

Central Bedfordshire  
Council  
Priory House  
Monks Walk  
Chicksands,  
Shefford SG17 5TQ



**please ask for** Paula Everitt  
**direct line** 0300 300 4196  
**date** 12 June 2014

## NOTICE OF MEETING

### **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE**

Date & Time

**Monday, 23 June 2014 10.00 a.m.**

Venue at

**Council Chamber, Priory House, Monks Walk, Shefford**

Richard Carr  
**Chief Executive**

To: The Chairman and Members of the SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE:

Cllrs Mrs R J Drinkwater (Chairman), Mrs D B Gurney (Vice-Chairman), R D Berry, Mrs G Clarke, P A Duckett, C C Gomm, Mrs S A Goodchild, N J Sheppard and M A Smith

[Named Substitutes:

P N Aldis, Mrs C F Chapman MBE, Ms A M W Graham, D J Hopkin, D McVicar and Miss A Sparrow]

All other Members of the Council - on request

**MEMBERS OF THE PRESS AND PUBLIC ARE WELCOME TO ATTEND THIS  
MEETING**

# AGENDA

1. **Apologies for Absence**

Apologies for absence and notification of substitute members

2. **Minutes**

To approve as a correct record the Minutes of the meeting of the Social Care , Health and Housing Overview and Scrutiny Committee held on 12 May 2014 and to note actions taken since that meeting.

3. **Members' Interests**

To receive from Members any declarations of interest and of any political whip in relation to any agenda item.

4. **Chairman's Announcements and Communications**

To receive any announcements from the Chairman and any matters of communication.

5. **Petitions**

To receive petitions from members of the public in accordance with the Public Participation Procedure as set out in Annex 2 of Part A4 of the Constitution.

6. **Questions, Statements or Deputations**

To receive any questions, statements or deputations from members of the public in accordance with the Public Participation Procedure as set out in Annex 1 of part A4 of the Constitution.

7. **Call-In**

To consider any decision of the Executive referred to this Committee for review in accordance with Procedure Rule 10.10 of Part D2.

8. **Requested Items**

To consider any items referred to the Committee at the request of a Member under Procedure Rule 3.1 of Part D2 of the Constitution.

## **Part A: Health Scrutiny**

to consider matters relating to health of adults, children and young people and 'substantial' changes to NHS provision in Central Bedfordshire.

<b>Reports</b>
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<b>Item</b>	<b>Subject</b>	<b>Page Nos.</b>
9	<b>Better Care Fund Report</b>	*
	To receive and comment on the final Better Care Fund submission. This item was deferred at the last meeting of the Committee and Members are requested to bring their papers to the meeting.	
10	<b>Specialist Fertility Treatment Local Criteria</b>	* 13 - 20
	To consider and comment on a consultation process that the Bedfordshire Clinical Commissioning Group plans to undertake in respect of the local eligibility criteria for IVF.	

### **Part B: Social Care and Housing**

To consider matters relating to adult social care and housing services and any other matters that fall within the remit of the Social Care, Health and Housing Directorate.

<b>Reports</b>
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<b>Item</b>	<b>Subject</b>	<b>Page Nos.</b>
11	<b>Housing led Investment in Central Bedfordshire to deliver new homes and regeneration</b>	* 21 - 42
	To consider the deferred Housing Investment Plan report. Members are requested to bring their copy of the report to the meeting and to consider the attached presentation from Aragon Housing.	
12	<b>Welfare Reforms</b>	* 43 - 50
	To consider and comment on the report on Welfare Reforms in Central Bedfordshire.	
13	<b>Discretionary Housing Payments Policy</b>	* 51 - 92
	To consider and comment on a report containing the draft Discretionary Housing Payment Policy and a summary of the outcome of the public consultation.	
14	<b>Work Programme 2014-15 and Executive Forward Plan</b>	* 93 - 98
	To consider the currently drafted Social Care Health and Housing Overview and Scrutiny work programme for 2014/15 and the Executive Forward Plan.	

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**CENTRAL BEDFORDSHIRE COUNCIL**

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Council Chamber, Priory House, Monks Walk, Shefford on Monday, 12 May 2014.

**PRESENT**

Cllr Mrs R J Drinkwater (Chairman)  
Cllr Mrs D B Gurney (Vice-Chairman)

Cllrs R D Berry  
Mrs G Clarke  
P A Duckett

Cllrs C C Gomm  
Mrs S A Goodchild  
M A Smith

Apologies for Absence: Cllrs N J Sheppard

Members in Attendance: Cllrs P N Aldis  
Mrs A Barker Chairman of Children's Services  
Overview and Scrutiny Committee  
C Hegley Executive Member for Social Care,  
Health & Housing  
A M Turner Deputy Executive Member for Social  
Care, Health & Housing

Officers in Attendance: Mrs P Everitt – Scrutiny Policy Adviser  
Mr D Jones – Interim Consultant, Adult Social Care  
Mr T Keaveney – Assistant Director Housing Services  
Mrs J Ogley – Director of Social Care, Health and  
Housing

Others in Attendance

Mrs J Archer	East & North Herts NHS Trust
Mrs J Evans	Head of Quality and Patient Safety, East & North Herts Trust
Ms R Featherstone	Chair - Healthwatch Central Bedfordshire
Mrs N Fraser	Director of Nursing and Patient Services, Bedford Hospital
Mrs A Lathwell	Head of Strategy & Corporate Planning, Bedfordshire Clinical Commissioning Group
Ms V Parsons	Head of Quality Development (Luton and Dunstable Hospital NHS Foundation Trust)
Mr P Rix	Associate Locality Director for Mental Health Central Bedfordshire
Mrs H Smart	Director Integrated Adult Services & Lead Nurse, SEPT Integrated Services
Mr R Winter	Executive Director Integrated Services Bedfordshire & Luton (Community Service)

SCHH/14/1 **Members' Interests**

Cllr Mrs G Clarke declared an interest as a family member worked for the Clinical Commissioning Group. Cllr Mrs D Gurney also declared an interest as a member of the North Hertfordshire Trust Panel.

SCHH/14/2 **Minutes**

**RESOLVED that the minutes of the meeting of the Social Care, Health and Housing Overview and Scrutiny Committee held on 12 May 2014 be confirmed and signed by the Chairman as a correct record.**

SCHH/14/3 **Chairman's Announcements and Communications**

The Chairman announced that a briefing session was planned for Members of the Committee on Mental Health Procurement and the Domiciliary Care Framework at 2pm on 24 June 2014. An all Member briefing on the Review of Healthcare Services in Bedfordshire was planned for 13 June, 2014. Further details would be sent to Members on the two briefings.

SCHH/14/4 **Petitions**

None.

SCHH/14/5 **Questions, Statements or Deputations**

None.

SCHH/14/6 **Call-In**

None.

SCHH/14/7 **Requested Items**

None.

SCHH/14/8 **Executive Member Update**

The Executive Member for Social Care, Health and Housing updated the Committee on issues that were not included on the agenda, these included:-

- Attendance at a Two Tick Forum for employees of people with disabilities.
- Attendance at the Houghton Regis Helpers Annual General Meeting.
- Visits to Tottenhoe Parish Councils as part of the Investment Plan regarding estate improvements and to Dunstable and Houghton Regis to view garage blocks. A further visit to Leighton Buzzard was planned.

- Arrangements for two Member briefings on Public Health and the Investment Plan prior to Council on 12 June 2014.
- Attendance at an Ivel Valley Caring Together meeting to discuss improvements in the locality.
- A visit to a new homelessness service based at the Black Horse Public House in Leighton Linlade.

#### SCHH/14/9 **East and North Hertfordshire NHS Trust Performance Presentation**

The Chairman welcomed Jacqui Evans, Head of Quality & Patient Safety and Jude Archer from the North and East Hertfordshire NHS Trust, who provided an update on the Trust's Quality Account 2013/14.

The Trust had improved facilities on its four main sites and shared their plans for further expansion with the Committee. Priorities for 2013/14 included improvements to services by reducing the numbers of falls, pressure ulcers and medication incidents, improve its stroke and mortality numbers as well as improve communications with patients and carers. The Trust had been successful in its training and development of staff and achieved a good staff satisfaction rate and low sickness levels.

In light of the presentation, Members raised a number of issues, which were addressed by the Trust's representatives:

- By what method had the Trust had achieve such a low sickness level for staff? In response Jacqui Evans explained that the Trust had analysed its sickness records and improved its management of long term sickness. There was a good team working ethos in place and the combination had lead to the improvement.
- Concerns regarding high mortality figures. The Trust acknowledged the number was high and explained there was a complicated methodology to work out the number of patients the hospital expected to die. The numbers were skewed because of the Hospice service attached to the Trust. Members were reassured that all case notes on deaths were reviewed to ensure all had been done to help the patient.
- Whether the current number of consultants for the orthopaedic and stroke services allowed the services to operate at a safe level? There was a concern that patients had to wait longer to be discharged and waiting times had increased. Jude Archer advised that additional cover had been arranged and the Trust was actively recruiting a stroke consultant. The Trust agreed to provide an update to future Committee on:
  - consultant cover and recruitment for Orthopaedics and Stroke services;
  - the number of patients discharged into Central Bedfordshire;
  - the Trust's policy on using Stanmore Hospital for paediatric services

**RECOMMENDED that the presentation be noted and the North and East Hertfordshire NHS Trust inform the Committee of the additional information as requested.**

**SCHH/14/10 Quality Accounts****Bedford Hospital**

The Chairman welcomed Nina Fraser, Director of Nursing at Bedford Hospital NHS Trust who introduced the Trust's Quality Account 2013/14 and provided an overview of the achievements in the last year and priorities for 2014/15.

These included:-

- Improved performance in patient safety. The Trust had implemented a new successful method to isolate patients with suspected infections on arrival at Hospital.
- A variety of methods would be used to collate data for the performance measure 'to improve the areas of most concern to patients'. The use of mobile text messaging had not proved to be a successful method.
- Clinical effectiveness to prevent avoidable deaths figures had been affected by specific incidences. A mortality review process had been introduced to improve awareness.
- Reference to the Care Quality Commissions' Inspection last year and the turnaround of the Hospital to meet the standards expected. The General Medical Council had agreed that Junior Doctors would return to Bedford Hospital in summer 2014.

In light of the update, Members raised a number of issues including:-

- Improvements in care that had resulted in the decrease in falls and whether good practice was shared with other care providers. Mrs Fraser responded that a forum to share good practice existed and was used for this purpose.
- The need to enhance awareness of new superbugs. Bedford Hospital had included information in a care bundle on the rising incidence of new antibiotic-resistant bacteria (CPE) as well as the signs of septicaemia. GPs and Commissioners received regular updates.

**Luton and Dunstable Hospital**

Victoria Parsons, Trust Board Secretary at the Luton and Dunstable Hospital introduced the Trust's Quality Account 2013/14 and provided an overview of the achievements and priorities for 2014/15. The Hospital had achieved all of its priorities and would strive to continue this upward trend.

The Hospital had introduced specialist clinical nurses to all wards, reduced falls and improved treatment of pressure ulcers. The quality of responses to complaints had improved with a low number of complainants unhappy with their response.

Following the improvements made to the outpatient facilities, patients had seen their appointments rescheduled and car parking had become a big issue. Administrative staff had received NVQ training in customer care to improve performance.

The Luton and Dunstable hospital had improved performance on hospital mortality across the fractured neck of femur priority with previous results putting them amongst the worst in the country.



In light of the presentation, Members raised questions in relation to car parking. The Trust Board Secretary acknowledged the problem and announced plans for a new staff car park close by. It was queried whether patients and staff used the new busway. It was confirmed this data was not collected at present.

### **South Essex Partnership University Foundation Trust (SEPT)**

Richard Winter, Executive Director, South Essex Partnership University Foundation Trust (SEPT) and colleagues Helen Smart and Paul Rix presented the Trust Quality Account. Mr Winter referred to the success of the Trust's performance which had seen a reduction in the number of suicides, a successful mystery shopper exercise and a reduction in the number of pressure ulcers and falls. Mrs Smart referred to areas of innovation in care, especially the work on acute pathways and the redirection of patients from hospital and moved to appropriate care. From November 2011 the Trust had ensured no patient experienced a delay in their transfer and SEPT was the only Trust to achieve this.

Paul Rix referred to achievements in the care of mental health patients and the Learning Disability Service. The Trust had successfully developed screening and access programmes to help adults and children in need. A programme of work to help dementia patients was also underway.

In light of the update, Members raised the following issues:-

- The low number of patients aged 75 years and over admitted to hospital was a great accomplishment. The Trust hoped to target the next age group in the same way.
- The suicide rate figures had reduced and work to combat the more vulnerable group of 35-55 year old men was planned. SEPT would undertake a survey on this issue and agreed to bring the information to the Committee for their consideration at a future date.

The Committee agreed that in all three Quality Accounts the priorities matched those of the public and patients and that the public had been involved in the production of the Quality Account.

### **RECOMMENDED**

- 1. Bedford Hospital NHS Foundation Trust Quality Account 2013/14 be noted and a statement from the Committee be incorporated that the Committee were satisfied with the evidence provided.**
- 2. The Luton and Dunstable Hospital University Foundation Trust Quality Account 2013/14 be noted and a statement from the Committee be incorporated that confirmed they were satisfied with the evidence provided.**
- 3. The South Essex Partnership University Foundation Trust (SEPT) Quality Account 2013/14 be noted and a statement from the Committee be incorporated that confirmed they were satisfied with the evidence provided.**
- 4. That SEPT brief Members on the results of the suicide survey.**

**SCHH/14/11 Bedfordshire Plan for Patients 2014/16**

The Head of Strategy and System Redesign (Bedfordshire Clinical Commissioning Group [BCCG]) introduced the Central Bedfordshire Plan for Patients 2014-16. The Plan had been approved by the Health and Wellbeing Board and Members' attention was drawn to the engagement undertaken with participation groups to help develop the plan. Central Bedfordshire Council had been a key partner in its development. The Committee's attention was drawn to the progress made to improve services and ambitions for the next two years.

In light of the update, Members discussed the following:-

- Whether voluntary sector and patient groups in the community had been included in the engagement progress. The Head of Strategy and System Redesign, BCCG, confirmed the voluntary sector had been represented at meetings.
- That savings achieved by the BCCG from £1.9m to £11m was not the result of cutting or reducing services. The savings had in fact been achieved through transaction cost efficiencies.
- Whether the recent launch of the campaign 'Choosing Well' had been successful. The Head of Strategy and System Redesign, BCCG advised it was too early to measure the results of the campaign, however, education of the system change was paramount and the Better Care Fund would help bring the changes about.

The Director of Social Care Health and Housing thanked the BCCG for the Plan for Patients 2014/16 that was specifically focussed on Central Bedfordshire.

**NOTED the report.**

**SCHH/14/12 Better Care Fund Report**

The Chairman agreed that this item be deferred to the next meeting of the Committee scheduled on 23 June 2014.

**SCHH/14/13 Allocations Policy**

The Assistant Director Housing introduced a report on the draft Housing Allocations Policy. The report was the culmination of two years work led by Members following the introduction of the Localism Act 2011. Proposals in the draft policy responded to issues and priorities identified by Members to ensure local housing was prioritised for local people and supported low paid working households.

The report outlined evidence collated during the review, the aims of the new policy and the potential benefits that included the alignment to the Council's Tenancy Strategy, the prohibiting of cross-border mobility, and the opportunity given to the Council to make the best use of the housing stock.

The key policy changes were included in a presentation to the Committee and if adopted the Policy would see the Housing Service focus on the needs of residents who the Council had a duty to assist. Operational changes to the Housing Service would include a move to on-line housing applications and self-assessment tool and a personalised housing options plan. Housing officers would offer help to tenants looking for work.

A full consultation had been undertaken and responses were in general supportive of the proposed changes. A full equality impact assessment had been completed and close monitoring of the impact of the policy would be made to determine whether there was evidence of discrimination against residents. In addition, the Assistant Director Housing reported a further four week consultation would be undertaken on the proposal to prioritise older people living within 2 miles of an advertised property so that they could continue to benefit from existing support networks.

In light of the report and presentation Members discussed a number of issues and concerns:-

- Whether a resident, able to meet the cost of rented accommodation would be excluded from the register. The Assistant Director Housing explained that if circumstances changed for a resident, an application could be made. However, to manage expectations these residents would not meet the proposed criteria.
- Concern that workers in the voluntary sector would not be able to supply a contract of work to housing officers. Volunteers were provided with an agreement and it was proposed the wording be amended.
- Whether Housing Officers would continue to support vulnerable residents in need of housing. The Assistant Director Housing reassured Members that the Council had a good supply of accommodation and residents not in work would not be disadvantaged. It was envisaged that the offer of incentives to residents to find employment would make a positive impact.
- That Officers closely monitor the impact of the new policy on residents and report to a future meeting of the Committee.

Members commended the Policy as an innovative piece of work.

**RECOMMENDED that the report be noted and the impact on residents as a result of the implementation of the new Housing Allocation Policy be closely monitored with concerns reported to the Committee.**

#### SCHH/14/14 **Draft Housing Investment Plan**

The Chairman agreed to defer this item to a future meeting of the Committee.

#### SCHH/14/15 **Work Programme 2014-15 and Executive Forward Plan**

The Chairman agreed to defer this item to the next meeting of the Committee.

(Note: The meeting commenced at 10.00 a.m. and concluded at 1.55 p.m.)

Chairman .....

Date .....

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**Meeting:** Central Bedfordshire Council Overview and Scrutiny Committee  
**Date:** June 2014  
**Subject:** Specialist Fertility Treatment Local Criteria  
**Report of:** Dr Diane Bell and Angelina Florio  
**Summary:** This report informs the OSC of a consultation process that Bedfordshire Clinical Commissioning Group plans to undertake in respect of the local eligibility criteria for IVF.

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**Advising Officer:** Dr Diane Bell, Director of Strategy and Redesign  
**Contact Officer:** Angelina Florio, System Redesign Manager  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Council

<b>CORPORATE IMPLICATIONS</b>	
<b>Council Priorities:</b>	
1.	<ul style="list-style-type: none"> <li>• Promote health and wellbeing and protecting the vulnerable.</li> </ul>
<b>Financial:</b>	
2.	Not Applicable
<b>Legal:</b>	
3.	Not Applicable
<b>Risk Management:</b>	
4.	Not Applicable
<b>Staffing (including Trades Unions):</b>	
5.	Not Applicable
<b>Equalities/Human Rights:</b>	
6.	BCCG is in the process of assessing the project using the EIA template.
<b>Public Health</b>	
7.	Not Applicable
<b>Community Safety:</b>	
8.	Not Applicable.
<b>Sustainability:</b>	
9.	Not Applicable.

**Procurement:**

10. Not applicable.

**RECOMMENDATION(S):**

**The Committee is asked to:-**

- 1. Consider whether the plan for public consultation is sound and review the recommended option proposal with a view to determining whether it would like to review the outcome of the consultation.**

**What is the nature of the proposed change or development or services?**

11. Until March 2013, specialist fertility services were commissioned regionally by the East of England Specialised Commissioning Group (EoE SCG). Since April 2013, individual Clinical Commissioning Groups became responsible for commissioning these services.
12. Bedfordshire Clinical Commissioning Group (BCCG) has been working with Clinical Commissioning Groups (CCGs) in the East of England to procure region wide specialist fertility service via a collaborative agreement (made up of 19 CCGs within the EoE region).
13. Whilst the East of England wide collaborative addresses the contractual element of the service i.e. the service providers, it is the responsibility of each CCG to determine their local eligibility criteria and policy that will specify service user access to the service.
14. In February 2013, the National Institute for Health and Clinical Excellence (NICE) updated their guidance in respect of fertility (CG156, February 2013). The new guidance provides specialist fertility treatments to a certain section of the population for whom it was not previously available to and shortens the waiting time for treatment from 3 years to 2 years.
15. There are two key changes in the NICE guideline which differ from the existing policy and have a resource implication on BCCG. These are:
  - Access to IVF after 2 years rather than 3 years with earlier access for women aged 36 years or over
  - Offer one cycle of IVF treatment to women aged 40-42 years
16. NICE provides various types of national guidance on promoting good health and preventing and treating ill health. The fertility guidance referred to within this report is one that provides recommendations about the treatment and care of fertility. This type of guidance is not mandatory for commissioners to follow and fund its recommendations. This type of guidance is very different from the 'technology appraisal guidance' produced by NICE which is mandatory for CCGs to fund.

**Patient Journey now**

- 17. Consultants within secondary care providers e.g. Bedford Hospital and Luton and Dunstable Foundation Trust refer Bedfordshire patients to specialist fertility providers (Barts and London NHS Trust, Bourn Hall Clinic, Imperial College Healthcare NHS Trust and Oxford Fertility Hospitals).
- 18. A decision by a Consultant to refer a couple for NHS funded IVF or other fertility service is based on an assessment against the East of England eligibility criteria. The criteria currently in use were developed by the EoE Specialist Commissioning Group in 2011 when it was responsible for the commissioning of specialist fertility services.
- 19. The criteria includes the following:

	<b>Waiting time for access to IVF</b>	<b>Age restrictions</b>	<b>Number of cycles</b>
<b>Existing Policy</b>	Access to IVF after 3 years	Aged 23 to 40 years	3 full cycles of IVF
<b>East of England SCG Policy 2011</b>			

**Patient Journey in the future**

- 20. Secondary care providers will continue to refer patients to specialist fertility providers. A decision to refer a couple for NHS funded IVF or other fertility services will be based on an assessment against local Bedfordshire eligibility criteria that are yet to be determined.

**Future Commissioning of Specialist Fertility Treatment**

- 21. Unfortunately all CCGs in the UK find themselves in a very difficult position where the cost of implementing the entirety of the revised fertility NICE guidance is far more expensive than the current fertility expenditure.  
BCCG currently spends £799,000 each year on specialist fertility treatments. If BCCG commissions future specialist fertility services in line with all recommendations in the revised NICE guidance, it would need to find an additional £289,000 – an increase of 36% of the current IVF budget. In a climate where additional funding is absent, the reality of implementing the NICE recommendations in their entirety would result in the requirement to decommission health services elsewhere in Bedfordshire.

22. Clinicians from the East of England collaborative recognised the dilemma faced by CCGs not being in a position to financially afford commissioning the revised guidelines in their entirety. Collectively, they identified a number of alternative potential commissioning options that comprised a variation of elements of the revised NICE guidance along with variations that diverge from the NICE guidelines. The variations within these options are to the number of cycles offered, the age range of women that can access IVF and the number of years waiting time prior to service users accessing IVF.
23. These discussions further resulted in the identification of a future commissioning option that Clinicians in the EoE considered to be the best value for money option if CCGs were unable to fund the revised NICE guidelines in full. The option includes the following:

	<b>Waiting time for access to IVF</b>	<b>Age restrictions</b>	<b>Number of cycles</b>
<b>Option 1</b>  <b>EoE collaborative recommended option</b>	Access to IVF after 3 years	Aged 23 to 42 years	2 full cycles of IVF treatment for women age 23 to 40  1 full cycle of IVF treatment for women aged 40-42

24. Clinicians considered the EoE recommended option as the option that is closest to the revised NICE guidelines with the least financial implication. Extending the age range in line with the NICE guidelines enables women aged 40 to 42 to access IVF whilst they previously were excluded. Therefore this option provides opportunity for more of the population to access IVF than the other options and the existing criteria. The majority of CCGs in the East of England have opted for this recommended option.
25. The table below shows a comparison of options against the existing EoE policy and the revised NICE guidelines. It clearly demonstrates the variations in the costs associated with the options and how option 1 (the recommended option) incorporates the NICE guideline enabling women between the ages of 40 to 42 to access IVF services.



26.

	<b>Waiting time for access to IVF</b>	<b>Age restrictions</b>	<b>Number of cycles</b>	<b>Costs</b>
Existing Policy  East of England SCG Policy 2011	Access to IVF after 3 years	Aged 23 to 40 years	3 full cycles	£799,000
NICE CG156, 2013 guidelines	Access to IVF after 2 years with earlier access for women aged 36 years or over	Aged 23 to 42 years	3 full cycles of IVF treatment for women age 23 to 40  1 full cycle of IVF treatment for women aged 40-42	£1,088,000
Option 1  EoE collaborative recommended option	Access to IVF after 3 years	Aged 23 to 42 years	2 full cycles of IVF treatment for women age 23 to 40  1 full cycle of IVF treatment for women aged 40-42	£650,000
Option 2	Access to IVF after 3 years	Aged 23 to 40 years	2 full cycles of IVF	£547,000
Option 3	Access to IVF after 2 years	Aged 23 to 40 years	2 full cycles of IVF	£807,000

27. Locally, Bedfordshire CCGs executive management team considered the options for future commissioning of IVF in light of the revised NICE guidelines and options proposed by the EoE collaborative. Additional funding for the application of the revised NICE guidance in full is not available. The executive management team therefore considered that the consensus recommendation by the clinicians from the EoE collaborative (Option 1) would also be Bedfordshire CCG's recommended option, given that it increases the availability of IVF to patients whilst remaining in budget and thereby not risking decommissioning of other services. However, the executive management team also recognised the sensitivities of any decisions in this area and the need for consultation with the public before making a final recommendation to the CCG governing body.

**Who is affected and how many patients?**

28. In 2013/14, BCCG commissioned 243 cycles of IVF across the whole of Bedfordshire. This equates to about 80 patients. In the absence of definitive figures split by Local Authorities, it is estimated that approximately 48 women in Bedfordshire Central received IVF treatment in 2013/14.
29. Whilst the individuals that would potentially be affected by a change in IVF criteria is very low in proportion to the population of Bedfordshire residents, BCCG recognises that IVF can be a very emotive topic for the few individuals concerned.
30. The number of patients affected will depend on the local eligibility criteria selected.

**What engagement has there been and what are the plans for further consultation?**

31. The East of England collaborative has garnered comments, input and opinion from a number of clinicians across the region. Local GPs have actively participated in this process, along with hospital specialists and public health consultants. Much detailed deliberation has taken place considering the future potential commissioning options for IVF in light of the revised NICE guidance.
32. BCCG's executive team has considered the trade-offs required between extending availability to IVF (as per the revised NICE guidance) and the necessary increased funding that full implementation of such guidance would need. Given the potentially sensitive nature of such funding decisions, the CCG plans to consult with the public and other local clinicians on the options as set out in the table, which include the status quo, the recommendation from the EoE collaborative and the full NICE guidance.
33. BCCG recognises the need for a meaningful and appropriate level of consultation in respect of IVF and has therefore been in discussion with the Consultation Institute (CI). BCCG has been successful in securing a dedicated resource from the CI who would work with BCCG in developing a sensitive but purposeful approach to consulting with patients on this emotive issue. The Consultation Institute would underwrite the BCCGs plans to engage with the local public and further engage with its local clinicians in a consultation process prior to making a decision in respect of its eligibility criteria for Bedfordshire residents, in particularly whether option 1 is the preferred option.
34. The consultation would start in June 2014 and would last for a period of 3 months, after which a final recommendation would be made to the Governing Body in October 2014.

**Conclusion and Next Steps** (optional)

35. BCCG is working with the Consultation Institute to prepare the pre engagement process that would commence in June followed by a consultation beginning in August 2014.

**Appendices:**

N/A

**Background papers and their location:** (open to public inspection)

N/A

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working together,  
stronger together



# GRAND UNION HOUSING GROUP

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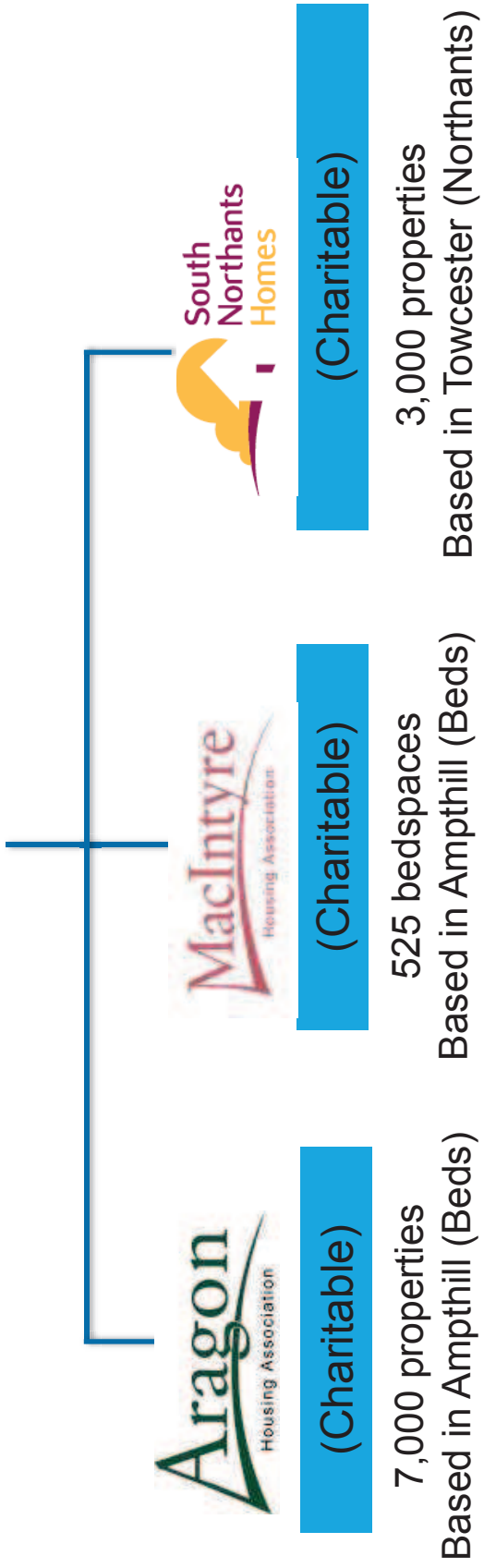
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# Group structure



**(Non charitable)**

Non asset holding parent  
Based in Cranfield (Beds)



**(Charitable)**

7,000 properties  
Based in Ampthill (Beds)

**(Charitable)**

525 bedspaces  
Based in Ampthill (Beds)

**(Charitable)**

3,000 properties  
Based in Towcester (Northants)



# History of the Group



- October 1994 2,896 homes transferred from Mid Beds District Council to Mid Beds Housing Association
- April 1999 Name change from Mid Beds Housing Association to Aragon Housing Association
- July 2000 MacIntyre Housing Association joined as a subsidiary of Aragon
- November 2001 3,137 homes transferred to Aragon from Mid Beds District Council
- March 2008 Grand Union Housing Group formed following the transfer of 2,894 homes from South Northamptonshire Council to South Northants Homes

# Group subsidiaries



## **Aragon Housing Association**

- Largest member of the Group with around 7,000 properties
- Formed in 1994 following the transfer of 3,000 properties from Mid Beds District Council. A second transfer from the Council of 3,100 properties took place in 2001
- Recently converted to charitable status
- Properties include; general needs, supported and older persons' housing, shared ownership, leasehold and market rented properties
- 2 CBC Members on the Board



# Achievements to date



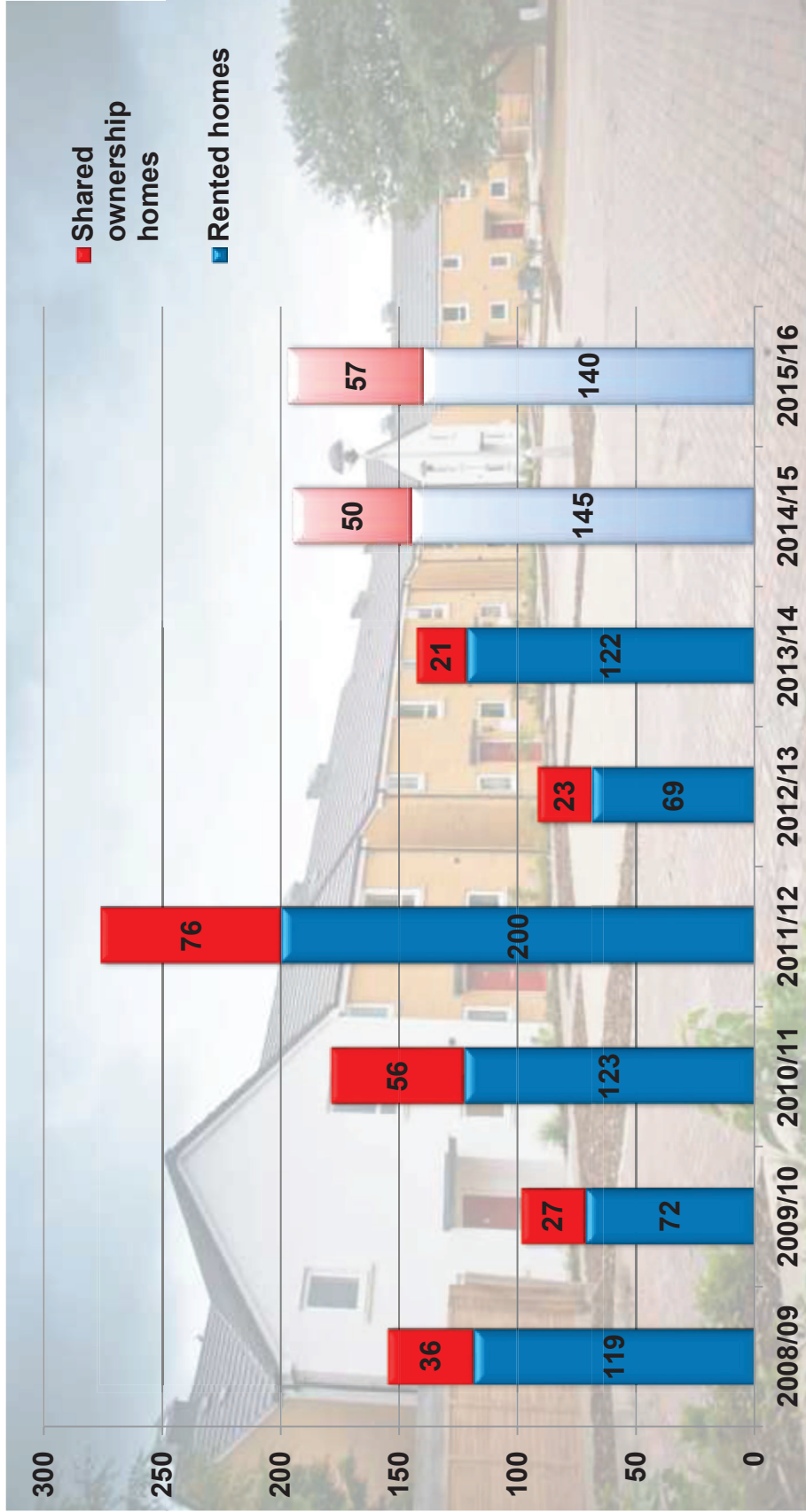
- Homes and Communities Agency (HCA) Development Partner
- Delivered almost 1,000 new homes since 2008
- V1 for Viability and G1 for Governance in 2012 HCA Regulatory Review
- In Top 100 not for profit organisations to work for (Sunday Times list)
- National awards for sustainable housing projects and community work
- In five years improved tenant satisfaction from 82% to 93% (national average 80%)
- Excellent performance record

# Investment in Central Beds

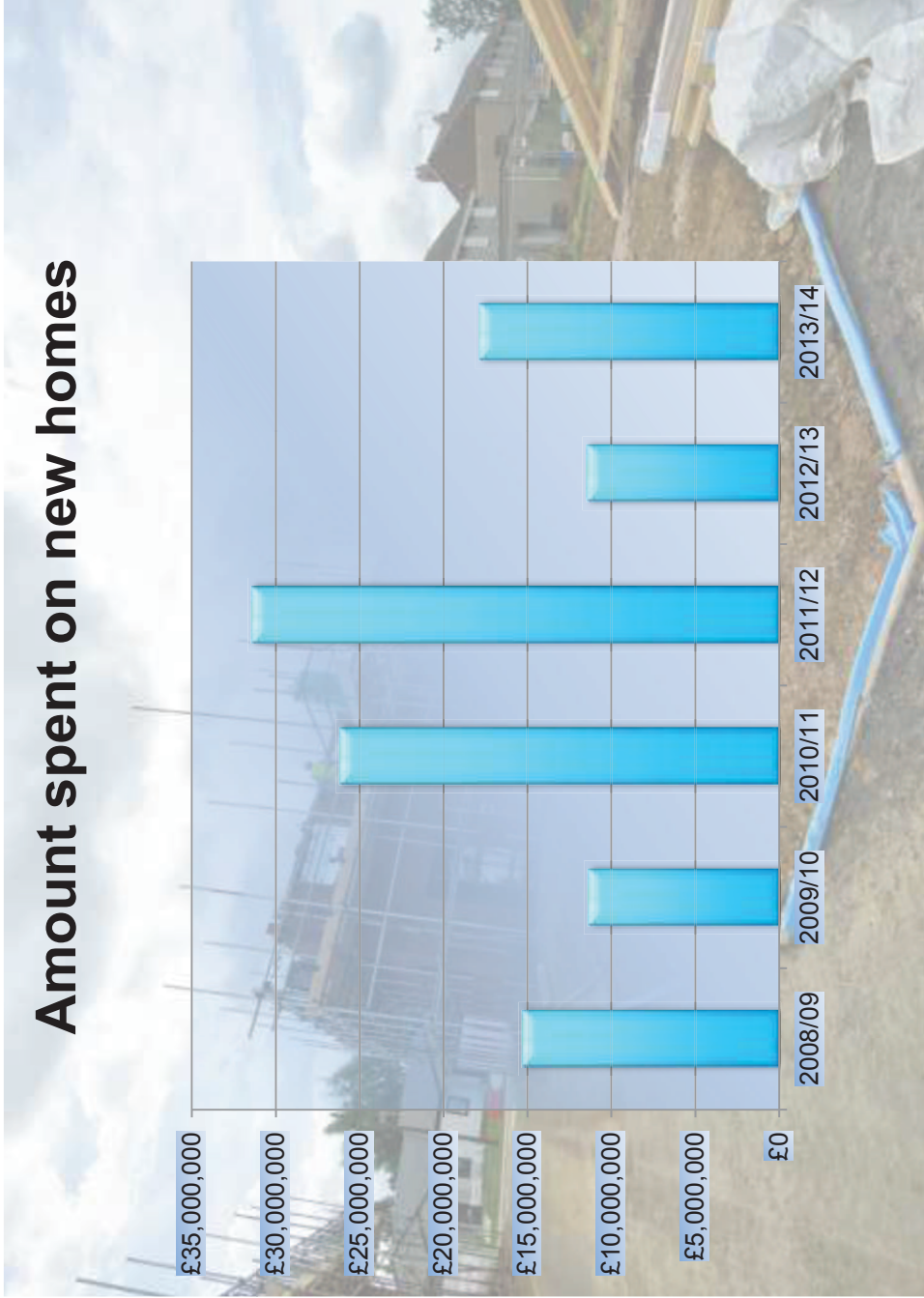


- £70m of our own funds invested in new homes
- £30m in HCA (Housing Corporation) grant
- £110m invested in existing properties
- £3m invested in environmental improvements (car parking etc)
- 8 sheltered schemes have been refurbished (£14m spent) and 3 demolished

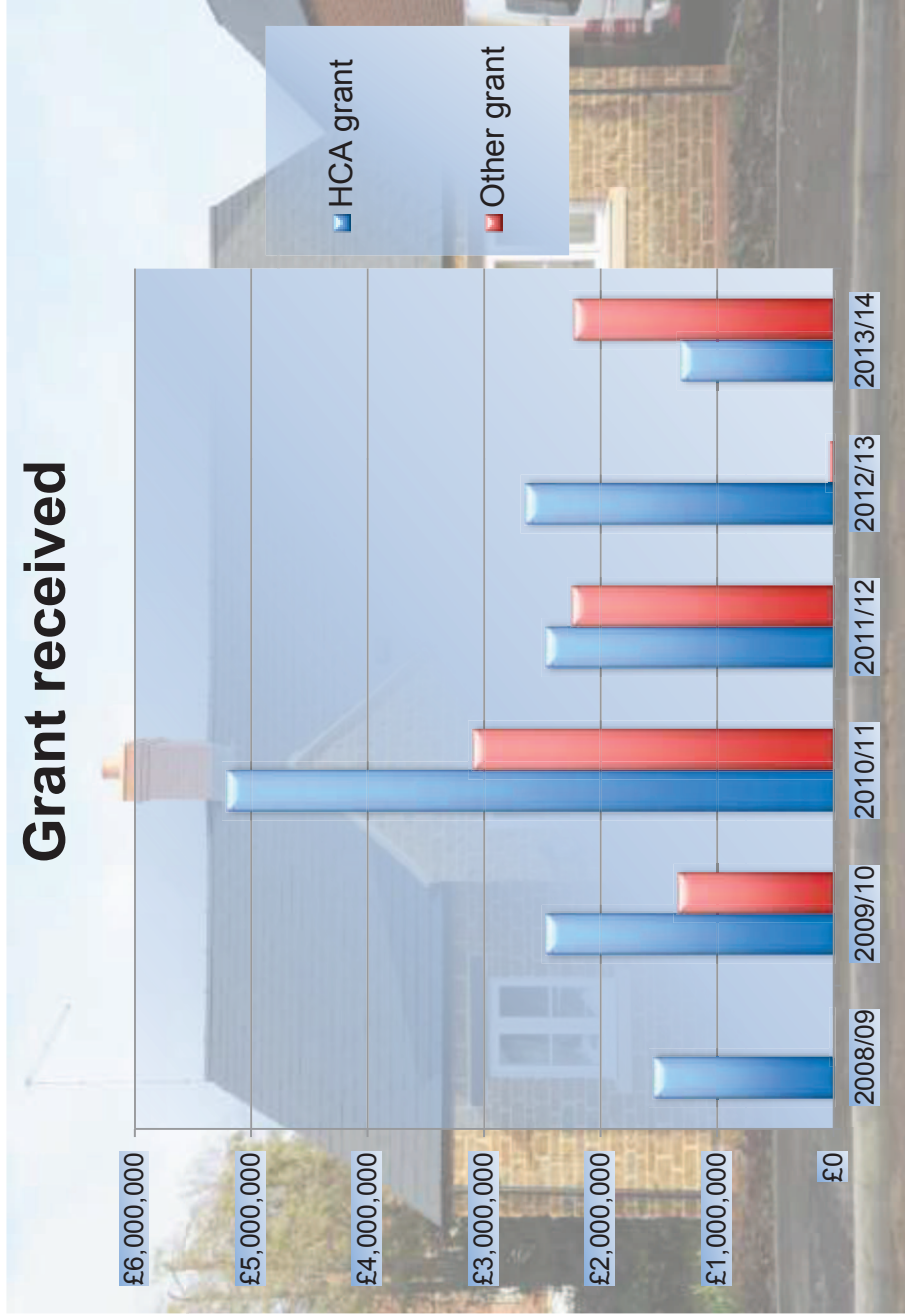
# New homes built



# Programme delivery



# Programme delivery



# Case study

## Tavistock Road, Ampthill

- Major development undertaken by Bloor Homes and Bellway Homes
- 59 affordable homes provided under a section 106 planning agreement
- 32 shared ownership
- 27 target rent
- £6.27m contract value
- £2.2m sales receipts
- 36% initial share purchased



# Case study

## Sandyacres, Maulden

- Asset management redevelopment site undertaken by Bramall Construction
- Replaced 16 bungalows with 17 houses at target rent
- £1.68m contract value
- £425,000 HCA funding



# Case study

## Wingfield Avenue, Maulden

- Garage site redeveloped
- Total scheme cost £1.5m
- HCA grant £605,000
- 11 new homes for rent





# Case study

## Project Abode (Supported Housing)

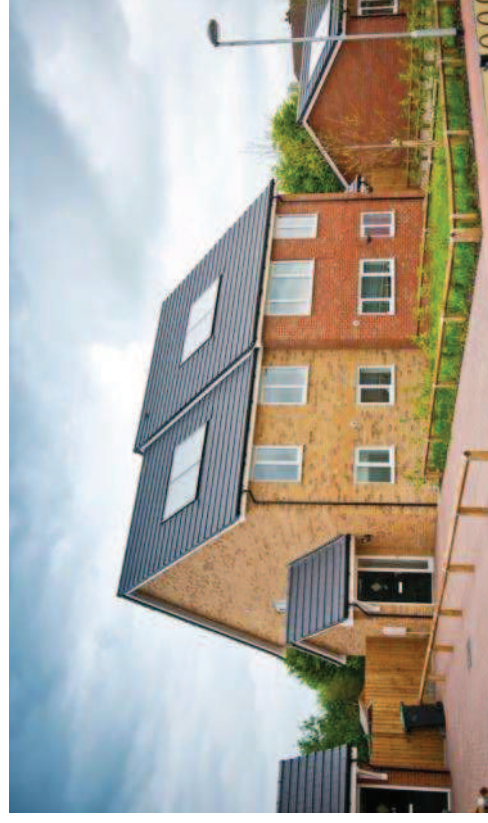
- 7 new build schemes providing housing for 48 adults with learning difficulties
- Public land - 8 assets transferred at zero cost
- £6.6m contract value
- £1.1m HCA grant



# Case study

## Marshall's Avenue, Shillington

- Rural exception site for 11 new homes
- 6 affordable rent
- 5 shared ownership
- £154,000 land value
- £1.19m contract value
- £365,400 sales receipts
- £225,000 HCA grant



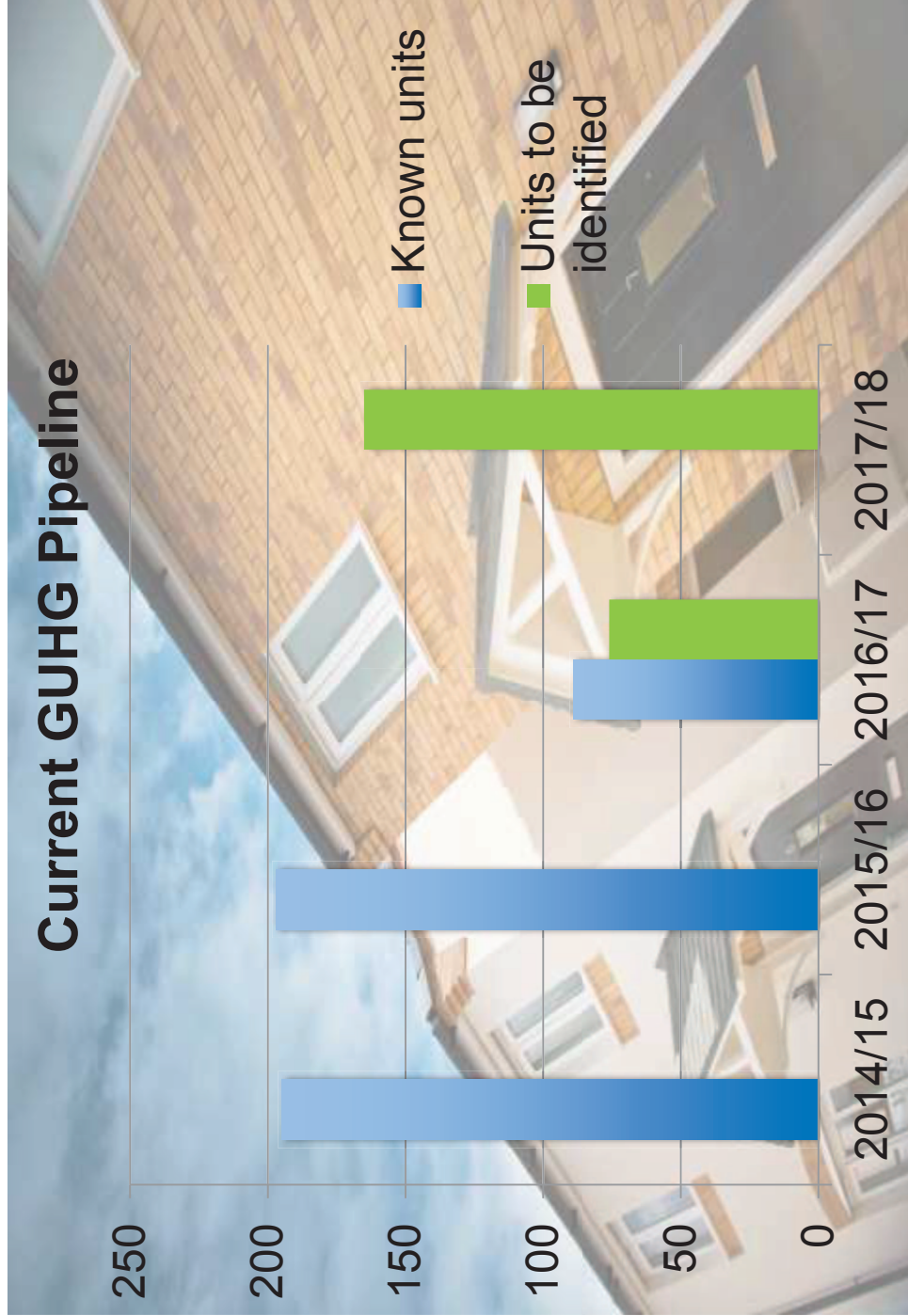
# Case study

## Flowers House, Milton Keynes

- Aragon's dementia scheme on the edge of Bletchley Park, Milton Keynes
- 34 self contained flats
- On site care and support team
- £4m total scheme cost
- £2.1m of HCA grant



# Future programme



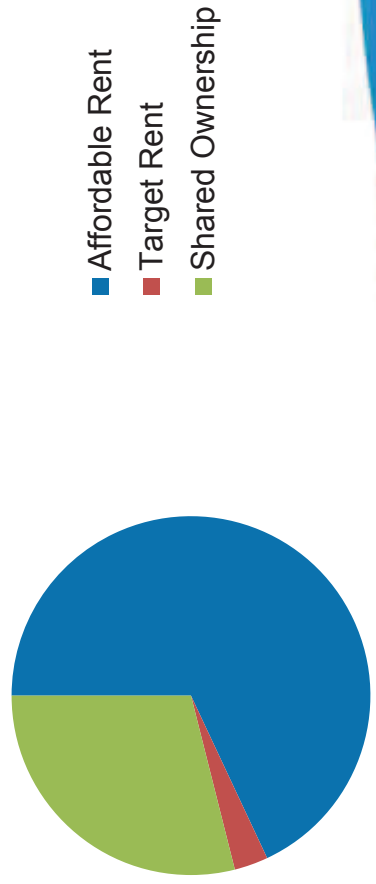
# Future programme



## 2014/15 Tenure breakdown of known programme units



## 2015/16 Tenure breakdown of known programme units



# New homes due in 2014/15



Scheme	Number of New Homes
Sandy Road, Everton	8
Biggleswade Road, Upper Caldecote	10
Boot Lane, Dunton	8
Hillside Road, Harlington	4
Sunderland Road, Sandy	26
Stanford Road, Shefford	24
Stepping Stones, Dunstable – Supported Living	18

# New homes pipeline



Scheme	Number of New Homes
Kings Reach, Biggleswade	34
Park Lane, Blunham	6
Shuttleworth Court, Biggleswade (Asset Management)	11
London Road, Biggleswade (Asset Management)	7
Shillington Garage Site (AHA Garage Site)	8
Cambridge Road, Sandy (AHA Garage Site)	3

# Resources available for future investment



- HCA and other source of grant – currently bidding for £5.7m over next 3 years
- Bond finance – up to £60m available for new build
- VAT shelter - £6m available across the Group
- Selective asset disposals and Right to Buy income - £2.5m budgeted



# THE WAY FORWARD



- Clear and achievable development strategy
- Experienced development staff with track record for delivery
- Established a consortium including:
  - North Herts Homes
  - Howard Cottage HA
  - Bedfordshire Citizens HA
  - Welwyn Hatfield HA
- Schemes identified but capacity to do more
- Want to work in partnership with CBC

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**Meeting:** Social Care, Health and Housing Overview and Scrutiny Committee  
**Date:** 23 June 2014  
**Subject:** The Impact of the Welfare Reforms on Central Bedfordshire  
**Report of:** Councillor Carole Hegley, Executive Member for Social Care, Health and Housing  
Councillor Maurice Jones, Deputy Leader and Executive Member for Corporate Resources  
**Summary:** The report highlights the work of the Welfare Reform Board, and the impact of the Welfare Reforms on:

- Central Bedfordshire Council and key partners; and
- The residents of Central Bedfordshire.

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**Advising Officer:** Julie Ogley, Director of Social Care, Health and Housing  
Charles Warboys, Chief Finance Officer  
**Contact Officer:** Jackie Woods, Service Development Manager, Social Care, Health and Housing  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:** Council

## **CORPORATE IMPLICATIONS**

### **Council Priorities:**

1. The work of the Welfare Reform Board supports the following Council priorities:
  - Enhancing Central Bedfordshire – creating jobs, managing growth, protecting our countryside and enabling businesses to grow.
  - Promote health and wellbeing and protecting the vulnerable.
  - Value for money – freezing council tax.

### **Financial:**

2. The Welfare Reforms have potentially far reaching financial implications to both the Council and residents of Central Bedfordshire. Council Tax Benefit has changed to Council Tax Support, meaning 5,200 households have had to pay Council Tax for the first time, albeit 25% of the full charge. The introduction of the Underoccupation Subsidy and the changes to Disability Living Allowance has further increased pressure on families on low incomes.

**Legal:**

3. There are no direct legal implications, although a risk of legal challenge leading to changes to the implementation of the Welfare Reforms was identified. The application of Welfare Reforms to the disabled was the subject of a judicial review, and the resulting findings placed the responsibility on the Council and use of the Discretionary Housing Fund. Consequently, the policy has been reviewed to account for this.

**Risk Management:**

4. Not Applicable.

**Staffing (including Trades Unions):**

5. Not Applicable.

**Equalities/Human Rights:**

6. Central Bedfordshire Council has a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
7. National and local research indicates that the welfare reforms are affecting a large number of Central Bedfordshire residents such as.
  - Lone parents on low income
  - Families living in social housing
  - Families living in private rented housing
  - Disabled residents of working age and families with disabled children living in their household
8. Many of these residents are low-income working families. For some residents, a small change in their circumstances is having a big impact on family life and their ability to cope without additional support.
9. By considering the groups affected and reviewing relevant policies and procedures it is envisaged that residents can be signposted to appropriate support and that some of the adverse impacts can be mitigated.

**Public Health**

10. The Welfare Reform Project Board has sought to understand emerging impacts of Welfare Reform on the lives, health and well-being of residents. Whilst it is likely the Welfare Reforms will have an impact on the health of residents, the exact nature and extent of this impact will only be ascertained with continued monitoring. Previous research into the impact of reduced income has shown that the greatest impact is likely to be on mental health and wellbeing. In addition changes to lifestyles have been observed such as unhealthy diets, levels of smoking or physical activity. Welfare Reform may also increase levels of fuel poverty and social isolation.

**Community Safety:**

11. Changes at a community level could not fully be explored through a short term study, however anecdotal evidence from the research indicated potential changes in residents' social attitudes towards immigrants/ethnically diverse groups living within their areas as competition for local employment and social housing increases.

**Sustainability:**

12. Not Applicable.

**Procurement:**

13. Not applicable.

<p><b>RECOMMENDATION(S):</b></p> <p><b>The Committee is asked to:-</b></p> <p>1. Consider and note the impact of the Welfare Reforms on:</p> <ul style="list-style-type: none"> <li>• Central Bedfordshire Council and key partners; and</li> <li>• The residents of Central Bedfordshire.</li> </ul> <p>2. Take account of the content of this report when considering the Discretionary Housing Payment policy report to follow later on the agenda.</p>
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**Background**

14. On 1 April 2013 a fundamental review of the welfare benefits system was introduced, to reduce complexity and improve work incentives. These reforms included:
- Council Tax Support;
  - Underoccupancy Subsidy;
  - Benefits Cap;
  - Universal Credit.
15. This was the biggest shake up of welfare and benefits for 20 years, and the implications were wide:

For the Council	Reduced funding for devolved services
	Additional burdens in collecting tax from previously exempt residents
	How to best support individuals to mitigate the impact of the reforms
For individuals	Reduced income/greater outgoings
	Additional complexity, budget management issues etc
For all	Uncertainty as to timing of introduction of Universal Credit
	Delivery of local services is not clear between local authorities and the Department for Work and Pensions.

**16 Council Tax Support Scheme**

The Government abolished the national Council Tax Benefits System on 31 March 2013, replacing it with a requirement for local authorities to work with their precepting bodies to establish a Local Council Tax Support Scheme with effect from 1 April 2013. The new schemes provide a 'discount' against the Council Tax charge, rather than a benefit entitlement.

17 By so doing, it also transferred the risk of any growth in the cost of the system through more Council Taxpayers becoming eligible for Council Tax Support, to local authorities. Councils now have discretion within some constraints, to design their own Local Council Tax Support Schemes. Pensioners, who account for around 48 per cent of the caseload in Central Bedfordshire, have to be protected by law, with any reductions only being able to be applied to working age claimants.

18 The implementation of this scheme has required approximately 5,200 households to pay Council tax for the first time, albeit many of them pay only 25% of the full charge. This has resulted in significantly more work, issuing reminders and follow up recovery action, including court action in appropriate cases. Additionally, the Council Tax collection rate in March 2014 of 97.4% was 0.5% down on the same time in 2012/13 which equates to an additional £760k outstanding. The downturn in collection rates can be seen nationally depending on the level of council tax that council tax support residents are required to pay. However although the collection rate is lower than in 2012/13, the actual amount collected has increased.

**19 Underoccupancy Subsidy**

Under the underoccupancy criteria, one bedroom is allowed per couple, adult or young person (16yrs old+), two children of the same gender, or two children of a different gender if under 10yrs old. The rent reduction impact is 14% if under-occupying by one bedroom and 25% if under-occupying by two bedrooms or more

20 In September 2013 underoccupying tenants in Central Bedfordshire were receiving an average reduction of £15.74 for one bedroom underoccupancy and £28.38 for two or more bedroom underoccupancy per week. The top areas affected were Tithe Farm, Houghton Regis (57 households), Parkside, Houghton Regis (34) and Downside, Dunstable (28).

**21 Benefit Cap**

The government has decided that there should be a limit on how much a family or single person can receive in benefits. The Benefit Cap may apply to anyone from 18 to 61 years of age. The amount has been set to match the average earnings in this country, and so it may change. For couples with or without children and/or single parents, the limit has been set at £500 per week. For single people, not claiming as a couple, the amount has been set at £350 per week. 63 households in Central Bedfordshire are affected by the Benefit Cap.

**22 Universal Credit**

The date for Universal Credit to be introduced nationally has not yet been announced. Implementation is being trialled in a small number of local authorities on a restricted basis but very limited information has to date been provided as to how the trials are progressing.

## **Actions**

23. The Central Bedfordshire Welfare Reform Programme Board was set up to consider the impact of the Welfare Reforms on both residents and the Council, led by the Director of Social Care, Health & Housing and Chief Finance Officer. It consists of three strands of work:
- Resource Assessment – Impact on Council
  - Resident Impact Analysis – Impact on Residents
  - Customer Pathway and Policy – Communications & Partnership

### **Work Stream 1: Resource Assessment – Impact on Council**

24. This work stream has been focussed on what the impact of the changes has been on the Council. It has produced a reporting dashboard and tracked the activity of Council funded schemes as set out below.

#### **25. Welfare Reform Dashboard**

A Welfare Reform dashboard was created to enable the Council to compare and contrast key performance figures, and map changes so that direct and indirect financial implications can be tracked, and estimated future resource allocations can be calculated, especially surrounding the Council Tax Support Policy, Discretionary Housing Payments and Local Welfare Provision Funds.

26. The dashboard includes data from the Council Housing, Revenues and Benefits services, as well as Aragon Housing Association, the Citizens Advice Bureau, Bromford Support, Public Health, the Department of Work and Pensions and the Police.

#### **27. Discretionary Housing Payments**

The Council has a discretionary power, conferred by the Discretionary financial Assistance Regulations 2001, to make discretionary financial awards known as Discretionary Housing Payments (DHP) to assist residents with their housing costs.

28. The awards are administered by the Council's Revenues and Benefits service and there are established procedures in place to ensure that awards are only made where applications meet the legal requirements, that the merits of the applications are evaluated in an objective and consistent manner, and that awards are only made to those residents in need of financial assistance (in addition to Housing Benefit) to meet the cost of renting a home.
29. During 2013/14 there was a significant increase in the number of applications for DHP and the procedures have been successful in ensuring that the grant funding received has been passed onto deserving households in the form of DHP awards. Feedback from customer groups has indicated that DHP has been a particularly welcome additional support during the period of welfare reforms. Awards relate to approximately 30% disabled claimants, 20% private tenants with a shortfall in the Housing Benefit and the rest relate to claimants who need time to move/adapt financially to the new under occupation rules.
30. In 2013/14 Central Bedfordshire Council received a grant of £280,944. This grant was topped up by an additional £54,200 following a successful bid to the DWP for additional funds, making a total grant of £335,144. All of this grant was paid out in year.
31. A full report on DHP is included elsewhere on the Agenda of this meeting.

**32. Housing Transfer**

In April 2013 1,250 households were affected by benefit reductions due to underoccupancy, of which 423 were Council Tenants. The Housing Service has helped 52 households to relocate to properties of a size more appropriate to their needs. When tenants move to a smaller house they receive a lump sum, but previously they weren't able to move if they had arrears. The policy was changed to allow those with arrears to use this lump sum to repay any arrears, if by moving they would be in a better position. Housing Associations have also been active in supporting their tenants, and the total number of tenants underoccupying properties fell by 182 to 1,068 by May 2014.

33. Work continues with the remainder of Council tenants still affected to ensure they are receiving advice and guidance on the choices available to them to reduce this number further. The rent arrears of those affected by under occupancy cannot be directly attributed to the Welfare Reforms as some had arrears before April 2013, but the arrears of those in this group have fallen over the year. However, those that have been under occupying since April and have failed to engage or pay the shortfall will now be at the stage of significant arrears and will possibly be facing possession proceedings in the county court.

**34. Local Welfare Provision**

In April 2013, as part of the Government Welfare Reforms, the "social fund" was passed from DWP to local councils to administer. In Central Bedfordshire the scheme was called Local Welfare Provision. What were Crisis Loans and Community Care Grants are now being administered as Emergency Provision and Grant Provision respectively. Funding in 2013/14 was £431,108 in total, of which £331,074 was spent in the year. Expenditure increased in the second half of the year due to a change to eligibility criteria. Funding for 2014/15 has been reduced to £424,837 but has been withdrawn with effect from April 2015. A request for earmarked reserve will be made to the Executive in July 2014 when considering the 2013/14 financial outturn report. This reserve would provide funding for a further year, 2015/16, and a decision will need to be made by the Council about future operation and funding after this time.

**Work Stream 2: Resident Impact Analysis – Impact on Residents**

35. This work stream has focussed activity on the impact of the changes of Welfare Reform on residents. The key activity to date has been on the resident impact and an independent study as described below.

**36. Resident Impact Analysis**

The Welfare Reform Project Board sought to understand the emerging impact of Welfare Reform on the lives, health and well-being of residents by developing a detailed analysis of the likely impact on residents of Central Bedfordshire using data and intelligence from agencies across Central Bedfordshire. This data was then mapped geographically.

37. The study showed that as well as the areas where the greatest impact would traditionally be anticipated, there was an area along the A1 corridor to the east of Central Bedfordshire which was also greatly affected by the changes. It also illustrated that, whilst the key driver of the welfare reforms was to help people back to work, many of those affected are low-income working families, for whom a small change in circumstances will have a big impact on family life, and their ability to cope without additional support



38. **Living with Welfare Reform**

The Board also commissioned a qualitative study entitled 'Living with Welfare Reform'. The study conducted interviews with residents living on benefits from x4 cohort groups – disabled residents of working age and families with disabled children, lone parents on low income, families living in social housing and families living in private rented housing.

39. Findings identified a detrimental impact on the mental health and social isolation of some residents living with welfare reform as they struggle to cope on reduced income and manage debt. Disabled residents of working age and families with disabled children were particularly impacted and identified issues around stress, anxiety and depression arising from uncertainty over changes to disability assessment and concerns over future support.

40. Other issues identified included:

- Household budgeting – need for increased support to manage finances effectively
- High cost of childcare
- Limited public transport services during key commuter times to and from employment centres
- Location and accessibility of local Work clubs
- Unclear signposting to enable residents to access Adult Learning opportunities and Careers advice
- Computer literacy - need for increased support to help residents to access help and advice

**Work Stream 3: Customer Pathway and Policy – Communications & Partnership**

41. This work stream has been focussed on communicating the changes and giving customers more information about where they are able to access support. It has been responsible for producing a number of leaflets that have been circulated to Councillors and many stakeholders. It has also focussed activity on new investment to support the changes.

42. **CAB**

We have worked closely with the local Citizens Advice Bureau as a key source of independent and impartial advice for all those affected by Welfare Reform. In 2013/14 an extra £40,000 was provided on top of the core grant (which represents a 16% uplift) to cope with the additional demand. This has enabled the opening hours to be extended by 6 hours per week at each of the 4 main locations, using a team of 130 volunteers. During the first 10 months over 2,000 additional clients (a 23% increase) were seen and there is no indication demand is reducing. Most clients come with multiple issues and require repeat contact with the CABs to resolve them. The CABs have requested a further £40,000 for 2014/15 to enable this service to be maintained.

43. **Credit Unions**

Recent research has highlighted the potential demand for Credit Unions. Meetings have been held with the two Credit Unions that operate in Central Bedfordshire: Money Matters, which covers postcodes LU1 to LU7 and Bedford Credit Union, which has a common bond to operate in the rest of Central Bedfordshire.

44. Coverage in Central Bedfordshire is patchy. Exact membership figures are unknown but thought to be circa. 450 adult members and 300 junior members. As well as access to savings accounts and loan facilities, Credit Unions also offer: cheque encashment; debit cards; “Lock it away” accounts, to save for specific occasions such as Christmas; and the Jamjar account (budget account) that has been developed with Universal Credit in mind.

Both Credit Unions have been asked what support they would need from CBC to expand their coverage and increase membership in Central Bedfordshire.

45. **Other Related Activity**

An informal Member Briefing Session will be held by the Executive Member for Social Care, Health and Housing on 12 June 2014, following the submission of this report. 22 Members are scheduled to attend, and others have asked for the information shared in the session to be sent to them.

**Conclusion and Next Steps**

46. The work of the Welfare Reform Board has been effective in monitoring and mitigating the affects of the Welfare Reforms, keeping colleagues and customers informed and up to date, and directing resources where they will be of the greatest benefit.
47. However, the full extent of the impact of the Welfare Reforms will continue to emerge, and the date for the introduction of Universal Credit has yet to be announced, so it is proposed that the Board continue for another year, in order that the focus it has delivered can be maintained.

**Meeting:** Social Care Health and Housing Overview and Scrutiny Committee  
**Date:** 23 June 2014  
**Subject:** Discretionary Housing Payment Policy  
**Report of:** Cllr Maurice Jones, Deputy Leader and Executive Member for Corporate Resources  
**Summary:** The report summarises the Council's Discretionary Housing Payment Policy and the results of the public consultation on the Policy.

**Advising Officer:** Charles Warboys, Chief Financial Officer  
**Contact Officer:** Gary Muskett, Head of Revenues & Benefits  
**Public/Exempt:** Public  
**Wards Affected:** All  
**Function of:**

<b>CORPORATE IMPLICATIONS</b>	
<b>Council Priorities:</b>	
1.	<p>By protecting vulnerable people as well as providing incentives to work, the proposed Discretionary Housing Payment Policy is designed to support the Council's Medium Term Plan priorities of :</p> <ul style="list-style-type: none"> <li>• Promoting health and wellbeing and protecting the vulnerable.</li> <li>• Improved educational attainment.</li> </ul>
<b>Financial:</b>	
2.	<p>The Department for Work and Pensions (DWP) provides local authorities with ring-fenced grant funding for the purpose of making Discretionary Housing Payments (DHP) and any grant funding not spent at the end of a financial year is normally required to be returned to the DWP. Historically the funding provided to the Council by DWP has proved sufficient to meet demand for DHP, however, regulations do allow local authorities to supplement the funding from their own resources should the need arise and resources be available.</p>
3.	<p>In 2013/14 Central Bedfordshire Council received a grant of £280,944. This grant was topped up by an additional £54,200 following a successful bid to the DWP for additional funds, making a total grant of £335,144.</p>
4.	<p>In 2013/14 656 DHP awards were made totalling £332,554.</p>
5.	<p>The 2014/15 grant has been increased by 2.58% to £288,193.</p>

**Legal:**

6. The Discretionary Financial Assistance Regulations 2001 (as amended) set out the legal framework empowering the Council to make discretionary awards to assist residents with their housing costs. The main regulatory requirements are that:
  - Payments are discretionary - an applicant does not have a statutory right to a payment;
  - An application has to be made for payments, they cannot be awarded automatically by the Council;
  - The total amount of expenditure by a local authority in any financial year may not exceed the amount determined by the Department for Work and Pensions for that authority;
  - The administration of the scheme is for the Council to determine;
  - A minimum weekly amount of £0.50 in Housing Benefit ❶ must be in payment in any week for which a DHP is awarded;
  - The amount of a Discretionary Housing Payment, calculated as a weekly sum, shall not exceed the net weekly rental liability;
  - Discretionary Housing Payment can be made as lump sums for certain other housing needs such as deposits.
7. Council Tax Benefit was abolished from 1 April 2013 and Discretionary Housing Payments can no longer be used to assist households with meeting the cost of their Council Tax liability. In addition the law does not allow awards to be made for:
  - Services or support charges which would not be eligible for Housing Benefit;
  - Increases in rent to cover rent arrears;
  - Reductions in Housing Benefit due to sanctions or overpayments;
  - For any week where there is no award of Housing Benefit
  - Claims where Housing Benefit has been suspended.

**Risk Management:**

8. The funding available for DHP is limited and there is a risk that awards may exceed the allocated resources, or that awards may be made inconsistently and fail to benefit those residents most in need of assistance. Agreeing a Policy for the award of DHP will ensure that awards are made in a fair, consistent and transparent manner thereby mitigating the risk that awards will be made inappropriately or inconsistently or that awards will exceed the resources available.

**Staffing (including Trades Unions):**

9. The introduction of the Spare Room Subsidy has led to a significant increase in the number of customers who contacted the Council to make a DHP application. These contacts have been managed by the Revenues and Benefits teams and Customer Services.

**Equalities/Human Rights:**

10. Public authorities have a statutory duty to advance equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The impact of the new policy has undergone careful consideration throughout the drafting stage.

11. A thorough consultation and engagement process has been undertaken. A full Equalities Impact Assessment (EIA) has been prepared to identify the potential impact on different groups and to support the decision on the proposed Policy. The EIA concludes that;

National and local research indicates that the welfare reforms are affecting a large number of Central Bedfordshire residents such as.

- Loan parents on low income
- Families living in social housing
- Families living in private rented housing
- Disabled residents of working age and families with disabled children living in their household

Many of these residents are low-income working families. For some residents, a small change in their circumstances is having a big impact on family life and their ability to cope without additional support.

Discretionary Housing Payment provides an important mechanism to support people through these changes. The Council's DHP policy criteria are considered to be broad and inclusive. Data analysis and consultation findings indicate that a significant number of residents experiencing a wide variety of circumstances will be supported through the application of this policy

**Public Health**

12. None

**Community Safety:**

13. None.

**Sustainability:**

14. None

**Procurement:**

15. None

**RECOMMENDATION(S):**

**The Committee is asked to: - Review and comment on the Council's draft Discretionary Housing Payment Policy.**

16. The Council has a discretionary power, conferred by the Discretionary financial Assistance Regulations 2001, to make discretionary financial awards known as Discretionary Housing Payments (DHP) to assist residents with their housing costs.
17. The awards are administered by the Council's Revenues and Benefits service and there are established procedures in place to ensure that awards are only made where applications meet the legal requirements, that the merits of the applications are evaluated in an objective and consistent manner, and that awards are only made to those residents in need of financial assistance (in addition to Housing Benefit) to meet the cost of renting a home.
18. In recent years the procedures have been successful in ensuring that the grant funding received has been passed onto deserving households in the form of DHP awards.
19. The Council receives a grant from the Department for Work and Pensions annually to be used for the purpose of the award of DHP and normally the Council is required to repay any unused grant at the end of the financial year.
20. Regulations also allow the Council to supplement the DHP funding from its own resources by up to 250%, however, no provision has been made in the Council's agreed budget for 2014/15 for expenditure above the amount of direct grant funding provided for this purpose.
21. There is no specific grant funding for the cost of administering DHP, therefore, the cost of administration is absorbed as part of the base budget cost of benefits administration.
22. The Government's Welfare Reform programme introduced significant changes to Housing Benefit for persons of working age from 2013/14 onwards including;
  - Limiting the amount of Housing Benefit paid to tenants of social housing with spare bedrooms
  - Imposing a cap on the total amount of benefits received by a household to £500 per week for a family and £350 per week for a single person
  - Replacing Housing Benefit with a housing element contained within awards for Universal Credit.
23. These reforms have reduced the amount of financial assistance with the cost of rent received by many households in Central Bedfordshire. The Government has also recognised that these changes will affect the ability of some low-income households to meet the cost of renting a property, describing the DHP scheme as a key 'safety net' in the current process of Welfare Reform, and allocating additional funding to the DHP funding stream as funding has been withdrawn from mainstream Housing Benefit.
24. The grant funding for Central Bedfordshire Council in 2013/14 was £280,944 which represents a significant increase in comparison to the grant of £76,880 received in 2012/13.

25. The Government has indicated that the additional allocation in respect of the social housing sector restrictions is aimed specifically at two groups a) disabled people living in significantly adapted accommodation (including any adaptations made for disabled children); and b) foster carers, whose Housing Benefit is reduced because of a bedroom being used by, or kept free for, foster children. The expectation is that this additional funding will be prioritised for these groups.
26. The Department for Work and Pensions published a Discretionary Housing Payments Guidance Manual in April 2014 in view of the changes taking place to housing related benefits (<http://www.dwp.gov.uk/docs/discretionary-housing-payments-guide.pdf>).  
The proposed Policy takes into consideration the contents of this guidance.
27. In view of the considerable changes to Housing Benefit and the increase in DHP funding it is considered appropriate at this time to review the Council's arrangements for the award of DHP. Whilst the amount of funding has increased it remains limited and the funding available is not sufficient to assist all households experiencing a shortfall between Housing Benefit entitlement and rent liability. Therefore, it is considered to be essential that the funding available is awarded in a manner that benefits as many residents as possible whilst giving priority to those most in need of assistance with housing costs and that expenditure is controlled  
within the available funding. Establishing a formal Policy for awards is widely recognised to be good practice and will assist in these aims.
28. In order to ensure that the Council's final Policy for the Award of Discretionary Housing Payments properly reflects the needs of local residents and that the Council complies with its statutory equality duty a 12 week public consultation process was undertaken including consultation with organisations representing persons from groups with protected equality characteristics.
29. A consultation questionnaire was sent to all recipients of a DHP in 2013/14, as well as being sent to a number of stakeholders and major landlords including the Child Poverty Task Force Group, our Equalities Forum, Aragon Housing Association and our own Housing Services team.
30. The consultation ran from 22<sup>nd</sup> January 2014 to 16<sup>th</sup> April 2014. The results of the consultation can be seen in full at appendix C. There were 67 responses from residents, 42 of whom classed themselves as disabled.
31. Feed back from the consultation was generally very positive. In particular Aragon Housing Association either agreed or strongly agreed with the majority of the draft Policy and the Central Bedfordshire Council Housing team, on the whole, agreed strongly with the draft Policy.
32. We have received specific feedback from the Bedfordshire Clinical Commissioning Group asking us to ensure that our Policy identifies and supports applicants with mental health disabilities as well as those with physical disabilities. Such considerations are made in the draft Policy but we will ensure our application form and decision making matrix completed by officers are developed to highlight the specific issue of mental health disability.

33. It is worth noting that following proactive work by our Housing Teams in 2013/14, 45 of our Council tenants affected by the under occupancy benefit reduction have vacated their properties, with 24 transfers to other properties and 14 mutual exchanges. These moves have all helped to reduce the strain on our DHP expenditure.
34. The draft DHP Policy can be found at appendix A
35. A breakdown of the DHP awards made in 2013/14 by tenure type and the reason for the award can be found at Appendix B.

**Appendices:**

Appendix A – Draft DHP Policy

Appendix B – 2013/14 awards of DHP

Appendix C – DHP Consultation response

Appendix D – Additional Information about DHP's

**Background papers and their location:** (open to public inspection)

1. DWP Discretionary Housing Payments - Good Practice Guide (2011) –  
at <http://www.dwp.gov.uk/docs/dhpguide.pdf>

2. DWP Discretionary Housing Payments - draft Good Practice Guide (2013) for  
consultation – at <http://www.dwp.gov.uk/docs/discretionary-housing-paymentsguide-draft.pdf>

3. The Discretionary Financial Assistance Regulations 2001 (as amended) –  
at <http://www.dwp.gov.uk/docs/a8-2405.pdf>

❶ All references to Housing Benefit throughout this document also includes people in receipt of any rent housing element of Universal Credit.



**Appendix A**

**Central Bedfordshire Council's  
Draft Discretionary Housing Payment  
Policy**

**Revenues & Benefits Service**



**Central  
Bedfordshire**

**Approved by Executive:**

Version 2 301013

## **Discretionary Housing Payment Policy of Central Bedfordshire Council (CBC)**

### **1. Background**

- 1.1 On 2 July 2001 a new scheme was introduced which granted all Local Authorities new powers to make a discretionary award to top up the Housing Benefit statutory scheme. This is called Discretionary Housing Payment (DHP).
- 1.2 The legislation governing DHP's can be found in the Discretionary Financial Assistance Regulations 2001 (S1 001 / 1167).
- 1.3 The scheme provides further financial assistance for housing costs for those entitled to Housing Benefit or a rent housing element of Universal Credit, where payments under the statutory scheme are insufficient.
- 1.4 Broadly speaking housing costs means rent, rent deposits, rent in advance and other lump sums associated with housing need such as removal costs.
- 1.5 From April 2013 Council Tax Benefit was abolished and replaced with a Local Council Tax Support Scheme. Therefore help with Council Tax is no longer available through DHP as it will be included in the Local Council Tax Support Scheme.
- 1.6 From April 2013 there have been significant changes to Housing Benefit as part of welfare reform and this policy has been changed to account for this.

In particular changes have been made to the length of a DHP award from a fixed period to an indefinite period for disabled people in certain circumstances (see criteria at 8.4 a), b), and c), who are significantly affected by the welfare reform changes.

### **2. Budget**

- 2.1 Every year Councils receive a cash fund from the Government, which can only be used for DHP awards. The Council is permitted to spend up to two and half times this amount.
- 2.2 From April 2013 the Government increased funding to help Councils manage the impact of the Housing Benefit reforms and the increased demand for DHP.

### **3. Purpose of policy**

- 3.1 The purpose of the policy is to set out how Central Bedfordshire Council will operate the scheme and to indicate some of the factors that will be considered when deciding if a DHP can be

made.

- 3.2 It explains how we prioritise applications at a time of increased demand in a manner that is affordable for the Council and which allows us to assist residents considered to be in most need.
  - 3.3 Each case will be treated strictly on its merits.
  - 3.4 All claimants will be treated equally and fairly.
  - 3.5 The Council is committed to working with the local voluntary sector, social landlords and other interested parties to maximise entitlement to all available state benefits and this will be reflected in the administration of the DHP scheme. Where the evidence provided in support of a DHP indicates that the customer is not claiming another state benefit they may be entitled to, the Council will advise them to make such a claim and provide details of other agencies who may be able to help with such a claim.
4. **Objectives for award**
- 4.1
    - Alleviate poverty;
    - Encourage Central Bedfordshire residents to obtain and sustain employment;
    - Prevent homelessness and promote tenancy sustainment;
    - Safeguard Central Bedfordshire residents in their homes;
    - Help those who are trying to help themselves;
    - Keep families together;
    - Support domestic violence victims who are trying to move to a place of safety;
    - Promote good educational outcomes for children and young people;
    - Support the vulnerable or the elderly in Central Bedfordshire;
    - Support vulnerable young people in the transition to adult life;
    - Help families who are part of the Supporting Families Programme;
    - Help customers through personal crises and difficult events;
    - Alleviate short term crisis;
    - Support disabled people remain in their home;
    - Support the work of foster carers;
    - In accordance with Government expectations and the increased funding from April 2013, help manage the impact of Housing Benefit reform – reductions in Local Housing Allowance, under-occupancy in social housing and the Benefit Cap.
  - 4.2 The Council considers that generally the DHP scheme should be

seen as a short term emergency fund.

- 4.3 The council considers that disabled people who are awarded DHP because they meet the criteria stated in either 8.4 a), b) or c) may be awarded DHP for an indefinite period. By disabled we mean under the Equality Act 2010 – if you have a physical or mental impairment that has a “substantial” and “long-term” negative affect on your ability to do normal daily activities.

## 5. Features of scheme

- 5.1 DHP payments are discretionary.
- 5.2 Claimants do not have a statutory right to payment.
- 5.3 Payments are made from a cash-limited fund.
- 5.4 The scheme is administered by the Customer Accounts Department.
- 5.5 DHPs are not a payment of Housing Benefit or Universal Credit.
- 5.6 Housing Benefit or a rent housing element of Universal Credit must be in payment in the benefit week that a DHP is awarded for.

## 6. What DHPs can be paid for

- 6.1 A shortfall between the contractual rent and the Housing Benefit or a rent housing element of Universal Credit, apart from rent or charges excluded under the scheme.

This may be due to:

- The rent is more than the Local Housing Allowance, Local Reference Rent, Shared Room Rate or maximum housing element of Universal Credit;
- Income tapers;
- Non-dependant deductions;
- Reductions in Housing Benefit entitlement following changes to Local Housing Allowance rates from April 2011;
- Reductions in Housing Benefit entitlement following changes from April 2013 in social housing, where the home has too many bedrooms, or there is a Benefit Cap.

- 6.2 Rent deposits, rent in advance, unavoidable over-lap of rent on two homes and lump sum costs associated with a housing need, such as removal costs, providing you receive Housing Benefit from Central Bedfordshire Council for your present home, or a rent housing element of Universal Credit at a property within

Central Bedfordshire: The rent deposit etc does not need to be in respect of a property within Central Bedfordshire Council, however there should be a valid reason for moving and the new tenancy affordable. We will normally make rent deposits and rent in advance payments to the new landlord.

**7. What DHPs cannot cover**

- 7.1 Ineligible service charges.
- 7.2 Increases in rent due to outstanding rent arrears.
- 7.3 Reductions in Housing Benefit or Universal Credit due to sanctions or overpayments.
- 7.4 Claims where Housing Benefit or Universal Credit has been suspended.

**8. Awarding a DHP**

- 8.1 The Customer Accounts Department (Revenues & Benefits) will decide whether or not to award a DHP and how much any award might be.
- 8.2 When making this decision the Customer Accounts Department will take into account:
  - The shortfall between Housing Benefit or maximum housing element of Universal Credit and the contractual rent;
  - Any steps taken by the customer to reduce a rental liability or move to a smaller home;
  - The financial and medical circumstances (including ill health) of the customer, their partner and any other members of their household including dependants and any other occupants of the customer's home;
  - If the customer, their partner and any other members of their household, including dependants and any other occupants of the customer's home, is disabled. (By disabled we mean under the Equality Act 2010 – if you have a physical or mental impairment that has a “substantial” and “long-term” negative affect on your ability to do normal daily activities.)
  - Any income disregarded in the Housing Benefit or Universal Credit calculation, which is not committed for the provision of care etc. (Disability Living Allowance, Personal Independence Payment, Armed Forces Independent Payment, Attendance Allowance and Mobility Allowances are for the provision of care or extra costs for the disability and therefore will be ignored as income);
  - Any savings or capital that might be held by the customer or their family;
  - Unavoidable high costs such as fares to work or for therapeutic costs;

- The level of indebtedness of the customer and their family (loans and finance agreements, credit and store card repayments, bank charges, financial commitments etc);
- The nature of the customer and their family's circumstances, bearing in mind there is no need to show that the circumstances are exceptional before awarding a DHP;
- The possible impact on the Council of not making such an award, e.g. the pressure on priority homeless accommodation;
- Where there are special circumstances which prevent the customer moving to cheaper or smaller accommodation;
- The amount available in the DHP budget at the time of the application.

This list is not exhaustive and any other relevant factors or special circumstances will be taken into account.

8.3 To help us prioritise who we can make payments to, we have two Priority Groups. Those in Priority Group 1 will have priority over those in Priority Group 2.

8.4 Claimants are in Priority Group 1 where:

- They or a member of their household is disabled, they have more bedrooms than the Housing Benefit/ Universal Credit rules allow and
  - a) Their home has been adapted for their disablement needs or
  - b) Due to the nature of their disability they cannot share a bedroom with their partner or
  - c) There is an issue related to their disability which makes it difficult to move to a smaller or cheaper property;

(By disabled we mean under the Equality Act 2010 – if you have a physical or mental impairment that has a “substantial” and “long-term” negative affect on your ability to do normal daily activities.)

- They or their partner is a foster carer, they have more bedrooms than the Housing Benefit rules allow and they need a bedroom for each foster child. (This includes the need for bedrooms for up to 52 weeks in-between placements and up to 52 weeks for newly approved foster carers awaiting their first placements);
- They are fleeing domestic violence.

8.5 All other claimants are in Priority 2. Those we want to assist are:

- Families with children at a critical point in their education;

- Young people leaving local authority care;
- Staying Put Carers with children in care and care leavers respectively;
- Families with kinship care arrangements;
- Families with a child in temporary care who is expected to return home;
- Families with a social service intervention or are part of a Supporting Families Programme;
- Where some one in the household is expecting a baby/to adopt a child and this future change will increase the level of bedrooms Housing Benefit or Universal Credit allows;
- Ex-homeless people being supported to settle in the community;
- People threatened with homelessness;
- People with health or medical problems, particularly where they need to access medical services or support not available elsewhere;
- People with medical conditions who receive informal care which would not be available in a new area;
- Single people under 35 who cannot live in shared accommodation due to an illness or other issue such as HIV;
- Elderly and frail people who have lived in their home for a long time and would find it difficult to establish support networks in a new area;
- People who live near their jobs because they work unsocial hours/split shifts/inadequate public transport;
- People who as a consequence of a move have additional travel to work costs;
- People who need to move to cheaper/smaller accommodation and need help with a rent deposit/ rent in advance for their new home or lump sum costs associated with the move i.e. removals;
- People who are affected by reductions in Housing Benefit entitlement following changes to Local Housing Allowance rates from April 2011 and need additional time to find cheaper accommodation;
- People who are affected by reductions in Housing Benefit following the April 2013 under-occupancy rules in social housing properties and are actively working with their housing provider to find a smaller home or need additional time to adjust to the change;
- People affected by the Benefit Cap that cannot immediately move into work because of complex challenges such as child protection etc;
- People, who are not in the aforementioned, however have special circumstances that are such that warrants DHP.

8.6 The Customer Accounts Department will decide how much to award based on all of the circumstances. This may be an amount

equal to or below the difference between the contractual rent and the payment of Housing Benefit or rent element of Universal Credit.

- 8.7 An award of a DHP does not guarantee that a further award will be made at a later date even if the customer's circumstances have not changed.

**9. Period of award**

- 9.1 In all cases, the Customer Accounts Department will decide the length of time for which a DHP will be awarded on the basis of the evidence supplied, the facts known and the level of funds available.
- 9.2 The start date of an award will normally be the Monday after the request for a DHP is received by the Customer Accounts Department; or the date on which entitlement to Housing Benefit or Universal Credit commenced (providing the application for DHP is received within one calendar month of the claim for Housing Benefit or Universal Credit being decided) whichever is the earlier, or the most appropriate.
- 9.3 The DHP will normally be paid for a minimum of one week.
- 9.4 The length of award may vary i.e. 4, 13, 26 or 52 weeks. The maximum length of award will usually not exceed 52 weeks; however this does not prevent a further application and award being made.
- 9.5 Disabled people awarded DHP because they meet the criteria stated in 8.4 a), b) or c) may be awarded DHP for an indefinite period. (By disabled we mean under the Equality Act 2010 – if you have a physical or mental impairment that has a “substantial” and “long-term” negative affect on your ability to do normal daily activities.)
- 9.6 Any reasonable request for backdating an award of a DHP will be considered but such consideration will usually be limited to the current financial year. A DHP cannot be awarded for any period outside an existing Housing Benefit or Universal Credit benefit period granted under the statutory schemes.

**10. Changes of circumstances**

- 10.1 The Customer Accounts Department may revise an award of a DHP where the customer's circumstances have materially changed.
- 10.2 A claimant is required to notify the Customer Accounts



Department in writing of any changes of circumstances relevant to the continuation of DHP.

**11. Claiming a DHP**

- 11.1 A claim for a DHP must be made in writing. On request or in appropriate circumstances the Customer Accounts or Customer Services Team will issue a DHP application form.
- 11.2 A claim from some one acting on behalf of the claimant, such as an appointee, will be accepted where we consider it reasonable to do so.
- 11.3 The Customer Accounts Department may request any reasonable evidence in support of an application for DHP.
- 11.4 If evidence is not provided or is unavailable, the Customer Accounts Department will still consider the application and will in any event take into account any other available evidence including that held on the Benefit records.
- 11.5 The Customer Accounts Department reserves the right to verify any information or evidence provided in appropriate circumstances.

**12. Decision making**

- 12.1 Decisions will be made by a Customer Accounts Team Leader or a Senior Customer Accounts Officer.
- 12.2 In the case of rent deposits or rent in advance payments the decision will be made in conjunction with a Housing Options Officer to ensure all options, services and advice Central Bedfordshire Council can provide are explored.

**13. Method of Payment**

- 13.1 The Customer Accounts Department will decide the most appropriate person to pay based upon the circumstances of each case.
- 13.2 This may include:
- The claimant
  - Their partner
  - An appointee
  - The landlord (or agent of the landlord)
  - Any third party to whom it might be most appropriate to make payment
- 13.3 The Customer Accounts Department will pay an award of DHP

by the most appropriate means in each case.

13.4 This could include payment:

- To a bank account
- Crediting the claimant's rent account

13.5 Payment frequency will be in line with how Housing Benefit or Universal Credit is paid.

#### 14. **Notifying decisions on DHP**

14.1 The Customer Accounts Department will inform the claimant in writing of the outcome of their application within 14 days of receipt or as soon as possible after that.

14.2 The notification will set out the reasons for the decision and explain how to disagree.

14.3 The notification will advise, where appropriate:

- The amount of DHP;
- When it will be paid;
- The period of award;
- How and to whom it will be paid;
- The requirement to report a change in circumstances;
- Information on who to contact for further help or advice.

#### 15. **Disputes procedure**

15.1 DHPs are not payments of benefit and are therefore not subject to the statutory appeals process.

15.2 A claimant can disagree with the DHP decision. This may be made in writing or electronically.

15.3 Disagreements will be dealt with by the Quality and Appeals Manager, who will give full written reasons of their decision and what they can do if they are still dissatisfied.

15.4 Where a claimant is still dissatisfied they can request a further review of the decision. This may be made in writing or electronically. The decision will be reviewed by the Customer Accounts Manager. Their decision will be final and binding and may only be challenged via the judicial review process or by complaint to the Local Government Ombudsman (in case of alleged maladministration).

#### 16. **Monitoring**

16.1 The Customer Accounts Quality and Appeals Manager will sample check 10% of decisions to ensure they are fair and

consistent.

**17. Overpayments**

- 17.1 The Customer Accounts Department will seek to recover any overpaid DHP.
- 17.2 An invoice will be sent to the claimant or person to whom the award was paid.
- 17.3 Overpayments of DHP cannot be recovered from ongoing entitlement of Housing Benefit or Universal Credit.
- 17.4 A letter will be sent to the person due to repay the invoice detailing the overpayment, why it occurred and what to do if they disagree.

**18. Fraud**

- 18.1 The Council is committed to the fight against fraud in all its forms. A claimant who tries to fraudulently claim a DHP by falsely declaring their circumstances, providing a false statement or evidence in support of their application, may have committed an offence under the Theft Act 1968 or the Fraud Act.
- 18.2 Where the Council suspects that such a fraud may have occurred, the matter will be investigated as appropriate and this may lead to criminal proceedings being instigated.

**19. Publicity**

- 19.1 The Council will publicise the scheme and will work with all interested parties to achieve this. A copy of this policy statement will be made available for inspection and will be posted on the Council's web site. Information about the amount spent will not normally be made available except at the end of the financial year.

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## Discretionary Housing Payment Activity 2013/14

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Totals
No. Discretionary housing payments (DHP) claims made	78	68	60	85	56	68	62	49	50	58	71	140	845
No. DHP claims awarded in month	45	60	53	47	78	52	54	57	43	61	41	102	693
No. DHP claims refused in month	10	15	22	16	21	18	17	18	16	26	14	26	219
DHP spent/committed (cumulative)	£25,407	£44,012	£56,227	£83,715	£134,295	£155,809	£182,611	£209,945	£223,067	£245,399	£255,753	£332,554	
DHP future in year commitment	£335,228.40	£295,358.00	£244,629.60	£238,577.40	£210,542	£194,456	£156,076	£125,140	£92,917	£66,614	£48,421	£0	
% of Government contribution spent/committed	9.04%	15.67%	20.01%	29.80%	47.80%	55.46%	65.00%	74.73%	79.40%	87.35%	76.31%	99.23%	
DHP applications backlog	212	203	188	210	167	165	158	132	123	97	99	127	
<b>Claimant group of DHP claim awarded:</b>													
Council Tenants	3	22	18	14	27	19	14	17	10	18	12	20	194
Housing association tenants	34	29	30	28	40	27	33	33	26	33	24	57	394
Private tenants	8	9	5	5	11	6	7	7	7	10	5	25	105
<b>Reason for DHP claim</b>													
Benefit Cap	0	0	0	0	2	0	1	0	0	0	0	1	4
Combination	2	3	6	7	6	5	15	14	8	12	10	25	113
Deposit	0	1	0	0	1	0	0	0	0	0	0	0	2
Income	2	1	0	0	3	0	0	0	0	0	1	1	8
LHA	1	0	0	1	0	0	0	0	0	0	1	1	4
Removal Costs	0	0	0	0	0	0	0	1	0	0	0	0	1
Short award	4	5	5	3	6	7	7	6	7	10	3	21	84
Under 35	0	1	0	0	0	0	0	0	0	0	0	0	1
Under Occupation	34	48	42	34	59	40	31	36	28	39	26	51	468

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Appendix C

- Discretionary Housing Payments final results
- Based on 67 responses
- The consultation ran from 22nd January 2014 to 16th April 2014.
- The Council is updating its policy on Discretionary Housing Payment in order to reflect new guidance from central Government and the increased demand. The draft policy outlines how we will prioritise the money available for Discretionary Housing Payment.

Feed back from Child Poverty Task Group Meeting 10 December 2013

One member of group felt the policy went against the Child Poverty Strategy; given these groups were mainly in Priority Group 2 and that in essence we were fettering our decision making process. Myself and Claire Harding explained that any claim from someone in Group 2 would have a decision based on the merit of that claim. Priority would only be relevant at any point where there were budget pressures and a choice had to be made which claims to pay where all had merit.

Feed back from Equality Forum Meeting 9 January 2014

Feed back was positive. They felt that the wording at section 1.6 needed amending to make our intentions clearer about which disabled people were in the priority group 1. Likewise again at section 8.5 we needed to add to "where someone is expecting a baby etc" the word "child" to cover circumstances where a child was being adopted.

The draft policy document was amended accordingly before the consultation was launched.

Feedback from Bedfordshire Clinical Commissioning Group 14 April 2014

Although they did not have sight of the proposed policy they wanted to make sure that it identifies and supported applicants with mental health disabilities in the same way as applicants with physical disabilities.

Feed back from Aragon Housing Association 2 May 2014

Aragon either agreed or strongly agreed with the majority of the proposed policy. In terms of 6.a and 6.s (I specifically noted agreement and they understood the reasons why they had been identified).

However in terms of Priority Group 1 they felt that some others should be in this group – namely 6.b - Young People leaving Local Authority Care – and 6.c – Staying Put Carers with children in care and care leavers. Basically this was on basis that Council had a legal duty to these groups.

In terms of other groups not listed they referred to those who cannot move because they are on a sex offender's register and ex-prisoners where a move would result in difficulties with support provision. They agreed that these should not be identified as a specific group and should therefore come under the group of other special circumstances.

Feed back from Housing 6 May 2014

On the whole strongly agreed with the proposed policy, particularly regarding the priority groups and long term awards for disabled in certain circumstances.

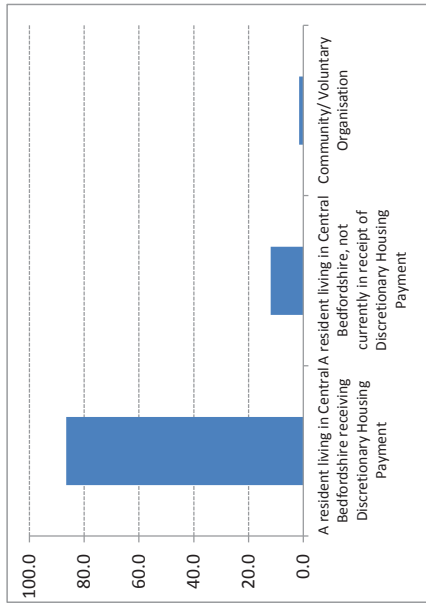
In terms of questions 6.a – agreed and 6.s neither agree or disagree.

The residue again either agreed or neither agreed or disagreed.

I asked if they had other groups they specifically wanted adding and they said no – understood any circumstances not covered specifically were covered by question 7.

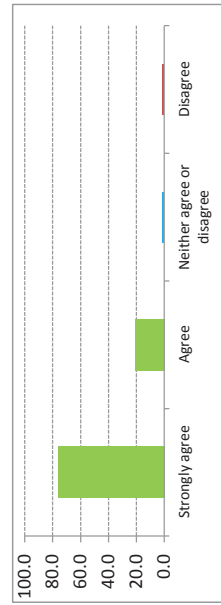
Q1 - Are you responding as:

	Frequency	Percent	Valid Percent
Valid			
A resident living in Central Bedfordshire receiving Discretionary Housing Payment	58	86.6	86.6
A resident living in Central Bedfordshire, not currently in receipt of Discretionary Housing Payment	8	11.9	11.9
Community/ Voluntary Organisation	1	1.5	1.5
Total	67	100.0	100.0



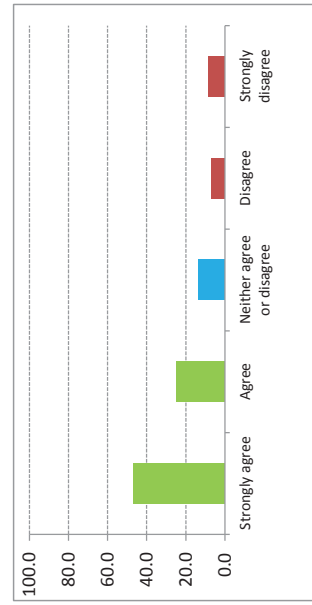
Q2.a - Disabled people who meet specific criteria

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	51	76.1	76.1	97.01
Agree	14	20.9	20.9	
Neither agree or disagree	1	1.5	1.5	
Disagree	1	1.5	1.5	
Total	67	100.0	100.0	



Q2.b - People who provide foster care

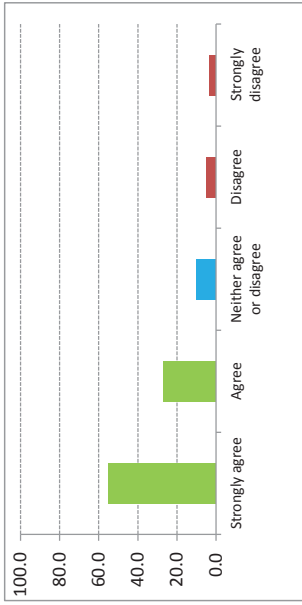
	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	28	41.8	46.7	71.67
Agree	15	22.4	25.0	
Neither agree or disagree	8	11.9	13.3	
Disagree	4	6.0	6.7	
Strongly disagree	5	7.5	8.3	
Total	60	89.6	100.0	
Missing	7	10.4		
Total	67	100.0		





**Q2.c - People fleeing domestic violence**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				81.67
Strongly agree	33	49.3	55.0	
Agree	16	23.9	26.7	
Neither agree or disagree	6	9.0	10.0	
Disagree	3	4.5	5.0	
Strongly disagree	2	3.0	3.3	
Total	60	89.6	100.0	
Missing	7	10.4		
Total	67	100.0		

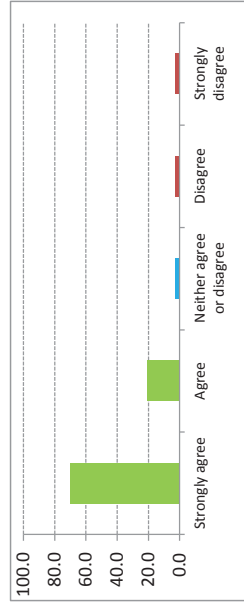


**Q3 - If you have any specific comments about this proposal, please provide them here**

	Frequency
Valid	6
Those with disabilities should receive DHP	
Priority given to those whose circumstances are not through choice	3

**Q4 - To what extent do you agree or disagree with the proposal to provide indefinite Discretionary Housing Payment to disabled people who meet specific criteria**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				91.04
Strongly agree	47	70.1	70.1	
Agree	14	20.9	20.9	
Neither agree or disagree	2	3.0	3.0	
Disagree	2	3.0	3.0	
Strongly disagree	2	3.0	3.0	
Total	67	100.0	100.0	

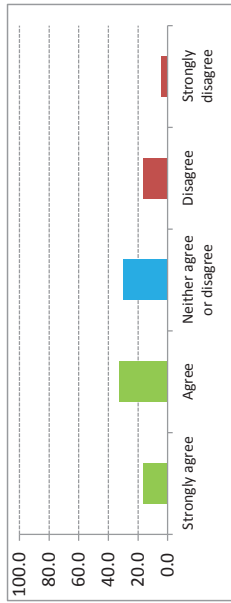


Q5 - if you have any specific comments about this proposal please provide them here

	Frequency
Valid	10
Support the disabled consider expense of moving disabled needing adaptations Payments to the needy	5
	2

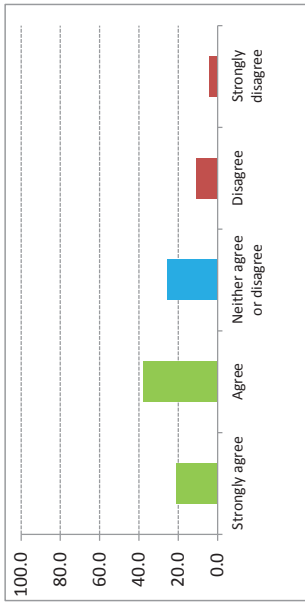
Q6.a - Families with children at a critical point in their education

	Frequency	Percent	Valid Percent
Valid	11	16.4	16.4
Strongly agree	22	32.8	32.8
Agree	20	29.9	29.9
Neither agree or Disagree	11	16.4	16.4
Strongly disagree	3	4.5	4.5
Total	67	100.0	100.0
			Strongly Agree/Agree Valid Percent 49.25



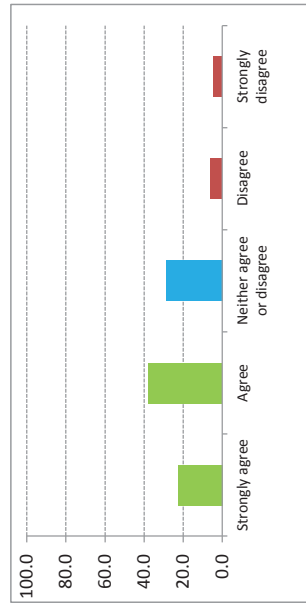
Q6.b - Young people leaving Local Authority care

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	14	20.9	21.2	59.09
Agree	25	37.3	37.9	
Neither agree or disagree	17	25.4	25.8	
Disagree	7	10.4	10.6	
Strongly disagree	3	4.5	4.5	
Total	66	98.5	100.0	
Missing	1	1.5		
Total	67	100.0		



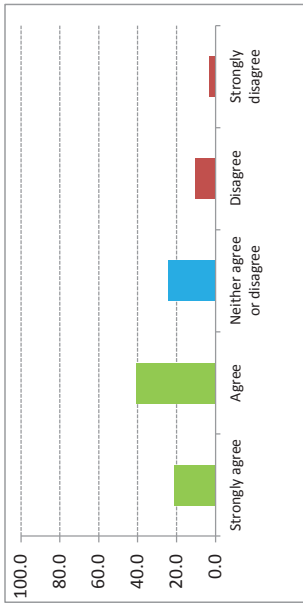
Q6.c - Staying Put Carers with children in care and care leavers

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	15	22.4	22.7	60.61
Agree	25	37.3	37.9	
Neither agree or disagree	19	28.4	28.8	
Disagree	4	6.0	6.1	
Strongly disagree	3	4.5	4.5	
Total	66	98.5	100.0	
Missing	1	1.5		
Total	67	100.0		



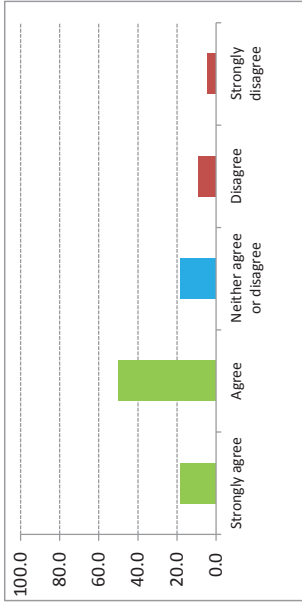
**Q6.d - Families with kinship care arrangements**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	14	20.9	21.2	62.12
Agree	27	40.3	40.9	
Neither agree or disagree	16	23.9	24.2	
Disagree	7	10.4	10.6	
Strongly disagree	2	3.0	3.0	
Total	66	98.5	100.0	
Missing	1	1.5		
Total	67	100.0		



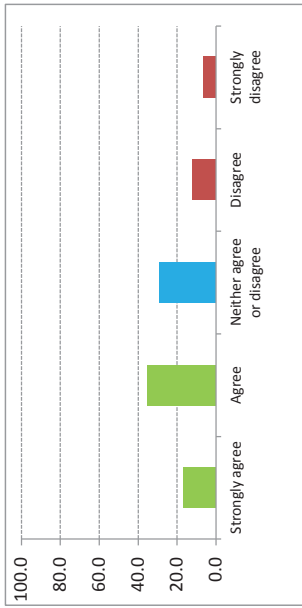
**Q6.e - Families with a child in temporary care who is expected to return home**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	12	17.9	18.2	68.18
Agree	33	49.3	50.0	
Neither agree or disagree	12	17.9	18.2	
Disagree	6	9.0	9.1	
Strongly disagree	3	4.5	4.5	
Total	66	98.5	100.0	
Missing	1	1.5		
Total	67	100.0		



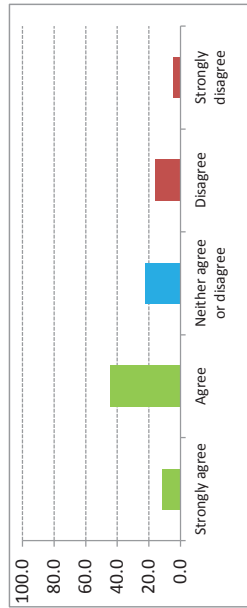
**Q6.f - Families working with Social Services or our Troubled Family Programme**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	11	16.4	16.9	52.31
Agree	23	34.3	35.4	
Neither agree or disagree	19	28.4	29.2	
Disagree	8	11.9	12.3	
Strongly disagree	4	6.0	6.2	
Total	65	97.0	100.0	
Missing	2	3.0		
Total	67	100.0		



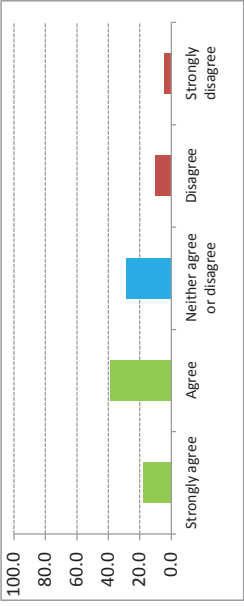
**Q6.g - Someone in the household is expecting a baby and this will increase the number of bedrooms Housing Benefit or Universal Credit allows**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	8	11.9	11.9	56.72
Agree	30	44.8	44.8	
Neither agree or disagree	15	22.4	22.4	
Disagree	11	16.4	16.4	
Strongly disagree	3	4.5	4.5	
Total	67	100.0	100.0	



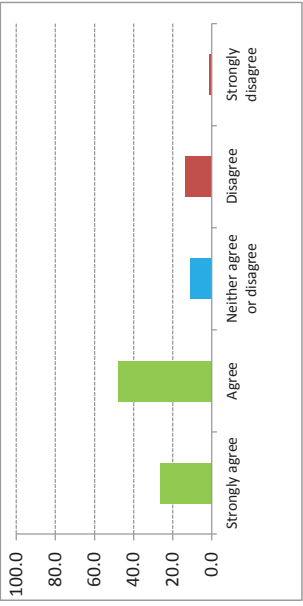
**Q6.h - Ex-homeless people being supported to settle in the community**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	12	17.9	17.9	56.72
Agree	26	38.8	38.8	
Neither agree or disagree	19	28.4	28.4	
Disagree	7	10.4	10.4	
Strongly disagree	3	4.5	4.5	
Total	67	100.0	100.0	



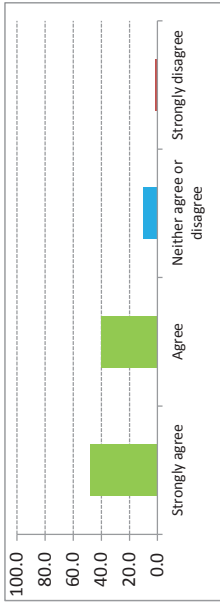
**Q6.i - People threatened with homelessness**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	17	25.4	26.2	73.85
Agree	31	46.3	47.7	
Neither agree or disagree	7	10.4	10.8	
Disagree	9	13.4	13.8	
Strongly disagree	1	1.5	1.5	
Total	65	97.0	100.0	
Missing	2	3.0		
Total	67	100.0		



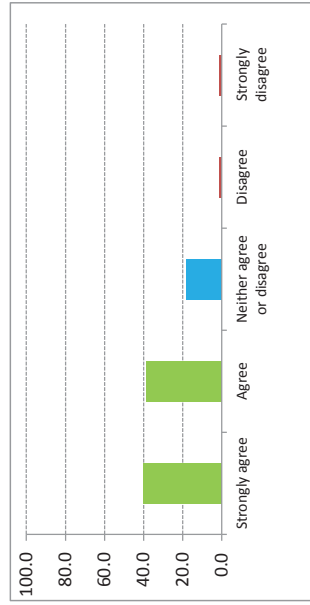
**Q6.j - People with health or medical problems, who need to access medical services or support not available elsewhere**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	32	47.8	47.8	88.06
Agree	27	40.3	40.3	
Neither agree or disagree	7	10.4	10.4	
Strongly disagree	1	1.5	1.5	
Total	67	100.0	100.0	



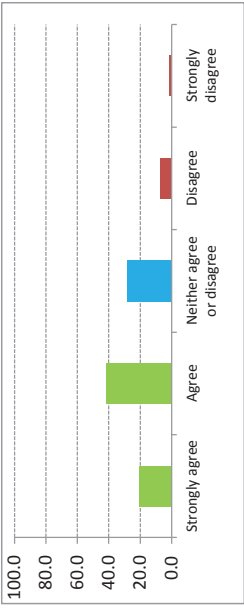
**Q6.k - People with medical conditions who receive informal care not be available in a new area**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	26	38.8	40.0	78.46
Agree	25	37.3	38.5	
Neither agree or disagree	12	17.9	18.5	
Disagree	1	1.5	1.5	
Strongly disagree	1	1.5	1.5	
Total	65	97.0	100.0	
Missing	2	3.0		
Total	67	100.0		



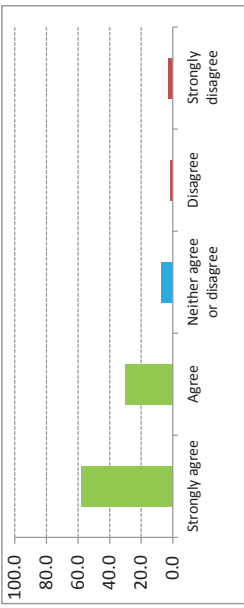
**Q6.l - Single people under 35 who cannot live in shared accommodation due to an illness or other issue**

	Frequency	Percent	Valid Percent
Valid			Strongly Agree/Agree Valid Percent
Strongly agree	14	20.9	20.9
Agree	28	41.8	41.8
Neither agree or disagree	19	28.4	28.4
Disagree	5	7.5	7.5
Strongly disagree	1	1.5	1.5
Total	67	100.0	100.0



**Q6.m - Elderly and frail people who have lived in their home for a long time and would find it difficult to establish support networks in a new area**

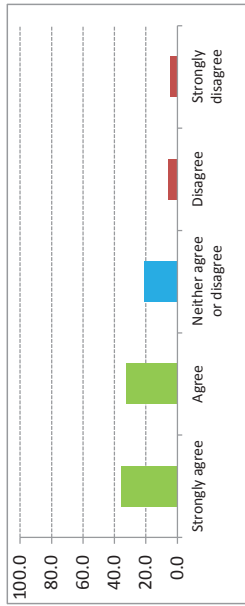
	Frequency	Percent	Valid Percent
Valid			Strongly Agree/Agree Valid Percent
Strongly agree	39	58.2	58.2
Agree	20	29.9	29.9
Neither agree or disagree	5	7.5	7.5
Disagree	1	1.5	1.5
Strongly disagree	2	3.0	3.0
Total	67	100.0	100.0





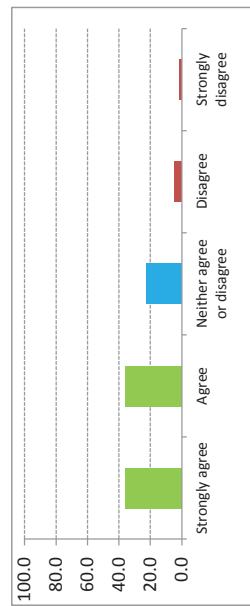
**Q6.n - People affected by reductions in Housing Benefit following changes to Local Housing Allowance rates and need more time to find cheaper accommodation**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				68.66
Strongly agree	24	35.8	35.8	
Agree	22	32.8	32.8	
Neither agree or disagree	14	20.9	20.9	
Disagree	4	6.0	6.0	
Strongly disagree	3	4.5	4.5	
Total	67	100.0	100.0	



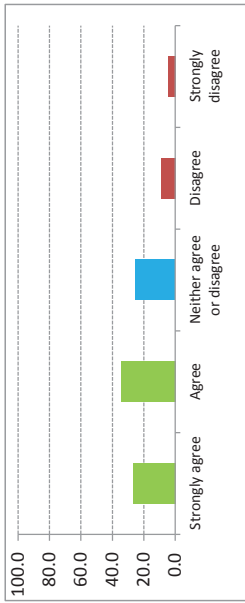
**Q6.o - People affected by reductions in Housing Benefit under occupancy rules in social housing properties and are actively working with their housing provider to find a smaller home or need more time to adjust to the change**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				71.64
Strongly agree	24	35.8	35.8	
Agree	24	35.8	35.8	
Neither agree or disagree	15	22.4	22.4	
Disagree	3	4.5	4.5	
Strongly disagree	1	1.5	1.5	
Total	67	100.0	100.0	



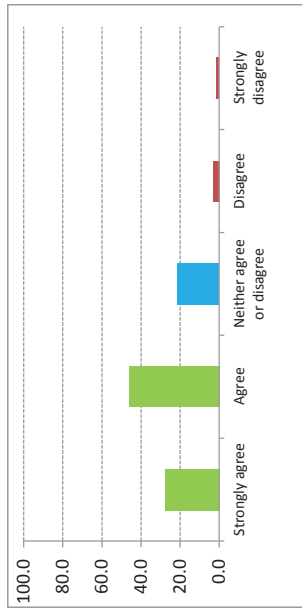
**Q6.p - People affected by the Benefit Cap that cannot immediately move into work because of complex challenges**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	18	26.9	26.9	61.19
Agree	23	34.3	34.3	
Neither agree or disagree	17	25.4	25.4	
Disagree	6	9.0	9.0	
Strongly disagree	3	4.5	4.5	
Total	67	100.0	100.0	



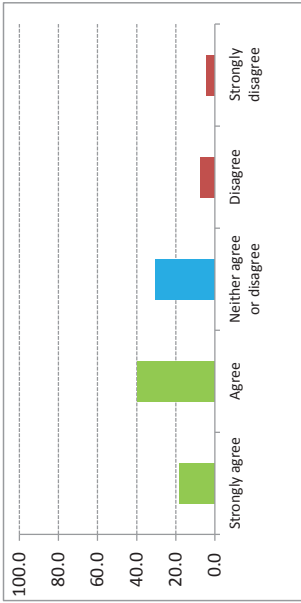
**Q6.q - People who need to move to cheaper/ smaller accommodation and need help with rent deposit/rent in advance or costs associated with move**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	18	26.9	27.7	73.85
Agree	30	44.8	46.2	
Neither agree or disagree	14	20.9	21.5	
Disagree	2	3.0	3.1	
Strongly disagree	1	1.5	1.5	
Total	65	97.0	100.0	
Missing	2	3.0		
Total	67	100.0		



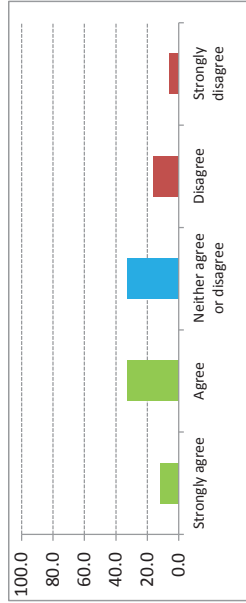
**Q6.r - People who live near their jobs because they work unsocial hours/ split shifts/ inadequate public transport**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	12	17.9	18.2	
Agree	26	38.8	39.4	
Neither agree or disagree	20	29.9	30.3	
Disagree	5	7.5	7.6	
Strongly disagree	3	4.5	4.5	
Total	66	98.5	100.0	57.58
Missing	1	1.5		
Total	67	100.0		



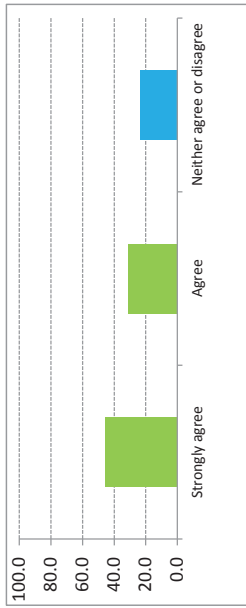
**Q6.s - People who as a consequence of a move have additional travel to work costs**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	8	11.9	11.9	
Agree	22	32.8	32.8	
Neither agree or disagree	22	32.8	32.8	
Disagree	11	16.4	16.4	
Strongly disagree	4	6.0	6.0	
Total	67	100.0	100.0	44.78



**Q7 - To what extent do you agree or disagree that the Council should also consider any other special circumstances?**

	Frequency	Percent	Valid Percent	Strongly Agree/Agree Valid Percent
Valid				
Strongly agree	29	43.3	45.3	76.56
Agree	20	29.9	31.3	
Neither agree or disagree	15	22.4	23.4	
Total	64	95.5	100.0	
Missing	3	4.5		
Total	67	100.0		

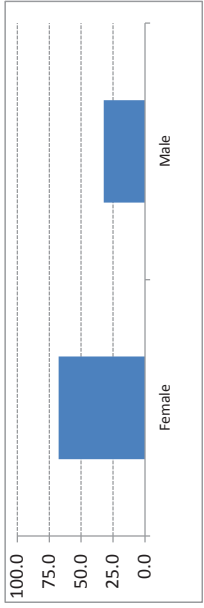


**Q8 - If you have any specific comments about these proposals please provide them here, including any other special circumstances that you think the council should consider providing Discretionary Housing Payment for**

Valid	Frequency
Considerations on the wider picture for residents	6
Assessments on an individual basis	3
ESA	2

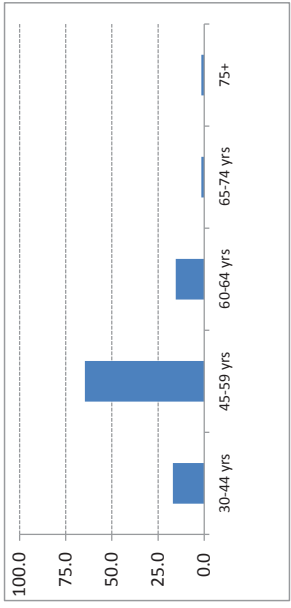
Q11 - Are you:

	Frequency	Percent	Valid Percent
Valid			
Female	44	65.7	67.7
Male	21	31.3	32.3
Total	65	97.0	100.0
Missing	2	3.0	
Total	67	100.0	



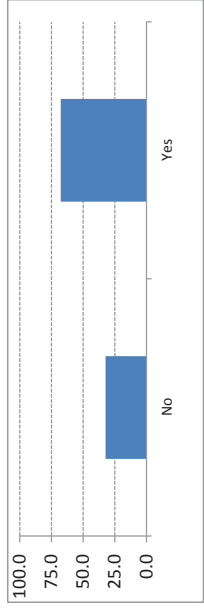
Q12 - What is your age?

	Frequency	Percent	Valid Percent
Valid			
30-44 yrs	11	16.4	16.9
45-59 yrs	42	62.7	64.6
60-64 yrs	10	14.9	15.4
65-74 yrs	1	1.5	1.5
75+	1	1.5	1.5
Total	65	97.0	100.0
Missing	2	3.0	
Total	67	100.0	



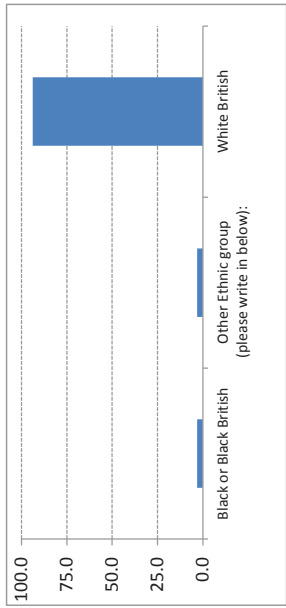
Q13 - Do you consider yourself to be disabled?

	Frequency	Percent	Valid Percent
Valid			
No	20	29.9	32.3
Yes	42	62.7	67.7
Total	62	92.5	100.0
Missing	5	7.5	
Total	67	100.0	



Q14 - To which of these groups do you consider you belong?

	Frequency	Percent	Valid Percent
Valid			
Black or Black British	2	3.0	3.1
Other Ethnic group (please write in below):	2	3.0	3.1
White British	60	89.6	93.8
Total	64	95.5	100.0
Missing	3	4.5	
Total	67	100.0	



Q14.a - Other

	Frequency	Percent	Valid Percent
Valid			
Other white	1	1.5	50.0
WHITE AMERICAN	1	1.5	50.0
Total	2	3.0	100.0
Missing	65	97.0	
Total	67	100.0	

## Appendix D

### Additional Information: Discretionary Housing Payments Policy 2014/15

The Discretionary Housing Payment scheme provides a small amount of funding to deal with anomalies and hardship in situations where normal Housing Benefit does not cover all the rent. It can also help with certain lump sum costs associated with a housing need such as a deposit.

To qualify for some consideration for assistance under this scheme the customer must already qualify for some Housing Benefit. ❶

Since its inception, the Council has used Discretionary Housing Payment funding primarily to make short term awards to ease transitions and to give claimants time to seek resolution of their difficulties. From April 2013 the government is providing substantial extra funding to ease the introduction of the household benefit cap but also to meet *continuing* and unavoidable needs resulting from the application of size criteria in the social rented sector rather than catering for these in the Housing Benefit scheme itself.

Many people have difficulty paying their rent. Among these are

- those whose benefit is restricted because their rent is considered too high;
- those whose benefit is restricted because their home is considered too large under the government's size criteria
- those whose benefit is reduced by deductions for non-dependants who may not contribute adequately to cover those deductions;
- those whose benefit is reduced by the taper for excess income;
- those who for all sorts of reasons have other calls on their income (additional expenses or outstanding debts) which they prioritise ahead of rent;
- those who have general difficulty managing the income they have, including those subject to the household benefit cap;
- those who are returning to work after a long period of unemployment who have difficulty in managing finances during the transition from benefit to a stable in-work income when the continuing level of net earnings is known and any Working Tax Credit entitlement is secured; and
- those who are in affordable housing but at risk of becoming homeless due to difficulty in meeting their full rent liability because of severe financial difficulties resulting from the effects of the current economic climate or their attempts to take up paid employment.

Awards of Discretionary Housing Payments should focus on enabling people to secure or retain and pay for appropriate and sustainable accommodation through temporary difficulties or in anomalous circumstances not addressed by the benefit system. This is in order to reduce the risk of homelessness and support the stability of families and communities.

Discretionary Housing Payments should not seek to undermine the purpose and nature of the Housing Benefit scheme, nor support irresponsible behaviour, nor should they assist in situations so common that a consistent approach to such payments would involve expenditure above the maximum permissible.

The Council therefore expects payments to be made in unusual or special circumstances where additional help with current rent will have a significant effect in alleviating hardship, reducing the risk of homelessness or alleviating difficulties that may be experienced in the transition from long term benefit dependence into work, for example:

- Their home has been adapted for their disablement needs
- Due to the nature of their disability they cannot share a bedroom with their partner
- There is an issue related to their disability which makes it difficult to move to a smaller or cheaper property
- They or their partner is a foster carer, they have more bedrooms than the Housing Benefit rules allow and they need a bedroom for each foster child
- They are fleeing domestic violence.
- Families with children at a critical point in their education;
- Young people leaving local authority care;
- Staying Put Carers with children in care and care leavers respectively;
- Families with kinship care arrangements;
- Families with a child in temporary care who is expected to return home;
- Families with a social service intervention or are part of a Troubled Family Programme;
- Where some one in the household is expecting a baby/to adopt a child and this future change will increase the level of bedrooms Housing Benefit or Universal Credit allows;
- Ex-homeless people being supported to settle in the community;
- People threatened with homelessness;
- People with health or medical problems, particularly where they need to access medical services or support not available elsewhere;
- People with medical conditions who receive informal care which would not be available in a new area;
- Single people under 35 who cannot live in shared accommodation due to an illness or other issue such as HIV;
- Elderly and frail people who have lived in their home for a long time and would find it difficult to establish support networks in a new area;
- People who live near their jobs because they work unsocial hours/split shifts/inadequate public transport;
- People who as a consequence of a move have additional travel to work costs;
- People who need to move to cheaper/smaller accommodation and need help with a rent deposit/ rent in advance for their new home or lump sum costs associated with the move i.e. removals;



- People who are affected by reductions in Housing Benefit entitlement following changes to Local Housing Allowance rates from April 2011 and need additional time to find cheaper accommodation;
- People who are affected by reductions in Housing Benefit following the April 2013 under-occupancy rules in social housing properties and are actively working with their housing provider to find a smaller home or need additional time to adjust to the change;
- People affected by the Benefit Cap that cannot immediately move into work because of complex challenges such as child protection etc;
- People, who are not in the aforementioned, however have special circumstances that are such that warrants DHP.

### **Awards**

Awards are expected to be made to meet current needs rather than past debts. No significant degree of payment for past periods is anticipated as requests for payment should be made promptly within the benefit period of the main benefit to which they relate and within a reasonable time of knowing the outcome of a claim for the main benefit. However, retrospective payments may be appropriate to reduce rent arrears to avert eviction where there are grounds for confidence that this will enable the claimant to deal effectively with their remaining arrears in the longer term.

Awards are expected to last for a fixed period, of between four weeks and fifty two weeks depending on the individual circumstances.

Awards may take into account the need to allow the claimant a short future period to adjust or to take into account milestones in the family's life like significant exams or the end of a period of convalescence. Given the limited scope of the scheme and the funding available, awards are expected to be at a modest level other than for very short periods in extreme circumstances.

Certain groups will have a higher priority. These are:

- They or a member of their household is disabled, they have more bedrooms than the Housing Benefit/ Universal Credit rules allow and
  - a) Their home has been adapted for their disablement needs or
  - b) Due to the nature of their disability they cannot share a bedroom with their partner or
  - c) There is an issue related to their disability which makes it difficult to move to a smaller or cheaper property;

(By disabled we mean under the Equality Act 2010 – if you have a physical or mental impairment that has a “substantial” and “long-term” negative affect on your ability to do normal daily activities.)

- They or their partner is a foster carer, they have more bedrooms than the Housing Benefit rules allow and they need a bedroom for each foster child. (This includes the need for bedrooms for up to 52 weeks in-between

placements and up to 52 weeks for newly approved foster carers awaiting their first placements);

- They are fleeing domestic violence.

Disabled people as described in a), b) and c) above may be awarded DHP for an indefinite period.

Decisions on the level and duration of awards will also take account of what is affordable within the agreed budget, bearing in mind that the level of grant available is decided nationally by DWP rather than on the basis of any local assessment of need.

The Council recognises that welfare reform changes greatly increase the number of claimants who face a reduction of Housing Benefit that will be of relatively short duration such that it is unreasonable to expect them to move. This will most commonly be

- Where a social sector tenant is affected by the size criteria but will shortly reach the age for state Pension Credit and so become exempt from the restriction
- Where at the start of a size restriction, an imminent birthday of a family member will increase the room requirement under the size criteria
- Where a single woman or couple expecting their first child live in two-bedroom accommodation suitable for their new family while still assessed on the one bedroom or shared accommodation rate. (This would apply where the family were already in social sector accommodation but newly affected by the size criteria or where private tenants move to larger accommodation relatively late in the pregnancy.)
- Where a single private tenant in one-bedroom accommodation is restricted to the shared room rate of Local Housing Allowance but will shortly be 35 and thus exempt from it.

The Council recognises that sharp increases in the level of non-dependant deductions are likely to cause difficulties for some claimants but reaffirms its view that it should normally only make discretionary payments where the non-dependant deduction is anomalous or unreasonable and not where the non-dependant is unwilling to pay or to cooperate in assessing a lower contribution.

In making decisions on discretionary payments, the Council expects also to be mindful of incentives to responsible behaviour, for example in the choice of a home or engagement in activities to address worklessness, debt or problematic behaviour.

Where a request for payments has been refused, it is not expected that repeated requests will be considered unless the customer can demonstrate that the situation has worsened significantly or a substantial period of time has elapsed.

Discretionary Housing Payments are normally expected to be credited to rent accounts or paid with a private tenant's rent allowance.

The Council recognises that there will be circumstances in which Discretionary Housing Payments may be made other than as set out above

### **Exclusions**

Regulations provide that the Council can not make an award of Discretionary Housing Payment if the customer is not in receipt of an award of Housing Benefit.

A Discretionary Housing Payment can not be made to accommodate the cost of any services which are not eligible for help under the Housing Benefit scheme such as ineligible service charges, water & sewerage, fuel and heating charges.

It is not normally expected that Discretionary Housing Payment payments will be made because of

- significant overcharging by a landlord;
- the preference for a size or type of accommodation or location which is not strictly necessary for pressing reasons;
- the failure of non-dependants to make up the deduction attributable to them when they have the means to do so;
- the unwillingness of the customer to use other available resources or to apply for other more appropriate forms of assistance; or
- a move from social sector accommodation to unaffordable private accommodation, other than for the most compelling of reasons
- a move to private rented accommodation where it should be clear to the claimant that the property is too large or unaffordable

DHP can cover the cost of rent deposits, advance rent, unavoidable over-lap of rent on two homes, removal costs and other lump sums associated to assist a person to move to affordable accommodation. This can be particularly helpful in assisting people to move to smaller or cheaper accommodation.

### **Universal Credit**

When Universal Credit replaces Housing Benefit, the Council will continue to have powers to make Discretionary Housing Payments to help with housing costs and expects to receive government funding for this. Payments can only be made towards housing costs but it is not clear whether awards would be limited by reference to the amount of housing costs covered by Universal Credit.

The Council does not expect to use Discretionary Housing Payments as a general supplement to the level of Universal Credit paid but would make payments in line with its present policy where the Universal Credit housing

element was restricted below a claimant's actual rent on the basis of Local Housing Allowance rates or size criteria or where Universal Credit including a housing element was restricted by the household benefit cap.

### **Reporting and reviewing process**

Discretionary Housing Payment expenditure and associated grant income are recorded in distinct cost elements in a separate cost centre within the cost centre group for benefit expenditure and thus subject to routine budget monitoring.

The Chief Finance Officer, in compliance with the Council's delegated responsibilities, shall review this document periodically, and with the Deputy Leader and Executive Member for Corporate Resources, amend it as appropriate.

Any recommendations for amendment must have due regard for any

- Changes in legislation;
- Changes to Discretionary Housing Payment funding; and
- Alignment with the Council's strategies and priorities.

① All references to Housing Benefit throughout this document also includes people in receipt of any rent housing element of Universal Credit.

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**Meeting:** Social Care Health and Housing Overview & Scrutiny Committee  
**Date:** 23 June 2014  
**Subject:** Work Programme & Executive Forward Plan  
**Report of:** Chief Executive  
**Summary:** The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan in addition to details of a recent work programming session with partners.

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Contact Officer: Paula Everitt, Scrutiny Officer  
Public/Exempt: Public  
Wards Affected: All  
Function of: Council

#### **CORPORATE IMPLICATIONS**

##### **Council Priorities:**

The work programme of the Social Care Health and Housing Overview & Scrutiny Committee (SCHHOSC) will contribute indirectly to all 5 Council priorities. Whilst there are no direct implications arising from this report the implications of proposals will be details in full in each report submitted to the Committee

#### **RECOMMENDATION(S):**

- 1. that the Social Care Health and Housing Overview & Scrutiny Committee**
  - 1.1 considers and comments on the proposals to enhance the health scrutiny functions;**
  - 1.2 considers and approves the work programme attached, subject to any further amendments it may wish to make;**
  - 1.3 considers the Executive Forward Plan; and**
  - 1.4 considers whether it wishes to add any further items to the work programme and/or establish any Task Forces to assist it in reviewing specific items.**

#### **Overview and Scrutiny Work Programme and proposals for health scrutiny**

1. The currently drafted work programme for the Committee is attached at **Appendix A.**
2. Throughout 2012 Central Bedfordshire Council was one of 14 Scrutiny Development Areas (SDAs) working with the Centre for Public Scrutiny (CfPS) and the Department of Health to develop more effective scrutiny of health and social care. Members were engaged in discussions regarding the most effective way of undertaking robust health scrutiny. In 2013 the final report of the enquiry into Mid-Staffordshire NHS Trust (the Francis Report) was also

published, which highlighted the importance of seeking the engagement of the public and professionals in setting the work programme and prioritising items accordingly.

3. In light of the outcomes of the CfPS programme and the Francis report it was recommended by the Overview and Scrutiny Coordination Panel that:-
  - 3.1 Health scrutiny has its own visible section on the agenda of the SCHHOSC that incorporates matters relating to the health of children. The Chairman of Children’s Services OSC has also been appointed as a Member of SCHHOSC to promote collaboration. This will ensure that scrutiny of health and wellbeing has a clear and visible focus within the SCHHOSC agenda. These changes to the agenda will be trialled in April 2014.
  - 3.2 Work programming will be undertaken more proactively with a range of partners including the Care Quality Commission, the Health and Wellbeing Board, Healthwatch and the Tenant Scrutiny Panel. Information will be included in the work programme report to identify opportunities for collaboration and to prevent duplication.
4. The Chairman met with partners on 20 January 2014 and the relevant items that were highlighted by others are attached at **Appendix B**. Comparing Appendix A and B Members are asked to consider whether any of these items that are not already on the work programme should be added or if a collaborative approach could be considered. It is suggested that a more detailed work programming session be held with Members prior to their meeting in May 2014 to discuss the key issues for scrutiny during 2014/15.

**Overview and Scrutiny Task Forces**

5. In addition to consideration of the work programme, Members may also wish to consider how each item will be reviewed i.e. by the Committee itself (over one or a number of Committee meetings) or by establishing a Member Task Force to review an item in greater depth and report back its findings.

**Executive Forward Plan**

6. Listed below are those items relating specifically to this Committee’s terms of reference contained in the latest version of the Executive’s Forward Plan to ensure Members are fully aware of the key issues Executive Members will be taking decisions upon in the coming months. The full Executive Forward Plan can be viewed on the Council’s website at the link at the end of this report.

Issue	Indicative Exec Meeting date
Discretionary Housing Payment (DHP) Policy -	15 July 2014

Those marked (\*) are not presently on the Committee work programme.

**Conclusion**

7. Members are requested to consider and agree the attached work programme, subject to any further amendment/additions they may wish to make in light of Appendix B and highlight those items within it where they may wish to establish a Task Force to assist the Committee in its work. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

- Appendix A** Social Care Health and Housing Overview and Scrutiny Work Programme
- Appendix B** Outcomes of recent work programming session

**Background reports**

Executive Forward Plan (can be viewed at any time on the Council's website) at the following link:-

<http://www.centralbedfordshire.gov.uk/modgov/mgListPlans.aspx?RPId=577&RD=0>

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## Appendix A: Social Care, Health and Housing OSC Work Programme (2014/15)

OSC date	Report Title	Description
28 July 2014	Discharge of Homelessness Duty Policy	This (draft) policy describes what the Council considers to be a suitable home to which the Council can discharge its homelessness duty. The Committee will be asked to comment on the draft policy and associated consultation report and EIA.
28 July 2014	Revenue, Capital and Housing Revenue Account Outturn 2013/14	To consider the Revenue, Capital and Housing Revenue Account Outturn 2013/14
28 July 2014	Quarter 4 Performance Report	To consider the quarter 4 performance report
22 September 2014	Park Homes Strategy	The strategy is an overarching document that sets out the approach for all Park Home issues in Central Bedfordshire including standards, fees, advice, assistance and licensing
22 September 2014	Homelessness Review	To consider and comment on the Homelessness Review
22 September 2014	Children and Families Act-SEND reforms	To consider and comment on implications and provisions for SEN and Disability in Children and Families Act
17 November 2014	Tenant Scrutiny Panel	The Tenant Scrutiny Panel to report on the implementation of the Anti Social Behaviour recommendations and the next area of investigation.

17 November 2014	Quarter 1 Budget Monitoring	To receive the quarter 1 budget monitoring reports for the Revenue, Capital and Housing Revenue Account
17 November 2014	Quarter 1 Performance Report	To consider the quarter 1 performance report
15 December 2014	Quarter 2 Budget Monitoring	To receive the quarter 2 budget monitoring reports for the Revenue, Capital and Housing Revenue Account
15 December 2014	Quarter 2 Performance Report	To consider the quarter 2 performance report
26 January 2015	Draft Budget 2015/16	To consider the draft budget for 2015/16
16 March 2015	Homelessness Strategy	To consider and comment on the Homelessness Strategy