7

6

2

12

20

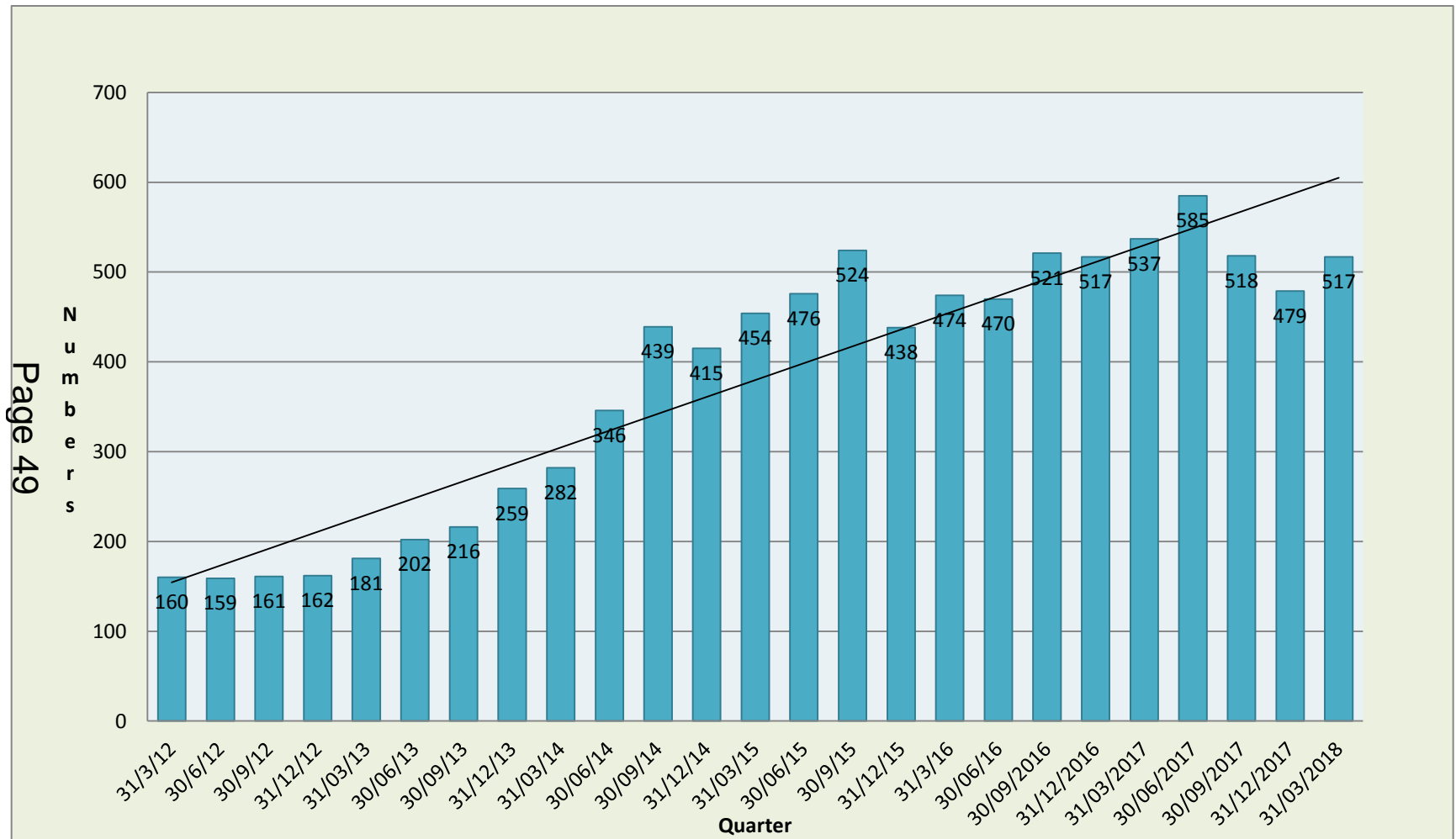
14

82

74

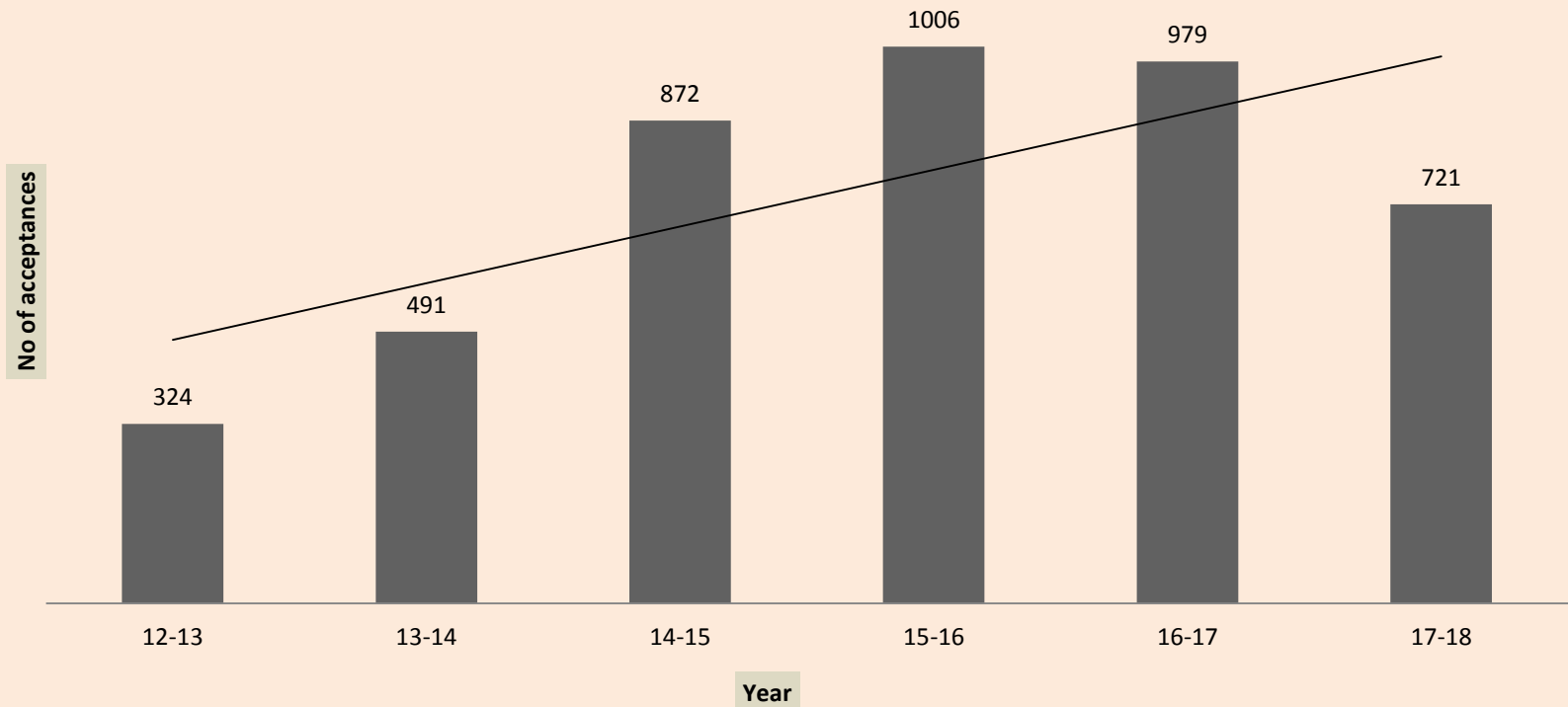
84

Households living in Temporary Accommodation

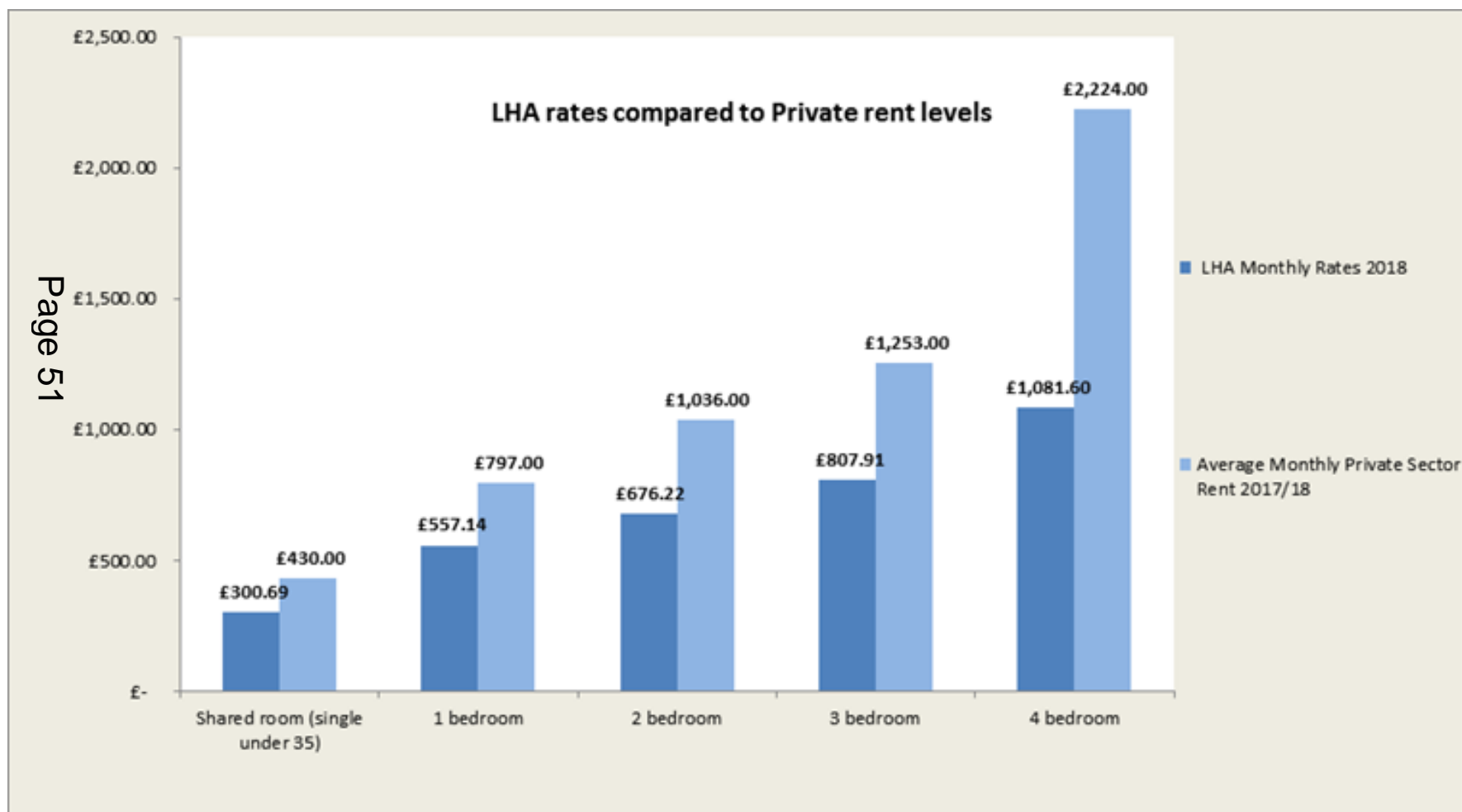


Total Part 7 acceptances by year 2012-17

Page 50



Rents and Local Housing Allowance



Five Priorities identified

- **Tackling rough sleeping**
- **Prevention and Early Intervention**
- **Improving Health and Wellbeing and Supporting People to Build Better Lives**
- **Delivering Equality, Diversity and Inclusion in all Services**
- **Working in Partnership**

Vision of the strategy

- Deliver a strong partnership approach - governance through the multi-agency EI&PHCG to act as Homelessness Reduction Board
- Combine homelessness, housing delivery , social care, health, welfare reform, justice and education to deliver a reduction in homelessness & rough sleeping 2019-24
- To Integrates with One City Plan vision for Homes & Communities
- To provide a strategic fit for funding bids to central government
- Deliver an Innovative – *living system* document

Developing the action plan

- Using the five agreed priorities, Review evidence and existing corporate performance targets the EI&PHCG agreed in September on a suite of 'actions' for the strategy
- To fit the needs of the MHCLG annual performance review the EI&PHCG agreed to adopt an innovative 'living system' action plan

Page 54

With help and support of members of the EI&PHCG a prototype trello board has been developed which will act as the living system for the EI&PHCG to monitor and report against.

- Additionally it was agreed that a only headline action plan would be included in the final consultation paperwork

Progress – decision pathway

- Late 2018/early 2019- Consultation period
- Redraft strategy/action plan to reflect consultation
- BCC internal governance pathway
- Finalise documents Cabinet (Spring 2019)

Questions

Graham Jones

Graham.jones@bristol.gov.uk

Dave Clarke

Dave.clarke@bristol.gov.uk

Housing Delivery Update (Bristol City Council)

Homes Board – 21st November 2018

Purpose of Briefing

To provide an update to Bristol Homes Board regarding the current housing delivery trajectory. This briefing is for information only and is in response to a manifesto commitment from the Mayor to build 2,000 new homes – 800 affordable – a year by 2020.

Current Housing Trajectory

We are currently projecting to complete 437 affordable homes in 2019/20 and 813 affordable homes in 2020/21.

The Housing Delivery Team is focusing on 'starts' in addition to 'completions' as these can be influenced quicker (a shorter lag effect) and give greater confidence to projected 'completions' data.

The following table shows updated figures for 'affordable' starts and completions, together with any variance from the last reporting period.

Affordable Units - Updated November 2018									
	2018/19				2019/20				2020/21
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1-Q4
Starts	366	82	310	425	5	3	62	991	382
Change (Since September 2018)	20	-42	-36	156	Quarterly data not available for Sep				-79
TOTAL	1,183				1,061				382
Change (Since September 2018)	98				49				-79
Completions	18	29	153	61	43	52	23	319	813
Change (Since September 2018)	0	-6	10	1	Quarterly data not available for Sep				-174
TOTAL	261				437				813
Change (Since September 2018)	5				-146				-174
Market Units									
Completions	The Council will produce a market housing trajectory by the end of the year to support the Joint Spatial Plan and Local Plan Review.								

Key changes to the programme Since Last Meeting (September 2018)

Following receipt of Homes West Bristol Partner Q2 2018/19 returns at the end of September the Council has reviewed its projections. As set out at Appendix A there has been significant slippage from 2019/20 to 2020/21 and from 2020/21 to 2021/22.

The Council, in consultation with Homes West Partners, will now review what steps it can take to deliver additionality on existing schemes and mitigate project delays to bring delivery phases forward.

Key Affordable Housing Milestones Achieved Since Last Meeting (September 2018)

Bristol Homes West RP Partners

- United Communities: Elderberry walk (58 units) started on site. Mayor with Kevin McCleod opened new scheme on 9th November 2018.
- Sovereign: Blackberry Hill (100 units) started on site. Mayor open new scheme on 17th September 2018.
- Curo: The White Hart PH, Whitehall Rd (14 units) completed supported by BCC grant. Mayor to open scheme on 21st November 2018.
- Sovereign: Marksbury Road on programme to complete the final 20 units by March 2019.
- Merlin: Malago Road and St Matthias on programme to complete the final units by March 2019.
- Bristol charities: Bowmead , Stockwood (60 extra care units) completed.
- Extra care charitable trust: Coldharbour Lane, Filton (40 extra care units) completed.
- Solon: 66 St Johns Lane, Bedminster (10 refurbished units) BCC grant allocated and due to complete in January 2019.
- Alliance Homes: 31-35 High Street Shirehampton (16 units) BCC grant allocated due to complete by March 2019.
- Yarlington: Speedwell Swimming Baths (31 units) BCC grant allocated and due to complete June 2020.
- United Communities: Oldbury Court (16 units) & Luckwell (47 units) BCC grant allocated and due to complete September 2020.

New Council Homes Programme

- HRA Development Team: Alderman Moores, Ashton Vale (53 affordable and 80 market homes) due to start on site in January 2019.
- HRA Development Team: Guildford Road, St Annes (5 units) and Monsdale Close, Henbury (14 units) are due to completed by December 2018.
- HRA Development Team: Review of delivery strategy for mixed used schemes to accelerate delivery

BCC Land Release Programme to Homes West Bristol RP's

- Phase 3 of six sites to be marketed in January 2019

Detailed analysis of affordable housing schemes changed completion dates between September to November 2018:

1- Year 2018/19

No.	Scheme Name	No. of Units	Company	Notes	Mitigation
1	Broomhill EPH, Brislington	-13	Council Homes	Slipped from to Q1 2019/20	Programme being reviewed
2	Filwood Park, Hengrove Way	+13	Yarlington	Brought forward to Q4 from Q1 2019/20	
3	Hidden Homes / Office Conversion Programme	-4	Council Homes	Slipped to Q2 & Q3 2019/20 reprogrammed	Programme being reviewed
4	66 St Johns Lane, Bedminster	+10	Solon	New added scheme (10 one bed flats refurbishment)	Completion by Mar 2019
5	Parcel 4, Imperial Park, Hartcliffe	-1	Solon	Slipped to Q4 2019/20	15 units out of 16 units delivered in Q1-Q2 2018/19
Total Change		+5			

2- Year 2019/20

No.	Scheme Name	No. of Units	Company	Notes	Mitigation
1	Broomhill EPH, Brislington	+13	Council Homes	Slipped from 2018/19 to Q1 2019/20	
2	Alderman Moores, Ashton Vale	-25	Council Homes	Slipped to 2020/21 as a result of ecological (badgers) issue	Work on site to start on Jan 2019.
3	Constable Rd (East of Copley Gardens), Lockleaze	-16	Council Homes	Removed from Council Homes programme to self-build.	Programme being reviewed
4	Hidden Homes / Office Conversion Programme	-2	Council Homes	Slipped 2020/21, revised programme	Programme being reviewed
5	Romney Avenue, (plots 190-196) Lockleaze	-12	Council Homes	Removed from Council Homes programme to self-build.	
6	Turner Gardens (Allotments), Lockleaze	-4	Council Homes	Removed from Council Homes programme to self-build.	
7	Turner Gardens (Garages), Lockleaze (Brangwyn Grove)	-8	Council Homes	Removed from Council Homes programme to self-build.	
8	Blackberry Hill Hospital, Fishponds	+2	Sovereign	Increased to 45 units from 43 units (phased programme)	Strategic meeting with Sovereign to discuss programme
9	Filwood Park, Hengrove Way	-13	Yarlington	PC of 13 units brought forward to Q4 2018/19	Strategic meeting with Yarlington to discuss programme
10	Hengrove Park (Phase	+27	Curo	Increased to 57 units from 30	Strategic meeting with Curo

	1)			units (phased programme).	to discuss programme
11	Goolden St, Totterdown	-6	Guinness	Removed from AH programme, Guinness reported difficulty to develop due to high build cost.	
12	Long Cross PH/Holly House, Lawrence Weston	-13	Curo	Slipped to 2020/21 (Phased programme).	Strategic meeting with Curo to discuss programme
13	Speedwell Swimming Baths, Whitefield Rd	-31	Yarlington	Slipped to 2020/21	Strategic meeting with Yarlington to discuss programme
14	Elizabeth Shaw Chocolate Factory, Greenbank	-20	Sovereign	Removed from AH programme (scheme not progressing).	
15	185 Passage Road, Brentry (Existing 7 no. Bedrooms)	+8	Liverty	New added scheme	
16	Parcel 4, Imperial Park, Hartcliffe	+1	Solon	Slipped to 2019/20 from Q4 2018/19	
17	Plot ND6 & ND7, Temple Quay North, Temple Gate	-48	Legal & General	Slipped to 2020/21	
18	Westmoreland House, Stokes Croft	-10	PG Enterprises	Slipped to 2021/22	
19	East Street Mews	+11	1625 Independent People	New added scheme	
	Total Change	-146			

3- Year 2020/21

No.	Scheme Name	No. of Units	Company	Notes	Mitigation
1	Alderman Moores, Ashton Vale	+25	Council Homes	Slipped from 2019/20 reprogrammed as a result of ecological (badgers) issue	Work on site to start on Jan 2019.
2	Florence Brown School, Knowle	-30	Council Homes	Slipped to beyond 2020/21	Programme being reviewed
3	Hidden Homes / Office Conversion Programme	+3	Council Homes	Slipped from 2019/20 (revised programme)	Programme being reviewed
4	St Peters House EPH, Horfield	-16	Council Homes	Slipped to 2021/22	Programme being reviewed
5	Brunel Ford, Muller Road, Horfield	-23	Council Homes	Slipped to 2021/22	Programme being reviewed
6	Coombe House EPH, Westbury-on-Trym	-16	Council Homes	Slipped to beyond 2021/22	Programme being reviewed
7	Kingswear Road, Knowle West	-13	Council Homes	Slipped to 2021/22	Programme being reviewed
8	Blake Centre, Lockleaze	-16	Extra Care Housing	Slipped to 2021/22	Programme being reviewed
9	Blackberry Hill Hospital, Fishponds	-10	Sovereign	Slipped to 2021/22 (phased programme)	Strategic meeting with Sovereign to discuss programme
10	Shaldon Road,	+24	United	Brought forward from	Strategic meeting with

	Lockleaze		Communities	2021/22 (revised programme)	United Communities to discuss programme
11	Hengrove Park (Phase 2)	-10	Key site - BCC	Slipped to 2021/22 (phased programme)	
12	Tenants Hall, Avondale Road, Barton Hill	-5	BCLT	Removed – waiting for revised programme of delivery	
13	Hartcliffe Campus (Phase 2), Hartcliffe	+15	Land disposal - BCC	Phased programme	
14	Henacre Open Space, Lawrence Weston	-38	Curo	Slipped to 2021/22	Strategic meeting with Curo to discuss programme
15	Dunmail Primary School, Southmead	-10	United Communities	Phased programme (10 units brought forward for delivery)	Strategic meeting with United Communities to discuss programme
16	Crome/Constable Road PRC, Lockleaze	-40	Yarlington	Slipped to 2021/22	Strategic meeting with Yarlington to discuss programme
17	Bath Rd (West of Totterdown Bridge), Totterdown	+32	Yarlington	Brought forward from 2021/22	Strategic meeting with Yarlington to discuss programme
18	Herkomer PRC, Lockleaze	-26	Yarlington	Slipped to beyond 2020/21	Strategic meeting with Yarlington to discuss programme
19	Hengrove Park (Phase 1)	-27	Curo	Brought forward for delivery	Strategic meeting with Curo to discuss programme
20	40-48 Midland Road, Old Market	+62	United Communities	Brought forward for delivery (planning issue yet to be resolved)	Meeting arranged with planning & Urban design & united communities to discuss outstanding issues
21	493-499 Bath Road, Arnos Vale	-86	Sovereign	Slipped to Beyond 2021/22	Strategic meeting with Sovereign to discuss programme
22	Land to Rear of 65-67 Kings Weston Ave, Lawrence Weston	+1	Yarlington	Revised design	Strategic meeting with Yarlington to discuss programme
23	PX Centre (Highbury S/S), Bedminster Rd,	-3	Solon	New proposal for the site	Already working with Solon to enable delivery
24	Long Cross PH/Holly House, Lawrence Weston	+13	Curo	Slipped from 2019/20	Strategic meeting with Curo to discuss programme
25	Speedwell Swimming Baths, Whitefield Rd	+31	Yarlington	Slipped from 2019/20	Strategic meeting with Yarlington to discuss programme
26	194 Luckwell Road, Bedminster	-1	United Communities	Revised design	Already working with United Communities to enable delivery
27	Ambulance Station, Tower Hill	-75	Yarlington	Slipped to 2021/22	Strategic meeting with Yarlington to discuss programme
27	Plot ND6 & ND7, Temple Quay North, Temple Gate	+48	Legal & General	Slipped from 2019/20	

28	Redcliffe Wharf, Redcliffe	-3	Sovereign	Slipped to 2021/22	Strategic meeting with Sovereign to discuss programme
29	Portland Square, Cave St, Surrey St (Sandhu Warehouse) St Pauls	+20	Freemantle	New added scheme	
Total Change		-174			