

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

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**Central  
Bedfordshire**

**please ask for** Paula Everitt  
**direct line** 0300 300 4196  
**date** 24 May 2018

## **NOTICE OF MEETING**

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

Date & Time

**Monday, 4 June 2018 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 P Hollick (Chairman), P Downing (Vice-Chairman), Mrs A Barker, R D Berry, P A Duckett, K Ferguson, Mrs S A Goodchild, Mrs D B Gurney and G Perham

[Named Substitutes:

J Chatterley, Ms A M W Graham, P Smith, A M Turner and M A G Versallion]

All other Members of the Council - on request

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MEETING**

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# AGENDA

1. **Apologies for Absence**

Apologies for absence and notification of substitute members

2. **Members' Interests**

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

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

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

4. **Petitions**

To receive petitions from members of the public in accordance with the Public Participation Procedure as set out in Part 4G of the Constitution.

5. **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 Part 4G of the Constitution.

6. **Executive Members' Update**

To receive a brief verbal update from:-

- Executive Member for Adult Social Care and Housing Operations (HRA)
- Executive Member for Health and
- Executive Member for Assets

7. **Call-In**

To consider any decision of the Executive referred to this Committee for review in accordance with Part 4D of the Constitution.

8. **Requested Items**

To consider any items referred to the Committee at the request of a Member in accordance with Part 4D of the Constitution.

## **Part A: External & NHS matters**

To review and scrutinise any matters relating to the planning, provision and operation of health services in Central Bedfordshire commissioned by the NHS or external organisations (such as the Clinical Commissioning Group).

<b>Reports</b>
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<b>Item</b>	<b>Subject</b>
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<b>9</b>	<b>Phlebotomy Outpatient Services Proposals</b>
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To consider and comment on the proposals to move Phlebotomy services from the Luton and Dunstable Outpatient Service based at the Hospital to the centre of Luton and the implications for Central Bedfordshire residents.

<b>10</b>	<b>Proposals for Urgent Care Provision in Bedfordshire</b>
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To consider and comment on Bedfordshire Clinical Commissioning Group's proposals on urgent care provision in Bedfordshire and the implications for Central Bedfordshire residents.

## **Part B: Public Health, Social Care & Housing matters**

To review and scrutinise any matters that fall within the remit of the Council's Social Care, Health and Housing or Public Health Directorates.

<b>Reports</b>
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<b>Item</b>	<b>Subject</b>
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<b>11</b>	<b>Temporary Accommodation Placement Policy</b>
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To consider and comment on the draft Transitional Accommodation Placement Policy, which outlines the proposed Council approach to placing homelessness households into Transitional Accommodation.

<b>12</b>	<b>Work Programme 2018/19 and Executive Forward Plan</b>
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The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.

## ***Opening of a new Clinical Services Hub for Luton & Dunstable Hospital in Arndale House***

Update to Central Bedfordshire HOSC 4<sup>th</sup> June 2018

### **1. Purpose of the paper**

The purpose of this paper is to provide Members of Central Bedfordshire Health Overview and Scrutiny Committee with an update of the work we have undertaken to address concerns on phlebotomy services at the L&D site and the move to Arndale House.

The paper seeks to outline the work we have undertaken to involve local communities to date, and the work we are doing to bring services closer to home in Dunstable in the short term.

### **2. Overview of development**

Luton & Dunstable Hospital is opening new premises in the Arndale House building, which is located within The Mall, Luton. The Hospital, Luton Clinical Commissioning Group and Luton Borough Council are all leasing space at Arndale House, and as well as the hospitals' clinical hub on the first floor of the premises, Adult Learning Disability services are to be located within the facility.

The hospital has invested £1.8m into provision of purpose designed clinical facilities totalling 13,000 square metres at Arndale House, which will be open to patients from 4<sup>th</sup> June 2018. The development involves relocation of the following services from the main L&D site to Arndale House:

- Luton Sexual Health Service (LSHS) which is a local authority commissioned service
- GP Phlebotomy services and routine blood testing for patients on anticoagulation therapy
- Outpatient Dermatology services.

Around 80 Hospital staff in total will move to Arndale House including consultants, nurses, health support workers, admin teams, clerical teams and other support staff.

### **3. Why do we need to change?**

The development of off-site premises for services which do not have a clinical requirement to be co-located on the main hospital campus is a key enabler for delivering sustainable secondary care services, one of the five Bedfordshire, Luton & Milton Keynes (BLMK) integrated care system's strategic priorities.<sup>1</sup> The existing accommodation for these services on the hospital site is poor, and problems with poor access and overcrowding on the hospital site are well understood as a local priority. It is imperative that services that do not need to be located on the acute site are provided from alternative facilities to ensure that we can continue to deliver safe and effective acute and specialist care to patients when they need it.

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<sup>1</sup> For more information regarding the priorities for health and social care as developed by BLMK ICS, previously the STP, see <http://www.blmkstp.co.uk/> In 2016, the STP published its five year strategy to deliver the NHS 'Five-year forward view' for health services. The STP comprises twelve local NHS organisations and four local authorities in Bedfordshire, Luton and Milton Keynes who are working together to develop plans to deliver the vision for local services.

Dermatology and GP phlebotomy services have long been identified as not requiring co-location with other core hospital facilities and various options have been reviewed over the last ten years for re-providing these facilities in a number of locations, which have not progressed beyond the planning stages as they have either been found to be unaffordable or not to offer sufficiently good access for service users. GP phlebotomy services should be provided in GP practices rather than by acute hospitals and this has always been the stated commissioning intention of Bedfordshire CCG but the provision by GPs in South Bedfordshire remains poor.

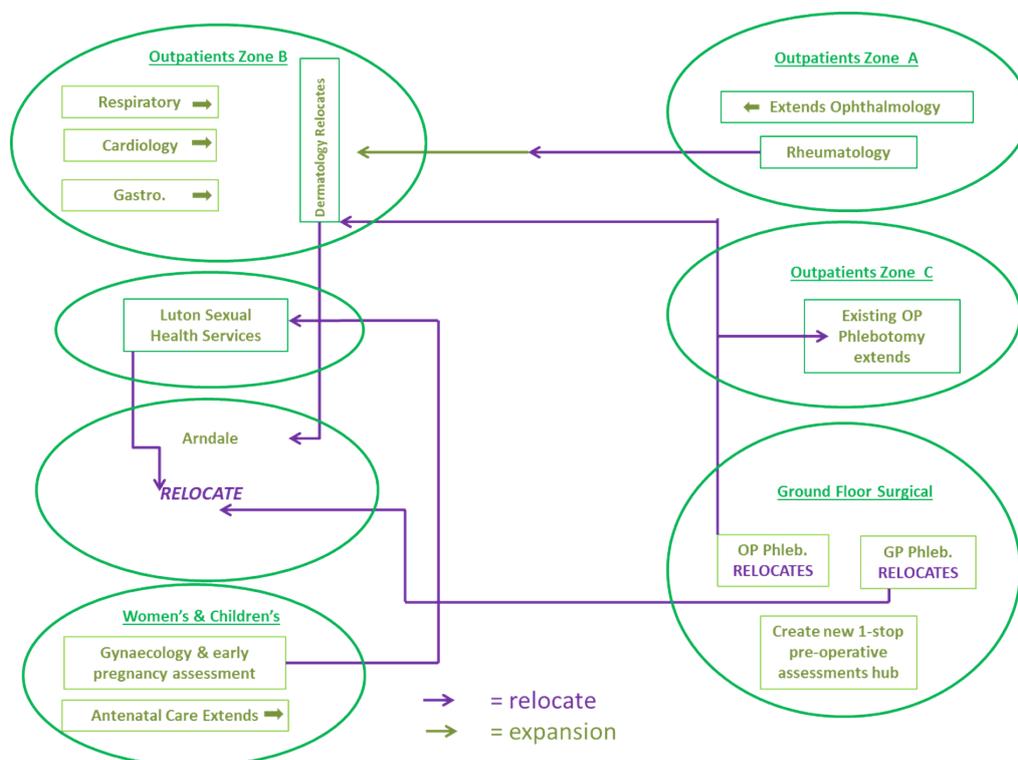
Whilst the Hospital recognises that this move will impact on residents in South Bedfordshire, the benefits will bring improvements to the clinical care delivered by the Trust.

The total distance from the hospital is 3.8 miles, with very good public transport provision (Arndale House is situated immediately adjacent to bus stops in Silver Street, and less than 500m from the Luton Station Interchange). The car parking provision for The Mall is very good, and available at a lower hourly cost than hospital parking. Whilst it is recognised that some patients will need to travel further to access services from Arndale House, the improvement in service provision and the improved transport links mean that overall this is a better and more accessible service.

#### 4. Clinical Benefits: The Case for Change

The experience of our patients is the driving force behind this change and there are a number of clinical benefits, which will arise, not just from the delivery of an excellent standard of purpose-designed accommodation for the relocating services, but in the safety and clinical quality concerns that are being addressed for services on the main hospital site that will utilise the released space.

The schematic below shows the inter-related moves of services between outpatient zones:



The following section explains the patient and clinical benefits associated with the Arndale House Development

#### 4.1 Physical Access

The hospital and CCG receive regular negative feedback from patients around the car parking provision and physical access to the hospital site on Lewsey Road. Car parking at certain times of day is very challenging, and the hospital receives numerous complaints around the cost of parking, especially for those patients who need to visit regularly. Although accessible by bus, the journey to the hospital by public transport is not straightforward for residents in some parts of our catchment area.

Relocation of high volume services such as phlebotomy and dermatology to Arndale House has two benefits. It relieves pressure on the Lewsey Road car parks for the services on the main hospital site improving experience, and it dramatically improves ease of access for patients using the new facility.

The parking charges at Arndale House as compared to the hospital are shown in the following table:

Duration of stay	The Mall	L&D Hospital
0-2 hours	£1.50	£3
2-3 hours	£2.00	£4
3-4 hours	£3.00	£6
4-5 hours	£4.00	£6
Over 5 hours	£4.00	£8 - £20
Thursday after 5pm	Free	Normal tariff applies
All other evenings 6pm – 10pm	£1.00	
Sundays and Bank Holidays Up to 3 hours Over 3 hours normal tariff applies	£1	

At Arndale House, parking availability is good throughout the day Mon – Fri and bus services are regular throughout the week.

It is recognised that for some patients living to the West of the hospital this will extend the travel distance and hence the time taken to get to the service. It is anticipated that by offering patients the option to pre-book an appointment, and hence offer a much streamlined service, the overall time burden will still be less, as currently patients often wait in excess of one hour on arrival to the hospital phlebotomy department.

#### 4.2 Waiting times and standard of accommodation in phlebotomy department

The current GP and anticoagulation phlebotomy provision is on the ground floor of the Surgical Block at the main hospital site. The accommodation is dated, cramped and with insufficient waiting space for the very high volumes of patients arriving for blood tests. The existing model is entirely open access drop-in, which results in long patient queues, and waiting times that are often in excess of an hour as many patients try to arrive early in order to be able to find parking. An appointment model to try and spread workload will not be possible in the existing location, as patients will

understandably not be willing to accept appointments at times of the day when they know parking is at its most challenging.

The facilities at Arndale House are purpose designed and offer a much more comfortable environment for patients. The introduction of a range of access options for patients will support different patient's preferences, and the waiting times will be carefully monitored with data published to help patients access the service at the times that most suit their needs (see section 3.1 below for further information on opening hours). The ratio of pre-book to walk in slots will be flexed according to demand and there is recognition that this will evolve as patients get used to the new service and find ways to use it that are convenient for them.

#### **4.3 Delivery of tele-dermatology and improvements to waiting times in dermatology including reduction of agency medical expenditure**

Dermatology outpatients are currently provided within outpatients Zone B at the Lewsey Road site. The service has grown significantly over the last five years, but there is no further expansion option available within its current location.

Consultant Dermatologists are a national shortage specialty, with many Consultants only working part time. Over the last two years, the hospital has had to use an increasing level of agency doctors to support the core services. In financial year 2017/18, the financial spend on agency Dermatology Doctors was in excess of £0.5m. Increasingly the trend for specialist services is to adopt a model where Consultant Dermatologists supervise the work of several specialist nurses and doctors working in a clinic, which allows optimal use of Consultant time. This ensures that those patients who need the most senior input can receive it, whilst keeping waiting times short for all patients. This model requires space to deliver it though, and it has not been possible to develop this any further in the current service location. The move to Arndale House will support recruitment into vacancies by providing a better working environment. Additional space will facilitate an increasingly supervision-based model, providing opportunity to reduce the overall hours of Consultant time required to deliver the service safely, and hence limit the spend on agency doctors, improving service stability, continuity of care for patients and enhancing patient experience.

As part of the service development, Dermatology will also be piloting an innovative tele-dermatology service that will facilitate faster specialist dermatological assessment for both inpatients and outpatients. The proposed intermediate tele-dermatology service will enable appropriate triaging of patients, but may also replace some face to face consultations with the dermatology specialist where appropriate. The aim is to also provide high quality feedback to the referring doctor, thus contributing to education and training.

#### **4.4 Provision of facilities appropriate for children within the dermatology service**

One of the serious limitations of the hospital location for dermatology clinics is the lack of appropriate clinic facilities for children. Children are high users of dermatology services compared to other hospital outpatient services. The dermatology team have historically managed the pathway as best as possible to ensure that children are not avoidably mixed with adult service users, but undersized rooms make family access challenging, and there is no child appropriate waiting space in zone b. Larger clinic rooms, dedicated waiting space and targeted clinical sessions for children will significantly improve the patient experience and help compliance with national guidance for separation of child and adult services.

#### **4.5 Safety concerns in the eye clinic**

One of the services that will be able to extend into vacated space is the eye clinic (ophthalmology services). Treatment volumes for patients with age related macular degeneration (AMD) have increased exponentially in recent years since the NICE approval of sight-saving drugs that require a course of intravitreal injections. Two serious incidents have occurred in the eye clinic in administering these injections, and the root-cause analysis has identified overcrowding and lack of well-designed clinic flow as significant contributory factors. It is imperative that additional space is provided urgently for the eye clinic, which requires extension into an adjacent clinical area. This requires relocation or closure of another service. Rheumatology rooms have been identified as the best solution available, and the relocation of rheumatology to the vacated zone b space following the dermatology move is on the critical path for this improvement.

#### **4.6 Separation of early pregnancy pathway from obstetrics services and reduction of overcrowding in antenatal and gynaecology clinics**

One of the key quality concerns highlighted by staff, service users and the Care Quality Commission (CQC) is the current co-location of antenatal (maternity) services with gynaecology services. This includes the early pregnancy assessment service for women who are experiencing complications such as bleeding early in pregnancy and services for women with recurrent miscarriage. Whilst every endeavour is made by staff to separate women who may be accessing emergency gynaecology services from women in late pregnancy, the waiting facilities are shared, and there is insufficient space to be able to adequately support families who may be coping with news of a failed pregnancy. The LSHS move to Arndale House frees the space to geographically separate gynaecology services from ante-natal clinics, offering a much more supportive environment and avoiding the additional distress caused to patients currently receiving bad news in the middle of a maternity clinic. The move provides counselling space which is vital not just in support of patients who may be receiving bad news, but also to support clinical staff in the safeguarding of vulnerable women and children.

#### **4.7 Development of a one-stop pre-assessment service**

One of the most significant benefits of the move of services to Arndale House is that the Hospital will be able to introduce a new one-stop pre-assessment service to residents in Luton and Bedfordshire. Very few hospitals offer such a service for the full range of surgical specialties, and the proposed model takes existing best practice from elsewhere and delivers it at scale and with further improvements.

Currently patients who have been told in clinic that they need planned surgery are told to wait to be contacted to come in for a surgical pre-operative assessment. This is the assessment of anaesthetic risk, and determines whether surgery will be able to go ahead. At present, the model is that patients are given a date for their surgery, and a pre-operative assessment clinic appointment is booked for them a few weeks ahead of that date. This can result in a patient waiting for some weeks or months anticipating their surgery, only for them then to find out at the point of the pre-operative assessment that the surgery cannot go ahead. Examples of this are where a heart condition is identified that the patient and surgeon were unaware of at the time of planning a procedure. Late pre-assessment can result in multiple moves of a patient's planned surgery date when a problem is identified that requires treatment, for example finding that a patient has an MRSA infection that needs a course of antibiotics to minimise the risk of surgery.

The pre-assessment team are ready to move to a model of one-stop pre-assessment, which means that a patient seen in clinic who agrees with their surgeon that they are going to have a procedure can visit pre-assessment at the same time for initial screening and a plan for their pre-operative pathway. For low-risk patients this one-stop service is all that will be required. For complex patients, it means that MDT advice and support are given straight away from the point of deciding that surgery is an option, and will help with informing consent and ensuring that patients are optimised before their procedure. It also means that if surgery is not an option because risk factors are identified that change suitability for surgery, then there is no delay in the patient returning to the surgical team to discuss alternative clinical management.

The new one-stop Pre-op clinic will dramatically improve patient experience, reduce the number of return visits for low-risk patients and offer high risk patients a much greater level of co-ordinated pre-operative support. In order to deliver the one-stop service, a central location is required for pharmacist, specialist nurses, anaesthetist and the pre-operative clinical team to work together. The intention is to use the vacated phlebotomy area on the ground floor of the surgical block as a pre-op assessment hub, enabling significant benefits to patients.

This service is not being offered in this way in any hospitals locally and will ensure that we bring added benefits for those patients who live in Central Bedfordshire and rely on our hospital to deliver excellent clinical care.

#### **4.8 Expansion of respiratory, rheumatology, gastroenterology and cardiology clinics to accommodate outpatient follow-up backlog and reduce waiting times for patients**

A number of the medical specialty services have seen significant growth over recent years and clinicians are having to run extra clinics out of core hours to ensure that the patients who need to be seen urgently can be seen. It is necessary to repatriate this activity into the main areas to support teaching, improve safety and resiliently accommodate necessary activity. This will enable us to plan clinics better, reduce the number of short-notice appointments that are offered to patients to try and fill ad-hoc capacity that has been established to meet an urgent need and to ensure that patients are able to book into services with their GP through the e-referral system (previously known as Choose & Book). There is currently a level of clinical risk resulting from patients not being seen at their target follow-up appointment time due to lack of capacity, and additional rooms are required to enable long term sustainable clinic sessions to be established.

#### **4.9 Improvements to phlebotomy provision for patients using services on the main hospital site**

There is currently a very limited phlebotomy provision within the outpatient zone c area for patients who are told by their clinician whilst at a hospital outpatient appointment that they need blood tests carrying out. This frequently has long waits, resulting in patients either dropping into the main phlebotomy department at that time, or choosing to return to main phlebotomy another day. The chain of relocations includes the provision of phlebotomy space within outpatients zone B and additional space in zone C, which will make providing blood tests for outpatients much more responsive and streamlined, and will avoid patients having to transfer down to phlebotomy or return another day. This is an important improvement in patient experience and will help us to ensure that patient time on the hospital is used well, with the minimum of avoidable waiting time.

## 5. Impact on service users

### 5.1 GP Phlebotomy and anticoagulation

The hospital phlebotomy team deliver services to over 60,000 inpatients on the hospital wards every year. In addition they have one of the busiest outpatient services, with over 120,000 patient visits per year. The profile of the current service provision for GP phlebotomy and anticoagulation blood test services at the L&D is as follows:

Service component	Patient contacts per year (2017)	Patient contacts per month	CCGs	Impact of relocation
GP / CCG Phlebotomy - adults	45,115	3760	73% LCCG, 26% BCCG, 3% others	Service moves to Arndale apart from for around 15% patients (those receiving specialised blood tests, who require patient transport or have special access needs, patients on chemotherapy etc.)
GP / CCG Phlebotomy - paedts	3,915	326	87% LCCG, 13% others	Service remains at the L&D main site
Anticoagulation patients	18,147	1512	61% LCCG, 37% BCCG, 2% others	New anticoagulation patients (10% of contacts) will be seen at the L&D main site and will transfer to Arndale for ongoing routine tests once stable.
Adult outpatients	51,558	4297		Service remains at the L&D site and moves entirely into the main outpatient clinic areas in zones B and C so as to improve adjacency for patients.
Paediatric outpatients	1,860	155		Service remains at the L&D main site

In addition to Hospital services, patients can choose to have their blood tests done at their local GP surgery. Some Surgeries in Dunstable already provide this service, as the table below outlines:

Practice	Phlebotomy Services provided?	Restrictions
Priory Gardens	No	
Kirby Road	No	
Kingsbury Court	No	
West Street	Yes	Appt only, 75 yrs+
Wheatfield Road	Yes	Appt only
Toddington	Yes	Appt only
Eastgate	Yes	Appt only, 75 yrs+
Houghton Regis	Yes	Appt only, 75 yrs+

Currently the waiting times for phlebotomy, which is an open access walk in service with no option to pre-book, can be very long and often extend over 1 hour. The relocation to Arndale House is enabling the offer of either walk in or pre-booked appointments within a 1-hour window, which

provides greater flexibility to patients. This will enable us to manage the flow of patients and improve the waiting times significantly. This is a service which cannot currently be provided in the existing arrangements, as a result of demand for parking and the volumes of patients using the site for outpatient appointments.

We will continue to provide like for like services, in terms of the operating hours for phlebotomy. However to ensure the most efficient service for long-term patients on anticoagulation monitoring, a high throughput dedicated session is being introduced 4 mornings a week. This will help to ensure that all patient waiting times are reduced.

<b>Patient Access</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Anticoagulation Patients only- <i>Booked appointments as per anticoagulation dosage letter</i>	NO CLINIC at Arndale House	08:30 to 10:00	08:30 to 10:00	08:30 to 10:00	08:30 to 10:00
All Patients- <i>Pre-bookable appointments</i>	08:30 to 16:00	10:30 to 16:00	10:30 to 16:00	10:30 to 16:00	10:30 to 16:00
All Patients- <i>Walk in and wait</i>	08:30 to 16:00	10:30 to 16:00	10:30 to 16:00	10:30 to 16:00	10:30 to 16:00

Patients will be encouraged to pre-book to ensure they are seen quickly and efficiently. A poll undertaken by over 200 current patients prompted by early feedback however recognised that some patients prefer the flexibility of open access, and so the original proposal has been adopted to retain this option for service users.

## 5.2 Dermatology Outpatients

The Dermatology outpatient service at the Luton & Dunstable hospital sees 17,500 patients per year and the split by CCG is shown in the following table.

	Luton	Bedfordshire	Hertfordshire	All Others	Total Attendances
New	2,719	1,350	625	85	4,779
Follow-up	8,093	3,422	969	240	12,724
<b>Total</b>	<b>10,812</b>	<b>4,772</b>	<b>1,594</b>	<b>325</b>	<b>17,503</b>
<b>% for CCG</b>	<b>61.8%</b>	<b>27.3%</b>	<b>9.1%</b>	<b>1.9%</b>	

Bedfordshire patients access non-cancer dermatology services via GP referral to the Bedfordshire Integrated Dermatology Service. The referrals are triaged by a Consultant Dermatologist and will be allocated to an appropriate community service, or directed to the hospital that the patient chooses. Bedford Hospital, Luton & Dunstable Hospital, Milton Keynes Hospital, East & North Herts and Buckinghamshire hospitals all provide dermatology outpatient services to Beds CCG patients. Data at appendix 1 shows the current flows of patients from Luton and Bedfordshire CCGs to the local providers.

For patients with suspected skin cancer, patients are referred to their hospital of choice directly by their GP and seen within two weeks.

Clinic times will not change from the existing service on the main hospital site, but the additional rooms will improve flexibility and reduce waiting times.

## 6. Patient involvement

Following advice from Luton Clinical Commissioning Group, our lead commissioner, we have taken steps to ensure we deliver on our statutory duty to involve and engage with those affected by the change.

A programme of communications to inform people of the change has been undertaken, but the CCG has asked us to undertake further engagement with patients to effectively listen to their views and look for additional opportunities to respond to concerns.

The communications and engagement programme to date is as follows:

Date	Method of engagement	Coverage
March 2017	Engagement on STP priorities including principles of sustainable secondary care	1,339 attendees at public and staff engagement events or respondents to published briefings. 'What we've heard so far' document published on the STP website and shared with stakeholder events.
Autumn 2017	Commissioning intentions from the Clinical Commissioning Groups published and shared with patient participation groups and stakeholders.	
Feb 2018	Started to hand out information in phlebotomy to patients advising them of the proposed move	500+ patients
Feb 2018	Brief update provided in GP Newsletter	130 practices across Luton, Beds, Herts
Early March 2018	Arndale development published on the front page 'news' section of the L&D website with link to FAQs (attached) and contact details for PALs	
5th March 2018	Ambassador Magazine contained information on the proposed move	Circulation to approx. 14,000 public members of the foundation trust and published on website
28th March	Presentation at the Council of Governors meeting	Around 20 public and staff governors
April 2018	Survey of phlebotomy users carried out within department over 1 week asking preferences for appointment systems, in response to early concerns raised by users that an appointment only system was not preferred	More than 200 current patients gave their view

30th April	Deputy CEO Attended Luton Health and Social Care Group meeting	6 councillors / invited attendees
21 <sup>st</sup> May	GP newsletter to be published including 2 page update on the services at Arndale House	130 practices across Luton, Beds, Herts
29 <sup>th</sup> May	Deputy CEO attending Patient Reference Group in Luton	
30 <sup>th</sup> May	L&D team attending Chiltern Vale Patient Participation group	
4th June	CEO attending Beds Health Overview and Scrutiny Committee	

In addition to the above, the hospital has responded individually to over 50 written letters and x enquiries to the patient advice and liaison service. A number of responses included an invitation to patients to provide further input into the model, but so far no patient has done so. As well as publishing FAQs to help users understand the proposed changes, in response to feedback within the comments received we have:

- Changed the proposed ‘appointment only’ model to include more flexible walk-in capacity for those patients that prefer it (feedback was split 50:50% between appointments and walk-in)
- Ensured that the map information includes details of bus routes and clear access information
- Sought assurance from the operators of The Mall car park that space will be available for users of the services at Arndale House

The Hospital recognises that there is more engagement work to do, and we are also working with Commissioners in Bedfordshire CCG to identify opportunities to extend the current phlebotomy in Dunstable, to improve access for patients in the future.

## 7. Next Steps

Services will open at Arndale House on the 4<sup>th</sup> June 2018 following a site visit and registration of the premises with CQC. A team of Hospital Volunteers and senior operational staff will be present at the clinic for the early weeks to ensure that any feedback from service users is collected and acted upon to immediately improve experience. Waiting time data for phlebotomy will be published in the first few weeks to help service users make an informed choice about where and how they might prefer to access phlebotomy services.

We will continue to engage with service users over the coming weeks prior to opening to ensure that we understand their feedback and are acting upon it wherever it is practical to do so. During week commencing 21<sup>st</sup> May 2018, information will be provided to GP surgeries to give to patients explaining the access arrangements for phlebotomy services and clear contact information provided so that if patients are not sure what to do they can contact us for advice.

## 8. Additional Information included as appendices

8.1 FAQs

8.2 Map showing patients how to get to the Arndale House



CLINICAL EXCELLENCE, QUALITY & SAFETY

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05/04/2018

FAQs

## **Community Hub in the centre of Luton – Arndale House**

### **1. Where is Arndale House?**

Arndale House is a 5 story building situated on top of the shopping mall in Luton. It has a discreet entrance and parking adjacent to the entrance. There is disabled access in the building. It is 3.8 miles by road from the Luton & Dunstable Hospital and 3 miles by foot.

### **2. What services are moving to Arndale house?**

Luton Sexual Health Services will move in June 2018. GP Phlebotomy and Dermatology outpatient services are proposed to move shortly after this.

### **3. Are all phlebotomy services moving to Arndale House?**

The intention is that approximately 33% of the total phlebotomy service will move to Arndale House; this is the adult GP phlebotomy and anticoagulation service only. Approximately 12,000 bloods per month will remain on the hospital site, these include:

- Inpatient bloods
- Outpatient bloods (one stop clinics) including bariatric bloods
- Pre admission bloods
- Haematology bloods
- new anticoagulation activity
- all paediatric outpatient bloods
- blood tests for patients requiring NHS transport
- blood tests for patients with learning disabilities or specific access needs

### **4. Will there be any doctors working at Arndale House?**

Around 80 Hospital staff will move to Arndale House, including Consultants, Nurses, Health Support Workers, admin and clerical teams and other support staff.

### **5. When do services move to Arndale House?**

Services are planned to move in June 2018.

### **6. Where will the Dunstable phlebotomy patients have their bloods taken?**

Only adult GP phlebotomy will move to Arndale House. Some local patients will continue to have their bloods done at their GP surgery; others may choose to come to the L&D service at Arndale House. Patient living close to the hospital may experience an increase in travel time, others will see a reduction in their travel time. Overall, it is hoped that patient experience for all will be improved, with better access (by bus, train and car) and decreased waiting times.

## 7. What is the BLMK STP

Bedford Luton Milton Keynes Sustainability and Transformation Partnership.

Twelve local NHS organisations and four local authorities in Bedfordshire, Luton and Milton Keynes are working together to develop the STP for the area, which aims to improve health services and increase join up with social care so that everyone living in the region can have better services, live healthier lives and, if they should fall ill, have even better treatment than they currently receive. For more information see <http://www.blmkstp.co.uk/>

## 8. How do I get to Arndale House?

By Car: Sat Nav users should use LU1 2HN as the postcode.

By Bus: Various bus companies offer services to Luton Town Centre, including Arriva The Shires and Centre Bus. Many of these services stop directly outside The Mall. For further information please visit their websites.

By train: Arndale House is a 5 minute walk from Luton Train Station. Exit the station towards the town centre. At the traffic lights cross over Guildford Street and you will see The Mall's entrance directly ahead of you. Once on the ground floor of the Mall, the entrance to Arndale House can be found opposite the central information point and help desk.

## 9. Is there parking at Arndale House?

There are good parking facilities at the Mall, Luton. Parking is easy, safe and secure. There are three car parks offering convenient access to the Malls shopping centre and Arndale House. Market and Central Car Parks are open from 6am-10pm every day, with disabled parking and Parent and Child bays in each car park. The Library car park is open for 24 hrs a day. Central Car Park is the most convenient car park for Arndale House.

A car valeting service is available at Central Car Park (Level 1) and Market Car Park (Ground level) 7 days a week.

## 10. How much is car parking at The Mall?

0-2 hours	£1.50
2-3 hours	£2.00
3-4 hours	£3.00
4-5 hours	£4.00
Over 5 hours	£4.00
Thursday after 5pm	Free
All other evenings 6pm – 10pm	£1.00
Sundays and Bank Holidays	Up to 3 hours - £1 Over 3 hours – normal tariff applies

## 11. Can I cycle to Arndale House?

Yes. Approximately 20 spaces are available around the Mall for cyclists.

**12. What will happen in the space that services moving to Arndale House are vacating?**

Specifically, the space being freed up on the hospital site will support the following service improvements for patients:

1. Additional accommodation for emergency gynaecology clinics, and a movement of gynaecology outpatient clinics away from the obstetric clinics. A new pre assessment hub to support pre-operative care for all patients undergoing surgery at the hospital. Current facilities are spread out across the hospital and provided largely from an old portacabin which is not conducive to the high standard of patient care that we strive to achieve.
2. Additional accommodation to support an expansion of the ophthalmic clinic to support the introduction of an intra-vitreous treatment (IVT) suite and reduce overcrowding in the eye clinic
3. Additional outpatient accommodation to support expanded specialist medicine clinics (gastroenterology, rheumatology, respiratory and cardiology). Growth in these areas will support improved access for patient and importantly, the new model of care will aim to support admission avoidance, ensuring that patients receive timely care and can stay in the comfort of their own homes, avoiding emergency admissions.

**13. What's going to be better about Arndale House?**

- a) New and improved patient environment
- b) Less overcrowding in waiting areas, with good toilet facilities and a separate children's play area
- c) Enlarged clinical environments to support the growth experienced in these areas
- d) More timely access to clinical services with shorter wait times
- e) Easier access to clinical services – good transport links by bus, train and car
- f) Better parking facilities, with cheaper parking rates
- g) Clinical teams for each service working together in one place
- h) Convenience of being located in the shopping Mall, by the shops
- i) Frees up much needed space on the Hospital site to grow clinical service provision for patients.

**14. Will I have to wait longer for an appointment at Arndale House**

No. The increased capacity at Arndale House will support improved access to clinics.

**15. Will hospital transport services drop off at Arndale House?**

GP phlebotomy patients requiring ambulance transport will continue to be brought to the Hospital for their bloods. Dermatology outpatients requiring ambulance transport will be seen at Arndale House.

**16. My current appointment letter for Dermatology/Sexual Health/Phlebotomy tells me to come to the Hospital, is this right?**

If you are a new or long standing patient of one of the services moving to Arndale House, your clinical team will make contact with you and let you know if your appointment location has changed.

**17. Why is the sexual health service moving to Arndale House?**

The Trust has a contractual commitment under the terms of the service contract from Luton Borough Council to deliver Sexual Health Services from the centre of Luton. This service will move in its entirety to Arndale House in the centre of Luton. The facility provides a number of benefits to clients including the new and improved environment which will be more accessible to service users.

**18. Why is Dermatology moving to Arndale House?**

This service will move in its entirety to Arndale House. Consultation, diagnostics and therapeutic treatments will all be offered at Arndale House, to mirror and improve the current service. Improved access and patient facilities will be available at Arndale House. Space on the hospital site remains limited, with significant growth in patient numbers year on year, the hospital has to respond and evolve to ensure patient care and patient experience is only ever improved.

**19. Why is GP phlebotomy moving to Arndale House?**

Approximately 33% of the total phlebotomy service will move to Arndale House, this is the adult GP phlebotomy and anticoagulation service only. Facilities at the Hospital are cramped and demand on this services is increasing at a fast pace. A number of patients were unhappy with the current phlebotomy accommodation which is in need of refurbishment. Space on the hospital site remains limited, with significant growth in patient numbers year on year, the hospital has to respond and evolve to ensure patient care and patient experience is only ever improved.

**20. I am still not sure what this means. Where can I get more information?**

If you feel that the above questions do not provide you with the information that you need, please contact the hospital PALS team who will be able to direct you to the relevant person.

**Phone PALS on 01582 497990. You may get an answering machine if the team are busy. Please leave a message and we will return your call as soon as we can.**

**Email us at [pals@ldh.nhs.uk](mailto:pals@ldh.nhs.uk) or complete the form on our website [www.ldh.nhs.uk/contact-us/contact-us-pals/](http://www.ldh.nhs.uk/contact-us/contact-us-pals/)**

# Your visit to the Luton & Dunstable Hospital at Arndale House

**Parking** – There are a number of parking and drop off points located in the town, please see the map for information. Where possible, we advise you to use public transport. Please allow time to park – if you are more than 15 minutes late you may not be seen.

For more information on parking and public transport visit [www.themall.co.uk/luton/visiting/getting-here/](http://www.themall.co.uk/luton/visiting/getting-here/)

**Hospital/Patient Transport** – For advice on eligibility please phone **01603 481 208**.

**Medications** – Please remember to bring your current medications in their containers.

**Teaching** – Medical students may be present at your appointment for training. If you have objections please tell the nurse in charge; this will not affect the standard of your care.

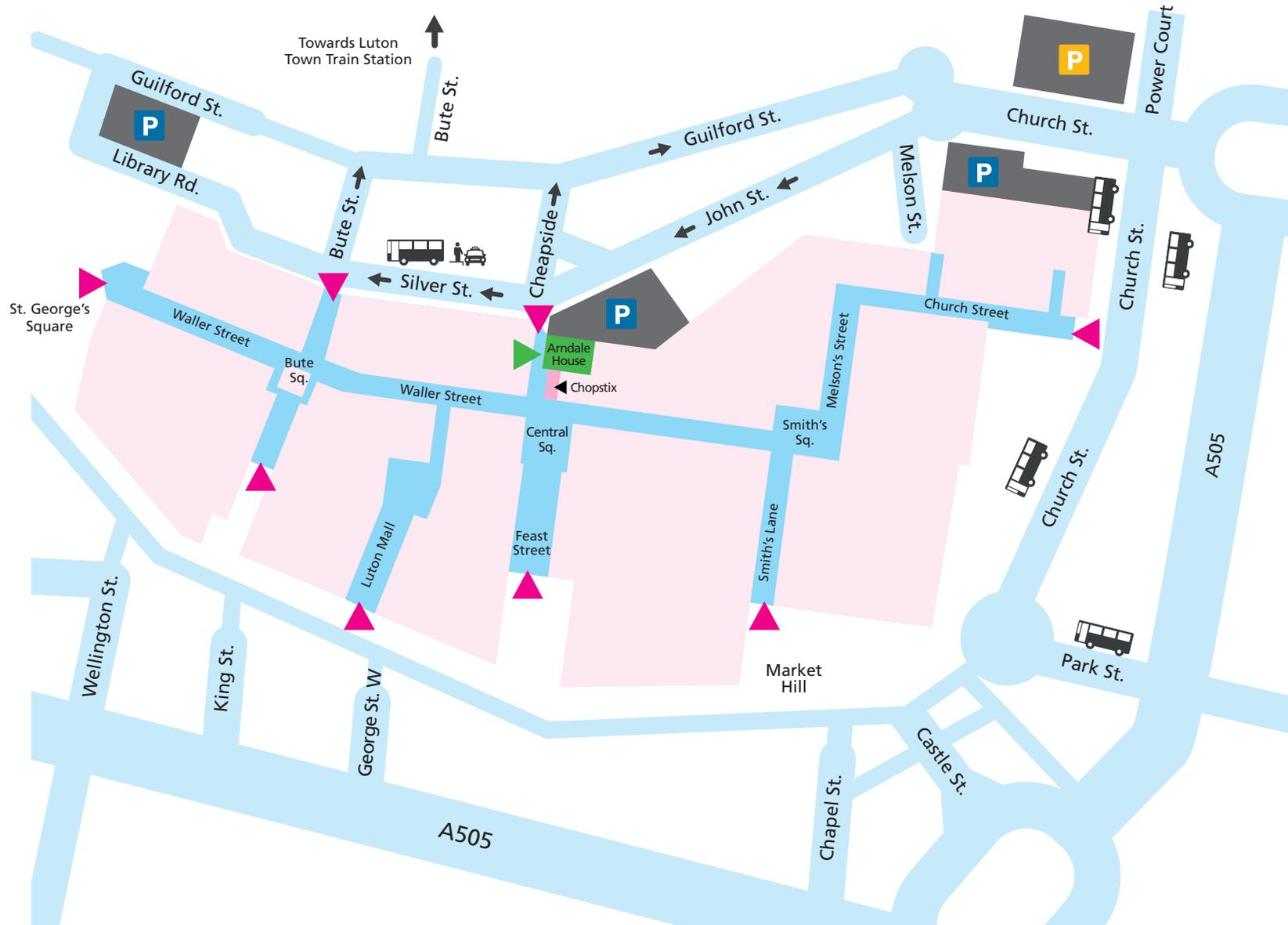
**Wheelchairs** – If you are dependant on a wheelchair there is elevator access from the Mall car parks.

**Interpreting** – Patients who speak little or no English can book interpreter services by calling **01582 497 990** at least one week in advance of their appointment.

**Comments or concerns** – We are always keen to hear about ways to improve your experience. Please phone **PALS** on **01582 497 990** who will be happy to help.

**Confidentiality** – Any information you give us will be treated in the strictest confidence within national guidelines.

For more details, please contact the hospital and ask for a copy of the 'Your information, your health record' leaflet.



	The Mall shopping entrances		Parking (Pay on foot)
	Arndale House lobby entrance		Taxi Drop-off point
	Parking (Pay and Display)		Bus Stop

**ARNDALE HOUSE BUILDING**  
 The outpatient clinic is located in Arndale House, The Mall shopping centre, Luton.  
 Access to the Arndale House lobby is located on level one of The Mall via the doors next to Chopstix.  
 To reach the clinic area, please take the lobby elevator to the first floor.

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## Central Bedfordshire Overview and Scrutiny Committee

**Date:** 4 June 2018

**Subject:** The Future of Urgent and Emergency Care in Bedfordshire – including update on Urgent Treatment Centre and Walk in centre provision

### **Purpose:**

This paper is to provide members of the OSC with an update on urgent care provision in Bedfordshire.

### **Background:**

Bedfordshire Clinical Commissioning Group (BCCG) is reviewing the way that Urgent Care services are delivered in Bedfordshire. Urgent care is provided when you need medical assistance in a hurry and cannot wait for a routine appointment, but it is not an emergency.

In March 2017, NHSE published 'The Next Steps on the NHS Five Year Forward View', which mandated the requirement to:

“Roll-out of standardised new ‘Urgent Treatment Centres’ which will open 12 hours a day, seven days a week, integrated with local urgent care services. They offer patients who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine. We anticipate around 150 designated UTCs, offering appointments that are bookable through NHS111 as well as GP referral, will be treating patients by Spring 2018.”

In order to meet with above requirement an options appraisal for a potential location of a UTC in Bedfordshire was undertaken. It was agreed that the only suitable location for residents of Bedfordshire was to co-locate the UTC on the hospital site, alongside A&E, at Cauldwell Medical Centre. This will provide access to the diagnostics required and allow the urgent and emergency system to work collaboratively.

The Urgent Treatment Centre would provide access to diagnostics and be fully integrated with the local Urgent and Emergency Care system.

In line with the national mandate, we have reviewed urgent care services in Bedfordshire to ensure we continue to provide the right care, in the right place for our population.

Under the core standards published by NHS England, the Urgent Treatment Centre should:

- Be GP-led, staffed by GPs, nurses and other clinicians with access to simple diagnostics, e.g. Urinalysis, ECG and in some cases X-ray – 12 hours a day.
- Provide urgent appointments, booked through NHS 111, ambulance services and general practice within 4 hours.
- Provide a ‘walk-in’ option.

- Provide same day appointments and out of hour's general practice for both urgent and routine appointments at the same facility, where geographically appropriate.
- Form part of a locally integrated urgent and emergency care service - working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E

### **Current provision**

Currently Bedfordshire has one walk in centre which is based in Putnoe, which is north of Bedford Town Centre. Bedfordshire residents can also access NHS111 for advice and access a GP using the out of hours service. The contract for the walk-in centre expires at the end of September 2018, and BCCG are currently exploring other arrangements that might be available after this time.

### **How is the project progressing?**

The Urgent Treatment Centre (UTC) project is on track to commence 01 October 2018. The CCG met with Bedford Hospital Trust (BHT) to review plans and gain assurance around the projects delivery. The Trust has a comprehensive programme in place and mobilisation and recruitment work is underway.

The Clinical Pathways Group (CPG) met and agreed the following:

- A&E streaming – the agreed streaming model will be reflective of the national model.
- UTC referral pathways to Ambulatory Emergency Care Unit (AECU). Referrals in to the AECU will follow the current process for GPs wishing to send a patient to hospital for same day assessment. Consideration is being given to extend this service to reflect service timelines.
- Patients will be able to be directly booked once clinically assessed (by phone via NHS111) and will include 'see/speak to a primary care clinician within 2, 6 or 12 hours' for minor illness and minor injury, (where there is no availability with their own in hours GP or Herts Urgent Care (HUC) Out Of Hours GP) for the period 11am – 11pm 7 days a week. This could also include the step down of some Emergency Department and green ambulance dispositions to UTC appointments once clinically reviewed and assessed.
- Referrals from the ambulance service and GP's will include minor illness and minor injury with the exception of patients who are non-weight bearing or non-ambulant. The referral pathway will initially be via telephone with the ambition for GP's and ambulance colleagues to directly book.

In line with best practice identified in other areas it was agreed that a 111 phone line will be installed in Cauldwell Medical Centre reception. This will support UTC staff to signpost patients to 111 where appropriate. These pathways will be presented to the appropriate organisational governance groups in May for ratification.

The overall mobilisation programme will be monitored by the Collaborative Programme Board who report to the Acute Transformation Board. This Programme Board will have Executive Level representation from BHT, HUC and Bedfordshire CCG and will meet monthly, with the next meeting being held on 31 May 2018.

In addition, there will be a Service Development & Improvement Plan (SDIP) that will be reviewed and monitored at the Trust's monthly Contract & Performance meeting with the CCG.

### **How are we communicating?**

A joint communications strategy is being developed to ensure a coordinated approach is undertaken and to ensure that the introduction of new patient pathways is clear to patients, the public, GP's and other stakeholders.

### **Additional Documents**

See attached patient flow diagram.

### **What changes will this bring?**

Revisions to the urgent care model means that there will be some changes, for example, the provision of the walk in services at Putnoe Walk in Centre is under review, pending public consultation in the summer of 2018. We expect to report on these changes in Autumn 2018.

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## Central Bedfordshire Council

### Social Care Health and Housing Overview and Scrutiny 4<sup>th</sup> June 2018

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## Transitional Accommodation Placement Policy

Report of: Cllr Carole Hegley, Lead Member Adults, Social Care and Housing Operations ([carole.hegley@centralbedfordshire.gov.uk](mailto:carole.hegley@centralbedfordshire.gov.uk))

Responsible Director: Julie Ogley, [Julie.ogley@centralbedfordshire.gov.uk](mailto:Julie.ogley@centralbedfordshire.gov.uk)

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### Purpose of this report

1. The report presents the draft Transitional Accommodation Placement Policy, which outlines the proposed Council approach to placing homelessness households into Transitional Accommodation.

#### RECOMMENDATIONS

The Committee is asked to:

1. Review the draft Transitional Accommodation policy and provide comment and/or recommendations to Executive concerning the approval of the draft policy.

### Overview and Scrutiny Comments/Recommendations

2. The recommendations are to be captured for the report to executive on 12<sup>th</sup> June 2018. It is proposed that the Executive member provides a verbal update on the Committee's recommendations to executive.

### Issues

3. The Council has seen a significant increase in the use of transitional accommodation (TA) since 2014, when numbers of homeless households in TA was around 30 to 40. In December 2017, a peak of 208 households in TA was recorded. A concerted team effort has seen a reduction to just under 170 households in April 2018. The increase in 2017 has led to a need for the Council to have a transparent policy with the rationale and context behind the placement of households in TA
4. The increase in demand has necessitated the use of "Nightly Let" accommodation, including accommodation outside of Central Bedfordshire, due to a shortage of available supply within the area. Nightly Lets are unlike other private rented accommodation as they are available more quickly and on a nightly basis, meaning that the Council does not have to form a 6 or 12-month agreement. Nightly Lets outside of Central Bedfordshire have to be used due to

the relatively unpredictable nature of the need for TA. 55% demand is “on the day” and 23% demand is where 2 to 5 days’ notice is known.

5. The Homelessness Reduction Act 2017 (which came into force on 3<sup>rd</sup> April 2018) and recent case law on “vulnerability” will likely increase the need for TA. Statutory Guidance requires that TA is provided for those applicants thought to be in Priority Need as part of the duty to relieve homelessness, and other households have to be “offered help” to secure TA during the 56 days period where the Council tries to relieve their homelessness. If homelessness cannot be relieved, the final step is to determine whether the household is owed a re-housing duty.
6. The draft policy (appendix A) recognises the legislation, Code of Guidance and case law related to the suitability of TA. Whilst there are many aspects of what constitutes suitable accommodation, the issue of location is one that can cause most challenge and is specifically mentioned in the Housing Act 1996, which states *“So far as reasonably practicable a local housing authority shall, in discharging their housing functions under this Part, secure that accommodation is available for the occupation of the applicant in their district”*.
7. There is, however, as much challenge from households placed within Central Bedfordshire but away from the original place of residence, due to the large geographical nature of the area. To place a household from, say, Caddington into TA in Potton is likely to cause greater distress than a placement in Luton. In addition, around 15% of TA residents originate from out of area, due primarily to having a local family connection or resulting from domestic violence. Consequently, in terms of location, the policy considers (where all other suitability criteria are met) a location in “close proximity” to Central Bedfordshire, as Central Bedfordshire.

### **Options for consideration**

8. The draft policy has been presented at staff workshops, giving a range of Officers from across the Council the opportunity to influence the draft, including a desire to offer support to households that don’t receive support from other agencies, particularly when the household moves to a new area. Following staff engagement, the draft policy has been subject to consultation, including with residents currently in TA. A consultation response report is provided in background papers.
9. The draft policy is a Placement policy, not a TA procurement policy. Whilst the intention of the Council is to increase its portfolio of suitable TA stock, supported by proposals in the MTPF and budget, the Placement policy sets out how the Council will prioritise TA placements regardless of the exact quantum of CBC owned/managed accommodation available at any point in time. This Placement policy should influence TA procurement in defining what the Council deems as “suitable accommodation”.
10. The draft policy sets out who the Council will prioritise for accommodation in, or in close proximity to Central Bedfordshire. Accommodation in close proximity to Central Bedfordshire can be as, or more, suitable than accommodation within Central Bedfordshire that is far from the applicant’s previous home and support network. Officers should consider whether a placement is suitable in all respects

for the household concerned and not be restricted on using suitable accommodation that is just over the border.

11. An equality impact assessment is produced to ensure the provisions of the draft policy are not discriminatory to any protected group or person. The criteria for prioritising placements in/out of Central Bedfordshire are intended to support the Council's equality duties.

### **Reason/s for decision**

12. The draft Transitional Accommodation policy provides the rationale and clarity for how the Council will make temporary and interim accommodation placements to suitable properties. The draft policy outlines what is considered a suitable property, which includes locations in close proximity to Central Bedfordshire where all other suitability criteria are met.
13. The draft policy outlines how homelessness applicants will be prioritised to locations within (or close proximity to) Central Bedfordshire, to areas neighbouring Central Bedfordshire (but not in close proximity), and further afield. The health and well-being of the applicants and their household, is a key factor when prioritising location of a placement within (or in close proximity to) Central Bedfordshire.
14. Overall, the Council have received a positive response to the consultation, with 69 -79 % of respondents supporting each area of the proposals. Many respondents acknowledged support to maintain people's health and wellbeing as being important. The most prevalent being the wellbeing of any children effected by homelessness and helping people to retain/maintain access to school and employment.

### **Council Priorities**

15. The draft policy supports the Council priority "Protecting the vulnerable; improving well-being. Homeless applicants approaching the Council are assessed, in particular in terms of whether they are vulnerable in some way and have a priority need. The Council has a duty to provide temporary or interim accommodation if applicants are considered to have a priority need.

### **Corporate Implications**

16. The draft policy includes the criteria to determine the suitability of Transitional Accommodation. The rationale about how households are placed in accommodation looks to prevent placements where there may be health, public health or community safety issues for the applicants. Consequently, there are not perceived to be further corporate implications arising from this report.

### **Legal Implications**

17. Under the Housing Act 1996, Part VII, the Council may have a legal duty to provide transitional accommodation, if there is reason to believe that the applicant may be homeless, eligible for assistance and have a priority need. Section 206(1) provides that the authority may discharge their housing functions only by securing “suitable” accommodation, albeit by a variety of routes. Section 208(1) provides that: “So far as reasonably practicable a local housing authority shall, in discharging their housing functions under this Part, secure that accommodation is available for the occupation of the applicant in their district”.
18. The Housing Act 1996 Section 208 requires that a placing local authority should notify the host local authority when placing a homeless household in their area within 14 days of the accommodation being offered to the household.
19. The Children Act 2004, Section 11 requires that local authorities have a particular duty to have regard to the need to safeguard and promote the welfare of children.
20. The Homelessness (Suitability of Accommodation) Order 2012 sets out the following criteria: In determining whether accommodation is suitable for a person, the local housing authority must take into account the location of the accommodation, including:
  - where the accommodation is situated outside the district of the local housing authority, the distance of the accommodation from the district of the authority;
  - the significance of any disruption which would be caused by the location of the accommodation to the employment, caring responsibilities or education of the person or members of the person’s household;
  - the proximity and accessibility of the accommodation to medical facilities and other support which—
    - (i) are currently used by or provided to the person or members of the person’s household; and
    - (ii) are essential to the well-being of the person or members of the person’s household; and
    - (iii) the proximity and accessibility of the accommodation to local services, amenities and transport.
21. The Supreme Court case judgment in Nzolameso v Westminster City Council 2015 had significant ramifications for local authorities, who are advised to adopt policies as to the procurement and allocation of temporary accommodation. Care should be taken to ensure that the policies reflect the obligations under section 208, the 2012 Order and the associated statutory guidance and under section 11 of the Children Act 2004.
22. The Homelessness Reduction Act 2017, Section 206(1) provides that all accommodation provided under Part 7 of the 1996 Act must be suitable for the applicant and their household, and the suitability requirements under section 210 apply.
23. Homelessness Code of Guidance for Local Authorities (2018), 17.46 provides further guidance about the suitability of the location of accommodation. The code consolidates the existing legislation, case law and good practice.

## **Financial and Risk Implications**

24. The draft TA Placement policy is focused on what is considered as “suitable accommodation”, which includes the requirement for the accommodation to be affordable to applicants. Consequently, lower cost accommodation out of area might be considered as cost effective for the Council to procure if all other aspects of suitability are met. This policy provides a safeguard to ensure that cost is not the sole driver to procurement but is a factor as to whether applicants are placed out of area. For example, a Nightly Let in Hertfordshire at net £40/night is more cost effective than a hotel in Dunstable at net £70/night.
25. Whilst budget pressures are included in TA budgets for 2018/19 due to the increasing demand, the service is striving towards a situation where as much accommodation as possible is provided at no net cost to the Council and within or in close proximity to Central Bedfordshire.
26. Net pressure of £0.55M was provided for in the budget for 2018/19, to give a total net budget of £0.961M. This compares to a net outturn in 2017/18 of £1.242M. Given the additional requirements of the Homelessness Reduction Act, this is therefore a very challenging target, but Housing have embarked upon a strategy of purchasing properties in the Housing Revenue Account for use as TA. This strategy includes transferring assets from the Council’s General Fund (with 2 Care Homes already transferred for this purpose). This is only 1 facet of an action plan that seeks to tightly manage the whole housing system locally, by focusing on casework, initial assessment, decision making, policy, ICT systems, staff training, recruitment, and a “right first time” approach
27. The Directorate’s performance framework will closely monitor use of and cost of TA, during 2018/19.

## **Equalities Implications**

28. 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.
29. Whilst homeless applicants are often vulnerable due to the nature of their housing situation, the Council has to consider particular additional issues when considering placing the household into transitional accommodation. The draft policy aims to consider the most aspects of the households needs that safeguard their welfare and health.
30. An equalities impact assessment is prepared in respect of this draft policy.

## **Conclusion and next Steps**

31. The draft policy has had regard to legislation, Code of Guidance and local circumstances. There is a desire to place all homeless households in suitable properties within, or in close proximity to Central Bedfordshire but where that is

not possible the policy clarifies how the Council will prioritise households to Central Bedfordshire, neighbouring areas, or further afield, recognising that there are instances where a placement out of area is beneficial.

32. Subject to there being no significant issues arising from consultation, which ends on 15<sup>th</sup> May 2018, it is recommended that the draft policy is presented to Executive on 12<sup>th</sup> June for approval. This will provide all residents and homelessness applicants with a clear policy position for how the Council places households into Transitional Accommodation.

## Appendices

**Appendix A:** Draft Transitional Accommodation Placement Policy

## Background Papers

The following background papers, not previously available to the public, were taken into account and are available on the Council's website:

- (i) Consultation report  
<https://centralbedfordshire.box.com/s/6m982t67xzgsj4df996y3p3r1lup1fnh>
- (ii) Equality impact assessment  
<https://centralbedfordshire.box.com/s/172dm1ay64izyzjcbpv2ksge5wqx9boc>

Report author(s):

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# Transitional Accommodation Placement Policy

<b>Directorate:</b>	Social Care, Health, and Housing (SCHH)		
<b>Division &amp; Service:</b>	Housing		
<b>Author:</b>	Ramone Nurse, Policy & Performance Officer		
<b>Owner</b>	Nick Costin		
<b>Issue date:</b>	April 2018		
<b>Approved By:</b>	Directorate Management Team (DMT)	<b>Approved Date:</b>	15/2/2018
<b>Version No.</b>	1.5		

## 1. INTRODUCTION

- 1.1 This document sets out our approach to the placement of households in transitional accommodation, both in and out of the Central Bedfordshire area.
- 1.2 Taking into account all known and relevant facts the Council will endeavour to place all households within or as close as possible to Central Bedfordshire. This policy outlines which households will have priority for the differing units of accommodation that become available

## 2. SCOPE, DEFINITIONS AND RELATED POLICIES

### 2.1 Scope

The policy and the associated guidance details how applicants will be prioritised for transitional accommodation in Central Bedfordshire, and out of area.

This policy does not cover the council's approach to discharging its homelessness duty or the placement into permanent social housing as a secure or assured tenant.

## 2.2 Definitions

Homelessness applicant – This is a person who completes an application to be assessed as homeless. The definition of legally homeless is set out in the 1996 Housing Act. This policy refers to a homelessness applicant as ‘the applicant’.

## 2.3 Related policies

- Discharge Homelessness Duty to a Suitable Home Policy (Currently being reviewed)
- Central Bedfordshire Council Housing Allocation Scheme

## 3. POLICY STATEMENT

- 3.1 As far as reasonably practicable Central Bedfordshire Council will aim to house homeless people within the local area. The Council will only make out of area placements when no accommodation in the local area can be procured or where there are good reasons for an out of area placement, such as to reduce risk to a household.
- 3.2 If accommodation cannot be procured in the local area, then the principal needs of the individual household will be acknowledged, including adults and children, and assessed both individually and collectively when determining the location of accommodation.

## 4. LEGAL AND REGULATORY FRAMEWORK

- **Housing Act 1996 Part VII**
  - The Council may have a legal duty to provide transitional accommodation, if there is reason to believe that the applicant may be homeless, eligible for assistance and have a priority need.
  - Section 206(1) provides that the authority may discharge their housing functions only by securing “suitable” accommodation, albeit by a variety of routes.
  - Section 208(1) provides that: “So far as reasonably practicable a local housing authority shall, in discharging their housing functions under this Part, secure that accommodation is available for the occupation of the applicant in their district”.
- **Housing Act 1996 (S208)**
  - A placing local authority should notify the host local authority when placing a homeless household in their area within 14 days of the accommodation being offered to the household.
- **The Children Act 2004 (s11)** Local authorities have a particular duty under act to have regard to the need to safeguard and promote the welfare of children.

- **The Homelessness (Suitability of Accommodation) Order 2012** sets out the following criteria: In determining whether accommodation is suitable for a person, the local housing authority must take into account the location of the accommodation, including—
  - where the accommodation is situated outside the district of the local housing authority, the distance of the accommodation from the district of the authority; the significance of any disruption which would be caused by the location of the accommodation to the employment, caring responsibilities or education of the person or members of the person's household;
  - the proximity and accessibility of the accommodation to medical facilities and other support which—
    - (i) are currently used by or provided to the person or members of the person's household; and
    - (ii) are essential to the well-being of the person or members of the person's household; and
    - (iii) the proximity and accessibility of the accommodation to local services, amenities and transport.
- **Nzolameso V Westminster City Council 2015**  
The Supreme Court case judgment in Nzolameso v Westminster City Council 2015 had significant ramifications for local authorities, who are advised to adopt policies as to the procurement and allocation of temporary accommodation. Care should be taken to ensure that the policies reflect the obligations under section 208, the 2012 Order and the associated statutory guidance and under section 11 of the Children Act 2004.

#### **Homelessness Reduction Act 2017**

Section 206(1) provides that all accommodation provided under Part 7 of the 1996 Act must be suitable for the applicant and their household, and the suitability requirements under section 210 apply.

#### **Homelessness Code of Guidance for Local Authorities (2018)**

Section 17.46 provides further guidance about the suitability of the location of accommodation. The code consolidates the existing legislation, case law and good practice.

## **5. EQUALITY AND DIVERSITY**

- 5.1 The Council has a statutory duty to have due regard to the need to promote disability, race and gender equality.
- 5.2 The Council should also be proactive about putting in place arrangements to ensure that they do not unfairly discriminate against individuals on the grounds of their age, religion, personal relations or living and caring arrangements, or whether they live in an urban or rural area. Equality should be integral to the way in which social care is prioritised and delivered.

- 5.3 The potential impact of this policy on the various protected characteristics has been identified and addressed through an Equality Impact Assessment.

## **6. MONITORING AND REPORTING ARRANGEMENTS**

- 6.1 Monitoring will be included within the performance framework of the Social Care Health and Housing Directorate; officers will monitor the outcomes of transitional accommodation placements to help assess the success of the policy.
- 6.2 The Council continuously monitors the number of households in transitional accommodation to ensure that budgetary pressures can be monitored and reported upon. The analysis of housing data will be used to procure appropriate transitional accommodation, so that adjustments can be made to the annual lettings plan to ensure that appropriate provision is made in respect of long term housing options.

## **7. RESPONSIBILITIES**

- 7.1 The Head of Housing Solutions is responsible for overseeing the delivery and monitoring the policy.

## **8. REVIEW**

- 8.1 The Transitional Accommodation Placement Policy will be reviewed after 2 years.

## 9. POLICY DETAILS

- 9.1 This document sets out our approach to the placement of households in transitional accommodation (TA), both in and out of the Central Bedfordshire area.
- 9.2 It covers both interim placements made under Section 188 Housing Act 1996 (HA96), while homelessness enquiries are undertaken, and longer term transitional accommodation placements for households accepted as homeless under section 193 HA96 (referred to in the Act as temporary accommodation).
- 9.3 The Approach takes into account the statutory requirements on local authorities in respect of the suitability of accommodation, including the Suitability of Accommodation Orders, the Homelessness Code of Guidance 2006, and the Supplementary Guidance issued in 2012. It has also been formulated having regard to the need to safeguard and promote the welfare of children, as required by section 11 of the Children Act 2004.
- 9.4 As per section 208 of HA96, and paragraph 16.7 of the Homelessness Code of Guidance, so far as reasonably practicable the Council seeks to accommodate homeless households in the Central Bedfordshire area and always considers the suitability of the accommodation, taking into account the circumstances of the individual household.
- 9.5 The purpose of this Policy is to clarify what the term 'reasonably practicable' usually means in terms of the suitability of offers made within and outside of the Central Bedfordshire area. Whilst it is not possible to provide a definitive position, this guidance is intended to frame the decisions made in each individual case, having regard to the: –
- Accessibility of the TA location, including transport links to shops and local facilities (e.g. healthcare)
  - Proximity of the TA location (and distance to travel) to a place of current employment
  - Proximity of the TA location (and distance to travel) to schools, which children are currently attending
  - The significance of any disruption which would be caused by the location of the accommodation to the employment, caring responsibilities or education of the person or members of the person's household.
- 9.6 The criteria above will be applied on the basis of reasonableness in deciding whether an offer of TA is made inside or outside of the Central Bedfordshire area. There will be locations in close proximity to (but outside of) Central Bedfordshire which are suitable and accessible to settlements within Central Bedfordshire. However, it will also be the case (given its large geographical area) that an offer of TA within the area is unsuitable, for example Potton is very distant from say Caddington. Yet an offer of TA in a neighbouring local authority area may be suitable due to good transport links and the proximity to current places of employment, schools etc.
- 9.7 There is an acute shortage of affordable housing available locally, mainly due to rising rental costs and substantial demand. There are also a substantial

number of applicants (during most years) who approach the Council seeking assistance who do not originate or have not recently been resident within Central Bedfordshire. It may not be reasonably practicable to provide TA to every applicant within the Central Bedfordshire area, although this depends on current demand and where the household has been living recently. There are some applicants whose local ties are not strong, where they can reasonably be pragmatic as to where they stay for a relatively short period of time (typically 4-6 months), whilst their Homelessness application is assessed or they secure permanent settled accommodation. The important point is that every case will be considered individually, on the basis of risk and suitability, having regard to the criteria above. Whilst the majority of households will be offered TA in Central Bedfordshire, there is likely to be a significant number of households who are likely to be placed in suitable accommodation outside of the Central Bedfordshire area.

- 9.8 When determining whether it is reasonably practicable to secure accommodation in Central Bedfordshire, as opposed to simply what is reasonable, the cost of the accommodation is a relevant and proper consideration given the significant pressures on the local supply of affordable housing in Central Bedfordshire, as well as the high demand for a range of suitable accommodation.
- 9.9 The Local Housing Allowance (LHA) is used to work out how much Housing Benefit a tenant will receive to pay their rent. LHA rates depend on who lives in the household, and the area they are making their claim in. These areas are called Broad Market Rental Areas (BMRA). Central Bedfordshire is included within four BMRAs, which are used to calculate LHA rates in the area. The four areas can be seen on the Council's website from the following link: <http://www.centralbedfordshire.gov.uk/benefits/housing/rates.aspx>
- 9.10 Due to the limited supply of affordable, suitable Transitional Accommodation in Central Bedfordshire, it may be necessary to procure accommodation out of area. Where possible, this accommodation will be in areas neighbouring Central Bedfordshire, including areas of Bedfordshire, Cambridgeshire, Hertfordshire, and Buckinghamshire. At times of high demand and limited supply, or where specific circumstances require (for example, to reduce risk), it may be necessary to secure accommodation further away, such as Northamptonshire or London. Such units of accommodation will only be sourced when all other reasonable options have been exhausted or to reduce risk. Prior to placing a household into such accommodation, an assessment will be undertaken to determine that the placement is affordable in cases where travel and employment is a relevant factor.
- 9.11 The Council endeavours to place most affected applicants in locations in the neighbouring boroughs with access to services and reasonable travelling distance by public transport to Central Bedfordshire is available. However, there may be cases where applicants may have to be placed further away due to lack of suitable properties or to reduce risk. Where this happens, the placement will be reviewed regularly and no less than each month. Where possible, an applicant who is initially placed outside of Central Bedfordshire will be considered a priority to be offered TA within Central Bedfordshire, when accommodation becomes available.
- 9.12 The Council will notify the host local authority when placing a homeless household in their area within 14 days.

## 10. TRANSITIONAL ACCOMMODATION OFFER AND REFUSALS

- 10.1 Homeless applicants who are housed under the interim duty to accommodate pursuant to Section 188 HA96 may be placed into accommodation with shared facilities. For urgent or out of hours situations, Bed and Breakfast accommodation might be used, but in most circumstances for a short period only, until alternative accommodation can be found.
- 10.2 Wherever possible, the Council will avoid placing: families with dependent children; pregnant women; and, young people aged 16/17 in bed and breakfast accommodation. Where no other suitable accommodation exists and such placements are necessary, the Council will endeavour to move these households to more suitable accommodation within six weeks.
- 10.3 The council will seek to provide self-contained accommodation to families with children, but where this is not reasonably practicable at the time of a household need for interim accommodation, then TA with shared facilities will be provided/offered. In most cases, accommodation with shared facilities is council owned/managed and there is no restriction on the length of time a household can spend in council owned accommodation with shared facilities.
- 10.4 It is possible that families will be moved to Private Sector 'Nightly Let' self-contained accommodation. This accommodation may be outside of the Central Bedfordshire area. If the council decides it has a duty to provide accommodation to a household, they may be moved to accommodation on a longer-term basis, such as a council owned hostel or satellite accommodation, Housing Association leased, or other leased accommodation. However, in such cases, the council would prefer to meet its permanent re-housing duty with an offer of suitable accommodation in line with the Council's Discharge of Duty to a Suitable Home Policy.
- 10.5 Where the council determines that applicants housed under Section 188 HA96 are not owed the main homelessness duty, they will be asked to leave following reasonable notice, after being notified of the decision. The reasonable notice period is generally 7 to 14 days for single applicants and 28 days for families (having regard to the need to safeguard and promote the welfare of any children in the family). The cessation of transitional accommodation will always be notified to Children's Services in cases where there are dependent children.
- 10.6 Applicants will be given one offer of suitable interim or longer term transitional accommodation and they will be asked to accept it straight away. Council Officers will ascertain applicants "preferences" but in most situations, the offer of accommodation will be limited to what is available and whether the offer is 'reasonably practicable', having regard to the criteria above. There is no obligation upon the council to enable applicants to view the accommodation prior to acceptance. In making the offer, the household's individual circumstances will be considered, taking into account the factors set out in section 11 of this document and the council's criteria on out of area placements (section 12).
- 10.7 If an applicant refuses an offer of TA, they will be asked to provide their reasons for refusal and to sign a pro-forma confirming that they understand the consequences of the refusal. Failure to agree to sign the refusal pro-forma will be noted. This applies to new applicants to whom the council has an interim

duty to provide accommodation under Section 188 HA96, as well as those being transferred to alternative transitional accommodation. The council will consider the reasons given and undertake further enquiries if necessary. If the council accepts the reasons for refusal as valid, the offer will be withdrawn and a further offer will be made.

- 10.8 Where applicants refuse an offer of suitable emergency (interim) accommodation (which may be out of area) and the council does not accept their reasons for refusal, and considers that the offer is suitable, applicants will not be offered further accommodation. The applicant will be required to make their own arrangements. There is no right of internal review against the suitability of accommodation offered to applicants under Section 188 HA96 (although applicants can apply for judicial review through the courts). For applicants where the council has accepted a rehousing duty under section 193 HA96, (Section 193 duty) there is a right to request an internal review of the suitability decision, pursuant to Section 202 HA96.
- 10.9 In cases where the applicant refuses a suitable offer of accommodation, the homelessness duty will be discharged. If the applicant is residing in emergency accommodation, they will usually be asked to vacate the property and advised that no further assistance will be provided. If they are already in longer-term temporary accommodation not owned or managed by the council, the relevant housing provider will be advised that the duty has been discharged so that they can commence proceedings to regain possession of the property.
- 10.10 Where applicants (towards whom the council has accepted a Section 193 duty), refuse a suitable offer and submits a review request, they will only continue to be accommodated during the review period in exceptional circumstances. Each case will be considered on an individual basis, taking into account the overall merits of the review request, any new information or evidence that may affect the original decision, and the personal circumstances of the applicant and the potential impact of loss of accommodation.

## **11. SUITABILITY OF ACCOMMODATION – FACTORS TO CONSIDER**

- 11.1 In offering transitional accommodation, the council will consider the suitability of the offer, considering the following factors.
- 11.2 Location – If suitable, affordable accommodation is available within the Central Bedfordshire area, applicants will be housed within this area, allowing them to maintain their established links with services and social/support networks. Central Bedfordshire is however, a relatively large geographical area and the council cannot guarantee the exact location of the offer will be the same part of the area of Central Bedfordshire where the applicant has most connection with. Where the supply of suitable affordable accommodation is limited or there are higher priority households needing accommodation in the area, out of area placements will be used to meet the council's duty to provide accommodation (see section 12 on priority for local accommodation below). In these circumstances, suitable accommodation (in all other respects) in an area immediately adjoining Central Bedfordshire will be considered as Central Bedfordshire, where the location is reasonable having regard to the principles at 9.0.

- 11.3 If no suitable accommodation is available in Central Bedfordshire or the immediately adjoining local authority areas, attempts will be made to source accommodation within other areas which are in reasonable proximity to Central Bedfordshire.
- 11.4 Size, condition and facilities – accommodation must provide adequate space and room standards for the household and be fit to inhabit. Households in transitional accommodation will often be placed in units with one bedroom less than they would be entitled to on a permanent basis, with the expectation that the living room provides dual purpose as a living room and sleeping area. In deciding on the fitness of the property, consideration should be given to the length of time needed to complete any necessary repairs and whether it is reasonable to complete these works while the property is occupied. The quality of the accommodation, provision of parking, and lack of access to a garden are extremely unlikely to be acceptable reasons for a refusal.
- 11.5 Health factors – the council will consider health factors, such as an ability to get up the stairs, care and support provided by other statutory agencies or the need to access any specialist medical services that are only available in Central Bedfordshire. If the applicant or a member of the resident household is citing medical grounds that were not identified during the initial assessment, the applicant will be asked to submit medical information within 24 hours. The key test in determining the impact of medical issues is whether the condition itself makes the housing offered unsuitable. Problems such as depression, asthma, diabetes, or back pain would not normally make a property unsuitable, as the problems would persist in any sort of accommodation.
- 11.6 Education – attendance at local schools will not be considered a reason to refuse an offer of accommodation, although some priority will be given to special educational needs and students who are close to taking public examinations in determining priority placements in Central Bedfordshire.
- 11.7 Employment – the Council will consider the needs of applicants, who are in paid employment, to reach their normal workplace from the accommodation that is secured. This will include having regard to both travelling time and the costs associated with this travel (see Section 12).
- 11.8 Proximity to schools and services – the Council will consider the proximity to schools, public transport, primary care services, and local services in the area in which the accommodation is located.
- 11.9 Safeguarding and promoting the welfare of any children in the household – insofar as not already identified, the Council will seek to identify any particular needs of the children in the household. It will have regard to the need to safeguard and promote their welfare in making decisions on whether the offer is suitable (although it must be borne in mind that almost all families seeking temporary accommodation are families with children).
- 11.10 Any special circumstances – the Council will consider any other reasons put forward by the applicant and come to an overall view about whether the offer is suitable.

## **12. CRITERIA FOR PRIORITISING PLACEMENTS INSIDE/OUTSIDE CENTRAL BEDFORDSHIRE**

- 12.1 As a number of applicants are likely to be housed outside of Central Bedfordshire, it will increasingly be necessary to make decisions about the suitability of out of area placements for individual households and balance these against the type and location of transitional accommodation that can be offered.
- 12.2 In some cases, housing out of area can be more sustainable for the household in the longer term, with lower rents allowing them to better meet their subsistence and household costs, and avoid rent arrears. Attempts will be made to find a suitable alternative as close as possible to where the household were previously living. Evidence of this search will be recorded.
- 12.3 If accommodation cannot be sourced in or immediately adjoining Central Bedfordshire, the principal needs of the individual household must be acknowledged, including adults and children, and assessed both individually and collectively when determining the location of accommodation.
- 12.4 Written evidence and explanation should be recorded and given on a case – by - case basis when making out of area placements, acknowledging each household’s collective and individual needs.
- 12.5 Households must be given sufficient time to decide on an out of area offer, when no alternatives are available and thorough information regarding the proposed area must be provided.
- 12.6 Priority for accommodation within, or in areas immediately adjoining Central Bedfordshire will be given to:
- a) An applicant or a member of their household with a severe and enduring health condition requiring intensive and specialist medical treatment where a move from Central Bedfordshire would disrupt that treatment and continuity of care.
  - b) An applicant or a member of their household who are in receipt of a significant package and range of health care options that cannot easily be transferred.
  - c) An applicant or a member of their household with a severe and enduring mental health problem who is receiving psychiatric treatment and aftercare provided by community mental health services and have an established support network where a transfer of care would severely impact on their wellbeing.
  - d) Applicants who have as part of their household a child registered on the Child Protection Register in Central Bedfordshire, who are linked into local services, and where it is confirmed that a transfer to another area would adversely impact on their welfare.
  - e) Applicants who have as part of their household a child with special educational needs who is receiving education or educational support in Central Bedfordshire, where change would be detrimental to their well-being.
  - f) An applicant or a member of their household who have a longstanding arrangement to provide care and support to another family member in

Central Bedfordshire who is not part of the resident household and would be likely to require statutory health and social support if the care ceased.

- g) An applicant or a member of their household who have a formal arrangement to receive housing related or other support, including addiction help or recovery, and where a move from Central Bedfordshire would disrupt that support.
- h) Any other special circumstances will also be taken into account (including any particular needs of the children in the household not already identified in a) to g) above).

12.7 Whilst priority will be given for these placements, this is dependent on such accommodation being available.

12.8 Priority for placements within neighbouring areas in locations that might not be immediately adjoining Central Bedfordshire, will be given to:

- a) Applicants who have as part of their household, a child or children who are enrolled in GCSE, AS, or A level courses or post 16 vocational qualifications (for example BTEC) in Central Bedfordshire, with exams to be taken within the academic year. Wherever practicable, we will seek to place such households within 60 minutes' travelling distance of their school or college.
- b) Wherever practicable, an applicant or a member of their household who works for more than 16 hours a week will not be placed more than 90 minutes travelling distance, from the place of their employment. Consideration will also be given to the affordability of the travel arrangements needed to reach the place of employment. This will include women who are on maternity leave from employment.
- c) An applicant or a member of their household who is in higher or adult education, vocational or professional training, a recognised apprenticeship, self-employed with a business predominantly in Central Bedfordshire, have a confirmed start date to commence employment in Central Bedfordshire or are enrolled in a Central Bedfordshire work readiness programme.
- d) Any other special circumstance will be taken into account (including and particular needs of the children in the household not already identified).

12.9 Applicants who meet none of the above criteria may be offered properties outside of Central Bedfordshire. Efforts will be made to reduce the distance from Central Bedfordshire to a minimum but the supply of accommodation at any point in time will vary considerably.

12.10 If placed outside of Central Bedfordshire or immediately adjoining areas, the council will provide as much detail as possible about the accommodation that they are being offered.

12.11 To support the transition to a new area, the council will check whether the family has any involvement with other services. Where no existing support has been identified, the council may offer support to people after their move for a reasonable period, on a case by case basis. This may include:

- Information about their new local area, for example details regarding local authority services, health services, access to places of worship, or the ethnic and religious make-up of that area.

- Information on places where parents can get involved with community groups, social activities for their children, and other groups or networks of support.
- Information on travel and transport, especially back to their home area
- Identifying and arranging schools
- Health, for example signing up with a local GP,
- Council links, for example Council Tax, electoral register,
- Welfare benefits,
- Removals and assistance with identifying appropriate storage,
- Financial assistance with immediate resettlement costs, possibly through Local Welfare Provision.

12.12 The package of support will be kept under review and amended as required to ensure the provision of appropriate support.

### 13. MINIMUM SIZE CRITERIA

- 13.1 Accommodation must provide adequate space and room standards for the household and be fit to inhabit, containing no category 1 hazards within the meaning of the Housing Act 2004 Housing Health and Safety Rating System. Households in temporary accommodation will often be placed into units with less than they would be entitled to on a permanent basis, with the expectation that the living room provides dual purpose as a living and sleeping area. Section 210 of the Housing Act 1996 requires that local authorities should have regard to Part 10 of the Housing Act 1985 and accommodation should not be statutorily overcrowded. Accommodation will vary in terms of the furniture and equipment provided. The Council are not obliged to provide furnished accommodation and most will be unfurnished.
- 13.2 The following minimum size criteria apply although larger, *family sized shared accommodation* units in council owned/managed accommodation might be considered differently on a short-term basis.

#### Studio or non self-contained accommodation

- Single applicants
- couples
- Lone parents with one, or two children under the age of 10
- Lone parents with one or two children (of the same sex as the parent if any children are aged over 10 years). If two children, family sized accommodation is normally provided if possible.
- Couple with one child under 10 years, family sized accommodation is normally provided if possible.

#### One bedroom accommodation

- Couples with 1 child over the age of 10 years (no upper age limit)
- Lone parent with a child aged over 10 and of the opposite sex to the parent.
- Couples with 2 children of the same sex (no upper age limit)
- Couples with 2 children of opposite sexes where both children are under the age of 10 years.

- Lone parents with two children of opposite sexes where one is over the age of 10 years

Two bedroom accommodation

- Couples with 2 children of opposite sexes where one is over the age of 10 years.
- Lone parent with two children of opposite sexes where both are aged over 10 years.

Three bedroom accommodation

- Lone parents and couples with between 3 and 6 children

Four bedroom accommodation

- Lone parents or couples with more than 6 children

## **14. CRITERIA FOR PRIORITISING MOVES BETWEEN TEMPORARY ACCOMMODATION**

- 14.1 There are circumstances under which existing temporary accommodation may become unsuitable or unavailable and the Council will have to find alternative accommodation for existing applicants who need to move.
- 14.2 To ensure that available resources are effectively managed, the following priority will be applied:
- Serious emergency needs where the accommodation is found to be in serious disrepair that poses a threat to life, or there is an urgent need to move because of domestic violence, critical safeguarding issues or an evidenced serious health or medical need is presented
  - Transfer from non-council owned shared accommodation for families who have been in occupation for at least 5 weeks.
  - Transfer from TA because of evidenced critical medical need, for example TA accessed by stairs and the applicant is unable to negotiate the stairs
  - Unsuitability - where the temporary accommodation has become unsuitable following a review
  - Private sector leased property handback - where the landlord has requested the property to be handed back following the end of the lease or other agreement.
  - Disrepair – where the temporary accommodation is found to be in serious disrepair that cannot be rectified while the tenant is in situ
  - Under occupation
  - Overcrowding

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**Central Bedfordshire Council**

**SOCIAL CARE HEALTH AND HOUSING OVERVIEW AND SCRUTINY  
COMMITTEE**

**04 June 2018**

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**Work Programme and Executive Forward Plan**

Advising Officer: Paula Everitt, Scrutiny Policy Adviser  
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**Purpose of this report**

The report provides Members with details of the currently drafted Committee work programme and the latest Executive Forward Plan.

**RECOMMENDATIONS**

The Committee is asked to:

1. Consider and approve the work programme attached, subject to any further amendments it may wish to make.
2. Consider the Executive Forward Plan; and
3. Consider whether it wishes to suggest any further items for the work programme and/or establish any enquiries to assist it in reviewing specific items.

**Overview and Scrutiny Work Programme**

1. Throughout June and July 2016 residents were encouraged to propose items to be considered by the Council's overview and scrutiny committees.
2. In addition, a workshop took place in June 2016 at which Members and partners were invited to propose additional items and to indicate the priorities that they would like to consider throughout 2016/17.
3. Throughout this process Members have been encouraged to adopt several key principles relating to ways of working that were previously agreed by the Overview and Scrutiny Co-ordination Panel, namely:-
  - Minimising duplication
  - Focusing on requested items
  - Focusing on outcomes and the 5-year plan

4. A long-list of items was presented to the OSC at their previous meeting where Members agreed those items they would like to be added to further meetings.
5. This work programme aims to provide a balance of those items on which the Executive would be grateful for a steer in addition to those items that the Overview and Scrutiny Committee (OSC) has proactively requested to receive.
6. The Committee is requested to consider the work programme and the indicated outcomes at **appendix 1** and to amend or add to it as necessary.

### Overview and Scrutiny Task Forces

7. 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

8. Listed below are those items relating specifically to this Committee's terms of reference contained in the latest version of the Executive Forward Plan that are **not** presently included in the Committee's work programme. The full Executive Forward Plan can be viewed on the Council's website at the link at the end of this report:-

Item	Indicative Exec Meeting date
Executive Response to the Overview and Scrutiny Enquiry on the Integration of Health and Social Care in Central Bedfordshire II	12 June 2018
Discharge of Duty to Provide a Suitable Home Policy	12 June 2018
Improving the Day Offer for Older People in Central Bedfordshire	12 June 2018
The Future of Westlands Older Persons Home and outcome of the Consultation and Procurement Processes	12 June 2018
Temporary Accommodation Placement Policy	12 June 2018
Independent Living Scheme at Houghton Regis Central	7 August 2018
The Future of Ampthill Day Centre for Older People	9 October 2018
Non Key Decisions	Indicative Exec Meeting date
Budget Framework 2019/20	7 August 2018
Q1 Revenue/Capital/HRA Budget Monitoring	7 August 2018
2018/19 Q1 Performance Report 2018/19	7 August 2018
Q2 Revenue/Capital/HRA Budget Monitoring	4 December 2018
2018/19 Q2 Performance Report	4 December 2018

Draft Revenue Budget/Draft Capital/Draft HRA	8 January 2019
Final Revenue/Capita/HRA Budget	5 February 2019
SCHH Fees and Charges	5 February 2019
Capital Strategy 2019/20	5 February 2019
2018/19 Q3 Revenue/Capital/HRA Budget Monitoring	2 April 2019
2018/19 Q3 Performance Report	2 April 2019

### **Corporate Implications**

9. The work programme of the Overview and Scrutiny Committee 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.

### **Conclusion and next Steps**

10. Members are requested to consider and agree the attached work programme, subject to any further amendment/additions they may wish to make 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 - OSC work programme**

#### **Background Papers**

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

<http://centralbeds.moderngov.co.uk/mgListPlans.aspx?RPIId=577&RD=0>

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## Appendix A – Social Care Health and Housing OSC Work Programme

Meeting date	Report Title
23 July 2018	
17 September 2018	Discharge of Homelessness Duty to a Suitable Private Sector Home Policy
17 September 2018	Non-emergency Patient Transport Update
17 September 2018	Update on contract for residential and nursing home places
17 September 2018	Homelessness Reduction Update
26 November 2018	Executive Update - Enquiry on Integration of Health and Social Care in Central Bedfordshire, Phases I and II
26 November 2018	Future of Ampthill Older Persons Day Centre and the outcome of the public consultation.

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