

Public Document Pack



Health Policy and Performance Board

Tuesday, 24 September 2024 at 6.30 p.m.
Council Chamber, Runcorn Town Hall

S. Young

Chief Executive

BOARD MEMBERSHIP

Councillor Eddie Dourley (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Victoria Begg	Labour
Councillor Sian Davidson	Conservative
Councillor Mike Fry	Labour
Councillor Emma Garner	Labour
Councillor Louise Goodall	Labour
Councillor Chris Loftus	Labour
Councillor Louise Nolan	Labour
Councillor Tom Stretch	Labour
Councillor Sharon Thornton	Labour

*Please contact Ann Jones on 0151 511 8276 or e-mail
ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 26 November 2024*

**ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC**

Part I

Item No.		Page No.
1. MINUTES		1 - 5
2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)		
	Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
3. PUBLIC QUESTION TIME		6 - 8
4. HEALTH AND WELLBEING MINUTES		9 - 18
5. DEVELOPMENT OF POLICY ISSUES		
(A) DENTAL SERVICES UPDATE		19 - 24
(B) PROPERTY POOL PLUS (PPP) - POLICY AMENDMENTS		25 - 115
(C) PUBLIC HEALTH ANNUAL REPORT		116 - 132
(D) UTILISATION OF MENTAL HEALTH BEDS FOR HALTON RESIDENTS		133 - 143
(E) JOINT HEALTH SCRUTINY PROTOCOL		144 - 157
6. PERFORMANCE MONITORING		
(A) PERFORMANCE MANAGEMENT REPORTS - QUARTER 1 OF 2024-25		158 - 191

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 25 June 2024 at the Council Chamber, Runcorn Town Hall

Present: Councillors Dourley (Chair), Baker (Vice-Chair), Begg, Davidson, Fry, Garner, Goodall, C. Loftus, L. Nolan, Stretch and Thornton

Apologies for Absence: None

Absence declared on Council business: None

Officers present: S. Salaman, A. Jones, D. Nolan and A. Lewis

Also in attendance: Four members of the public

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HEA1 MINUTES	
<p>The Minutes of the meeting held on 20 February 2024 were signed as a correct record.</p>	
HEA2 PUBLIC QUESTION TIME	
<p>The following public questions had been received:</p>	
<p><u>Question 1</u></p>	
<p>Please see below that I would like to submit for public question time for the 25th June meeting in relation to the Council's Care Prevention Strategy.</p>	
<p>According to reports there are 7 care providers in Halton of which HBC operates 5 care homes totalling 27% of beds in the Borough.</p>	
<p>The CQC rated 4 out of the 5 care homes run by HBC as requiring improving in order to be led well and safe during their last inspections.</p>	
<p>If a local resident was unfortunate enough to have to be placed into one these 4 care homes that require</p>	

improvement they are 100% likely to be entering an environment that needs improvement on how it is led and improve it to be safe.

Breaches were found in relation to record keeping and quality assurance during the last inspection at St Luke's in 2023.

The CQC requested an action plan to understand how this would improve.

What outcomes have this PPB found when scrutinising the improvement required by the quality assurance team / HBC run care homes and what recommendations have been made to Executive Board?

Question 2

I have a question to put forward to the Health Policy and Performance Board scheduled to take place on Tuesday 25th June 2024.

Page 5 of the Adult Social Care Prevention Policy 2023-2027 states that the Council aims to safeguard residents and improve outcomes for residents whilst ensuring the services meet the best value for the Council.

How has this Board and its Members ensured that policies are implemented within care homes and by the Council to improve outcomes for residents in relation to falls risk assessments being in place and implemented since November 2022?

Question 3

The priority based report has a milestone (PH06) on page 12 to contribute towards reduction of falls in people ages 65 and over.

Data shows that between 2017-2024 that neglect and acts of omission (of which falls come into this category) are still rising. The CQC in 2017 picked up on the local system review report for health and wellbeing. The Health Policy and Performance Board priority based report page 16 PH Data (2021/2022 2676) (2022/2023 2663) 2022/2023 2279) , data doesn't correspond, with Public Health figures and NHS Digital?

How do members scrutinise this milestone across Council owned and none Council owned care homes in Halton?

Response

Executive Director
of Adult Services

A written response to each of the above questions would follow. As all questions were received the afternoon of the day before the meeting, it was explained that more time was needed to provide answers in the detail required.

HEA3 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board's meeting held on 17 January 2024, were submitted to the Board for information.

HEA4 HEALTH PPB ANNUAL REPORT 2023-24

The Chair presented the Health Policy and Performance Board's (PPB) Annual Report for April 2023 to March 2024.

During this period the Health PPB examined in detail many of Halton's Health and Social Care priorities. Details of the work undertaken by the Board was outlined in the Annual Report.

One Member highlighted the *Care Workers Petition* which was received by the Board during the year. He praised the care workforce as they did a difficult job under difficult circumstances. He considered care workers to be undervalued and that all caring roles should be given profession status'.

The Chair thanked his Board Member colleagues and Officers for their input and support throughout the year.

RESOLVED: That the Annual Report be received.

HEA5 ADULT SOCIAL CARE PREVENTION STRATEGY

The Board received a report from the Executive Director of Adult Services, which presented the *Adult Social Care Prevention Strategy 2023-2027*.

The Adult Social Care Prevention Strategy set out the vision and focus for Adult Social Care's role in Prevention in Halton over a four year period. It was closely aligned to the Council's Adult Social Care Vision of improving the health

and wellbeing of local people, so that they lived longer, healthier and happy lives.

The report outlined how the Strategy was intended to help support this vision; how the Strategy had been developed; and how it was supported by a Delivery Plan.

Members welcomed the new Strategy and considered it to be an improvement on the previous one.

RESOLVED: That the report be noted.

HEA6 SCRUTINY TOPIC BRIEF 2024 2025

The Board considered a report which presented the topic brief for the Health Policy and Performance Board's 2024-25 scrutiny review.

It was noted that at the February meeting it was agreed that '*Community NHS Health (non-GP) Services*', would be the focus of the 2024-25 scrutiny review.

Appendix A gave a description of the proposed scrutiny topic, its scope, and the rationale for why it was chosen. It also listed the key outputs and outcomes that would be sought.

It was confirmed that the first meeting of the topic group would now take place on 10 July and then on a monthly basis. The Chair invited all Members of the Board to participate.

RESOLVED: That

- 1) the report be noted; and
- 2) the Board approves the topic brief as outlined in Appendix A.

HEA7 HEALTH BASED PRIORITY PERFORMANCE REPORTS QUARTER 4 2023 24

The Board received the Performance Management Reports for quarter four of 2023/24.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in quarter three of 2023-24. This included a description of

Executive Director
of Adult Services

factors, which were affecting the service.

The Board was requested to consider the progress and performance information; raise any questions or points for clarification; and highlight any areas of interest or concern for reporting at future meetings of the Board.

Officers highlighted the milestones relating to Adult Social Care and Public Health and some of the performance indicators were discussed. It was noted that the new Corporate Plan 2024-27 would come into effect next month and the quarterly monitoring reports would be amended to reflect this.

One Member requested to know which partner organisations were worked with, as stated in PH01 on page 76 – this would be sent after the meeting, as the information was not at hand.

Following a query on the Independent Mental Capacity Advocate (IMCA) service for Halton patients in Warrington / Whiston Hospitals, it was reported that those patients who needed support would receive support, regardless of being placed in a Hospital out of Borough, so that there would be continuity of service for Halton residents.

RESOLVED: That the Performance Management report for quarter four of 2023/24 be received.

Executive Director
of Adult Services

Meeting ended at 7.20 p.m.

REPORT TO: Health Policy & Performance Board
DATE: 24 September 2024
REPORTING OFFICER: Chief Executive
SUBJECT: Public Question Time
WARD(S) Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDATION: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
 - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
 - Is defamatory, frivolous, offensive, abusive or racist;
 - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.
- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chair will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 **POLICY IMPLICATIONS**

4.1 None identified.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

None identified.

6.2 **Building a Strong, Sustainable Local Economy**

None identified.

6.3 **Supporting Children, Young People and Families**

None identified.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

None identified.

6.5 **Working Towards a Greener Future**

None identified.

6.6 **Valuing and Appreciating Halton and Our Community**

None identified.

7.0 **RISK ANALYSIS**

7.1 None.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1 None under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 24 September 2024

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes from the Health and Wellbeing Board's meeting held on 20 March 2024 are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

None identified

5.2 Building a Strong, sustainable Local Economy

None identified

5.3 Supporting Children, Young People and Families

None identified

5.4 Tackling Inequality and Helping Those Who are Most in Need

None identified

5.5 Working Towards a Greener Future

None identified.

5.6 Valuing and Appreciating Halton and Our Community

None identified.

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 CLIMATE CHANGE IMPLICATIONS

8.1 None identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 There are no background papers under the meaning of the Act.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 20 March 2024 at the Karalius Suite - Halton Stadium, Widnes

Present: Councillor Wright (Chair)
Councillor J. Lowe
Councillor Woolfall
I. Baddiley, Halton Borough Council
R. Foster, Bridgewater Community Healthcare NHS Foundation Trust
L. Gardner, Warrington & Halton Teaching Hospitals
T. Knight, Primary Care NHS Cheshire & Merseyside
W. Longshaw, St. Helens & Knowsley Hospitals
T. McPhee, Mersey Care NHS Trust
D. Nolan, Halton Borough Council
D. O'Connor, Halton Borough Council
I. Onyia, Halton Borough Council
S. Patel, Local Pharmacy Committee
F. Watson, Halton Borough Council

Apologies: Councillor T. McInerney
A. Leo, Integrated Commissioning Board

Also in attendance: None

**ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD**

HWB28 MINUTES OF LAST MEETING

The Minutes of the meeting held on 17 January 2024 having been circulated were signed as a correct record.

HWB29 NHS HEALTH CHECKS

The Director of Public Health presented a report which provided the Board with an update on activities by the Council which had contributed towards the Live Well theme from the Health and Wellbeing Board Strategy theme, which focused on working age adults.

The report outlined the findings from the pilot scheme undertaken in 2022, which tackled the inequitable uptake of Health Checks in Halton. Thereafter, the following improvements were introduced:

Action

- A new online booking system was launched to enable patients to book appointments in the community;
- An increase to the availability and accessibility of appointments. The Community model was expanded to include settings such as the workplace and community clinics;
- The NHS Health check contract was updated to improve patient care; and
- New IT software was implemented to help improve inequalities in uptake and monitoring of outcomes following health checks.

Following on from these changes, it was reported that there had been an increase of uptake of health checks overall, including those that lived in the most deprived areas and ethnic minority groups.

The next steps would be to promote the service through social media and community presence and a Communications and Marketing Plan would be developed for the service.

The Board discussed the report presented to them and the following additional information was noted:

- Health Checks are offered via GP's or available via the Health Improvement Team;
- GP's would invite people for Health Checks via text or letter;
- Warrington and Halton Hospitals invited a further conversation, outside of the meeting, to discuss what existing services could do to help support health checks; and
- Future reporting would give a better understanding about the demand for health services and what was needed as a result of the health checks.

RESOLVED: That the Board note the report.

Director of Public Health

HWB30 REDUCING SUICIDES IN MEN

The Board received a report from the Director of Public Health which provided an overview of the work taking place to reduce male suicides in Halton.

According to local data, over the last 3 years, 66% of suicides in Halton had been by men and although this was slightly lower than the national average, more action needed to be taken. Halton had recruited a dedicated Health

Improvement Specialist to lead on this work and develop an action plan to reduce the number of male suicides.

“Calm Your Mind” was a campaign with a local website that was designed by local men, for local men, and was aimed to improve men’s mental health and reduce suicides. The campaign shared information to raise awareness of support available. Since it was launched in June 2023, the website had received approximately 400 visitors per month and although it was too early to evaluate its impact, male suicides had reduced by just over half over the past 12 months.

An “exhibition in a box” had also been created as a resource to help raise awareness of the campaign. It included promotional material and details of local support, including men’s groups. This resource would be available to local organisations, free of charge, with effect from 1 April 2024.

It was also reported that training was being developed for front line professionals and members of the public on men’s mental health issues, and this would be piloted on 1 April 2024.

The Health Improvement Specialist worked collaboratively with Family Hubs to ensure that the work they did with dads, complimented the Calm Your Mind campaign. The Specialist was keen to work with local partners and community groups to raise the profile of the campaign. Discussions were also underway with Widnes Vikings, to explore how they could help raise awareness of the campaign during Men’s Mental Health Week in June 2024.

Mersey Care NHS Trust offered assistance with training delivery.

RESOLVED: That the Board note the report and consider any further action which could support the existing work.

Director of Public Health

HWB31 HALTON COMMITMENT TO HIV FAST TRACK CITIES

The Board received a report from the Director of Public Health which outlined Halton’s commitment to the HIV Fast Track Cities initiative.

The Fast-Track Cities initiative on HIV was a global partnership between cities around the world. The Paris declaration was developed and led by the International

Association of Providers of Aids Care (APAC). This contained 7 objectives which were outlined in appendix 1 of the report. The Seville declaration was also designed and this was added as a supplement.

In 2018, Liverpool signed up to the initiative and this helped them to drive local plans to improve testing, support, identification and treatment related to HIV, and has bolstered prevention approaches. Liverpool also reported other benefits by being associated with the initiative, for example, the ability to attract funding for research and pilots to reach the target of zero new HIV transmissions by 2030.

The initiative had 3 targets for people living with HIV which was to know their status; have access to treatment; and that their treatment was working.

Halton's endorsement of the initiative would form part of a joint Liverpool City Region (LCR) approach and work as a collective to formulate a series of strategic actions to help the LCR be one of the first regions to achieve elimination by 2030.

RESOLVED: The Board:

- 1) endorsed the Fast Track Cities Initiative; and
- 2) identified the Director of Public Health as the nominated Key Opinion Lead for Halton Place.

Director of Public Health

HWB32 STRENGTHS BASED TRAINING - HELEN SANDERSON ASSOCIATES

The Board received a report from the Executive Director – Adults, which provided an update on the strengths-based training that was being rolled out to Adult Social Care (ASC) staff.

Helen Sanderson Associates had been commissioned to deliver strengths based training to ASC staff to help them feel more confident and competent in delivering a strengths-based approach. The report described the customer journey and the support sequence which was a seven step process.

Training would be delivered online via Zoom over two cohorts with a total of 250 staff.

The Board discussed the report and following questions raised, the additional information below was

noted:

- It was suggested that it would be helpful to have a discussion about the training at a future One Halton Partnership Board;
- The Occupational Health Team would be able to provide advice for employees with complex needs, and welfare benefits could be accessed from Access to Work; and
- Links had been made with Warrington Disability Partnership.

RESOLVED: That the Board:

- 1) note the report; and
- 2) agree proposals for future development.

Director of Public Health

HWB33 DENTAL SERVICES IN HALTON

The Board received a report from the Head of Primary Care, NHS Cheshire and Merseyside which provided an update on dental services in Halton, the Local Dental Improvement Plan and the publication of the National Dental Recovery Plan.

The NHS Cheshire and Merseyside Dental Improvement Plan 2023/24 was approved in June 2023 and this had been developed to facilitate an increase in access which led to a number of providers offering urgent care. A pathway was also created for looked after children and vulnerable patients, such as those receiving cancer treatment.

The report provided an update on the current position and the Board was familiar with the difficulties dental services had faced post Covid. Nationally, dentists had problems recruiting NHS contracts and as a result had only achieved a 83.2% delivery of a 100% target, although it was noted there had been a slight improvement from the previous year.

In January 2024, NHS England North West Dental Public Health Team undertook an evaluation of the urgent dental care clinical activity across Cheshire and Merseyside. There was only one Urgent Care Dental Centre (UDC) in Halton and a total of 25 dental practices commissioned to deliver Urgent Dental Care activity across Cheshire and Merseyside.

Urgent Dental Care Plus was an initiative to enable patients who had attended the UDC for urgent treatment to return for a full course of NHS treatment. There were 2 Urgent Care Plus practices in Halton that allowed for 3 extra sessions per week and there was an expectation that 4-6 patients would be seen per session, per week.

An evaluation of the UDC Plus Scheme was evaluated from September 2023 – December 2023 and the recommendations from the evaluation was outlined in the report.

Information which related to the provision of primary care dental provision in Halton was summarised in the report. Children seen had increased by 16%, adults (under 65) seen had increased by 6% and adults (65 and over) had increased by 4%.

The report also set out the five key pathways of the Cheshire and Merseyside Dental Improvement Plan.

The Board discussed the information presented to them and the following comments were noted:

- Halton had the lowest number of children accessing a dentist across Cheshire and Merseyside and Public Health requested further work with the ICB and Family Hubs to improve this;
- The Board acknowledged the improvements but would have liked to have seen quicker progress;
- The Improvement Plan was welcomed to help the recover activity to pre Covid levels;
- The lack of increased funding since 2006 gave cause for concern; and
- Dental Practices were being encouraged to sign up to Urgent Care and Urgent Care Plus.

RESOLVED: That the Board note the report.

HWB34 BETTER CARE FUND (BCF) - QUARTER 2 & 3 UPDATE 2023/24

The Board received a report from the Executive Director – Adult Services, which provided an update on the Quarter 2 and Quarter 3 Better Care Fund (BCF) Plan 2023-24, following its submission to the National Better Care Fund Team in June 2023.

The update provided the Board with information on the four national conditions, the five national metrics,

capacity and demand and spend and activity information.

RESOLVED: The Board note the report and associated appendices.

HWB35 HALTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT

The Board considered a report from the Executive Director, Adults regarding the Halton Safeguarding Adults Board Annual Report 2022/23.

Under the Care Act 2014, all Safeguarding Adults Boards were required to produce an annual report which summarised all of the key achievements and priorities the Board had been working towards over the past 12 months. The report set out the national and local developments on safeguarding adults at risk. This included work undertaken to support asylum seekers and refugees; supporting National Safeguarding Week and hosting a strategic planning event for Board members to agree key priorities for the Safeguarding Board going forward.

The Annual Report would be published widely and shared with key partners.

RESOLVED: That the Report be noted.

HWB36 ADULT SOCIAL CARE ANNUAL REPORT 2022-2023

The Board received the Adult Social Care (ASC) Annual Report 2022/23, also referred to as the Local Account.

The Local Account took stock and reflected on how services had developed and been delivered over the past 12 months. It also assessed how ASC had made a difference to people through the services delivered, through their workforce and innovative thinking.

The report also contained high level data on service usage, spend, customer care and safeguarding.

RESOLVED: That the Board note the contents of the report.

On behalf of the Board, the Chair expressed thanks and best wishes to Councillor Joan Lowe who was stepping down from the Board. Councillor Lowe had been a Board

Member for many years and her input and support had been invaluable.

Meeting ended at 3.40 p.m.

REPORT TO: Health Policy and Performance Board

DATE: 24th September 2024

REPORTING OFFICER: Tom Knight – Associate Director of Primary Care (Dental and Community Pharmacy) NHS Cheshire and Merseyside

PORTFOLIO: Health & Wellbeing

SUBJECT: Dental Services - Update

WARD(S): Borough wide

1. PURPOSE OF THE REPORT

- 1.1 To update the Health Policy and Performance Board on dental services in Halton, local dental improvement plan progress and the publication of the national dental recovery plan. Access to dental care remains one of NHS Cheshire and Merseyside's key priorities.

2. RECOMMENDATION: The Board

1) Note the contents of the report.

3. SUPPORTING INFORMATION

- 3.1 Access to NHS dental services is a local, regional, and national issue impacting negatively on patients. Many performers on NHS contracts have switched from providing NHS care to private care resulting in national workforce challenges. This is due to the NHS contract no longer being an attractive option both professionally and financially.
- 3.2 The NHS contractual payments were agreed in 2006 following a baseline assessment of provision of care over a period of a year. No review has been undertaken and only DDRB uplift annually has been applied (normally around 3%) so effectively given costs of equipment, energy, staff wages etc the contract payments are no longer sustainable for providers, and they can only offer a percentage of the UDA value to a performer (13/14£) this is very low if you compare private remuneration and is not attractive to dentists.
- 3.3 The NHS Cheshire and Merseyside Dental Improvement Plan 2023/24 was approved in June 2023. Developed to facilitate an increase in access from 2023/24 this led to a number of providers offering urgent care and urgent care plus. In addition, a pathway

was created for looked after children and vulnerable patients such as those receiving cancer treatment.

- 3.4 Running in parallel to the local plan was the requirement for NHS dentists to recover activity to pre COVID levels as detailed in the NHS Operational Plan. Current performance across Cheshire and Merseyside is reported as being at 81.3% Units of Dental Activity delivered against a target of 100%.
- 3.5 Based on regularly reported data collected by the Dental Advice and Triage Helpline the demand for urgent care has increased by approximately 40% since COVID with many patients repeatedly attending. An urgent care appointment is nationally defined as 'to get a person out of pain'.
- 3.6 Working in collaboration the Local Dental Network and Dental Public Health, the dental team created an extension to the urgent care pathway, allowing patients who have attended an urgent care appointment to attend a separately commissioned session where they are offered a full examination and any substantive treatment to get them dentally fit.

4. **Cheshire and Merseyside Dental Improvement Plan 2024-26**

- 4.1 Approved by NHS Cheshire and Merseyside Board on 28 March 2024, the plan builds upon the current programmes in place and aligns to the delivery of the national dental recovery plan published on 4 February 2024 by the previous government.
- 4.2 The local plan utilises the dental underspend available to the ICB up to the value of £9.985 million. £4.8 million was previously approved in June 2023 so the total investment available will be around £14.85 million.
- 4.3 In addition, we hope to maintain and create workforce development opportunities within existing practices and wider within health and social care. We will also be seeking to maximise the opportunity of flexing contracts to take into account the altered contracting mechanisms outlined in the dental recovery plan and previous contract reforms.
- 4.4 The local plan focuses on five key pathways:
- **Pathway 1** Access to urgent dental care for those in immediate need of support, such as dental pain, or specific medical/statutory requirement.
 - **Pathway 2** Urgent Care Plus - Definitive treatment following urgent care, if required/requested.

- **Pathway 3** Routine care for patients who require a check-up and any follow up care to make sure they are orally fit.
- **Pathway 4** Access for children, with additional preventative/treatment needs.
- **Pathway 5** Access for “cared for” frail vulnerable adults.

4.5 Pathways 1, 2 and 3 are now all up and running and work is commencing on 4 and 5 working with the Dental Local professional Network. The information below provides the latest position at the time of writing this report.

4.6 **Pathway 1** - there is one Urgent Care Dental Centre (UDC) in Halton. This offers an additional **13** urgent care appointments per month. Appointments are for urgent care and include Clatterbridge/cancer referrals & looked after children’s referrals. Referrals into this service are received via various routes including via the Helpline, Referral Management Service and Commissioners.

4.7 **Pathway 2** - Urgent care and substantive treatment appointments. At the time of this report there were **13** additional sessions per month available for Halton residents. Referrals into the service can be via Commissioners, or patients who contact the practice directly. Vulnerable patients should be prioritised as part of this agreement.

4.8 **Pathway 3** - Halton also benefits from practices who have signed up to provide routine access for new patients seeking NHS dental treatment. At the time of this report there were **45** additional appointments available per month in Halton for new patients. Appointments must be allocated to new patients (not seen at the practice in the previous 2 years). Practices are expected to deliver a full course of treatment and not just urgent care. Practices can draw down from their waiting list if they hold one, or patients who call. Practices must also link with a local vulnerable group to offer appointments.

4.9 To complement existing plans commissioners are developing proof of concept Dental Access and Workforce Development Centres in areas of highest need. It is envisaged that one of these proof-of-concept sites may well be in Halton in the near future.

4.10 Commissioners can use national contracting flexibilities and are seeking to find creative solutions. It is envisaged that the centres will provide access for new patients via existing referral routes with a focus on vulnerable groups. The centres will also seek to offer new ways of working for both dentists and the multi-disciplinary team including therapists and dental nurses.

5. **National Dental Recovery Plan**

5.1 Published by the previous government in February 2024 the plan aims to make sure everyone who needs to see a dentist, particularly those who have been unable to access care in the past two years, will be able to do so, making access to care faster and fairer.

5.2 New Patient Premium - Dentists will be offered a 'bonus' to take on new NHS patients which along with other measures in the plan – will create more than 2.5 million additional appointments in the next year. Patients will be able to see which practices in their area are accepting new patients via the NHS website. Practices are automatically opted into the scheme. Practices can choose to opt out or are opted out by Commissioners if the practice is part of a local scheme or does not hold a GDS contract. There are currently 4 practices in Halton opted into this scheme.

5.3 Golden Hello - The plan also offers 'golden hello' cash incentives for dentists to come and work in areas that are under-served. Up to 240 dentists will be offered £20,000 to stay and deliver NHS care for at least three years in areas where recruitment and retention of dentists is difficult. Cheshire and Merseyside has been allocated 7 places on the scheme and following a rigorous process 7 practices have been approved and 1 is in Halton.

5.4 It should be noted that in April 2024 as part of the national plan an exercise was undertaken to ensure that all practices received a minimum UDA rate of £28 and this was actioned across Cheshire and Merseyside where applicable.

5.5 Commissioners are awaiting further guidance on implementing the new government's manifesto pledges and how this will impact on the schemes referred to above.

5.6 Fundamental reform of the national contract remains a key issue in supporting dentistry to deliver NHS services and recover to pre COVID levels.

6. **POLICY IMPLICATIONS**

6.1 Access to NHS dental care remains a key issue especially in areas of poor oral health and vulnerable populations. The local dental plan running alongside the national dental recovery aim to deliver improved access and tackle inequalities.

7.0 **FINANCIAL IMPLICATIONS**

7.1 None

8.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES** ([click here for list of priorities](#))

8.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

Oral health and access to NHS dental services are key elements to delivering improved health outcomes.

8.2 **Building a Strong, Sustainable Local Economy**

Will assist in creating and maintaining a healthier workforce.

8.3 **Supporting Children, Young People and Families**

Contributes to the requirement to ensure that in Halton children and young people are safeguarded, healthy and happy, and receive their entitlement of high-quality services that are sensitive to need, inclusive and accessible to all.

8.4 **Tackling Inequality and Helping Those Who Are Most In Need**

By improving access to dental treatment, the local plan will help to create a healthier community and work to promote well-being, a positive experience of life with good health (not simply an absence of disease) and offer opportunities for people to take responsibility for their health with the necessary support available. There is a focus on vulnerable group and this is considered as part of the commissioning process.

8.5 **Working Towards a Greener Future**

None identified.

8.6 **Valuing and Appreciating Halton and Our Community**

None identified.

9. **RISK ANALYSIS**

9.1 None.

10. **EQUALITY AND DIVERSITY ISSUES**

10.1 In light of the COVID-19 pandemic updated local oral health needs assessments have been completed for the 9 Places across Cheshire and Merseyside and will identify the needs of vulnerable groups. The Dental Improvement Plan will be underpinned by the Cheshire and Merseyside ICB Joint Forward Plan in terms of improving population health and tackling health inequalities.

11. **CLIMATE CHANGE IMPLICATIONS**

11.1 No climate change implications identified at this time.

12. **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF
THE LOCAL GOVERNMENT ACT 1972**

12.1 None under the meaning of the Act.

REPORT TO:	Health Policy and Performance Board
DATE:	24 th September 2024
REPORTING OFFICER:	Executive Director, Adult Services
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Property Pool Plus (PPP) - Policy Amendments
WARD(S):	Borough Wide

1.0 PURPOSE OF THE REPORT

- 1.1 To provide information on the Property Pool Plus Allocations Policy and inform the Board of the recommendations for several amendments to be made to the PPP policy.
- 1.2 To provide background and rationale for the recommended policy amendments.
- 1.3 To further ensure that the policy is complaint with new legislation and to seek views, including any concerns with taking the recommendations forward to a 12-week formal consultation process.

2.0 RECOMMENDATION: That

- 1) **The report and policy be noted;**
- 2) **Endorse the consultation process; and**
- 3) **Provide comment on the policy amendments as part of the consultation process.**

3.0 SUPPORTING INFORMATION

- 3.1 In 2020 the PPP partner scheme local authorities undertook a review of the jointly administered PPP housing allocations policy, which resulted in the approval and implementation of a revised PPP policy and upgraded IT system. The partner scheme local authorities implemented the revised policy in January 2024
- 3.2 Since the implementation of the policy, there has been a reasonable settling in period, allowing time for the partner local authorities to evaluate the new policy at scale. This has resulted in a recognition that further amendments need to be made to the policy including:
 - A range of wording changes to improve clarity, and to correct identified errors and inconsistencies.
 - Minor policy changes which will have a limited impact on a minority of applicants, but which will improve the local authority's ability to administer the policy and meet housing need more effectively.

- 3.3 Two significant changes which will have an impact on a substantial proportion of those applying for rehousing via the PPP scheme. The proposed changes are in direct response to the increased demand on the partner local authority homelessness services and associated temporary accommodation costs. If implemented these changes will assist the local authorities to manage the increased demand on their homelessness services more efficiently.
- 3.4 **Recommended Changes, rationale and Clarification.**
Following the implementation of the new policy, it has become apparent that there are many sections of the policy that need clarification, to ensure the wording is explicit and adequately detailed to fully describe the way the policy is applied in practice by the administering teams.
- 3.5 In addition to the above there are a small number of changes being proposed to make the policy easier to read and understand for all those accessing it
- 3.6 The proposed amendments for clarification purposes do not change the meaning of the policy or the way it is applied currently.
- 3.7 **Corrections**
There are a small number of changes which are corrections e.g. incorrect references, spelling, punctuation etc.
- 3.8 These proposed changes for correction purposes do not change the meaning of the policy or the way in which it is applied currently.
- 3.9 **Minor changes**
There are several minor changes identified that will improve the Policy in terms of the local authority's ability to administer the policy and meet housing need more effectively. These are detailed in the following points.
- 3.10 **Qualification - Section 17 Child in need cases.**
The existing qualification criteria disqualifies persons defined as a child in need as a result of a statutory assessment under the Children's Act 1989 section 17. The existing policy includes a stipulation that any protocol agreed between the local authority's Housing Services and Children's services will be taken into consideration when making qualification decisions about care leavers, but this does not currently extend to child in need applicants who are not care leavers.
- 3.11 The policy changes proposed will extend this provision to incorporate Section 17 children in need applicants who are not care leavers. This will enable local authority Housing Services and Children's Services to set up joint protocols to better manage and respond to the housing need of young people in the borough accessing these services.
- 3.12 **Qualification – Unacceptable behaviour.**
The existing policy includes scope to disqualify applicants who are unsuitable to be a tenant due to unacceptable behaviour which includes, reference to causing annoyance

or nuisance to staff carrying out housing management functions.

3.13

The proposed changes expand this criteria to include applicants where they or any member of their household has displayed abusive or threatening behaviour towards members of staff involved in the administration of the Property Pool Plus Scheme. The local authority partners do not anticipate that this will impact many applicants but recognise past incidents where there have been abusive or threatening behaviour toward PPP staff, which is considered serious enough to make an applicant unsuitable to be a tenant. This change will allow local authorities to disqualify such applicants until such time as they can demonstrate improved behaviour.

3.14

Qualification – Local connection

The proposed changes recommend that the policy criteria for local connection is expanded to make clear those who have been newly granted Refugee status and are owed a statutory Homeless Duty by one of the Scheme Local Authorities, as well as those placed in the area under the ‘Homes for Ukraine Scheme’ are exempt from the local connection criteria. This is in line with current processes as well as the local authority statutory responsibility to assist applicants in these situations.

3.15

Qualification - Care Leavers

The existing policy includes criteria around Care Leavers who are placed out of the borough but are owed a Duty by one of the local authority areas under the Children’s Act.

3.16

The existing policy wording allows for a continued local connection to the area up to age 21, or 25 if they are pursuing a programme of education agreed in their pathway plan. This criteria have been extended to age 25 regardless of education. This change is in line with the local authority statutory parenting responsibility.

3.17

Qualification – Savings exemption.

A new disregard criteria to the savings threshold is being proposed for those who are ready to be discharged from hospital / residential care but are unable to do so as their current home is unsuitable for their needs to the extent that they would be at risk in the property, and where other potential short term and long-term solutions such as adaptations, have been considered but deemed unfeasible.

3.18

This brings the criteria in line with the existing disregards to the homeownership qualification criteria. This change recognises the urgent housing need of this group and the need to move them quickly to free up space in hospitals / residential care.

3.19

Qualification – Domestic abuse victims.

The proposals include a recommendation for tenancy related debt to be added to the disregards to the qualification criteria for victims of domestic abuse. This change is in line with the Domestic Abuse Act 2021 and recognises the need to remove barriers to rehousing for these applicants due to the urgency of their housing need.

3.20

Band A – Care Leavers.

The Band A criteria for Care Leavers has been updated to reflect the original intention in the existing policy to award Band A including a backdate to the 16th birthday for those leaving the care of the local authority for the first time, at the point they are ready for independence.

3.21 The existing policy does not make this clear and the proposed amendments provide further clarity and explicitly stipulates that if a Care Leaver up to age 25 needs to be rehoused again following their initial move to independence, then they can be awarded Band A, but only if there is a recognised housing need, and the applicant is actively engaging with the Local Authority Care Leaver Teams, and that team is supportive of a move.

3.22 The proposed change also makes clear that if Band A is awarded in these circumstances, a 16th birthday backdate will not be applied. This change brings the policy in line with the original intention, whilst still recognising the local authorities corporate parenting responsibility for care leavers up to age 25.

3.23 **Significant changes.**

There are two significant policy changes proposed, which will impact a considerable proportion of the housing register.

3.24 **Increase to Band A for some supported / hostel move on cases.**

Since the introduction of the new PPP policy the number of applicants in Band B for move on from short term supported / hostel provision who have received offers of accommodation through PPP has reduced. This causes an issue for homelessness services as they are unable to refer new clients who need this provision resulting in less appropriate accommodation options having to be used. This issue is also hindering those who are ready for independence from moving on with their lives. A particular issue is the restrictions that residence in supported accommodation places on moving into employment due to the reduction in benefits and prohibitive costs of funding the accommodation independently.

- Under the existing policy those who are ready to move on from short term supported / hostel accommodation are awarded Band B Reasonable Preference. For those, whose accommodation is local authority contracted this priority is backdated to the date the applicant moved into the short term supported / hostel accommodation.
- The proposed change would see a proportion of these applicants who are currently included in the Band B provision for move on, having their priority increased to Band A Additional Preference. This change would only apply to those applicants who are ready to move on from local authority contracted / grant funded short term supported / hostel accommodation which is local authority homeless provision. All other move on cases would remain in Band B in line with the current arrangements.

3.25 Most applicants moving to Band A under this proposal would no longer benefit from

- a backdate to their band date, as they do currently in Band B. This would mean that the Band A would only be awarded from the date the applicant is ready to move to independence. The exception to this rule would be for Section 17 child in need cases meeting this new Band A criteria, who once qualify for the scheme will have their Band A backdated to the date they moved into the accommodation.
- 3.26 Due to the increase in the level of priority from Band B to Band A it is considered that a backdate is no longer equitable for most of these cases, which takes into consideration other applicants in Band A and their relative priority. The exception to this will be for Section 17 Child in need cases who will be awarded a backdate to their Band A award to the date they moved into the accommodation. This is to allow for situations where a young person may not qualify for Property Pool Plus on moving into this type of accommodation as they are under 18 and may not have a trustee in place.
- 3.27 This change together with the change to the qualification criteria for this group to allow individual local authority protocol to prevail, will allow the local authority Housing Services and Children's Services to work closely together to plan the most appropriate pathway for young people accessing these services. As Care Leavers in Band A are awarded a Band backdate to their 16th birthday, they will still receive a higher priority than section 17 young people in local authority homeless / hostel provision who are awarded Band A.
- 3.28 The proposed changes will assist the local authority homelessness teams to better manage the demand on homelessness services and the associated temporary accommodation costs.
- 3.29 **Amendments to the Discretion criteria.**
The discretion criteria set out in the current policy is limited in scope and only covers certain groups of people including:
- Providing protection to people who need to move away from another local authority area, to escape violence, harm, or intimidation.
 - In circumstances where an applicant needs to move due to a serious offence (equal to MAPPA level 2 or 3), as defined by the Serious Crime Act 2007, Part 1, Schedule 1, there will be joint working with the Police, Probation Services, Adult Care Services, health professionals, registered providers, and other bodies, to manage any risk to the community.
 - In circumstances where a member of the Armed Forces community has been disadvantaged in respect of their ability to access suitable housing through their own or their family member's service in the Regular Armed Forces or Reserve Forces.
- 3.30 Since the current policy was implemented in January 2024 local authorities have already identified cases that have an exceptional urgent welfare need and require

intervention to assist with rehousing more quickly than can be facilitated via the policy. This has resulted in the recommendation to add an additional point to those listed above to allow for intervention in these exceptional welfare cases via a direct offer of accommodation.

3.31

In addition to this the discretion section has been amended to make clear that where discretion is applied this should only be in situations that are exceptional in nature and where the consequences of not applying discretion have been considered.

- To ensure that discretion is applied consistently across the sub-region the reference to a discretion register has been included in the updated wording and this will be introduced once the policy is approved.
- A further change to the discretion section will allow local authorities to implement a period where a proportion of lettings will be offered via direct lettings to key groups.
- Allowing local authorities to implement a period of direct lettings will enable them to respond to crisis situations such as the recent extreme demand on homelessness services and associated temporary accommodation costs. Another example would be the housing crisis experienced during covid.
- A further point has been added to the discretion section to allow local authorities to implement small scale variations to the scheme to pilot new ways of working. This will help to inform future policy changes to improve services and resolve housing need for those most in need.
- Where any variation to the scheme is implemented, either for small scale trials or a period of direct lettings, information will be published on the PPP website to provide detail for openness, transparency, and accountability. Any variation will also take account of the local authority Housing Strategy and Tenancy Strategy.

3.32

City Region local authorities to consider any views or concerns coming forward from the Sub-regional Officers group and make any final amendments to the proposed

3.33

policy changes accordingly

3.34

As some of the proposed changes are considered significant, on the basis that they will impact a considerable proportion of those registered with the scheme there will be a need to undertake a 12-week public consultation.

3.35

It is Contract Boards intention to move ahead with a consultation process as soon as possible. The exact timescales for this are dependent on how soon each local authority can move through their required briefing processes. Based on information available at this time, the earliest point the consultation process can start is October 2024.

3.36 Following consultation there will be a requirement for the changes to be formally approved by each of the local authority's own democratic approval processes. Potential timescales for this are still being identified.

3.37 Once approved most of the changes can be implemented very quickly, however there will be a need for an update to the IT system to implement the increased priority for those ready to move on from local authority contracted / grant funded homeless provision, hostel / supported accommodation. It may be that this change can be incorporated within the next IT upgrade which is pencilled in for January / February 2025, however there will be a cost for this which has yet to be defined.

Advantages / Disadvantages.

3.38 The policy amendments will improve priority banding for a number of vulnerable clients as detailed above. The advantages include young people, care leavers, clients ready to move on from hostels, who will move up to Priority Band A.

3.39 The impact for these clients groups will ensure that young people have timely move on plans. Applications will be backdated to their 16th birthday, thus moving them up on the housing waiting list and reducing waiting times.

3.40 Clients in hostels who are ready for move on will then be awarded Band A, this will support the homelessness team to create vacancies within the commissioned supported housing schemes and reduce the associated B&B costs.

4.0 The impact of amending the banding priorities will increase the number of client in Band A. Although the process will benefit a number of clients, it will also reduce the number of social housing available to those clients within the lower priority bandings.

4.1 **POLICY IMPLICATIONS**

4.2 The social housing allocations scheme is a core service and the outlined amendments to the Allocations Policy and Procedures for Property Pool Plus will reflect the latest legislation changes.

5.0 LAs must adhere to the law regarding the allocation of Social Rented Housing, as set out in the Housing Act 1996, Part 6 Allocation of Housing Accommodation. Every local housing authority in England must have a scheme (their "allocation scheme") for determining priorities and as to the procedure to be followed, in allocating housing accommodation. For this purpose, "procedure" includes all aspects of the allocation process, including the persons or descriptions of persons by whom decisions are taken."

5.1 **FINANCIAL IMPLICATIONS**

6.0 There are no resource implications arising from the recommendations of this report. There are existing revenue budgets in place to fund the operation of an allocations service, which is currently performed by Halton Housing. There is an existing revenue budget to fund the annual operation of an IT system.

6.1 **IMPLICATIONS FOR THE COUNCIL`S PRIORITIES**

Improving Health, Promoting Wellbeing and Supporting Greater Independence

6.2 Facilitate a choice-based lettings process to promote access to suitable social housing, to promote stability, thus improving health and wellbeing, resulting in greater independence.

Building a Strong, Sustainable Local Economy

6.3 Facilitate sustainable economic prosperity.

Supporting Children, Young People and Families

Protect the most vulnerable households, as many rely on accessing suitable social housing to meet their housing needs.

6.4 Facilitate confident and resilient communities with the provision of suitable secure tenancies with social landlord`s supports community stability.

Tackling Inequality and Helping Those Who Are Most In Need

6.5 The proposed policy changed will tackle inequality and identifies that those most in need will be awarded high priority banding to secure social housing.

Working Towards a Greener Future

6.6 None at this stage

Valuing and Appreciating Halton and Our Community

7.0 The policy reflects the process to allow clients to secure social housing, therefore promote community stability within the Borough.

7.1 **RISK ANALYSIS**

8.0 None at this stage

8.1 **EQUALITY & DIVERSITY ISSUES**

9.0 The equality implications have been identified and mitigated.

9.1 **CLIMATE CHANGE IMPLICATIONS**

10.0 None at this stage

LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
PPP Housing Allocations Policy. Housing Allocations Policy can be found at the Property Pool Plus website. https://www.propertypoolplus.org.uk/content/About/OurPolicies	Runcorn Town Hall	Principal Manager Homelessness



Property Pool Plus

A common housing allocation scheme between Halton Borough Council, Knowsley Metropolitan Borough Council, Liverpool City Council, Sefton Metropolitan Borough Council and Wirral Metropolitan Borough Council.

DRAFT

Version Control

Date	Version
1 st November 2023	Final – Approved for implementation on 8 th January 2024.
09/07/2024	Draft - Subject to final amendments, agreement and approval
26 th July 2024	Revised draft subject to final amendments and approval.

Contents

1.0	OVERVIEW.....	3
1.1.0	INTRODUCTION	3
1.2.0	PURPOSE OF THIS SCHEME	3
1.3.0	PRINCIPLES OF THIS SCHEME.....	4
1.4.0	CONSULTATION	7
2.0	INFORMATION, APPLICATIONS AND DECISION-MAKING.....	8
2.1.0	INFORMATION	8
2.2.0	APPLICATIONS.....	10
2.3.0	DECISION-MAKING.....	15
2.4.0	REVIEWS.....	16
3.0	ELIGIBILITY AND QUALIFICATION	18
3.1.0	ELIGIBILITY	18
3.2.0	QUALIFICATION	20
3.3.0	DETERMINING ELIGIBILITY AND QUALIFICATION.....	26
3.4.0	NOTIFICATIONS OF DECISIONS AND RIGHT TO A REVIEW	26
3.5.0	RE-APPLICATION	26
4.0	ALLOCATIONS	27
4.1.0	ADOPTING THIS SCHEME.....	27
4.2.0	DETERMINING PRIORITY FOR AN ALLOCATION FOR HOUSING.	27
4.3.0	LOCAL LETTINGS SCHEMES.....	36
4.4.0	AVOIDING DISCRIMINATION AND ENHANCING EQUALITY OF OPPORTUNITY.	38
4.5.0	BEST INTERESTS OF CHILDREN.....	39
4.6.0	DISCRETION	39
5.0	BEING ALLOCATED A PROPERTY	41
5.1.0	CHOICE.....	41
5.2.0	OTHER GENERAL POINTS	42
6.0	OTHER ARRANGEMENTS	46
6.1.0	DIRECT APPLICATIONS TO REGISTERED PROVIDERS.....	46
6.2.0	NOMINATIONS	46
6.3.0	TRANSFERS	46
6.4.0	CONTRACTING-OUT	46
6.5.0	COMPLAINTS, APPEALS AND LEGAL CHALLENGES.....	47
4.6.0	<i>DISCRETION</i>	69
1.	ASSESS WHETHER THE APPLICANT HAS EXCEPTIONAL CIRCUMSTANCES.	71
2.	REFER TO THE LOCAL AUTHORITY SENIOR OFFICER.....	71
3.	LOCAL AUTHORITY'S SENIOR OFFICER TO DECIDE WHETHER TO EXERCISE DISCRETION.	72
4.	INFORM THE APPLICANT OF THE OUTCOME.....	73
5.	BACKGROUND INFORMATION.....	73
	PROCESS CHART FOR APPLYING DISCRETION WHEN ALLOCATING HOUSING.	74
	DETERMINING AN APPLICANTS' ENTITLEMENT TO BEDROOMS, FOR ASSESSING OVERCROWDING AND UNDER-OCCUPANCY	80
I.	LOCAL AUTHORITY LETTER (COUNCIL TAX, BENEFITS ETC.).....	81
II.	DWP LETTER	81
III.	PAYSLIP / P45 / P60.....	81
IV.	PHOTO DRIVING LICENCE.....	81

1.0 Overview

1.1.0 Introduction

- 1.1.1 Halton Borough Council (“**Halton**”), Knowsley Metropolitan Borough Council (“**Knowsley**”), Liverpool City Council (“**Liverpool**”), Sefton Metropolitan Borough Council (“**Sefton**”) and Wirral Metropolitan Borough Council (“**Wirral**”) are local housing authorities, which have chosen to operate a common housing allocation scheme, under the name Property Pool Plus.
- 1.1.2 There is a legal requirement for all English local housing authorities to have a scheme for the allocation of social rented housing, regardless of whether they own or manage any social rented housing. All local housing authorities which are members of the scheme previously undertook a voluntary transfer of their housing accommodation. Both Liverpool and Wirral have subsequently built a small number of new units and other participating local authorities may do the same in the future.
- 1.1.3 Throughout this Scheme, a reference to the “**local authority**” means all of those authorities and/or each relevant authority as appropriate.
- 1.1.4 The local authority’s housing allocations functions are regulated by the Local Government and Social Care Ombudsman.
- 1.1.5 This Scheme explains how people can apply for an allocation of social rented housing, how the local authority will allocate social rented housing and the extent of choice applicants will be offered.
- 1.1.6 The local authority is permitted to contract out the administration of specific public law housing allocation functions to a third party. Any such arrangements that might be in force are outside the scope of this Scheme. Where such arrangements have been established, any reference made in this Scheme to the local authority automatically extend to any third party appointed to undertake such administration.
- 1.1.7 The local authority will provide general information via the Property Pool Plus website about the social housing stock in its area. <https://www.propertypoolplus.org.uk>

1.2.0 Purpose of this Scheme

- 1.2.1 The Housing and Regeneration Act 2008 defines social housing as low-cost homes for rent and sale to people whose housing needs cannot be met by the general housing market. This Scheme shall demonstrate how the local authority will allocate social rented housing to:
- a. persons applying to become a social housing tenant; and
 - b. secure/assured tenants seeking to move to another dwelling house (“**Transfer Applicants**”), let under secure/assured tenancies.
- The local authority intends to allocate homes in a fair, transparent and effective way, that prioritises applicants who are most in need, is lawful and makes best use of the homes available.

- 1.2.2 This Scheme explains how priority between applicants will be determined and the arrangements for nominating applicants for homes owned by private registered providers of social housing (“**registered providers**”), who own and/or manage social rented housing in the scheme local authority areas.
- 1.2.3 A copy of this Scheme will be made available to any person who requests one. A summary is also available. A copy has been sent to the Regulator of Social Housing and the Local Government & Social Care Ombudsman.
- 1.2.4 This Scheme has been framed with consideration to the housing requirements of current and future potential tenants. Most applicants will be afforded choice in the lettings offered to them in that they will be able to express a preference of the available properties that meet their housing needs. Any issues of overcrowding and under-occupation will be fully taken account of when an allocation is made.

1.3.0 Principles of this Scheme

1.3.1 This Scheme has been formulated with regard to the law and regulatory requirements, including:

1. Housing Act 1985
2. Housing Act 1996
3. Homelessness Act 2002
4. Homelessness Reduction Act 2020
5. Housing and Regeneration Act 2008
6. Localism Act 2011
7. Armed Forces Act 2006
8. Asylum and Immigration Act 1996
9. Immigration and Asylum Act 1999
10. Children Act 2004
11. Equality Act 2010
12. Data Protection Act 2018
13. European Union (Withdrawal Agreement) Act 2020
14. Statutory guidance:
 - a. Allocation of accommodation: guidance for local authorities, December 2020, updated September 2021
 - b. Providing social housing for local people, December 2013
 - c. Right to Move and social housing allocations, March 2015
 - d. Improving access to social housing for victims of domestic abuse, November 2018
 - e. Improving access to social housing for members of the Armed Forces, June 2020
15. The regulatory standards for registered providers of social housing in England:
 - a. Tenancy Standard, published April 2012

1.3.2 Case law from the English and Welsh Courts has also been taken into consideration.

- 1.3.3 This Scheme only relates to the allocation of social rented housing in Halton, Knowsley, Liverpool, Sefton and Wirral, excluding extra care social rented housing (which will be subject to separate arrangements), but which extends to:
1. Affordable rent social housing.
 2. General needs social housing.
 3. Affordable rent supported housing.
 4. General needs supported housing.
- 1.3.4 For the purpose of this Scheme, an “**allocation**” is defined as occurring when the local authority selects an applicant to be a secure or introductory tenant of social rented housing held by the local authority, or nominates a person to be an assured tenant (encompassing flexible and affordable tenancies) of social rented housing held by a registered provider, subject to certain exceptions.
- 1.3.5 Actual entry by an applicant into a tenancy agreement for a particular property is beyond the scope of this Scheme. The law and regulations instruct registered providers to publish rules and policies about how housing allocations will be made. Applicants should consult individual registered providers for their rules and policies concerning allocation of social rented housing. Copies of which are available from the local authority.
- 1.3.6 There are exceptions to the position set out above in 1.3.4 as detailed below. There will not have been an allocation in any of the following cases. The local authority and/or registered providers shall have their own rules and policies for these matters, which should be referenced for further details:
1. The granting of a tenancy that is not of the type specified in the legal definition of allocation, such as one without security of tenure (e.g. a ‘family intervention tenancy’, temporary accommodation provided to homeless households that are owed a duty of assistance, etc).
 2. Granting a tenancy to a person who is currently and lawfully occupying a property held on a family intervention tenancy.
 3. The vesting (by succession) of a periodic secure or introductory tenancy on the death of the current tenant.
 4. The devolution of a fixed term secure tenancy on the death of a tenant.
 5. The assignment of a secure tenancy as part of a mutual exchange.
 6. The assignment of a secure or introductory tenancy to a person who would have been qualified to succeed to the tenancy on a tenant’s death.
 7. The vesting or disposal of a secure or introductory tenancy pursuant to a court order made under the following provisions of family law statutes:
 - a. section 24 of the Matrimonial Causes Act 1973 (property adjustment orders in connection with matrimonial proceedings);
 - b. section 71 of the Matrimonial and Family Proceedings Act 1984 (property adjustment orders after overseas divorce);
 - c. paragraph 1 of schedule 1 of the Children Act 1989 (orders for financial relief against parents); and
 - d. schedule 7, Part 2 of the Family Law Act 1996 (orders for moving a tenancy from an existing tenant to a new tenant).
 8. The vesting or disposal of a secure or introductory tenancy pursuant to an order made under part 2 of schedule 5, or paragraph 9(2) or (3) of schedule 7, to the Civil

Partnership Act 2004 (property adjustment orders in connection with civil partnership proceedings or after overseas dissolution of civil partnership).

9. A transfer initiated by a private registered provider of social housing of a secure or introductory tenancy (i.e. not initiated by an application for a transfer by the tenant).
10. A tenancy being granted as part of a surrender and re-grant where two social housing tenants wish to exchange their homes and one tenant holds a flexible tenancy or an assured shorthold tenancy.
11. Where a tenant has been displaced from previous accommodation and has been provided with suitable alternative accommodation under the Land Compensation Act 1973.
12. The granting of a secure tenancy to a former owner-occupier or statutory tenant of a defective dwelling house acquired by the local authority.
13. The granting of a secure tenancy to a person who is already a secure tenant or an assured tenant of a private registered provider of social housing unless the person applies for a transfer and is entitled to a statutory reasonable preference.

1.3.7 When drawing up this Scheme, the local authority has consulted with the Liverpool City Region Combined Authority, along with the following bodies and person located within the Liverpool City Region; local housing authorities, registered providers (who hold stock in the Liverpool City Region), public authorities, voluntary organisations, and other persons, plus previous, current and future potential tenants. Regard was had to the current:

1. *Halton Homelessness Strategy*
2. *Knowsley Homelessness Strategy*
3. *Liverpool Homelessness Strategy*
4. *Sefton Homelessness Strategy*
5. *Wirral Homelessness Strategy*
6. *Liverpool City Region Tenancy Strategy 2021-26*

1.3.8 The local authority will take such steps as it considers reasonable (e.g. by making contact via email, telephone, or letter, or by placing a notification on the Property Pool Plus website or the local authority website, or via another suitable form of communication), within a reasonable period of time, to bring to the attention of those likely to be affected by it:

- a. any alterations made to this Scheme,
- b. any subsequent alteration to this Scheme that would affect the relative priority of a large number of applicants; and
- c. any significant alteration to any associated procedures for administering this Scheme.

1.3.9 Elected Councillors of the local authority are prohibited from making decisions about any individual allocation pertaining to any accommodation situated in their electoral ward area or any person who is resident in their electoral ward area. Elected Councillors may seek to obtain general information about the allocation of housing, can represent their constituents and discuss their cases with Property Pool Plus administrators. Elected Councillors should participate in making decisions about the overall content of this Scheme. Elected Councillors should consider whether the local authority's Code of Conduct requires them to declare an interest before participating in such deliberations. If in any doubt, the advice of the local authority's Monitoring Officer should be obtained. The local authority arranges for Elected Councillors to be provided with suitable training in these matters.

- 1.3.10 Copies of this Scheme are made available by the local authority to any person who requests one. Electronic copies will be provided, copies in alternative formats will be considered on an individual basis. People will be informed about their rights to information, advice and assistance concerning Property Pool Plus. For further information, see section 2 of these rules and procedures.
- 1.3.11 People will not be able to join Property Pool Plus if they are either not eligible for an allocation of social housing or match the disqualification criterion set out in this Scheme. For further information, see section 3 of this Scheme.
- 1.3.12 Applicants will be prioritised for an allocation by Band, then the date they were placed in the current band they have been afforded, then registration date, then whether they are making a community contribution. For further information, see section 4 of this Scheme.
- 1.3.13 Applicants will be allowed to express a preference for the homes available to let. This will be subject to certain limitations. Applicants will be penalised for refusing reasonable offers. For further information, see section 5 of this Scheme.

1.4.0 Consultation

- 1.4.1 The local authority carried out consultation on how it intends to prioritise the allocation of social rented housing. Applicants who were members of Property Pool Plus and other people, such as advocates for people from all of the protected characteristics groups, as the local authority deemed appropriate, were consulted before finalising this Scheme.
- 1.4.2 The local authority has published a report on the consultation of this Scheme, on the outcomes of the consultation and changes that have been made to the Property Pool Plus.
- 1.4.3 A variety of consultation methods, such as focus groups and online surveys, were used to solicit opinions. The local authority has taken account of the needs of specific groups, such as persons with a disability, or learning and support need. An Equality Impact Assessment has been completed in conjunction with adopting this Scheme.
- 1.4.4 This Scheme will be reviewed by the local authority at least every two years (and more often if required, for example due to legislative or regulatory changes) in conjunction with applicants and other appropriate persons or organisations.
- 1.4.5 Any major changes to this Scheme that will affect the relative priority of a large number of people have been communicated in writing (using email, letter or notification via the Property Pool Plus website) to potential applicants that might be affected.

2.0 Information, Applications and Decision-Making

2.1.0 Information

- 2.1.1 The local authority will provide a summary of this Scheme free to any person who asks for one. Electronic copies will be provided, copies in alternative formats will be considered on an individual basis. The whole of this Scheme will be kept available for inspection by any person at the principal offices of the local authority. The local authority will provide a copy to anyone who asks for one. Electronic copies will be provided, copies in alternative formats will be considered on an individual basis. The local authority will also publish this Scheme on its websites, including the Property Pool Plus website. The local authority will provide, information via the Property Pool Plus website, about:
1. The rules associated with initial consideration of an applicant's application, plus the treatment of any nomination made by the local authority for social rented housing to a registered provider.
 2. Potential stock availability.
 3. Eligibility, qualification and prioritisation criterion for joining Property Pool Plus and being offered a nomination of social rented housing.
- 2.1.2 The local authority will provide general information via the Property Pool Plus website about the social housing stock in its area. <https://www.propertypoolplus.org.uk>
- 2.1.3 The local authority will provide the following information via the Property Pool Plus website for any given dwelling, wherever it is made available by the local authority or registered providers:
1. Type (e.g. house, flat, bungalow, etc), size (e.g. number of bedrooms, bathrooms, etc) and location (e.g. by electoral ward).
 2. Whether it is already accessible for people with disabilities or could be adapted to be so.
 3. Whether there is access to a shared or private garden.
 4. How old it is.
 5. An indication of how frequently it is likely to become available.
 6. An indication of the cost of running a home.
- 2.1.4 The local authority will consider requests for information in translated and alternative formats (e.g. braille, large print, audio etc.) and provide materials as relevant. The special needs of specific groups of prospective applicants (e.g. the housebound, prisoners, gypsies and travellers, etc.), will be taken account of when making any arrangement to access and provide information and advice. Information will be made available using a variety of media, including printed hard copy form, on the website of the local authority and the Property Pool Plus website and via the telephone.
- 2.1.5 The local authority will provide any person who requests it with information (e.g. in a suitable written format) and advice (e.g. via the phone or in person) about their rights to make an application for an allocation of social rented housing. Furthermore, the local authority will freely help any person who is likely to have difficulty in making an application to join Property Pool Plus. This assistance will include (this list is not intended to be exhaustive):

1. Completing any form that might exist.
2. Explain what evidence might be required for the local authority determine any eligibility and qualification criterion that might be in force and help collect this evidence for assessment.
3. Explain what evidence might be required to determine the degree of priority for when allocations are made and help collect this evidence for assessment.
4. Explain what evidence might be required to help determine the type of property should be allocated and help collect this evidence for assessment.

2.1.6 The local authority will provide every applicant with the following general information by email or letter or other suitable written format (as applicable at the different stages of an application being processed), accompanied by a free summary of this Procedure:

1. How their application is likely to be treated.
2. Whether or not they have been accepted as being eligible for an allocation or any reasons for being determined as ineligible
3. Whether or not they qualify to join Property Pool Plus and the reasons for being disqualified.
4. The property size they are eligible for.
5. The method that will be used in assessing their needs.
6. The number of other applicants on the register.
7. An assessment of the likely time that they will have to wait to receive an offer by reference to average waiting time or the number of allocations of similar properties, based on data available for the most recent data available.
8. Any facts about the applicant's case which have been or will be taken account of when making decisions.
9. The right to request a review of any decision that they are not eligible and/or do not qualify to join the Property Pool Plus or concerning an allocation or nomination of social rented housing.
10. Any review decision, along with the grounds for that decision in a written acknowledgement.
11. The right to seek a judicial review on any point of law where this Procedure (or the administration of it) is irrational, illegal, or fails to follow public law procedural requirements.

2.1.7 The local authority will advise either orally or in writing all persons that equalities information will be collected, to enable a better understanding of peoples' housing needs and to ensure that no one is discriminated against as a result of the way this Scheme has been framed, or during the administration of it. People will be informed either orally or in writing as to how such data will be used, handled, and stored.

2.1.8 The local authority is subject to the information disclosure requirements of the Data Protection Act 2018. The administration of this Scheme will ensure compliance with this legislation. For further information please reference the Local Authority's *Data Protection Policy*. Applicants will be advised of their right to make a complaint to the Office of the Information Commissioner ("ICO") if they believe the local authority has failed to fulfil its obligations and responsibilities as set out in the Data Protection Act 1998. Concerns can be reported by telephoning the ICO's helpline on 0303 123 1113 or online at <https://ico.org.uk/concerns/>

2.1.9 All persons making an application to join Property Pool Plus, have the right to confidentiality. An application will not be divulged to any other party without an applicant's consent, unless it gives rise to a safeguarding concern. An applicant will be asked to give consent to share relevant details of their application, with relevant third-party organisations, such as public authorities, private registered providers, voluntary organisations and others. Where consent is given, this only extends to those who can provide evidence that can help to determine an application and/or who need to know to process an allocation (e.g. employees of health, social care, criminal justice, social housing organisations, etc). For further information, please refer to the Local Authority's *Information Sharing Protocol*.

2.2.0 Applications

2.2.1 Each applicant will be provided with a user account that they will be able to securely log into via the Scheme website. The local authority will primarily communicate with applicants via their user account, to include but not limited to, for example, to provide them with information and advice, give assistance, issue warnings about fraud, seek further evidence or clarify matters relating to evidence already submitted, make notifications as whether someone is eligible and qualifies to join the Scheme, confirm whether an applicant wish to accept an offer of an allocation and other matters relating to their application. Whenever necessary, the local authority will also communicate with applicants via other means, such as email, telephone/videotelephone, letter/leaflet or in-person, etc, such as when they are having difficulty using their Scheme user account, this includes where a person with a protected characteristic, needs or asks for an alternative.

2.2.2 All applications must be made using the prescribed online form published by the local authority. Whenever necessary, the local authority will also arrange for applications to be completed by other means, such as when an applicant is having difficulty completing the prescribed online form, this includes where a person with a protected characteristic, needs or asks for an alternative. Copies can be requested from the Property Pool Plus scheme administrators. Applications can be made by a sole individual, or by two individuals making a joint application together, all other persons who might presently live with the applicant can feature as usual household members. Where an application includes a main and a joint applicant any reference in this policy made to "the applicant" will also refer to the joint applicant. Applications are welcomed from persons who live at two separate addresses, but who wish to live together at one single address, in this case they can choose for one person to feature as the main applicant, with the other person featuring as the joint applicant (an applicant together with one or more other persons can enter into a joint tenancy with a registered provider, subject to such an organisation's agreement. Anyone else who might usually reside with an applicant, or who might reasonably be expected to reside with an applicant, can feature as part of the application. A usual household member is a person who primarily (for at least 50% of a reasonable period of time, e.g. week, month) or exclusively lives with an applicant. People who usually live with the applicant but are temporarily absent due to circumstances beyond their control (e.g. care of a local authority, hospital, armed forces, etc), are also considered a usual household member.

2.2.3 In addition to the application, the following documents (where available) must be submitted as evidence to verify the information provided by the main applicant, plus any other person who might reside with the applicant:

1. Current Passport and where applicable Immigration documentation to help determine eligibility to rent social housing in England.
2. A utility bill, Council Tax bill or other acceptable proof of residence from the past three months, to help determine eligibility to rent social housing in England.
3. Birth certificate, to help determine qualification to join the Property Pool Plus.
4. Details of any relevant unspent convictions (see section 3.2.4), to help determine qualification to join Property Pool Plus.
5. Where a tenancy has been held previously, a landlord reference for the main and joint applicant / partner, from the current and / or former landlord. If a landlord reference cannot be provided, alternative evidence of tenancy conduct may be accepted.
6. All financial records from the past three months relating to income and savings may be requested, to help determine qualification to join Property Pool Plus,
7. All legal records relating to property ownership may be requested to help determine qualification to join Property Pool Plus.
8. Any other information that helps to determine eligibility to rent social housing in England and/or qualification to join Property Pool Plus e.g. proof of National Insurance Number, proof of local connection.

- 2.2.4 The local authority will receive applications from any person, regardless of where they currently reside, and this extends to persons of no fixed abode. All applicants will be required to renew their application annually, from the anniversary of being accepted to join Property Pool Plus. Failure to renew an application will result in an application being closed and membership of Property Pool Plus being discontinued. Applicants will be reminded via notification issued on the Property Pool Plus website, or email or letter and will have 28 days from receipt of this information to comply with the renewal request. If an applicant fails to comply with the renewal request within the allotted timeframe, further contact, using the same methods described above, will be made and they will be afforded a further 28 days to renew their application, Failure to comply during the second 28-day period will result in an applicant being removed from Property Pool Plus.
- 2.2.5 Every applicant will be provided with advice about offences in relation to applications, prior to making an application. Applicants will be disqualified, and might be prosecuted, if they deliberately withhold information, provide misleading information, or do not notify the local authority of any change in circumstances (e.g. change in income, change in household formation). A warning will include the following facts: a person guilty of such an offence could be liable to pay a fine (with no maximum) and may also face prosecution for fraud which can result in imprisonment.
- 2.2.6 The local authority will provide every applicant with information and advice (in writing or orally, electronically or in person) about their rights to make an application for an allocation of social rented housing. Furthermore, assistance (such as explain the steps for making and determining an application, collecting evidence to determine eligibility and qualification for an allocation, the degree of choice they are entitled to and how applicants are prioritised for an allocation) will be provided free of charge to any person who is likely to have difficulty in making an application (e.g. due to mental or physical impairment, or because of any other special characteristic) to join Property Pool Plus. This assistance will be extended to those who might require help to express a preference for an available property to let. The local authority is subject to the Equality Act 2010 which has been duly considered when formulating this Procedure (and any associated rules, procedures, policies and processes).

A separate *Equality Impact Assessment* has been completed and copies can be requested from the local authority or downloaded from the Property Pool Plus website. The *Equality Impact Assessment* has identified any potential impact on people with a protected characteristic, showing these as positive, negative or negligible, plus includes actions to mitigate any such negative impacts. This Scheme aligns with the Local Authority's *Strategic Equalities Plan*. To ensure compliance with public sector equality duties, the following arrangements will be made by the local authority and/or registered providers for each individual applicant and property:

1. A mechanism (e.g. assistance provided via the Property Pool Plus website, phone, or in person) for providing support in making applications.
2. A mechanism (e.g. a specific question on the online application) to identify the requirements of disabled applicants.
3. Informing an applicant of a property's accessible features (e.g. via the Property Pool Plus website, or by email or letter, on the phone or in person) or by any other necessary means) Whenever properties with accessible features are advertised via the Scheme website, they will be marked as such.
4. A mechanism (e.g. at the stage of offer or nomination from the local authority to a registered provider) to allow a request for extra time, for disabled applicants if they need it to accept an offer.

2.2.7 The local authority will process applications this will involve a preliminary assessment. Firstly, consideration will be given to whether the applicant is eligible for social rented housing in accordance with the law. It will then be determined if an applicant qualifies to join Property Pool Plus under the terms of this Scheme. For further information on eligibility and qualification, please see section 3 of this Scheme. Detailed scrutiny will take place when an applicant is due to be allocated or nominated for a particular property, to determine whether the applicant:

1. Is still eligible.
2. Is still a qualifying person.
3. Meets any specific lettings criteria for the particular property (e.g. due to a Local Lettings Scheme being in force (see section 4.3.0 for further details), or the having accessible features suitable for a person with a disability).
4. Has a household size that matches any size criteria for the property.

2.2.8 The local authority will process applications within a reasonable period of time (relative the particulars of any given application) after all documentation has been received. Upon receipt of an application, the local authority will inform the applicant of its complaints procedure and how they may seek the help of the Local Government & Social Care Ombudsman. Complaints can be made by:

1. Telephone: 0300 061 0614
2. Online: <https://www.lgo.org.uk/contact-us>

2.2.9 The local authority will accept applications from its current tenants of that of registered providers, for transfers ("**transfer applicants**") to alternative social rented housing available in Halton, Knowsley, Liverpool, Sefton and Wirral. Such applicants have the right to:

1. Make applications.
2. Have their applications considered.
3. Be notified as to their rights to information and review.

4. Confidentiality of the fact of their application.

2.2.10 The local authority will initially treat transfer applicants in the same way as all other applicants, except that there will no inquiries made about eligibility. This is because the law dictates that all current tenants of social housing are eligible for a further allocation of social housing accommodation regardless of their immigration or habitual residence status. Transfer Applicants will be prioritised in the same way as new applicants (e.g. by housing need and then date of banding, registration date, and then community contribution). Transfer Applicants will not be offered an allocation that would result in them under-occupying the dwelling (against the definition used by the Department of Work Pensions to determine claims for help with housing costs), being overcrowded by the Bedroom Standard or being unable to afford any possible rental or service charges at the date an allocation or nomination is made. As a general rule, allocations will be made so that a property is fully occupied. If this is not possible, under-occupation will be considered, subject to an affordability assessment completed at the same time an offer is made, but prior to a letting being agreed. Transfer Applicants will be required to satisfy the qualification criterion set out in this Scheme.

2.2.11 The local authority will handle applications as per the provisions contained in this Scheme. Any application which gives the local authority a reason to believe a person may be homeless or threatened with homelessness, will trigger inquiries as to what duty of assistance, if any is owed under Housing Act 1996, Part 7 (as amended). Such inquiries and any subsequent assistance a person might be entitled to are outside the scope of this Scheme. The local authority has separate arrangements in force to administer public law homelessness duties. Contact details for which are as follows:

Local Authority	Homelessness Service Contact Number	Email Address
Halton	0151 511 7979	Housing.solutionsteam@halton.gov.uk
Knowsley	0151 443 2333	housingsolutions@knowsley.gov.uk
Liverpool	0151 233 3044	HousingOptionsService@liverpool.gov.uk
Sefton	0151 934 3541	Housing.Options@sefton.gov.uk
Wirral	0151 666 5511	housingoptions@wirral.gov.uk

2.2.12 Specific procedures have been published for administering the following matters and are available as the following Appendices:

1. Appendix 1 – Initial Enquiries Procedure
2. Appendix 2 – Application Procedure
3. Appendix 3 – Discretion Procedure
4. Appendix 4 – Request a Review Procedure
5. Appendix 5 – Overcrowding and Underoccupancy Procedure

2.2.13 Decisions about whether an applicant is eligible for an allocation of social rented housing and qualifies to join Property Pool Plus will be made in strict accordance with the rules established by this Scheme. Reviews will be carried out in strict accordance with the rules established by this Scheme. The discretionary power (available in Appendix 3) to allow an applicant to be treated as qualified to join Property Pool Plus outside the criteria set out below and/or prioritise them for an allocation or nomination of social rented housing is

limited to a designated senior officer in the local authority with responsibility for overseeing the administration of the housing allocation functions for the local authority. The aforementioned senior employee(s) will be responsible for minimising the risk of employee fraud and errors, by ensuring suitable arrangements are in place for vetting of junior employees and randomly checking and validating decisions on applications. Consideration of an application will be based on the information provided on the application form, plus any evidence supplied by an applicant (e.g. proofs of identify, etc), or information gained from public bodies (e.g. prisons, young offender institutes, secure training centres, secure colleges, youth offending teams, probation services, DWP/Jobcentre Plus, social services authorities (adult social services and child social care), NHS Trusts and NHS Foundation Trusts, Ministry of Defence, general medical practitioners, schools, police, etc) registered providers, voluntary organisations and any other persons or organisation that might be able to provide or verify evidence relevant to a person's application).

- 2.2.14 Unsuccessful applicants, who have been declared not eligible for an allocation of social rented housing or disqualified from joining Property Pool Plus, will be informed that they can make a further application whenever they believe there has been a material change to their circumstances. They will also be informed of their right to a review (see Appendix 4).
- 2.2.15 Upon initially receiving an application, the local authority will, under the application procedure set out in Appendix 2:
1. Confirm accuracy of all information provided by an applicant. Where information is inaccurate or missing, the local authority will contact the applicant notifying them of this and requesting that they provide further relevant information. Where information requires verifying by a third party (e.g. housing, health, social care or other professional), the local authority will contact the relevant party and seek their opinion about the applicant's circumstances and the date of their application and how this affects their housing needs.
 2. Confirm whether an applicant is eligible for an allocation of social rented housing, in accordance with the criteria set out in section 3.1.0.
 3. Confirm whether an applicant is qualifying or is disqualified for an allocation of social rented housing, in accordance with the criteria set out in section 3.2.0:
 - i. If the applicant has applied on the grounds of being homeless or owed a homelessness duty, ascertain whether or not the applicant has already made an application of homelessness assistance.
 1. If yes, subject to the applicant's agreement, access the local authority's homelessness database for information relevant to the applicant's application for an allocation of social rented housing.
 2. If no, subject to the applicant's acquiescence, arrange for the applicant to make an application for homelessness assistance and share any information from the applicant's application for an allocation of social rented housing that might be relevant to their application for homelessness assistance.
 - ii. If an applicant has applied on the grounds that their existing accommodation is overcrowded, follow the steps set out in Appendix 5, section 2.1.0.

4. Confirm an applicant's priority for an allocation of social rented housing, in accordance with the criteria set out in section 4.2.0.
5. Confirm the best interests of any children that might need to be taken account of, in accordance with the arrangements set out in section 4.5.0.
6. Confirm whether an applicant's circumstances warrant any discretion needing to be exercised, in accordance with the arrangements set out in section 4.6.0.
7. Confirm the degree of choice an applicant is entitled to express, in accordance with the arrangements set out in section 5.1.0.
8. Confirm what would constitute a reasonable offer of accommodation, in accordance with the criteria set out in section 5.16.
 - i. Affordability will be determined in accordance with the criteria set out in Appendix 1.
 - ii. Bedroom entitlement will be determined in accordance with the criteria set out in Appendix 2, section 2.2.0.

2.2.16 Subsequent to completing the set-out section 2.2.15, the local authority will inform an applicant:

1. Whether they are or are not eligible for an allocation of social rented housing and of their right to request a review of this decision, in accordance with section 2.4.0.
2. Whether they are qualifying or disqualified from joining the Scheme and of their right to request a review of this decision, in accordance with section 2.4.0.
3. The priority they have been afforded (e.g. the band they have been placed in) for an allocation of social rented housing and of their right to request a review of this decision, in accordance with section 2.4.0.
4. That the best interests of any children will be taken account of, including any necessity to contact children social services as part of this.
5. Whether or not their circumstances warrant any discretion needing to be exercised.
6. The degree of choice they will be entitled to express.
7. The extent of their household and the type of social rented housing they will be considered for and of their right to request a review of this decision, in accordance with section 2.4.0

2.2.17 Applicants that are eligible and qualify to join Property Pool Plus, shall join the Scheme in accordance with the date their application was first received by the local authority.

2.2.18 The above steps will be repeated whenever the applicant notifies the local authority of a change of circumstances and also at the point the local authority will make an offer or a nomination of social rented housing to an applicant.

2.3.0 Decision-Making

2.3.1 Decisions on applications will be notified in writing (either in the form of an email or a letter when the applicant has not supplied an email address, via notification on the Property Pool website), regardless of whether they are adverse or successful. Where the notification confirms a successful decision, applicants will also be told when realistically they might be offered a letting of social rented housing.

2.3.2 Where the notification confirms a decision that an applicant is ineligible for an allocation of social rented housing or disqualified from joining Property Pool Plus, the applicant will be

given reasons for the decision based on the relevant facts of the case. Additional arrangements will be made for applicants who might have difficulty understanding the implications of the decision to be informed orally (e.g. via a telephone call or in person). Copies of all adverse decisions can be made available for a reasonable period of time for collection by the applicants, or by someone on their behalf (with consent), when an applicant has not provided either an email address or postal address.

2.3.3 Decisions about applications made by employees or board / committee members of the local authority or partner registered providers, will be made as per the rules set out in this Scheme. However, all such decisions will be verified via a series of random checks by a designated senior officer with responsibility for administering housing allocation functions for the local authority. Applicants will be asked at the point of making an application, whether they (or anyone who lives with them or might reasonably be expected to live with them) are an employee or board / committee member of the local authority or partner registered provider. Where a person affirms on their application that they (or a usual household member), is an employee or a board / committee member of the local authority or a registered provider, they will be notified of the process to deal with any conflicts of interest which will involve a senior officer processing the application and ensuring that it is dealt with impartially without any reference to the relevant employee or board / committee member. The same principle will be applied to relatives of persons who are employed by the local authority.

2.4.0 Reviews

2.4.1 Applicants will be informed of their right to request a review, (as set out in Appendix 4) within 21 calendar days of receiving a decision about their housing application, of any of the decisions shown below:

1. That an applicant is not eligible for an allocation of social rented housing, due to being subject to immigration control or being an ineligible person from abroad.
2. That an applicant is not within a class of persons qualifying to join the Property Pool Plus.
3. The degree of preference they have been afforded under Property Pool Plus, including any changes made to the degree of preference they are entitled to.
4. The facts of their case which are likely to be, or have been, taken account of when deciding whether to make a nomination to a registered provider, including their medical condition or other welfare needs.
5. The type of social rented housing for which an applicant will be considered under Property Pool Plus.
6. The extent of an applicant's household.
7. Whether a nomination constitutes a final offer with the terms of this Scheme.

2.4.2 Following the review, where a higher priority band is awarded at stage 1 or 2 of the appeals process as a result of information previously considered as part of an earlier banding decision, or as a result of further information relating to the same set of circumstances previously considered, the band effective date in the higher band will be the same as that which had been awarded in the lower priority band. If a priority has been refused previously, but subsequently awarded at Stage 1 or 2 of the appeals process then the band effective date will be the date the original decision was made.

- 2.4.3 If at stage 1 or 2 of the appeals process new information is considered as a result of a change in the applicant's circumstances resulting in a change in the priority band, the band effective date will be the date the appeal is considered.
- 2.4.4 Applicants will be informed of their right to pursue a judicial review, where they believe there is evidence that a decision is irrational, illegal or fails to follow public law procedural requirements. This includes a refusal to take an application to join Property Pool Plus. If applicants are dissatisfied with how their application and any subsequent complaint has been handled by the local authority, they will be informed of their right to make a claim of maladministration to the Local Government & Social Care Ombudsman (see 2.2.8).

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3.0 Eligibility and Qualification

3.1.0 Eligibility

3.1.1 The following classes of persons, subject to satisfying a habitual residency test, will be eligible to join this Scheme:

- A. British citizens (constituting the nations of England, Scotland and Wales).
- B. Commonwealth citizens with a right of abode in the UK immediately before 01 January 1983 who have remained commonwealth citizens throughout (excluding non-British citizens from Pakistan and South Africa, but inclusive of citizens from Gambia and Zimbabwe).
- C. Irish citizens (constituting the nations of Northern Ireland and Republic of Ireland)
- D. EEA Nationals (other than those from Ireland) and their family members, who
 - a. have acquired limited leave to enter and remain in the UK.
 - b. were frontier working before 31 December 2020, or
 - c. are lawfully residing in the UK by 31 December 2020, but still have to apply to, or acquire status under the EU Settlement Scheme before the deadline of 30 June 2021, and are covered by the “Grace Period statutory instrument”.
- E. Persons exempt from immigration control (e.g. diplomats and their family members based in the UK and some military personnel).
- F. Persons granted refugee status by the UK Government.
- G. Persons granted exceptional or limited leave to enter or remain in the UK with condition that they and any dependents have resource to public funds (e.g. humanitarian or compassionate circumstances).
- H. Persons with current leave to enter or remain in the UK with no condition or limitation, and who are habitually resident in the UK, The Channel Islands, the Isle of Man or the Republic of Ireland (defined as the Common Travel Area) (a person whose maintenance and accommodation is being sponsored must be resident in the Common Travel Area for five years since date of entry or date of sponsorship, unless the sponsor has died).
- I. Persons who have humanitarian protection granted under the Immigration Rules (e.g. a person whose asylum application has failed, but they face real risk of harm if they returned to their state of origin).
- J. Persons who moved to the UK as child seeking asylum and have been given limited leave to remain.
- K. Persons who have limited permission to enter or remain in the UK, from November 2018 onwards, due to Calais leave.
- L. Persons who have limited permission to enter or remain in the UK as the family member of a ‘relevant persons of Northern Ireland.
- M. Persons who have leave to enter or remain in the UK under Appendix Hong Kong British National (Overseas) of the Immigration Rules, and your leave is not subject to a condition requiring you to maintain and accommodate yourself or any person dependent upon you.
- N. Persons who are a relevant Afghan citizen, such as one who has worked for the UK government in Afghanistan.

- O. Persons who have permission to enter or remain in the UK and left Afghanistan in connection with the collapse of the Afghan government which took place on 15 August 2021 and are allowed to claim housing and welfare assistance from the state.
- P. Persons who are currently living in the UK and previously was living in Ukraine before 1 January 2022 and left as a result of the Russian invasion which took place on 24 February 2022 and have arrived in the UK under the Ukraine family scheme or the Homes for Ukraine scheme and have been granted leave to remain.
- Q. Persons who have been granted limited leave to remain due to being a victim of human trafficking or slavery.
- R. Persons who were living in Sudan before 15 April 2023 and left as a result of conflict that commenced on 15 April 2023 and have been granted leave to remain and are allowed to claim housing and welfare assistance from the state and do not have a person that will sponsor your stay in the UK.

3.1.2 EEA Nationals means nationals of any of the EU member states, and nationals of Iceland, Norway, Liechtenstein and Switzerland.

3.1.3 Eligibility provisions do not apply to Applicants who are already secure or fixed-term tenants (let at social rent or affordable rent) of Registered Providers seeking to transfer.

3.1.4 Even when an Applicant is eligible for an allocation of social rented housing, only those who are habitually resident in the United Kingdom, Ireland, the Isle of Mann or the Channel Islands, will be eligible for an allocation (except persons which exempt from the requirement to be habitually resident, as defined in law or statutory guidance).

3.1.5 If it is apparent that an Applicant came to live in the UK during the previous two years, the following tests will be carried out to confirm if an Applicant is habitually resident:

- i. The degree of permanence in the person's residence in the United Kingdom of Great Britain & Northern Ireland, Republic of Ireland, Isle of Man or the Channel Islands.
- ii. The association between a person and their place of residence.
- iii. Why a person has come to live in the UK.
- iv. Whether a person is joining family or friends in the UK
- v. Whether a person has accumulated a continuous period of residence prior to making their application.
- vi. The length of residence in another country
- vii. Visits abroad for holidays or to visit relatives and other temporary periods of absence will be disregarded.
- viii. A person's future intentions, employment prospects and centre of interest
- ix. Exemptions from the habitual residence test include EEA nationals and their family members who are workers or self-employed, or have certain permanent rights of residence, or have been removed from another country to the UK.

3.1.6 Applicants who are subject to immigration control or are an ineligible person from abroad will not be eligible for an allocation of social rented housing.

3.1.7 The following classes of person will not be eligible to join the Scheme:

- i. Persons not habitually resident in the Common Travel Area
- ii. EEA nationals whose only right to reside in the UK is:
 - a. Derived from their status as a jobseeker (or their status as a family member of a jobseeker)
 - b. An initial right of residence for 3 months.
 - c. Derivative right of residence because the person is the primary carer of a British citizen.
 - d. Right to reside as a result of the person's deportation, expulsion or other removal by compulsion of law from another country to the UK (including EEA nationals exercising EU Treaty rights, who were previously settled in the UK prior to deportation).
- iii. Persons whose only right to reside in the UK is an initial right for no more than 3 months, including those who would become an unreasonable burden on the social assistance system of the UK.
- iv. Persons who are excluded by section 115 of the Immigration and Asylum Act 1999 to entitlement to universal credit under Part 1 of the Welfare Reform Act 2012 or to housing benefit.

3.1.8 Where there is any uncertainty about an Applicant's immigration status, the local authority shall contact the Home Office. Before doing so, Applicants will be advised that such inquiries will be made in order to comply with data protection legislation. Confirmation of the immigration status of an Applicant from abroad will be obtained, where necessary, from the Home Office by emailing EvidenceandEnquiry@homeoffice.gsi.gov.uk

3.1.9 The Local Authority is not subject to the duty arising from the Immigration Act 2014, part 3, chapter 1, to carry-out a 'right to rent' check on each letting. The local authority will only perform checks on the eligibility of any Applicant, as per this section of this Scheme.

3.2.0 Qualification

3.2.1 The following rules which are equally applicable to new applicants and Transfer applicants, explains those applicants who are disqualified from joining this Scheme.

3.2.2 Participants of the Liverpool City Region Combined Authority Housing First Scheme are exempt from this qualification criterion, with the exception of section 3.2.4.

3.2.3. An applicant who has been allocated social rented housing via this Scheme within the 12 months preceding a new application, where their circumstances have not materially changed and whose accommodation remains suitable.

3.2.4 An applicant that is incapable of holding a tenancy agreement, which extends to:

1. Persons defined as a child in English and Welsh law (anyone aged 0 - 17 inclusive). An exemption will apply to an applicant who is a child aged 16 or 17, (who may or may not also feature another person(s) aged 16 or 17 as a usual household member(s)), where a tenancy can be granted to a third party (e.g. an adult relative or social worker, etc), 'a trustee', and held on trust for the child until they reach the age of 18 years. An exemption will also apply of if there is a person aged 18 years or over who willing to enter into a joint tenancy agreement with a child.

2. Persons defined as a child in need as a result of a statutory assessment carried out in accordance with Children Act 1989, section 17. However, when making decisions about the qualification of a child aged 16/17 or an adult (a person aged 18 years and over) who is leaving the care of the local authority, full regard will be made to any protocol agreed between the local authority's children services and housing services for rehousing care leavers and / or those who are defined as a child in need. Former care leavers aged 18 years or older fall outside the scope of this section, determination as to whether they qualify will be based on any or all relevant factors in the entirety of section 3.2.0.
3. Persons lacking mental capacity as defined in the Mental Capacity Act 2005.

3.2.5 An applicant, or a member of their household guilty of past unacceptable behaviour of a specified standard that makes them unsuitable to be a tenant of the local authority (or a registered provider it makes a nomination to). Only behaviour that would be serious enough that a county court judge could make an outright order for the local authority to obtain possession, had the applicant been a tenant at the time the unacceptable behaviour was carried out, will be considered as unacceptable behaviour. The meaning of unacceptable behaviour for the purpose of this Scheme will encompass a past action or activity (including an omission, failure to act, passivity or inactivity) on the part of an applicant or a present or past member of their household, A person will be considered unsuitable to be a tenant if there has been no improvement in their behaviour since the unsuitable behaviour occurred, to the date when a decision is made about their application and/or when an allocation of social rented housing is due to be made. The local authority will not take account of any behaviour relating to a spent conviction under the Rehabilitation of Offenders Act 1974, section 4(1). Unacceptable behaviour is defined as:

1. Having an unspent conviction of a serious offence, committed in the locality of their property, against a person with a right to reside or occupy the accommodation.
2. Having an unspent conviction of a serious offence, committed elsewhere against the local authority or a registered provider or agents acting on their behalf, which directly or indirectly was related or affected carrying out housing management functions.
3. Having an unspent conviction at the date an application is being determined for a serious offence as defined by the Serious Crime Act 2007, Part 1, Schedule 1, committed in the locality of a property against another person or the local authority or a registered provider.
4. Breaching a provision of an injunction under section 1, conviction under section 30, or an order made under section 80 of the Anti-social Behaviour, Crime and Policing Act 2014, which occurred in the locality of a specified property or elsewhere which caused nuisance, annoyance, harassment, alarm or distress to a person in the locality or the local authority or a registered provider, or resulted in access to property that has been prohibited under section 76 of the Anti-social Behaviour, Crime and Policing Act 2014, for a continuous period of more than 48 hours.
5. Having an unspent conviction for an offence under section 80(4) or 82(8) Environmental Protection Act 1990, concerning noise from a property which was a statutory nuisance as per section 79(1), Part 3 of the Environmental Protection Act 1990.
6. Having an unspent conviction for an offence under the Fraud Act 2006, Forgery and Counterfeiting Act 1981 or Social Housing Fraud Act 2013, involving withholding, falsifying or misrepresenting any information to access to be allocated social rented housing or sub-letting of social housing by current tenants.

7. Within the past 12-months, having committed any other behaviour that would give grounds for possession under Housing Act 1985, section 84, Schedule 2, Part 1, Grounds 1-7 and section 84A. This includes an applicant being responsible for:
 - a. Causing nuisance or annoyance to other; people living, visiting or carrying out lawful activities in the locality of their home, and/or employees of the local authority, or people employed by other organisations, to carry out housing management functions, for the local authority. This will include situations where either the main or joint applicant or any household member has displayed abusive or threatening behaviour toward members of staff involved in the administration of the Property Pool Plus scheme;
 - b. Causing an offence, or another adult residing with them, for which they were convicted for, which took place during and at the scene of a riot in the UK.
 - c. Causing violence or threats of violence towards another person or their family members, who were living at the same property as the applicant, which resulted in them leaving and being unlikely to return the property.
 - d. Allowing acts of waste or neglect of their property or common parts of a building in which their property is situated or failing take reasonable steps to stop any person residing with them to cause acts of waste or neglect to the property.
 - e. Allowing furniture, provided by a landlord for use as part of their tenancy, or for use in common parts, to deteriorate due to ill-treatment, and in a circumstance where a lodger has caused the ill-treatment, not taking reasonable steps to evict that lodger.
 - f. Being granted a tenancy as a result of deliberately and rashly making a false statement, made by themselves or another person at their prompting.

3.2.6 An applicant or a member of their household who has outstanding liabilities (such as rent or service charge arrears, or recharges) attributable to a tenancy which are more than 1/12th of the annual amount payable (or which was payable) by an applicant to a landlord in respect of a tenancy. When determining a realistic repayment agreement, there will be an emphasis on an applicant's willingness to address the debt and to come to an agreement to do so. Any agreement will be based on the affordability of an applicant, rather than the level of debt. Efforts will be made to take into consideration why the arrears have arisen. The urgency of an applicant's housing need will also be of paramount importance. For the purpose of this Procedure, outstanding rent arrears or debts which fall within the following categories will be disregarded:

1. Any outstanding liability (such as rent arrears) attributable to a tenancy of which the applicant (or a member of their household) is not, and was not when the liability accrued, the tenant.
2. Any rent or other liability which is outstanding, but where the amount outstanding is less than 1/12th of the annual amount payable (or which was payable) to a landlord in respect of a tenancy, or the applicant has both (i) agreed payments with a landlord for paying the outstanding liability, and (ii) made payments in line with that arrangement for at least three months and is continuing to make such payments.
3. Any outstanding liability of an applicant or anyone who will live with them, which does not relate to the tenancy of a property.
4. Any outstanding liability that has been declared unenforceable or statute barred (e.g. any debts that can no longer be recovered through court action). For rent arrears this will be after six years. (Debts which are subject to court action before the unenforceable period begin, will not become statute barred).

- 3.2.7 An applicant, or a member of their household who have been found to have breached any of the following tenancy conditions, within the past 12-months, regardless of tenure:
1. Sub-letting part or whole of the property without permission.
 2. Purposely failing to report repairs.
 3. Failing to allow contractors to enter the property to carry out maintenance.
 4. Running a business from the property without permission from the landlord.
 5. Having an unspent conviction for using or allowing their property to be used for illegal or immoral purposes.

- 3.2.8 An applicant who does not have a local connection to the Scheme area, due to any of the following factors stated in the points below (disregards apply to applicants who are entitled to be afforded a reasonable preference for an allocation of social rented housing as defined in law, being persons who are survivors of domestic abuse and Armed Forces personnel, see sections 3.2.13 and 3.2.14):

1. Residence - a connection is established by being currently and normally resident within the scheme area, by their own choice for a continuous, minimum period of two years. Being normally resident includes permanent housing but also includes anyone who has nowhere to live, occupying interim accommodation provided under the local authority's homelessness duties, community care duties, or other duties. Persons who have been detained in the local authority (e.g. in prison or hospital), will not be able to establish a local connection as this does not constitute a choice of being resident in the area. Nor will former asylum seekers who were previously accommodated under Immigration and Asylum Act 1999, section 98 (temporary support) or section 4 (hard cases support), or former asylum seekers previously accommodated under the Asylum Seekers (interim Provisions) Regulations). Exemptions to residence conditions will apply to:
 - a. Homeless households and care leavers owed a duty by the local authority placed outside the local authority area, including care leavers placed outside the area.
 - b. Homeless households who have been newly granted refugee status and are owed a Homelessness Duty by one of the scheme local authorities. This will include those applicants who do not have a 'priority need' under homelessness legislation and whose homelessness has not been resolved within the 56 day 'Homelessness Relief Duty' period.
 - c. Households placed in one of the scheme local authority areas under the 'Homes for Ukraine Scheme'.

An applicant will only be awarded the highest band for the local authority Scheme area(s) that they have local connection to, for every other local authority scheme area they will be Band C.

2. Employment – a connection established by employment in one of the scheme local authority areas (including an apprenticeship) will be limited to the usual place of work. Any work that is short-term (e.g. a contract of employment is less than 12 months), marginal (e.g. less than 16 hours per week and earnings allow for claiming Universal Credit or entitlement to Working Tax Credits), ancillary (e.g. occasional (even regularly) work that is undertaken in the local authority area, but the main place of work is outside the local authority area) or voluntary (e.g. where no payment is received, or payment is made only for expenses) will not be taken

account of. An exemption will apply for applicants who need to move to take-up an offer of work. When deciding whether to apply an exemption, the local authority will consider evidence (the following list is not exhaustive, and the local authority will consider any other appropriate factors and local circumstances):

- a. The distance and/or time taken to travel between work and home.
 - b. The availability and affordability of transport, taking account the level of earnings.
 - c. The nature of the work and whether similar opportunities are available closer to home.
 - d. Other personal factors, such as medical conditions and childcare, which would be affected if a move could not take place.
 - e. The length of the work contract.
 - f. Whether failure to move would result in the loss of an opportunity to improve their employment circumstances or prospects, such as taking a better job, a promotion, or an apprenticeship.
 - g. In circumstances where a job is being offered, and there is a need to move to take it up, and their intention to take up an offer of employment.
 - h. Verification of employment, or an offer of employment, and acceptance of it from the employer, such as:
 - i. a contract of employment,
 - ii. wages/salary slips or bank statements in cases of zero hours contracts,
 - iii. proof of receipt of tax and benefit information,
 - iv. a formal offer letter.
3. Family associations – a connection established by family relationships will be limited to near relatives (e.g. parents/other guardians, siblings, adult children where there is sufficiently close links in the form of frequent contact) and their current place of residence being within one of the scheme local authority areas for a minimum continuous period of five years. Applicants who can prove they have a continuing caring responsibility for someone who is resident in one of the scheme local authority areas, and that this care could not be provided unless they were resident in the region, will be exempt from local connection requirements.
 4. Other special reason – persons who need to be near special medical or support services which are only available in one of the scheme local authority areas will be exempt from local connection requirements.
 5. Care leavers – persons aged up to age 25, who are owed a duty under Children Act 1989, section 23C, by the local authority will be deemed to have a local connection to the local authority area.

3.2.9 An applicant, or a member of their household who are homeowners, encompassing anyone who has a mortgage for the whole or part of their home (disregards apply to applicants who have survived domestic abuse, see sections 3.2.13). Applicants who own property will be able to qualify for an allocation of social rented housing in the following circumstances:

1. Property has been valued as having negative equity (or limited equity in respect of disabled adaptation to be made).
2. Where the property has not been let, but the owner cannot secure entry to the property, for example due to it not being safe to enter the property due to severe structural faults, or there are squatters living in the property.
3. Where it is probable that occupying the property will lead to abuse from someone living in the property.

4. Where it is probable that occupying the property will lead to abuse from someone who previously resided with the applicant whether in that property or elsewhere.
5. Where the local authority has issued a Prohibition Order under the Housing Act 2004 due to continued occupation of the property may endanger the health of the occupants and there are no reasonable steps that can be taken by an applicant to prevent that danger (e.g. where it is not possible to adapt a property due to the physical arrangements of a dwelling, or the cost of adaptations is prohibitive, or an applicant is in negative equity).
6. Where an applicant is ready to be discharged from hospital or residential care, but is unable to do so as their own property is unsuitable for their needs to the extent that they would be at risk in the property, and where other potential short term and long term solutions such as adaptations, have been considered but deemed unfeasible.

3.2.10 An applicant, joint applicant or partner with combined financial resources consistent with the UK Government's upper limit for savings set out in the common rules of the DWP Benefit and Pension Rates. Disregards apply to:

- Armed Forces personnel, see sections 3.2.14.
- Applicants whose savings are above this limit will qualify for an allocation of social rented housing where an applicant is ready to be discharged from hospital or residential care, but is unable to do so as their current home is unsuitable for their needs to the extent that they would be at risk in the property, and where other potential short term and long term solutions such as adaptations, have been considered but deemed unfeasible.

3.2.11 An applicant whose qualification would solely derive from a household member who is subject to immigration control, due to them not being entitled to freely enter or remain in the UK, or not being entitled to state aid, will not qualify to join the Scheme.

3.2.12 The local authority will consider whether an applicant qualifies to join Property Pool Plus, at the time of the initial application; qualification will be reconsidered when an allocation is made the registered provider landlord making the allocation. A decision that an applicant is disqualified will be notified in writing with the grounds for that decision. Applicants will be notified of their right to request a review of such a decision and will be notified in writing of the grounds of any review decision made. Following the conclusion of a review, applicants will be notified of their right to apply for a judicial review on any point of law. Applicants will be notified of their right to make a complaint to the local authority, if they remain dissatisfied upon conclusion of any internal complaints investigation and their right to ask the Local Government & Social Care Ombudsman or the Housing Ombudsman to investigate claims of maladministration.

3.2.13 Persons who are victims of domestic abuse or threats of domestic abuse, or escaping domestic abuse or harm, will be exempt from local connection requirements, as will those who have sought a place of safety in a refuge or other form of temporary accommodation in the local authority area. Property ownership and outstanding tenancy related liability conditions will also be disapplied.

3.2.14 Any compensation for an injury or disability sustained on active service with the Armed Forces or Reserve Forces will be disregarded when calculating financial resources. Any

mesne profit debts accrued by occupants of service families' accommodation will be disregarded, subject to them providing a copy of their notice to vacate or Certificate of cessation of Entitlement to Service Families Accommodation (the local authority may contact the Ministry of Defence Loss of Entitlement team by emailing DIORDAccn-LOETeam@mod.gov.uk with any queries about the status of such applicants. The following applicants who are members of the Armed Forces community are exempt from local connection:

1. Persons who are currently serving in the Regular Armed Forces or were serving in the Regular Armed Forces at any time in the five preceding years of their application, and their spouses.
2. Bereaved spouse or civil partners of persons who are serving in the Regular Armed Forces, where the bereaved spouse or civil partner has recently ceased, or will cease, to be entitled to reside in Ministry of Defence accommodation following the death of their Service spouse or civil partner and the death was wholly or partially attributable to their service.
3. Serving or former members of the Regular Armed Forces or Reserve Armed Forces who are suffering from a serious injury, illness or disability which is wholly or partially attributable to their service.
4. Divorced or separated spouses or civil partners of Service personnel, who are required to move out of accommodation provided by the Ministry of Defence.
5. Adult children of service personnel who are no longer able to remain in the family home due to the impact of their family moving from base-to-base.

3.3.0 Determining eligibility and qualification.

- 3.3.1 The local authority will check an applicant's eligibility and qualification to join Property Pool Plus when they initially apply, plus (assuming satisfaction of the tests at that stage) when an allocation of a specific property is made the registered provider landlord making the allocation will repeat these checks. This will allow administrators to be aware of any changed circumstances that might have occurred subsequent to the initial application, which might render an applicant not eligible or disqualified for an allocation of social rented housing.

3.4.0 Notifications of decisions and right to a review

- 3.4.1 The local authority will provide all applicants found to be not eligible or disqualified with written notification and the grounds for the decision (see 2.3.1 to 2.3.2). Information will also be provided on any rights they have to request an internal review (see 2.4.1 to 2.4.4).

3.5.0 Re-application

- 3.5.1 Any person may at any time make a further application to join the Property Pool Plus, if they have cause to believe they should no longer be treated as ineligible and/or disqualified, because their circumstances or behaviour has changed. Applicants will be expected to evidence the changes in their circumstances or behaviour. There is no limit on the number or frequency of times a person may re-apply. No person will be excluded from making an application.

4.0 Allocations

4.1.0 Adopting this Scheme.

- 4.1.1 This Scheme has been subject to an equality impact assessment required under equalities legislation, carried-out in accordance with the local authority's own equalities policies and procedures. Other local housing authorities, registered provider's, public authorities, voluntary organisations and other people and organisations were afforded a reasonable opportunity to comment on a draft version of this Scheme. Prior to adopting this Scheme, views were elicited from former, current and future potential applicants.
- 4.1.2 The local authority will review this Scheme at least every two years, however amendments will be made as result of any significant change in legislation, regulations and/or circumstances. Any major change to this Scheme will be subject to further consultation or notification.
- 4.1.3 An annual report will be published by the local authority about allocations made as result of this Policy. This report will inform whether the purpose and principles set out in section 1 of this Procedure are being accomplished. The report will consider matters such as:
1. Who was allocated social rented housing by characteristic (e.g. age, gender, household information etc).
 2. What social rented housing was allocated
 - a. number of bedrooms
 - b. property types
 - c. tenure type (e.g. affordable rent, social rent, supported, etc)
 3. When was social rented housing allocated
 - a. waiting times by band
 4. Where was social rented housing allocated
 - a. by electoral ward
 - b. by local authority area in comparison with other local authority areas that are members of Property Pool Plus
 5. With whom was social rented housing allocated
 - a. by registered provider
 6. Why was social rented housing allocated by band and reason in band.
 7. How was social rented housing allocated
 - a. choice
 - b. direct let
 8. Review outcomes as referenced in Appendix 4.

4.2.0 Determining priority for an allocation for housing.

- 4.2.1 Applicants will be prioritised for an allocation of social rented housing, in the local authority area to which they have a local connection, according to the following criteria:
1. Meeting landlord advert preference criteria to make best use of stock.

2. Bands, in the order of A to D. Band A has the highest priority and Band D the lowest.
3. Where two or more applicants might have the same priority under 1 above, then by the date they were accepted into the Band they are placed in at the time an offer is made, then by registration date with earlier dates taking priority over later dates.
4. Where two or more applicants still might have the same priority, then those who are making a community contribution, as defined in section 4.2.7.
5. Where two or more applicants still might have the same priority, then by those who work or have close family in the Local Authority area, as per the definition set out in section 3.2.8 of the Scheme.

4.2.2. In determining in which band to place an application, the following priorities will apply:

1. Applicants who have been awarded an additional preference, in addition to the requirement to be afforded a reasonable preference for an allocation of social housing accommodation, as defined in section 4.2.3. of this Procedure.
2. Applicants who statute stipulates must be afforded a reasonable preference for an allocation of social housing accommodation, as defined in section 4.2.4. of this Procedure.
3. All other applicants for whom no additional or reasonable preference has been afforded, as defined in section 4.2.5 of the Procedure.
4. Applicants who have exhausted their right to refuse an allocation of social rented housing, or have failed to bid on a specified number of suitable properties as defined in section 4.2.6 of the Procedure.

4.2.3 **Band A** will consist of applicants in the following circumstances:

1. Homeless, specifically owed the section 189B initial duty owed to all eligible persons who are homeless and owed the section 188 interim duty to accommodate due to having an apparent priority need, (this priority will only be awarded for the local authority area owing the homelessness duty regardless of any local connection to another area).
2. Owed a duty under Housing Act 1996, Part 7, specifically, those who are:
 - a. Not intentionally homeless and have a priority need for accommodation, owed the section 193 duty, (this priority will only be awarded for the local authority area owing the relief duty regardless of any local connection to another area).
3. Victims of domestic abuse (defined as any incident or pattern of incidence of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse), including those have been provided temporary protection in a refuge or other form of temporary accommodation, who are homeless or owed any homelessness duty and/or have been identified as high-risk victims of domestic abuse, for example, at a local MARAC.
4. Sudden loss of existing home as a result of a disaster, such as those who are required to leave their home due to fire safety concerns identified by the Merseyside Fire & Rescue Service or the Cheshire Fire & Rescue Service.
5. Severely overcrowded due to lacking two or more bedrooms(detailed criteria for the assessment of overcrowding can be found in Appendix 5). For the purposes of determining overcrowding, an assessment will be made against the minimum room

size for licensed HMOs (for licences issued after 01st October 2018) or the UK Government's Bedroom Standard for any other type of dwelling, which allows a separate bedroom each for:

- i. A married or cohabiting couple,
 - ii. Adult aged 21 years or more,
 - iii. Pair of adolescents aged 10-20 years of the same gender,
 - iv. Pair of children aged under 10 years regardless of gender,
 - v. An adolescent aged 10-20 years paired with a child aged under 10 years of the same gender,
 - vi. An unpaired adolescent aged 10-20 years,
 - vii. An unpaired child aged under 10 years.
 - viii. An unborn child will be included in the bedroom calculation from the point the MATB1 certificate is provided to confirm the pregnancy. The gender of the unborn child will not be taken into consideration until the birth of the child i.e. the child will be paired with another unpaired child regardless of gender until the birth.
 - ix. An adult or child who cannot share due to a disability or medical condition, or due to fostering arrangements being facilitated by the local authority.
 - x. An overnight carer for any usual household member, if the carer isn't a usual household member.
 - xi. Due to the shortage of larger properties, applicants who are eligible for four bedroom properties may also be considered for larger three bedroom properties, for example a three bedroom property with two separate living rooms where one can be considered to be used as a bedroom.
 - xii. A second ground floor living room can be regarded as a bedroom, and included in the assessment of an applicant's bedroom need as such, except where the property has a through kitchen/lounge or kitchen/diner and only one other separate living room or the dividing wall between two living rooms has been substantially removed. In considering the use of a room which could be used as a bedroom, regard will be given to whether the room has a fixed heating appliance with exposed flame which would make it unsuitable for use as a bedroom.
 - xiii. Households assessed as needing one bedroom who are resident in either a bedsit or HMO (House of Multiple Occupation) will not meet the criteria for a priority on overcrowding grounds.
6. Under-occupying social rented housing by two or more bedrooms, as per the criteria set out above in section 4.2.3.5
 7. Medical condition is expected to be terminal and re-housing is required due to detrimental effects caused by present accommodation, either due to the location of the present accommodation and/or due to the physical conditions of that accommodation. A health or social care professional with direct knowledge of the applicant's condition will be contacted by the local authority for an opinion of the applicant's health and the impact on their housing needs, when evidence submitted by an applicant requires clarification on a point of accuracy or clarification of the prevailing circumstances of their condition. The local authority will consider whether

- an applicant's needs could be met by providing aids and adaptations to the current home, to enable them to remain in their present accommodation.
8. Medical condition is life threatening and re-housing is required due to detrimental effects caused by present accommodation, either due to the location of the present accommodation and/or due to the physical conditions of that accommodation. A health/mental health or social care professional with direct knowledge of the applicant's condition will be contacted by the local authority for an opinion of the applicant's health and the impact on their housing needs, when evidence submitted by an applicant requires clarification on a point of accuracy or clarification of the prevailing circumstances of their condition. The local authority will consider whether an applicant's needs could be met by providing aids and adaptations to the current home, to enable them to remain in their present accommodation.
 9. Planned discharge from hospital is imminent and there is no accommodation available to them which is reasonable for them to occupy. See section 5.1.6 for definition of reasonable.
 10. Persons leaving care of the local authority's children services for the first time. The date of entry to the band will be backdated to the applicant's sixteenth birthday to assist with sourcing suitable accommodation to provide a smooth transition to independence in line with the local authority corporate parenting responsibility. The date of registration will not be backdated. In situations where a former Care Leaver aged up to 25 needs to be rehoused again following their initial move to independent living, Band A may be awarded in the circumstances set out in the following points, however a backdate to the applicant's 16th birthday will not be applied:
 - a. there is a recognised housing need, and;
 - b. the applicant is actively engaging with the Local Authority Leaving Care Team, and;
 - c. the Leaving Care Team are supportive of a move to resolve the housing need.
 11. Persons approved by the local authority as foster carers or to adopt, who need to move to a larger home in order to look after a child under the care of the local authority's children services, including those who require a larger property in order to secure a Special Guardianship order or Child Arrangement Order in respects to a looked after child or for a child that is deemed at high risk of becoming looked after otherwise.
 12. Members of the Armed and Reserve Forces meeting the following criteria:
 - a. Former members of the Regular Armed Forces meeting any of the housing need criteria as set out within this policy under Bands A and B
 - b. Serving members of the Regular Armed forces 6 months prior to discharge, and up to 12 months after discharge who are in housing need.
 - c. Serving members of the Armed Forces who need to move because of a serious injury, medical condition or disability (encompassing a mental ill health condition) which is wholly or partially attributable to their service.
 - d. Serving or former members of the Reserve Forces who need to move because of a serious injury, medical condition or disability (encompassing a mental ill health condition) which is wholly or partially attributable to their service.
 13. Bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner, which was wholly or partially attributable to their service.

14. Victims of racial harassment amounting to violence or threats of violence where other temporary resolutions are not possible and where continued occupation of their current dwelling could place lives at risk.
15. Victims of hate crime amounting to violence or threats of violence due to their age disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, where other temporary resolutions are not possible and where continued occupation of their current dwelling could place lives at risk.
16. Witnesses of crime, or victims of crime, who would be at risk of intimidation amounting to violence or threats of violence if they remained in their current homes, where other temporary resolutions are not possible and where continued occupation of their current dwelling could place lives at risk.
17. Those who require rehousing due to a local authority approved regeneration or decant scheme.
18. Persons participating in the Housing First Scheme led by the Liverpool City Region Combined Authority.
19. Those moving on from local authority contracted / grant funded short-term supported housing / hostels which is provided under the local authority homelessness provision, where support is no longer required. Any qualifying young person meeting this criteria who is defined as a child in need as a result of a statutory assessment carried out in accordance with Children Act 1989, section 17 by the local authority, will have their band effective date backdated to the date they moved into the supported accommodation / hostel. All other applicants meeting this criteria will not be awarded a backdate to their band effective date and the usual scheme rules will be applied in this respect.

4.2.4 **Band B** will consist of applicants entitled to a reasonable preference for an allocation of social housing accommodation. These applicants are defined for the purpose of this Policy as persons who are:

1. Homeless, as defined by Housing Act 1996, Part 7, section 175, regardless of whether they have made an application for homelessness assistance, including those who are owed the Section 189B initial duty owed to all eligible persons who are homeless, but are not owed the Section 188 interim accommodation duty.
2. Owed a duty under Housing Act 1996, Part 7, specifically, those who are:
 - a. Intentionally homeless and have a priority need for accommodation, owed the Section 190 duty.
 - b. Threatened with homelessness, owed the (prevention) Section 195 duty.
3. Occupying insanitary or overcrowded housing or otherwise living in unsatisfactory housing conditions. The Environmental Protection Act 1990 (in relation to premises which pose a statutory nuisance to the occupant), Part 3, Housing Act 1985, Part 10 (relating to overcrowding) and the Housing Act 2004, Part 1 (relating to hazardous housing) will be taken account of by the local authority when determining an applicant's housing conditions. The following list is intended to be illustrative and in no way prescribed or definitive:
 - a. Lacking a bathroom or kitchen, as verified by an Environmental Health Officer or equivalent.
 - b. Lacking an inside WC, verified by an Environmental Health Officer or equivalent.

- c. Lacking cold or hot water supplies, electricity, gas, or adequate heating, as verified by an Environmental Health Officer or equivalent.
- d. Overcrowded due to lacking one bedroom (detailed criteria for the assessment of overcrowding can be found in Appendix 5). For the purposes of determining overcrowding, an assessment will be made against the minimum room size for licensed HMOs (for licences issued after 01st October 2018) or the UK Government's Bedroom Standard for any other type of dwelling, which allows a separate bedroom each for:
 - i. A married or cohabiting couple,
 - ii. Adult aged 21 years or more,
 - iii. Pair of adolescents aged 10-20 years of the same gender,
 - iv. Pair of children aged under 10 years regardless of gender,
 - v. An adolescent aged 10-20 years paired with a child aged under 10 years of the same gender,
 - vi. An unpaired adolescent aged 10-20 years,
 - vii. An unpaired child aged under 10 years.
 - viii. An unborn child will be included in the bedroom calculation from the point the MATB1 certificate is provided to confirm the pregnancy. The gender of the unborn child will not be taken into consideration until the birth of the child i.e. the child will be paired with another unpaired child or unpaired adolescent regardless of gender until the birth.
 - ix. An adult or child who cannot share due to a disability or medical condition, or due to fostering arrangements being facilitated by the local authority.
 - x. An overnight carer for any usual household member, if the carer isn't a usual household member.
 - xi. Due to the shortage of larger properties, applicants who are eligible for four bedroom properties may also be considered for larger three bedroom properties, for example a three bedroom property with two separate living rooms where one can be considered to be used as a bedroom.
 - xii. A second ground floor living room can be regarded as a bedroom, and included in the assessment of an applicant's bedroom need as such, except where the property has a through kitchen/lounge or kitchen/diner and only one other separate living room or the dividing wall between two living rooms has been substantially removed. In considering the use of a room which could be used as a bedroom, regard will be given to whether the room has a fixed heating appliance with exposed flame which would make it unsuitable for use as a bedroom.
 - xiii. Households assessed as needing one bedroom who are resident in either a bedsit or HMO (House of Multiple Occupation) will not meet the criteria for a priority on overcrowding grounds.
- e. Property in disrepair, as verified by an Environmental Health Officer or equivalent.
- f. Under-occupying social rented housing by one bedroom, as per the criteria set out above in point d.

4. Needing to move on medical or welfare grounds (including grounds relating to a disability), due to detrimental effects caused by present accommodation, either due to the location of the present accommodation and/or due to the physical conditions of that accommodation. Applicants will be asked to provide evidence from a health/mental health or social care professional with direct knowledge of the applicant's condition for an opinion of the applicant's health and the impact on their housing needs, when evidence submitted by an applicant requires clarification on a point of accuracy or clarification of the prevailing circumstances of their condition. The local authority will consider whether an applicant's needs could be met by providing aids and adaptations to the current home, to enable them to remain in their present accommodation. Once accommodation is allocated to a person with medical or welfare needs, their support and care needs will be assessed jointly by social services, housing support providers, NHS Trusts, and other relevant agencies. The following list is intended to be illustrative and in no way prescribed or definitive:
- a. A mental illness, including but not limited to, a household member of victims of domestic abuse who are suffering the effects of violence or threats of violence.
 - b. A physical or learning disability of any member of the applicant's household.
 - c. Chronic or progressive medical conditions (e.g. MS, HIV/AIDS).
 - d. Frailty due to old age.
 - e. The need to give or receive care.
 - f. Victims of domestic abuse (defined as any incident or pattern of incidence of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse), including those have been provided temporary protection in a refuge or other form of temporary accommodation.
 - g. The need to recover from the effects of violence (including racial attacks) or threats of violence, or physical, emotional or sexual abuse.
 - h. A restricted ability to fend for self.
 - i. Experiencing or at risk of abuse, harm or self-neglect from others or from self.
 - j. Young people at risk.
 - k. People with behavioural difficulties.
 - l. Need adapted housing and/or extra facilities, bedroom or bathroom.
 - m. Need improved heating (on medical and/or social care grounds).
 - n. Need sheltered housing (on medical and/or social care grounds).
 - o. Need ground floor accommodation (on medical and/or social care grounds).
 - p. Need to be near friends/relatives or medical/social care facilities on medical or social care grounds.
 - q. Need to move following hospitalisation or long-term care on medical and/or social care grounds.
 - r. Moving on from drug or alcohol recovery programme.
 - s. Moving on from short-term supported housing and hostel provision including specialist accommodation for those with mental health issues, where support is no longer required, being:

- i. local authority contracted / grant funded accommodation which is not considered local authority homeless provision. For applicants meeting this criteria the date of entry to the band will be the date the applicant moved into the supported accommodation provision. This is to enable a swift move-on from the accommodation so releasing a bed space which can be used by another person. The date of registration will not be backdated.
 - ii. Other short-term supported housing and hostel provision which is not local authority contracted.
5. Needing to move to a particular locality in the district of the authority, where failure to meet this need would cause hardship (to themselves or others). The following list is intended to be illustrative and in no way prescribed or definitive:
 - a. Victims of racial harassment.
 - b. Victims of hate crime due to their age disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation.
 - c. Witnesses of crime, or victims of crime, who would be at risk of intimidation if they remained in their current homes.
 - d. Escaping anti-social behaviour such as harassment, alarm, distress, as result of nuisance or annoyance in relation to the occupation of their premises, or as a result of housing-related nuisance or annoyance, from a person.
 - e. Give or receive care.
 - f. Access specialised medical treatment.
 - g. Take-up a particular employment, education or training opportunity and in respect of transfer applicants, be closer to work (see section 3.2.8.2 for definition)
 - h. Due to housing benefit restrictions or other constraints on income from benefits.

4.2.5 **Band C** will consist of all other applicants who have not been afforded an additional preference or are not entitled to a reasonable preference. This will also include all applicants who have been awarded either Band A or B for a local authority scheme area where they have a local connection, but who will be awarded Band C for local authority scheme areas where they have no local connection.

4.2.6 **Band D** will consist of applicants from Band A, B or C, who have exhausted their right to refuse an allocation of social rented housing (see section 5.15), or have failed to bid on more than three properties within a 12 month period where a suitable property would be available. Applicants will remain in Band D for a period of 12 months from date of final refusal. After which, they will then be moved to whichever band is applicable to their circumstances at that time The band acceptance date in the new band will be determined as follows:

- If this is the same Band the applicant was in prior to moving to Band D then the original band acceptance date will be applied.
- If the applicant moves to a higher band than they were in prior to moving to Band D then a new band acceptance date will be applied to reflect the date the last piece of evidence was provided to confirm the higher band criteria is satisfied.

- If the applicant was in Band A prior to moving to Band D and following a period in Band D moves to Band B, the original acceptance date in Band A will be applied to the Band B.
- If the applicant moves to Band C after the period in Band D then the acceptance date in Band C will be the date they were originally accepted onto the housing register.
- If an applicant has a change in circumstances during the 12 month period they are in Band D, that would place them in a higher priority band than they were in prior to moving to Band D, then on receipt of satisfactory evidence the application can be moved out of Band D to the appropriate band. The acceptance date in the new band will be the date the evidence was received.

4.2.7 For the purposes of this Scheme, an applicant or their usual household members will be considered as being involved or participating in a community (i.e. making a community contribution) if they are:

1. Engaged in paid or unpaid employment for a minimum of 16 hours per week for a minimum of 6 months.
 - a. including serving in the Regular or Reserve Armed Forces
2. Engaged in further or higher education, either part-time or full-time, for a minimum of one term.

4.2.8 Those applicants who are unable to be involved or participate in their community due to an illness, disability, age, gender or any other characteristic or circumstance which means they are less likely to be able to work, will also be treated with the same favour as those who are actively involved or participating in their community.

4.2.9 Applicants whose circumstances change once they've been accepted onto Property Pool Plus must notify the local authority of such changes. A failure to do so could result in an applicant becoming disqualified and facing prosecution for fraud. If as a result of a change in circumstances:

- An applicant gains a higher banding preference for re-housing (e.g. they move from Band B up to Band A), their acceptance date will be amended to reflect the date of the change.
- An applicant is assessed as having the same banding preference (e.g. they remain in Band B), the original acceptance date will remain in force.
- An applicant is assessed as having less banding preference and they move from Band A down to Band B, the original acceptance date in Band A will remain in force.
- An applicant moves down from Band A or Band B to Band C, their original acceptance date onto the housing register will be applied.
- An applicant is moved from Band A, B or C down to Band D, their acceptance date will be amended to reflect the date of the change. For further information on applicants moving out of Band D see section 4.2.5.
- If as a result of a change in circumstances an applicant becomes ineligible or disqualified, then they shall cease to be registered on Property Pool Plus.

4.2.10 Applicants whose entitlement to be placed in Band A or Band B is solely derived from a usual household member who is subject to immigration control, due to them not being

entitled to freely enter or remain in the UK, or not being entitled to state aid, will instead in be placed in Band C.

- 4.2.11 Accessible properties will always be offered to applicants with a need for such accommodation (e.g. due to disability), over those with no such need, even when those with a need might have been waiting a shorter time than those without a need. A health or social care professional with direct knowledge of the applicant's condition will be contacted by the local authority for an opinion of the applicant's health and the impact on their housing needs, when evidence submitted by an applicant requires clarification on a point of accuracy or clarification of the prevailing circumstances of their condition.
- 4.2.12 Properties purposely built for older applicants will always be offered to applicants that are older, over those with no such need, even when those with a need might have been waiting a shorter time than those without a need. A health or social care professional, or other relevant professional, with direct knowledge of the applicant's condition will be contacted by the local authority for an opinion of the applicant's health and the impact on their housing needs, when evidence submitted by an applicant requires clarification on a point of accuracy or clarification of the prevailing circumstances of their condition.

4.3.0 Local lettings schemes

- 4.3.1 The local authority and registered providers can use local lettings schemes to achieve a wide variety of housing management and policy objectives subject to agreement with the local authority. The following list is intended to be illustrative and in no way prescribed or definitive:
1. Allocating accommodation in rural villages and giving priority to applicants with a connection to a particular parish.
 2. Creating more mixed and/or sustainable communities.
 3. Dealing with a concentration of deprivation.
 4. Ensuring properties that are particularly suited to being made accessible (e.g. ground floor flats) are prioritised for those with access needs.
 5. Relocating essential workers such as teachers, nurses and police officers within a reasonable travelling distance from their work.
 6. Supporting people in work/volunteering or who are seeking work or seeking volunteering opportunities.
 7. Dealing sensitively with lettings in rural areas to sustain communities by giving priority to those with a local connection of more than two years.
 8. Where a child to adult ratio could be lowered on an estate where there is high child density or, conversely, young single people could integrate into an estate where there is high ratio of older persons.
 9. Where there are reasons to positively discriminate due to age, for example accommodation is only suitable for applicants under the age of 35 years, or over the age of state pension entitlement.
- 4.3.2 Upon identification of particular types, clusters or locations of housing for particular types of applicants, a local lettings scheme will be used to deal with letting those homes. Local letting schemes will have clear evidence of need for the approach being taken. Any local

lettings scheme will not dominate Property Pool Plus and will overall give a reasonable preference to those in Band A and Band B over applicants in Band C or Band D. Any local lettings scheme adopted will set out the following:

1. A clear definition of the objective(s) to be achieved, backed up by evidence.
2. A method which is likely to achieve the objective(s).
3. An equality impact assessment.
4. How the scheme will be monitored and who will be involved.
5. Mechanisms of reporting and reviewing the scheme.
6. How the views of local communities have shaped the scheme (e.g. with people who are on the electoral register as being resident in an electoral ward(s), where a local letting scheme is being proposed. Their view will not be treated as an overriding factor in decision making).
7. The circumstances in which the local lettings scheme will be reviewed or will come to an end.

4.3.3 Local lettings schemes may be adopted to include but not exhaustive to the following:

1. A portion of properties for letting of new build properties for the first time, to be determined in accordance with the Local Authority's Local Plan.
2. A portion of properties, to be determined annually (from date of adopting this Scheme) by the local authority, for former members of the Armed Forces based on the number of applications made by and allocations made to former members of the Armed Forces during the preceding 12 months.
3. A portion of properties, to be determined annually (from date of adopting this Scheme) by the local authority, for households in types of employment where skills are in short supply.
4. A portion of properties, to be determined annually (from date of adopting this Scheme) by the local authority, for prospective and approved foster carers and adopters (endorsed by the local authority) as well as young people leaving the care of the local authority children's services, so it can satisfy its duty under Children Act 1989, section 22G to ensure there is sufficient accommodation available to the needs of looked after children, based on intelligence provided by the local authority's children services.
5. A portion of properties, to be determined annually (from date of adopting this Scheme) by the local authority, a minimum of which is one percent (1%) of all properties allocated, to Transfer Applicants who need to move for work related reasons, based on the number of applications made by and allocations made to Transfer Applicants who need to move for work related reasons, during the preceding 12 months.

4.3.4 A local lettings scheme may be adopted for specific types of accommodation which provide linked support services for:

1. Older persons apply for accommodation at an Extra Care Scheme. A joint assessment of the applicant's housing, care and support needs will be undertaken by the local authority's housing and adult social care departments, subject to consent from the applicant.
2. Single parents aged 16/17 years, who are not living with their parents. A joint assessment of the applicant's housing, care and support needs will be undertaken by the local authority's housing and children services departments, subject to consent from the applicant.

3. Rough sleepers and people at risk of rough sleeping. An assessment of housing and support needs will be undertaken by the local authority housing department, adult social care department, or an organisation commissioned by the local authority to provide support to people sleeping rough or at risk of rough sleeping.
4. Sex offenders. A joint assessment will be undertaken by Cheshire Police or Merseyside Police, National Probation Service, the local authority's adult social care department, health professionals and other bodies to manage risk to the community.

4.3.5 A local letting scheme may be adopted for displaced agricultural workers, where they have been displaced due to a need to accommodate another agricultural worker and the farmer cannot provide suitable alternative accommodation for the displaced worker and needs to be rehoused in the interest of efficient agriculture.

4.3.6 A local lettings scheme may be adopted for former tenants or other occupiers when allocating certain accommodation which would otherwise be available for letting in the following circumstances:

1. An applicant has married an existing tenant and they both seek the grant of a fresh tenancy in their joint names.
2. An applicant is a former joint tenant and the joint tenancy has ended.
3. An applicant is a relation of the previous tenant who has died without there being a right of succession.
4. An applicant has otherwise occupied the particular property for a considerable time.
5. An applicant was placed in accommodation under a non-secure tenancy but now wishes to be granted a secure introductory tenancy of the same property.

4.4.0 Avoiding discrimination and enhancing equality of opportunity.

4.4.1 An equality duty is imposed on the local authority by the Equality Act 2010, section 149 (the "Public Sector Equality Duty"). Regard has been made to this public-sector equality duty and to the equality objectives that it sets out when formulating this Scheme and it will inform decision-making on individual cases so far as the law requires. Allocations of social rented housing will be monitored to determine whether equal opportunities obligations are being met, to identify any negative impact on people with protected characteristics. A plan will be adopted to mitigate any negative impacts.

4.4.2 This Scheme intends to ensure that at all times non-discriminatory decisions will be made about the allocation of social rented housing. Regard has been had to advice on allocating housing to disabled people published by the Equality and Human Rights Commission, along with other associated research and guides that are available.

4.4.3 When formulating this Scheme, an equality impact assessment was undertaken to avoid discrimination and to demonstrate compliance with the public-sector equality duty. Particular attention has been paid to the housing needs of refugees, gypsies and travellers, people with disabilities, older people, people with mental health problems, and people who identify as lesbian, gay, bisexual or transgender. Any substantial variation to this Scheme will also be subject to an equality impact assessment. For further information, please see *the Property Pool Plus Equality Impact Assessment*.

4.4.4 This Scheme has been formulated to ensure compliance with the Human Rights Act 1998, the Equality Act 2010 and the European Convention on Human Rights Article 14 and regard has been had to the advice and guidance published by the Equality and Human Rights Commission for social housing providers on housing discrimination. The administration of the Procedure will be undertaken, in a non-discriminatory manner so not to treat any person directly or indirectly less favourably than others because of a protected characteristic, with particular attention being paid to people with a disability.

4.4.5 The local authority will provide regular, accurate and generalised information on how Property Pool Plus is managed, to actively dispel any misconceptions arising about the allocation of social rented housing and immigration, including data on nationality and immigration status, to strengthen public confidence in Property Pool Plus.

4.4.6 Applicants will be informed of their rights to seek assistance from the Equality and Human Rights Commission, if they believe the local authority has breached the Human Rights Act 1998, by contravening their human rights or unlawfully discriminated against them.

4.5.0 Best interests of children

4.5.1 When formulating this Scheme, the local authority has considered and taken full account of the need to safeguard and promote the welfare of children, in accordance with the Children Act 2002, section 11.

4.5.2 This Scheme and the administration of it will accord the objectives and actions set out in the local authority's joint working protocol agreed between its Housing Services and Children Services.

4.5.3 When making decisions about individual applications for an allocation of social rented housing, the best interests of any children involved will be treated as a primary (but not overriding) consideration. Active involvement from the local authority's children services department will be sought, when making decisions about housing allocations where there is involvement with an applicant or a usual member of their household, from the local authority's children services. If there is some uncertainty about whether an applicant should qualify specifically due to matters relating to children services' duties, the Children Services department will be consulted.

4.6.0 Discretion

4.6.1 Discretion about being made qualifying, being made a direct offer of social rented housing, or being awarded additional preference will be exercised only by the Local Authority's Senior Officer. When assessing whether discretion should be applied, the Local Authority Senior Officer will consider:

1. What the exceptional circumstances are. They should be unusual or remarkable circumstances which indicate that the applicant's housing needs are more urgent than other applicants.
2. What will be the consequences if no discretion is exercised? This will include considering how serious the potential consequences are and how likely each potential consequence is.

- 4.6.2 The use of discretion will be limited only to individual cases, within the City Region area, where there are exceptional circumstances including, but not limited to those detailed below (see Appendix 3 for further detail):
- a. Providing protection to people who need to move away from another local authority area, to escape violence, harm, or intimidation.
 - b. In circumstances where an applicant needs to move due to a serious offence (equal to MAPPA level 2 or 3), as defined by the Serious Crime Act 2007, Part 1, Schedule 1, there will be joint working with the Police, Probation Services, Adult Care Services, health professionals, registered providers and other bodies, to manage any risk to the community.
 - c. In circumstances where a member of the Armed Forces community has been disadvantaged in respect of their ability to access suitable housing through their own or their family member's service in the Regular Armed Forces or Reserve Forces.
 - d. In circumstances where a direct let is considered necessary to resolve an exceptional and urgent welfare need of an applicant or a member of their household.

- 4.6.3 When deciding whether to apply discretion, the Local Authority's Senior Officer will have regard to:
1. The fact that decisions to exercise discretion will be kept to a minimum.
 2. The need for consistency with previous decisions whether or not to exercise discretion. A discretionary register will be maintained for the scheme area to ensure consistency of application.
 3. What would be a fair outcome to ensure that there is no discrimination.
 4. The likelihood and severity of the potential consequences if discretion is not exercised.

A decision as to whether or not to exercise discretion will be made by the Local Authority Senior Officer at the point of receipt of application and again at the point of offer.

In addition to the above, the local authority may decide to vary the scheme to provide for a period of direct lets to particular categories of people. Any decisions to do so will be made where it is considered necessary to meet local housing needs, and taking into account the authority's current tenancy and homelessness strategies. Any such variations to the scheme can be found on the website www.propertypoolplus.org.uk.

The local authority may also decide to implement small scale variations to the scheme for a limited period, to pilot new ways of working to inform future service delivery and potential scheme improvements. Details of any such trial will be made available on the Property Pool Plus website.

In all cases when direct offers are made, applicants will receive one direct offer only subject to the local authority's discretion to make a further direct offer.

5.0 Being Allocated a Property

5.1.0 Choice

- 5.1.1 The local authority will inform applicants of their right to express (place a bid) a preference about the property which might be allocated.
- 5.1.2 The local authority will identify and support any applicants who may have a difficulty in expressing a preference. Applicants will be encouraged to self-identify that they require support to express a preference. The local authority will use its own judgement on initial contact with an applicant, based on whether they were able to complete an application to join Property Pool Plus unaided. Applicants who are not expressing a preference will be contacted to determine if this is due to them having difficulties. Particular attention will be paid to ensuring those who are homeless, have a disability or are from a black or minority ethnic community, are provided with any support they might need to express a preference.
- 5.1.3 Applicants will be able to express a preference of up to three properties that are available to let from the local authority or a registered provider in a calendar week. Applicants will be able to express a preference making a 'bid' for a property via the Property Pool Plus website. The local authority will make a bid on behalf of an applicant who requires support. Applicants may be sent reminders about opportunities to bid via email or message to their online PPP account. The local authority will provide information on the likely level of priority or waiting time for any property available to bid on.
- 5.1.4 An applicant's right to express a preference of a property they wish to be allocated, does not extend to any social rented housing that is intended for occupation by persons with specific characteristic which they do not possess, e.g. properties specifically for persons of specified age where an applicant is under minimum and/or maximum threshold.
- 5.1.5 All applicants are subject to a limit on the number of properties that would be reasonable for them to occupy, which they are entitled to refuse an offer of. Auto-bidding may be implemented for applicants who are owed the section 189B initial duty owed to all eligible persons who are homeless and persons with a priority need who are not homeless intentionally. If an applicant should refuse a final offer, they will be given reduced preference for a period of 12 months, by being placed into Band D. The local authority will consider the circumstances of each refusal on a case-by-case basis and confirm with an applicant they are refusing an offer prior to imposing a sanction.
1. Band A applicants are entitled to one refusal of a reasonable offer of accommodation, except those who are homeless or owed a homelessness duty who will have no entitlement to a refusal of a reasonable offer of accommodation.
 2. Band B applicants are entitled to two reasonable refusals, except those who are homeless or owed a homelessness duty who will be entitled to one reasonable refusal
 3. Band C applicants are entitled to three refusals of a reasonable offer of accommodation.
 4. Band D applicants have no cap on the number of refusals of a reasonable offer of accommodation.

- 5.1.6 An offer of accommodation will be considered reasonable if the property being offered will meet the housing needs of an applicant, having had regard to the following matters at the date when the offer is made:
1. Whether the applicant and their household would be overcrowded or under-occupying. As a general rule, allocations will be made so that a property is fully occupied. If this is not possible, under-occupation will be considered, subject to an affordability assessment.
 2. Affordability of the property when compared to the applicants' income and expenditure, see appendix one for the methodology that will be followed to determine whether a property is affordable.
 3. Location of the property in regard to essential journeys the applicant needs to make.
 4. Public sector equality duty in Equality Act 2010, section 149
 5. When there is a child or children in the applicant's household, the duty to safeguard and promote the welfare of children in the Children Act 2002, section 11.
 6. In respect of school-age children, the duty in the Human Rights Act 1989, that no person should be denied the right to an education (Notwithstanding this, an offer of accommodation might necessitate a child having to move school).
 7. Space and arrangement of the property
 8. The standard of property
 9. The specific health needs of the applicant their usual household members
 10. The proximity and accessibility of family support
 11. The proximity and accessibility of medical facilities and other support services which are currently used by or provided to the applicant or the usual family members that are essential to that persons' wellbeing.
 12. The proximity of alleged perpetrators or victims of domestic abuse
- 5.1.7 Instances when an applicant who requires adaptations who are offered a property, that is subsequently deemed to be unable to be adapted, will not be deemed as a refusal.
- 5.1.8 Applicants will be informed of their right to seek a review of whether an offer of social rented housing they refused was a reasonable offer, or whether the final offered refused was a suitable offer.
- 5.1.9 The local authority will publish feedback on the outcome of bids on the Property Pool Plus website. Requests for this information to be provided in alternative formats will be considered on an individual basis.
- 5.1.10 The local authority will maintain a list of suitable homes for disabled people with access needs, to avoid potentially disadvantaging applicants who might require a home with such features.

5.2.0 Other General Points

- 5.2.1 Following an offer or nomination of social rented housing by the local authority, applicants will be given a reasonable period to properly consider whether to accept it. However, the personal circumstances of each applicant, including those who are vulnerable applicants, unfamiliar with the property being offered, in hospital, need to arrange a support worker to be present at the viewing, are working, or have childcare commitments will be given longer to consider the property offered. Any longer timescale will be based in specific circumstances of an applicant. The actual letting will be handled by the local authority or a

registered provider, who will complete the letting following the offer and acceptance of a tenancy agreement by the applicant.

- 5.2.2 Applicants will not be offered an allocation that would result in them under-occupying the dwelling (against the definition used by the Department of Work Pensions to determine claims for help with housing costs), being overcrowded (against the UK Government's Bedroom Standard) or being unable to afford rental or service charges at the date an allocation or nomination is made. As a general rule, allocations will be made so that a property is fully occupied. If this is not possible, under-occupation will be considered, subject to an affordability assessment. Applicants who receive support from a carer who does not live with them and who is required to stay overnight, will have their need for a spare room taken account of whenever possible. Properties on the ground floor, with an accessible bathroom or an additional bathroom or toilet will be offered to applicants who have a medical need for such a dwelling over an applicant who has no need for such accommodation. Any particular needs of older applicants will be taken account of. A health or social care professional with direct knowledge of the applicant's condition will be contacted by the local authority for an opinion of the applicant's health and the impact on their housing needs, when evidence submitted by an applicant requires clarification on a point of accuracy or clarification of the prevailing circumstances of their condition. The needs of applicants who have been approved by the local authority to adopt or foster and require a larger property will be taken account of. The extent and circumstances of an applicant's household will be taken account of, as to whether they would be eligible or qualify in their own right or not.
- 5.2.3 For the purposes of determining overcrowding or under-occupying, an assessment will be made against the minimum room size for licensed HMOs (for licences issued after 1st October 2018) or the UK Government's Bedroom Standard for any other type of dwelling, which allows a separate bedroom each for:
1. A married or cohabiting couple,
 2. Adult aged 21 years or more,
 3. Pair of adolescents aged 10-20 years of the same gender,
 4. Pair of children aged under 10 years regardless of gender,
 5. An adolescent aged 10-20 years paired with a child aged under 10 years of the same gender,
 6. An unpaired adolescent aged 10-20 years,
 7. An unpaired child aged under 10 years.
 8. An unborn child will be included in the bedroom calculation from the point the MATB1 certificate is provided to confirm the pregnancy. The gender of the unborn child will not be taken into consideration until the birth of the child i.e. the child will be paired with another unpaired child or unpaired adolescent regardless of gender until the birth.
 9. An adult or child who cannot share due to a disability or medical condition, or due to fostering arrangements being facilitated by the local authority.
 10. An overnight carer for any usual household member, if the carer isn't a usual household member.
 11. Approved foster carer who is between placements, but only for up to 52 weeks from the end of the last placement.

12. Households assessed as needing one bedroom accommodation who are resident in either a bedsit or HMO (House of Multiple Occupation) will not meet the criteria for a priority on overcrowding grounds.
13. Where gender identity is put forward as a reason for requiring an additional bedroom to be awarded outside the scope of the above criteria, cases will be assessed on a case by case basis. Consideration will be given to the particular circumstances in each case including evidence, which should be submitted to inform the decision, evidence may include, but is not limited to a gender recognition certificate for an adult age 18+, or for a child may include a letter of support from a Social Worker, medical professional, or member of school leadership team.

5.2.4 When considering child access arrangements, the council will make a decision about which parent or guardian it deems has the primary care of the child. This will be based on the individual merits of each case taking into account receipt of child benefit, court orders, percentage of time spent caring for the children, the regularity and permanence of the arrangement and advice in relation to affordability.

Where an applicant and / or joint applicant / partner does not have primary care of dependent children, but shares care, either as a result of a court order or an informal arrangement, the council will consider the size and type of accommodation that is appropriate to either parent or guardian on a case by case basis.

Where an applicant and / or joint applicant / partner has access to children, they will normally be assessed as requiring one additional bedroom, but this bedroom award will not be taken into consideration for the assessment of a priority on overcrowding grounds.

An allocation of accommodation will depend on the rules applied by each registered provider. A decision of a registered provider will depend on several factors including:

1. The ability of the applicant to afford the rent with or without help from benefits; the property must be assessed as affordable.
2. The availability and popularity of family housing in any area that an applicant expresses a preference to live. For example, a registered provider Association may be more flexible if the property is a flat rather than a house or in an area of low demand. An applicant should contact the registered provider(s) directly for more information on their individual rules.

5.2.5 Applicants may not be made an offer of a property in a locality (e.g. electoral ward, parliamentary constituency) in which he or she has previously been the perpetrator or victim of anti-social behaviour, hate crime, violence or domestic abuse, or where the perpetrator or victim now currently lives. Offers may be withdrawn if new information is provided to the local authority, or other stakeholder which they believe may put the victim at risk.

5.2.6 The letting of a property, including whether a joint tenancy will be granted, is beyond the scope of this Procedure. The local authority and registered providers have their own allocation rules and policies that dictate how lettings will be agreed.

- 5.2.7 This Scheme has been drawn up with regard to the Liverpool City Region Tenancy Strategy referred to above in paragraph 1.3.7. Tenancies offered by registered providers will be made having regard to this document.
- 5.2.8 Applicants will be informed by the relevant Registered Provider, at the point of an allocation, if the property will be furnished or unfurnished.
- 5.2.9 Applicants will be provided with an opportunity to view the property prior to accepting or rejecting the dwelling being offered. Applicants can expect properties to be fit for occupation at the date of the letting, or that any repairing obligations imposed on a registered provider, will be met within a reasonable time of commencement of the tenancy.
- 5.2.10 Transfer applicants will be made an offer that ensures they do not inadvertently lose accrued rights and will be tenancy of equivalent form to that which they are transferring from. Arrears of rent outstanding on a previous tenancy can be transferred to the new one when both properties are held by the same registered provider, subject to agreement with their landlord as to how those arrears will be cleared (compliance with the arrears agreement will be a term of the new occupancy agreement).
- 5.2.11 The local authority has not developed a specified position on pets in social rented housing. Registered providers are expected to set out their position clearly in property advertisements and tenancy agreements.

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6.0 Other Arrangements

6.1.0 Direct applications to registered providers.

- 6.1.1 Registered providers have a duty to maintain rules and policies concerning the allocation of social rented housing. The contents of such rules and policies should reflect the law and also regulations found in the Tenancy Standard, published by the Regulator of Social Housing. Information about housing allocation rules and policies of registered providers are available directly from these organisations. Copies are also available from the local authority and can be found on the Property Pool Plus website. Applicants that have a dispute about housing allocation rules and policies of a registered provider will be informed of their right to make seek judicial review and/or make a complaint directly to the organisation, and if they remain dissatisfied to the Housing Ombudsman.
- 6.1.2 People who make an application to the local authority for social rented housing, are in no way restricted from also making separate additional applications directly to any registered provider, where their own housing allocation rules and policies allow this.

6.2.0 Nominations

- 6.2.1 Nominations agreements have been adopted between the local authority and registered providers that own and/or manage social rented housing in the local authority district. All such agreements prescribe the portion of lettings that any registered provider will make available to the local authority. The agreements also have a criterion for how registered providers can accept or reject a nomination, plus describe how any disagreements about nominations will be resolved.
- 6.2.2 The local authority and registered providers that it has entered into nomination arrangements with have agreed an information sharing protocol that accords with the General Data Protection Regulation and Data Protection Act 2018. The local authority will require written consent from an applicant to share their information with a registered provider.
- 6.2.3 A system has been adopted to monitor the effectiveness of the nominations agreements, to allow the local authority to satisfy itself that it is fulfilling its legal obligations to allocate social rented housing. An annual report on nominations agreements will be presented to elected councillors of the local authority and will be shared with registered providers who have entered into a nomination agreement with the local authority.

6.3.0 Transfers

- 6.3.1 Registered providers have published rules governing cases where secure tenants wish to move from one dwelling to another. Copies of such rules are available directly from these organisations.

6.4.0 Contracting-out

6.4.1 Any arrangements by which the local authority has contracted-out the administration of housing allocation functions to a registered provider are subject to separate contractual terms which fall outside the scope of this Policy.

6.5.0 Complaints, appeals and legal challenges.

6.5.1 Applicants will be informed of their rights to make a complaint about a private registered provider of social housing's decision to reject a nomination for an allocation of social rented housing. The methods by which complaints can be made are set out in the housing allocation rules and policies published by registered providers. Applicants that have a dispute about the housing allocation rules and policies of registered providers will be informed of their right to make a complaint directly to the organisation, and when still dissatisfied after their complaint has been investigated, to the Housing Ombudsman. Applicants will also be informed of their right to seek judicial review on any point of law of a registered provider's decision to reject a nomination of social rented housing.

6.5.2 Applicants will be informed of their right to seek a judicial review of a registered provider's decision-making on a nomination for social rented housing. Additionally, applicants who consider that there has been unlawful discrimination or infringement of human rights will be informed of their right to seek assistance from the Equality and Human Rights Commission.

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Appendix 1

Policy for assessing initial enquiries to make an application for an allocation of housing or amend an application following a change of circumstances.

Contents

Procedure for assessing initial enquiries	49
1. Application Administration Arrangements	49
2. Assess the applicant's eligibility	49
3. Determine whether the applicant qualifies for the scheme	50
4. Confirm that the applicant has a local connection	50
5. Confirm that the applicant is not excluded on the grounds of unacceptable behaviour	51
6. Confirm that the applicant is not excluded on the grounds of financial resources	52
7. Progress the application	52
8. Background information	53
Process chart for assessing initial enquiries	54
Paperwork Templates	52
Document 1 – Disqualification / Not Eligible Letter	53
Document 2 – QualificationAssessment	53
553	

DRAFT

Procedure for assessing initial enquiries or change of circumstances.**1. Application Administration Arrangements**

Applications to join the scheme will be assessed and managed by the organisation who has responsibility for administering the scheme in the local authority area where the applicant is currently resident. In the case of Liverpool City Council there are several administering organisations who jointly administer the scheme. Where an applicant is resident in Liverpool and is a tenant of one of the partner registered providers then the application will be managed by that registered provider. For other applicants who are resident in Liverpool, who are not tenants of one of the registered providers, the applicant may select one of the Liverpool administering organisations to manage their application during the registration process.

If the applicant is not currently resident in any of the scheme local authority areas, then the application will be managed by the administering organisation for the Local Authority area where the applicant has a local connection. If the applicant is not resident in any of the local authority areas and has no local connection to any of the areas, then the applicant may choose which administering organisation will manage their application.

2. Assess the applicant's eligibility.

- a. On receiving initial enquiries to make a new application or amend an existing application following a change of circumstances, the officer must establish that the applicant is eligible to join the scheme.
- b. Applicants will be eligible unless:
 - i. they are from abroad and subject to immigration control (unless they fall into one of the limited exceptions); or
 - ii. they are from abroad and fall into a category the Secretary of State has prescribed as being ineligible.
- c. The allocations officer should review the applicant's identity documents to confirm the applicant's nationality and immigration status. Evidence should be a passport; birth certificate or immigration documents and copies should be kept on the file.
- d. If the allocations officer cannot determine the applicant's immigration status from the identity documents, the allocations officer can contact the UK Border Agency to confirm the applicant's immigration status, but should first warn the applicant so that the applicant has the option of withdrawing the enquiry before any action is taken.
- e. If the allocations officer is in any doubt as to the eligibility of the applicant, the allocations officer should consult the code of guidance (Allocation of Accommodation: Guidance for Local Housing Authorities in England 2012) and discuss the file with a senior officer.
- f. If the allocations officer determines that the applicant is not eligible, the allocations officer should inform the applicant using the Not Eligible Letter (Document 1) and should advise the applicant on other housing options available.

3. Determine whether the applicant qualifies for the scheme.

- a. Once the applicant has been confirmed as being eligible, the allocations officer must determine whether the applicant qualifies for the scheme by completing a Qualification Assessment and consider each of the qualification criteria listed below. Document 2 may be used to assist in this process.

- b. The allocations officer should assess any evidence of the applicant's qualification at this stage, and any evidence provided should be referred to in the Qualification Assessment and a copy kept on the file.
- c. If the applicant does not qualify, the allocations officer should inform the applicant using the Disqualification Letter (Document 1) and should advise the applicant on other housing options available.

4. Confirm that the applicant has a local connection.

- a. The allocations officer must next confirm that the applicant has a local connection with the scheme area.
- b. An applicant will only be awarded the highest band for the local authority scheme area(s) that they have local connection to, for every other local authority scheme area they will be Band C.
- c. An applicant will have a local connection if they:
 - i. Currently live in the scheme area and have done so continuously for at least two years;
 - ii. have permanent employment in one of the local authority scheme areas or (if they are self-employed) have a work base in one of the local authority scheme areas;
 - iii. have parents, adult siblings or adult children who currently live in one of the local authority scheme areas and have done so for a continuous period of at least 5 years; or
 - iv. have special circumstances.
- d. Special circumstances can include, but is not limited to:
 - i. households fleeing violence who are owed a homelessness duty;
 - ii. people who do not live in local authority area, but who need to be near a close relative to provide care and/or support;
 - iii. people returning from temporary care or interim accommodation in another local authority area; and
 - iv. households including someone who:
 - 1. is serving in the regular forces or has done so in the last 5 years;
 - 2. has recently ceased, or will cease, to be entitled to reside in accommodation provided by the Ministry of Defence following the death of that person's spouse or civil partner which was wholly or partly due to their service in the regular forces; or
- e. is serving or has served in the reserve forces and is suffering from a serious injury, illness or disability which is wholly or partly attributable to that service. The applicant should be asked to confirm that they have one of the above local connections with the local authority area and should be reminded of the importance of not providing misleading or inaccurate information.
- f. The allocations officer should assess evidence of the applicant's local connection at this stage and any evidence provided a copy should be kept on the file.
- g. If the applicant does not have a local connection with the local authority area, the officer should inform the applicant that they are disqualified from the scheme using the Disqualification Letter (Document 1) and should advise the applicant on other housing options available.

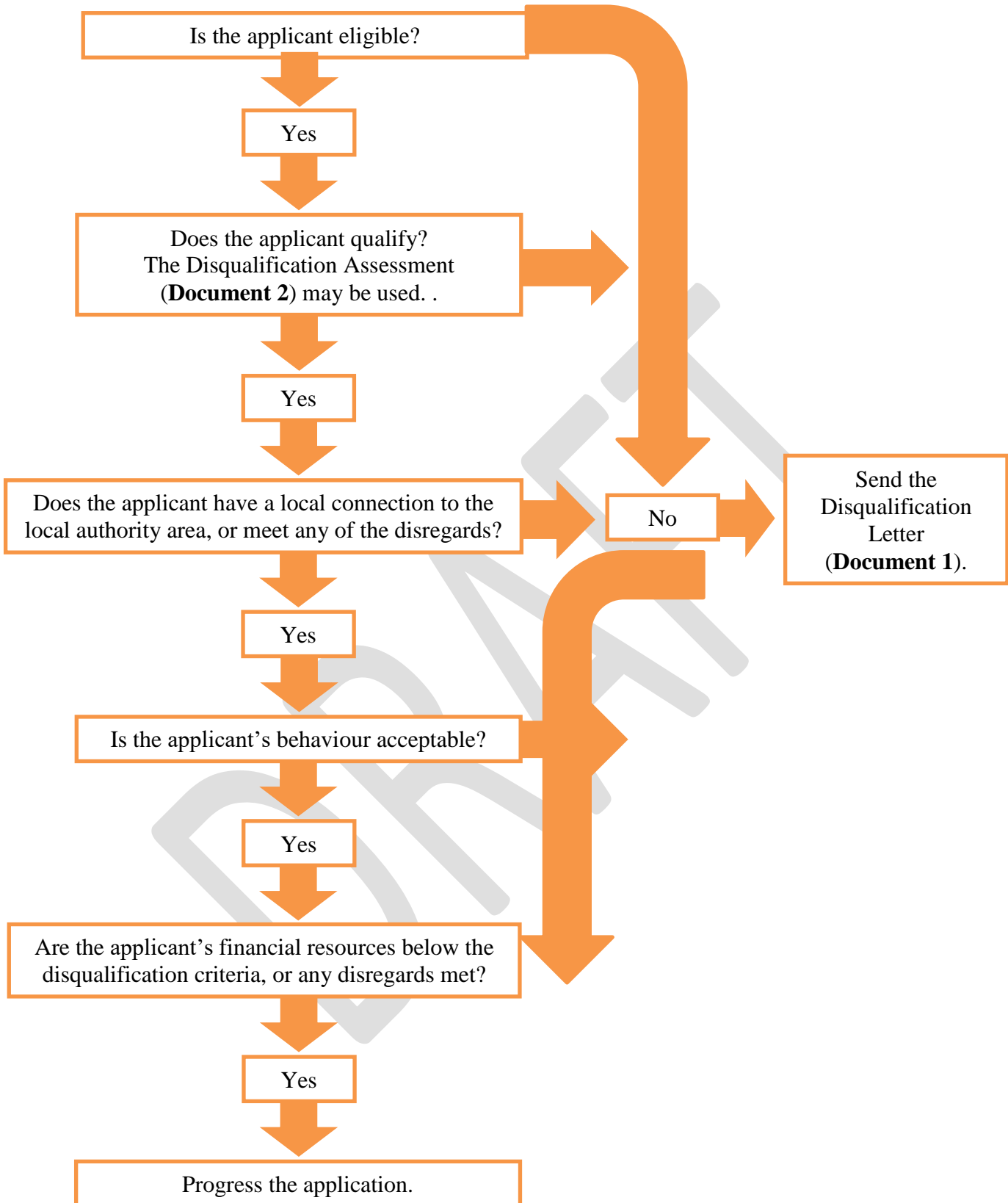
5. Confirm the applicant is not excluded on the grounds of unacceptable behaviour.

- a. Applicants can be disqualified on the grounds of unacceptable behaviour by the applicant or a member of their household.

- b. Unacceptable behaviour can include, but is not limited to:
 - c. Causing or likely to cause nuisance or annoyance to other persons in the locality of their property.
 - d. Causing or likely to cause nuisance or annoyance to the local authority or a registered provider or agents acting on their behalf to carry out housing management functions. This will include situations where either the main or joint applicant or any household member has displayed abusive or threatening behaviour toward members of staff involved in the administration of the Property Pool Plus scheme.
 - e. Having an unspent conviction at the date an application is being determined for a serious offence as defined by the Serious Crime Act 2007, Part 1, Schedule 1, committed in the locality of a property against another person or the local authority or a registered provider.
 - f. Breaching a provision of an injunction under section 1, conviction under section 30, or an order made under section 80 of the Anti-social Behaviour, Crime and Policing Act 2014, which occurred in the locality of a specified property or elsewhere which caused nuisance, annoyance, harassment, alarm or distress to a person in the locality or the local authority or a registered provider, or resulted in access to property that has been prohibited under section 76 of the Anti-social Behaviour, Crime and Policing Act 2014, for a continuous period of more than 48 hours
 - g. Having an unspent conviction for an offence under section 80(4) or 82(8) Environmental Protection Act 1990, concerning noise from a property which was a statutory nuisance as per section 79(1), Part 3 of the Environmental Protection Act 1990
 - h. Having committed an act of fraud to which the circumstances remain relevant at the date an application is being determined, involving withholding, falsifying or misrepresenting any information to access to public funds and/or services.
 - i. Having committed any other behaviour that would give grounds for possession under Housing Act 1985, section 84, Schedule 2, Part 1, Grounds 1-7 and section 84A.
 - j. The allocations officer should check existing records to see whether there is any evidence of unacceptable behaviour by the applicant or a member of the applicant's household. The applicant should also be asked to confirm that there has been no such unacceptable behaviour and should be reminded of the importance of not providing misleading or inaccurate information.
 - k. If there is any behaviour which may be unacceptable, the allocations officer should apply the following tests before making a decision on disqualification:
 - l. Has the applicant or member of their household behaved in such an unacceptable manner that they are considered unsuitable to be a tenant?
 - m. At the time of the application, is the applicant or member of their household still considered unsuitable to be a tenant?
 - n. Was the unacceptable behaviour serious enough to entitle a landlord to commence legal proceedings or to pose a serious threat to the local community?
 - o. If the allocations officer decides that the unacceptable behaviour should lead to disqualification, the allocations officer should inform the applicant using the Disqualification Letter (Document 1) and should advise the applicant on other housing options available.
- 6. Confirm the applicant is not excluded on the grounds of financial resources.
 - a. Applicants are also disqualified from the scheme if:
 - i. they are owner-occupiers or have equity in a property, unless they meet any of the homeownership disregard criteria set out in 3.2.9 ;

- ii. the applicant, joint applicant or partner has combined savings or other capital which would make them ineligible for local housing allowance or universal credit in accordance with the UK Government's upper limit for savings set out in the common rules of the DWP Benefit and Pension Rates. Some disregards apply as set out in 3.2.10.
 - b. The applicant should be asked to confirm that their financial resources do not breach these criteria and should be reminded of the importance of not providing misleading or inaccurate information.
 - c. If the applicant's financial resources do breach the above criteria, the allocations officer should inform the applicant that they are disqualified from the scheme using the Disqualification Letter (Document 1) and should advise the applicant on other housing options available.
7. Progress the application.
- a. If the applicant has met the above requirements, the allocations officer should process the enquiry by advising the applicant on the next steps in the application process.
8. Background information
- a. This procedure applies to any applicants who have made enquiries about applying for an allocation of housing or amending an application following a change of circumstances in the local authority area.
 - b. This procedure is in accordance with the Housing Allocation Scheme produced by local authority.
 - c. Throughout this procedure, whenever a document is to be completed or issued, a copy should be retained on the electronic file.
 - d. This procedure will be reviewed in line with any significant change in the Housing Allocation Scheme, legislation, statutory guidance or significant case law. Separate to this it should be reviewed every two years.

Process chart for assessing initial enquiries or change of circumstances.



Paperwork Templates

Document 1 – Disqualification / Not Eligible Letter

[To be typed on letter-headed paper. One copy should be posted as soon as possible after a review request is received and another made available at the office for collection by the applicant or someone on the applicant's behalf.]

[Insert the applicant's address]

Date:

Dear *[Insert the applicant's name]*

OUTCOME OF ENQUIRIES

I write further to your enquiry of *[Insert date]* about *[making an application for an allocation of housing][amending your application for an allocation of housing]*.

I have reviewed your circumstances and unfortunately *[you are not eligible under the scheme][you do not qualify under the scheme][you are disqualified from the scheme]* because *[Insert reason for decision]*. This means that I cannot progress your enquiry at this stage.

This decision is based on the information you have provided about your current circumstances. If there is a change in your circumstances, you should make a new enquiry.

If you are not satisfied with this decision, you have the right to request a review of the decision. If you would like to request a review, you (or your representative) must make a written request within 21 days of being notified of this decision.

If you request a review, your file will be passed to a senior officer who was not involved in the original decision. The senior officer will review the file and consider all of the circumstances of your case. You, or someone acting on your behalf, will be able to make representations in connection with the review. As soon as the review is completed, you will be notified of the review decision. *[I enclose a leaflet which contains further information about the review process.]* The following advice services may be able to assist you in relation to any review: *[Insert details]*.

As we discussed, there may be other housing options available to you. The following services may be able to assist you in relation to this: *[Insert details]*.

If you have any queries in relation to this letter, please contact me on *[Insert telephone number and email address]*.

Yours sincerely

[Insert contact name]

Document 2 – Qualification Assessment

Disqualification Assessment

Applicant's details:

Name:	
Date of birth:	
Current address:	

Disqualification category	Applies to the applicant (Please tick)	Evidence provided (if any) (Please specify)
Person incapable of holding a tenancy agreement		
Person (be it the applicant, or anyone who usually lives with them, or might reasonably be expected to live with them, or who has done so in the past) is guilty of unacceptable behaviour that makes them unsuitable to be a tenant.		
Person (be it the applicant, or anyone who usually lives with them, or might reasonably be expected to live with them) has outstanding liabilities (such as rent or service charge arrears, or recharges) attributable to a tenancy which are more than 1/12th of the annual amount payable (or which was payable) by an applicant to a landlord in respect of a tenancy.		
Person (be it the applicant, or anyone who usually lives with them, or might reasonably be expected to live with them) has been found to have breached tenancy conditions.		
Person has not been resident in the local authority and does not have a minimum of two years continuous connection to the area, due to any of the following factors (disregards apply to applicants who are entitled to be afforded a reasonable preference for an allocation of social rented housing as defined in law, being persons who are survivors of domestic abuse and Armed Forces personnel).		
Person (be it the applicant, or anyone who usually lives with them, or might reasonably be expected to live with them) who are homeowners, encompassing anyone who has a mortgage for the whole or part of their home, subject to disregard criteria set out in 3.2.9 .		
Person (be it the applicant, joint applicant or partner) has combined		

<p>financial resources consistent with the UK Government’s upper limit for savings set out in the common rules of the DWP Benefit and Pension Rates (disregards apply to Armed Forces personnel and in certain circumstances those awaiting discharge from hospital or residential care, section 3.2.10).</p>		
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By signing this assessment, the applicant confirms that they genuinely believe they fall within the identified qualification category and that belief is not based on misleading or inaccurate information.

<p>Date:</p>	
<p>Applicant’s signature:</p>	

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Appendix 2 -

Policy for assessing and processing applications for an allocation of housing.**Contents**

Procedure for assessing and processing applications	57
1. Determine the applicant's housing needs	58
2. Place the applicant in the appropriate band on the register	58
3. Inform the applicant of the outcome	59
4. Match the applicant with a property	59
This section of the process will be undertaken by the registered provider allocating the advertised property.	
5. Verify the applicant's eligibility	59
6. Verify the applicant's qualification and priority band	59
7. Confirm the allocation	60
8. Background information	60
Process chart for assessing and processing applications	<u>61</u>

DRAFT

Procedure for assessing and processing applications.

Following a decision being made that an applicant is eligible and qualifying the following processes should be followed:

1. Determine the applicant's housing needs

- a. The officer should determine the number of bedrooms required by household per the bedroom standard specified in the policy s.4.2.3.
- b. If the applicant has applied on the grounds that their existing accommodation is overcrowded, i.e. the number of bedrooms in the current accommodation is fewer than required for all existing residents including those who are not being rehoused, then the officer should follow the procedure for dealing with applications from overcrowded households see Appendix 5.
- c. If the applicant has applied on the grounds of being threatened with homelessness, the applicant should be referred to the relevant Housing Options Team to explore any ways of preventing homelessness.
- d. If the applicant meets any of the criteria for a priority Band A or B as specified in the policy then relevant evidence should be requested to verify this need as set out in the checklist (Document 1).
- e. If the applicant has no housing need as identified within the criteria set out in the scheme s 4.2.3 Band A and 4.2.4 Band B then they will be placed in Band C.
- f. If the applicant wishes to exclude any location from consideration, the applicant must provide reasons relating to safety and / or welfare and the officer must be satisfied that there is a genuine justification to exclude the relevant zone.

2. Place the applicant in the appropriate band on the register

- a. The officer should place the applicant in the appropriate band on the register using the Banding Structure. The date of entry in the band should be the date the last piece of evidence / information was submitted to verify that the criteria is met. The exceptions to this are:
 - In cases where applicants are being placed in Band B due to being ready for move on from local authority contracted, supported housing / hostel provision which is not local authority homelessness provision, the date of entry into Band B will be backdated to the date the applicant moved into that provision. The date of registration will not be backdated.
 - For qualifying young people going into Band A who are ready to move on from short term supported / hostel homeless provision which is local authority / grant funded and where the young person is considered a child in need as a result of a statutory assessment carried out by one of the scheme local authorities in accordance with Children Act 1989, section 17, the date of entry in Band A will be the date they moved into that provision. The date of registration will not be backdated.
 - For those leaving the care of the local authority children's services for the first time, being placed in Band A, the date of entry in band will be backdated to their sixteenth birthday. Any subsequent Band A award will not be backdated to their sixteenth birthday and will follow the usual policy rules for awarding band effective dates. The date of registration will not be backdated.
- b. If the officer believes there are exceptional circumstances which may mean that the applicant needs higher priority than the applicant would normally be given, the officer should refer to the procedure for applying discretion see Appendix 3.
- c. The officer should refer to the local connection criteria as set out in s 3.2.8 of the scheme to ensure that a priority Band A or B is only awarded for a local authority area where a local connection can be confirmed as defined in the scheme. For all other local authority areas, the highest priority band that can be awarded will be Band C.

3. Inform the applicant of the outcome

- a. Once the applicant has been placed on the register, the officer should inform the applicant in writing of the outcome of the assessment and ensure to make relevant notes on the application via the IT system to detail the decision made.
- b. If the applicant is placed in Band C, the officer should advise the applicant on other housing options available as this may be the quickest way for the applicant to be re-housed.

4. Match the applicant with a property

This section of the process will be undertaken by the registered provider allocating the advertised property.

- a. Properties will be shortlisted according to section 4.2.1 of the Scheme Policy.
- b. The only exceptions are if there is an agreed and published Local Lettings plan in place which allows a variation to standard procedure.

5. Verify the applicant's eligibility

This section of the process will be undertaken by the registered provider allocating the advertised property.

- a. Once a property has been identified as being suitable for the applicant, the allocation officer must verify that the applicant is still eligible.
- b. The officer should first check if the identity evidence provided at the initial enquiries stage is still valid and correct. For example, has the applicant's passport expired? If the evidence on file is no longer valid, the applicant should be asked to provide updated identity documents.
- c. The allocations officer should take particular care with applicants from abroad because their immigration status may have changed or the eligibility regulations concerning people from abroad may have changed. Such applicants should be asked for updated identity documents confirming their immigration status.
- d. If the officer cannot determine the applicant's immigration status from the identity documents, the allocations officer can contact the UK Border Agency to confirm the applicant's immigration status, but should first warn the applicant so that the applicant has the option of withdrawing the application before any action is taken.
- e. If the officer is in any doubt as to the eligibility of the applicant, the allocations officer should consult the code of guidance (Allocation of Accommodation: Guidance for Local Housing Authorities in England 2012).
- f. If the officer believes that the applicant is no longer eligible, the officer should contact the Administering Scheme partner responsible for managing that application who will investigate further and determine eligibility for the scheme.

6. Verify the applicant's qualification and priority band

This section of the process will be undertaken by the registered provider allocating the advertised property.

- a. The officer must next verify that the applicant still qualifies under the scheme and is not disqualified due to lack of local connection, unacceptable behaviour or financial resources.
- b. The officer should verify that there has been no change in the applicants' circumstances that may impact their qualification and / or priority band. This may include requesting and reviewing evidence to confirm that the applicant falls into the relevant category of qualification. The Checklist (Document 1) provides guidance as to the types of suitable evidence that could be requested.
- c. If the officer considers that the applicant may no longer qualify and / or meet the criteria for the priority band awarded, the officer should discuss further with the Administering Scheme partner responsible for managing that application, who will investigate further and make a decision on qualification / priority band.

7. Confirm the allocation

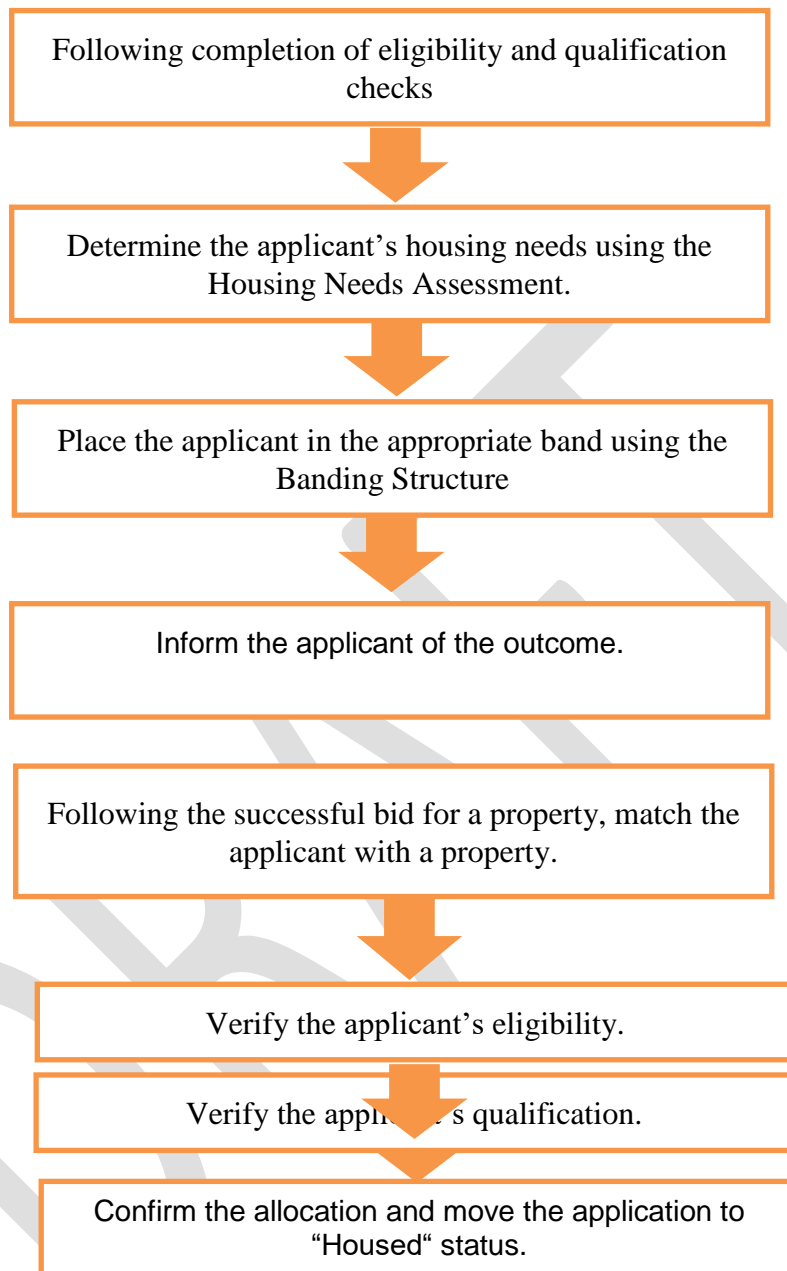
This section of the process will be undertaken by the registered provider allocating the advertised property.

- a. Once the applicant's information has been verified as above, the officer should undertake all usual allocations procedures per their own organisation.
- b. The officer should follow the PPP IT system procedure for moving the housing application to a "Housed" status.

8. Background information

- a. This procedure applies to any applicants who have made an application for an allocation of housing in the local authority area.
- b. This procedure is in accordance with the Housing Allocation Scheme produced by the Council.
- c. This procedure will be reviewed in line with any significant change in the Housing Allocation Scheme, legislation, statutory guidance or significant case law. Separate to this it should be reviewed every two years.

Process chart for assessing and processing applications.



Paperwork Templates

Document 1 – Checklist

Additional Preference - Band A:

Criteria	Example evidence
Homeless, specifically owed the section 189B initial duty owed to all eligible persons who are homeless and owed the section 188 interim duty to accommodate due to having an apparent priority need.	Confirmation from the homelessness team. This priority will only be awarded for the local authority area owing the homeless duty regardless of any local connection to another area.
Owed a duty under Housing Act 1996, Part 7, specifically, those who are: Not intentionally homeless and have a priority need for accommodation, owed the section 193 duty.	Confirmation from the homelessness team. This priority will only be awarded for the local authority area owing the relief duty regardless of any local connection to another area.
Victims of domestic abuse who are homeless or owed any homelessness duty and/or have been identified as high-risk victims of domestic abuse at a local MARAC	Referral from MARAC
Sudden loss of existing home as a result of a disaster	Referral from Fire and Rescue Service
Severely overcrowded due to lacking two or more bedrooms	Evidence of the size of the property, such as property particulars or confirmation from the landlord, and the number of inhabitants, such as the electoral register. If necessary, an inspection may be carried out and advice sought from the Housing Standards Team in respect of space standards. Refer to Overcrowding procedure Appendix 5.
Under-occupying social rented housing by two or more bedrooms	Evidence of the size of the property, such as property particulars or confirmation from the landlord, and the number of inhabitants, such as the electoral register. If necessary, an inspection may be carried out. Refer to bedroom standard.
Medical condition is expected to be terminal and re-housing is required due to detrimental effects caused by present accommodation	Supporting evidence from a health or social care professional with direct knowledge of the applicant's condition
Medical condition is life threatening and re-housing is required due to detrimental effects caused by present accommodation	Supporting evidence from a health or social care professional with direct knowledge of the applicant's condition will be contacted by the local authority for an opinion of the applicant's health and the impact on their housing needs.
Planned discharge from hospital is imminent and there is no accommodation available to them which is reasonable for them to occupy.	Evidence from Hospital Discharge Team / Social Care
Persons leaving care of the local authority's children services	A referral from their personal adviser and evidence that a support package is in place where applicable.

Persons approved by the local authority as foster carers or to adopt, who need to move to a larger home in order to look after a child under the care of the Local Authority's children services	Referral from local authority children's services confirming approval and requirements for a move to take on the care of a child.
Members of the Armed and Reserve Forces	Proof of Forces service and need to move
Bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner, which was wholly or partially attributable to their service.	Confirmation of situation from Armed Forces
Victims of racial harassment amounting to violence or threats of violence where other temporary resolutions are not possible and where continued occupation of their current dwelling could place lives at risk	Referral / supporting evidence from a relevant agency e.g. Police, Victim Support, ASBT
Victims of hate crime where other temporary resolutions are not possible and where continued occupation of their current dwelling could place lives at risk	Referral / supporting evidence from a relevant agency e.g. Police, Victim Support, ASBT, Anthony Walker Foundation
Witnesses of crime, or victims of crime, who would be at risk of intimidation amounting to violence or threats of violence if they remained in their current homes, where other temporary resolutions are not possible and where continued occupation of their current dwelling could place lives at risk	Referral / supporting evidence from a relevant agency e.g. Police, Victim Support
Those who require rehousing due to a local authority approved regeneration or Decant scheme	Confirmation from the LA that the property falls within an approved Regeneration or Decant Scheme.
Persons participating in the Housing First Scheme led by the Liverpool City Region Combined Authority	Referral from LCR Housing First Administrator
Moving on from local authority homeless provision which is local authority / grant funded short-term supported housing / hostel where support is no longer required.	Confirmation from hostel / supported accommodation provider that the applicant is ready to move to independent living.

Reasonable Preference – Band B

Criteria	Example evidence
Homeless, as defined by Housing Act 1996, Part 7, section 175, regardless of whether they have made an application for homelessness assistance, including those who are owed the section 189B initial duty owed to all eligible persons who are homeless, but are not owed the section 188 interim accommodation duty	Referral from Homeless Team confirming criteria is met. It is important to note that the law requires that anyone applying for social housing who is believed to be homeless or threatened with homelessness must be regarded as making an application for assistance under homelessness legislation (Part 7 of the Housing Act 1996). Such applicants will therefore be referred for homelessness assistance.
Owed a duty under Housing Act 1996, Part 7, specifically, those who are:	Referral from Homeless Team

<p>a. Intentionally homeless and have a priority need for accommodation, owed the section 190 duty.</p> <p>b. Threatened with homelessness, owed the (prevention) section 195 duty.</p>	
Overcrowded due to lacking one bedroom	Evidence of the size of the property, such as property particulars or confirmation from the landlord, and the number of inhabitants, such as the electoral register. If necessary, an inspection may be carried out and advice sought from the Housing Standards Team. Refer to Overcrowding procedure Appendix 5.
Occupying insanitary housing or otherwise living in unsatisfactory housing conditions	Evidence that the applicant has made contact with their landlord and the Housing Standards team and copies of any improvement notices or prohibition orders issued. If an emergency prohibition order has been made, there should be a referral from the Housing Standards team with advice on the urgency of the situation.
Property in disrepair	Evidence that the applicant has made contact with their landlord and the Housing Standards team and copies of any improvement notices or prohibition orders issued. If an emergency prohibition order has been made, there should be a referral from the Housing Standards team with advice on the urgency of the situation.
Under-occupying social rented housing by one bedroom	Evidence of the size of the property, such as property particulars or confirmation from the landlord, and the number of inhabitants, such as the electoral register. If necessary, an inspection may be carried out. Refer to bedroom standard.
In housing need and needs to move on medical grounds (including grounds relating to a disability).	Referral from a medical professional (occupational therapist, psychiatrist, consultant, GP) or a social worker after a period of reablement provided by Adult Services has been completed. The key factor is the detrimental effect of the current accommodation so the referral could relate to the location of the property or its facilities. Whilst a referral is required and medical advice should be taken into consideration, it should not solely determine the outcome of the allocation officer's decision where there are other relevant factors.
In housing need and needs to move on welfare grounds.	Evidence of the applicant's welfare needs, such as: a) confirmation from social services that the applicant is providing accommodation for a care leaver or a person returning from a drug or alcohol recovery programme; or

	<p>b) confirmation from social services that the applicant is a young adult with learning disabilities who could not be expected to find their own accommodation.</p> <p>c) confirmation from a hostel / supported accommodation provider that the applicant is ready to move to independent living. In cases where the current accommodation is contracted by the local authority then the band award date will be backdated to the date they moved into the supported accommodation.</p>
<p>In housing need and needs to move to a particular locality to avoid hardship to themselves or others (for example victims of racial harassment, victims of hate crime, witnesses / victims at risk of intimidation, escaping anti-social behaviour, to access medical treatment, give or receive care or start employment/training, housing benefit restrictions).</p>	<p>Evidence of how the move will relieve hardship. For example:</p> <p>a) referral from a relevant agency such as Anti-Social Behaviour Team in conjunction with the Police, MARAC, Multi Agency Public Protection Arrangements (MAPPA),</p> <p>b) evidence from a family member who is suffering harassment and/or financial abuse and is in danger of losing their home that the applicant will provide emotional/financial support on moving; or</p> <p>b) evidence from a medical professional that the applicant needs to be in a specific area to access treatment for a medical condition that cannot be reasonably accessed where they currently live.</p>

Additional requirements for special categories:

<p>If the applicant is under 18.</p>	<p>Confirmation that there is a third party to be a trustee of the tenancy (evidence is not required at application stage), satisfactory evidence that the applicant can pay the rent, such as proof of earnings, or an adult guarantor will be required at offer subject to the offering landlord's own procedures.</p>
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Local connection:

Grounds for local connection	Example evidence
<p>Currently live within the Scheme area for a continuous period of at least two years (6 of the last 12 months or 1 of the last 5 years and owed a homelessness duty).</p>	<p>Tenancy agreement, Council tax or utility bills or bank statements. For proof of former residence, possibly confirmation from the electoral register.</p>
<p>Have employment in one of the scheme local authority areas or (if self-employed) have a work base in the local authority area. Must not be short term i.e. less than 12 month contract, or less than 16 hours per week and in receipt of UC / WTC</p>	<p>Wage slips or P60 if employed, rates or business utility bills or business bank statements for self-employed.</p>
<p>Have parents, adult siblings or adult children currently living in one of the scheme local authority areas and who have lived in that area for</p>	<p>Evidence of family connection, such as birth certificate, and evidence of family member's residence, such as tenancy agreement, Council tax or utility bills or bank statements. For proof of former</p>

a continuous period of at least 5 years.	residence, possibly confirmation from the electoral register.
Have special circumstances so should be deemed to have a local connection.	<p>Evidence that the household includes someone who:</p> <p>a) is serving in the regular forces or who has served in the regular forces within the last 5 years;</p> <p>b) has recently ceased or will cease to be entitled to reside in accommodation provided by the Ministry of Defence following the death of that person's spouse or civil partners where the spouse or partner served in the regular forces and their death was attributable (wholly or partly) to that service; or</p> <p>c) is serving or has served in the reserve forces and who is suffering from a serious injury, illness or disability which is attributable (wholly or partly) to that service.</p> <p>d) Persons who are victims of domestic abuse or threats of domestic abuse, or escaping domestic abuse or harm</p> <p>It may be possible to verify special circumstances with a third party. For example, the police may be able to verify that a household is fleeing violence, a social worker may be able to verify that someone needs to be near a close relative to provide care or the homelessness team may be able to verify that the applicant was placed in interim accommodation outside the borough.</p>
Clarification notes	<p>Applicants will only be awarded a priority Band A or B for a local authority area where they have a verified Local Connection to the area as described above. For all other LA areas they will be awarded Band C.</p> <p>If they are claiming local connection based on residence and have been resident in more than one local authority area in the past two years, then they will only get a priority Band A or B for the area where they are currently resident or where they have been resident within the previous two years or where they can demonstrate a local connection on other grounds e.g. employment or family connection. For all other local authority areas a Band C will be awarded.</p>

Unacceptable behaviour:

Appropriate evidence could be evidence from internal records, the applicant's current landlord or the police of the applicant or a member of the applicant's household. If no unacceptable behaviour is found, the applicant should be asked to confirm in writing that there has been no such unacceptable behaviour and should be reminded of the importance of not providing misleading or inaccurate information.

Financial resources:

Disqualification criteria	Example evidence
Owner occupier or has equity in a property (unless there are pressing health needs for sheltered housing).	Declaration on application form. Mortgage statements.

An applicant, joint applicant or partner with financial resources consistent with the UK Government's upper limit for savings set out in the common rules of the DWP Benefit and Pension Rates (disregards apply to Armed Forces personnel, see sections 3.2.14 and in certain circumstances those awaiting discharge from hospital or residential care, section 3.2.10)	Applicants will be asked to declare their financial resources at the application stage. Verification evidence may include proof UC in payment, Bank statements and declaration via application form. If in receipt of Universal Credit this will suffice as evidence
An applicant who has been allocated social rented housing via this Scheme within the 12 months preceding a new application, and whose accommodation remains suitable.	Application housing history, PPP Records, landlord reference.
Participants of the Liverpool City Region Combined Authority Housing First Scheme are exempt from this qualification criterion	Housing First referral (see policy s3.2.2 for exemptions)

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APPENDIX 3 –

Policy for applying discretion when allocating housing.

Contents

PPP POLICY - 4.6.0 - DISCRETION	699
1. ASSESS WHETHER THE APPLICANT HAS EXCEPTIONAL CIRCUMSTANCES.....	711
2. REFER TO THE LOCAL AUTHORITY SENIOR OFFICER	71
3. LOCAL AUTHORITY SENIOR OFFICER TO DECIDE WHETHER TO EXERCISE DISCRETION	72
4. INFORM THE APPLICANT OF THE OUTCOME.....	73
5. BACKGROUND INFORMATION	73
PROCESS CHART FOR APPLYING DISCRETION WHEN ALLOCATING HOUSING.....	74

DRAFT

4.6.0 Discretion

4.6.1 *Discretion about being made qualifying, being made a direct offer of social rented housing, or being awarded additional preference will be exercised only by the Local Authority's Senior Officer. When assessing whether discretion should be applied, the local authority will consider:*

- 1. What the exceptional circumstances are. They should be unusual or remarkable circumstances which indicate that the applicant's housing needs are more urgent than other applicants.*
- 2. What will be the consequences if no discretion is exercised? This will include considering how serious the potential consequences are and how likely each potential consequence is.*

4.6.2 *The use of discretion will be, limited only to individual cases, within the City Region area, where there are exceptional circumstances including, but not limited to those detailed below:*

- a. Providing protection to people who need to move away from another local authority area, to escape violence, harm, or intimidation.*
- b. In circumstances where an applicant needs to move due to a serious offence (equal to MAPPA level 2 or 3), as defined by the Serious Crime Act 2007, Part 1, Schedule 1, there will be joint working with the Police, Probation Services, Adult Care Services, health professionals, registered providers and other bodies, to manage any risk to the community.*
- c. In circumstances where a member of the Armed Forces community has been disadvantaged in respect of their ability to access suitable housing through their own or their family member's service in the Regular Armed Forces or Reserve Forces.*
- d. In circumstances where a direct let is considered necessary to resolve an exceptional and urgent welfare need of an applicant or a member of their household.*

4.6.3 *When deciding, the local authority's Senior Officer will have regard to:*

- 1. The fact that decisions to exercise discretion will be kept to minimum.*
- 2. The need for consistency with previous decisions whether or not to exercise discretion.*
- 3. What would be a fair outcome to ensure that there is no discrimination and*
- 4. The likelihood and severity of the potential consequences of discretion is not exercised.*

A decision as to whether or not to exercise discretion will be made at the point of receipt of application and again at the point of offer.

In addition to the above the local authority may decide to vary the scheme to provide for a period of direct lets to particular categories of people. Any decisions to do so will be made where it is considered necessary to meet local housing needs, and taking into account the authority's current tenancy and homelessness strategies. Any such variations to the scheme can be found on the website www.propertypoolplus.org.uk.

The local authority may also decide to implement small scale variations to the scheme for a limited period, to pilot new ways of working to inform future service delivery and potential scheme improvements. Details of any such trials will be made available on the Property Pool Plus website. In all cases when direct offers are made, applicants will receive one direct offer only subject to the local authority's discretion to make a further direct offer.

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Procedure for applying discretion when allocating housing.

1. Assess whether the applicant has exceptional circumstances.

- a. When assessing whether the application should be referred to the Senior Officer, the allocations officer should consider:
 - i. what the exceptional circumstances are. They should be exceptional, unusual or remarkable circumstances which indicate that the applicant's housing needs are more urgent than other applicants with reasonable preference.
 - ii. what will be the consequences if the local authority does not exercise discretion to move the applicant urgently. This should include considering how serious the potential consequences are and how likely each potential consequence is;
- b. Some examples of exceptional circumstances where the Local Authority's Senior Officer may decide to exercise discretion include, but are not limited to:
 - Providing protection to people who need to move away from another local authority area within the scheme area, to escape violence, harm, or intimidation,
 - In circumstances where an applicant needs to move due to a serious offence (equal to MAPPA level 2 or 3), as defined by the Serious Crime Act 2007, Part 1, Schedule 1, there will be joint working with the Police, Probation Services, Adult Care Services, health professionals, registered providers and other bodies, to manage any risk to the community.
 - A member of the Armed Forces community who has been disadvantaged in respect of their ability to access suitable housing due to their own or their family member's service in the Regular Armed Forces or Reserve Forces.
 - In circumstances where a direct let is considered necessary to resolve an exceptional and urgent welfare need of an applicant or a member of their household.
- c. If the allocations officer is in any doubt as to whether or not to refer the file, the officer should discuss the matter with a senior officer in their organisation.

2. Refer to the Local Authority Senior Officer.

- a. Once the applicant has been assessed as having exceptional circumstances, the Senior officer may refer the case to the Senior Local Authority Officer using a secure email.

3. Local Authority's Senior Officer to decide whether to exercise discretion.

- a. The local authority's Senior Officer will carry out a review of the file by considering all of the circumstances, details within the secure email, the PPP Housing Allocation Scheme, any relevant legislation and statutory guidance and similar previous applications.
- b. As part of the review, the Local Authority Senior Officer may require the allocations officer to collect further evidence about the circumstances and/or provide a more detailed report on the circumstances.
- c. When carrying out the review, Local Authority Senior Officer will have regard to:
 - i. the fact that decisions to exercise discretion should be kept to a minimum.
 - ii. the need for consistency with previous decisions.
 - iii. what would be a fair outcome ensuring that there is no discrimination and that reasonable preference groups still have reasonable preference within the allocation system; and
 - iv. the likelihood and severity of the potential consequences if the Senior Officer does not exercise discretion. Got to be threat to life or irreversible harm?
- d. Example where discretion may be appropriate in the circumstances could be:
 - i. an applicant who is a witness in proceedings and who is being threatened or attacked in existing accommodation, where clear support from Merseyside Policy is present, so needs to move to a new area within the Liverpool City Region urgently.
 - ii. When the full housing need can't be fully met but an offer would improve their current situation.

This example is not definitive in showing when discretion should or should not be exercised and is only included as guidance to assist the Officers in identifying applications which should be considered under the discretionary criteria.
- e. The local authority Senior Officer should aim to make a decision on whether or not to exercise discretion within **7 days** of either receiving the secure email or receiving additional evidence or reports which have been requested (whichever is later). The Local Authority Senior Officer should inform the officer of the decision as soon as possible after it has been made and should record the decision and the reasons for it on the file.

- f. The Local Authority Senior Officer should ensure that the discretionary decision is entered on the Scheme Discretion Register.

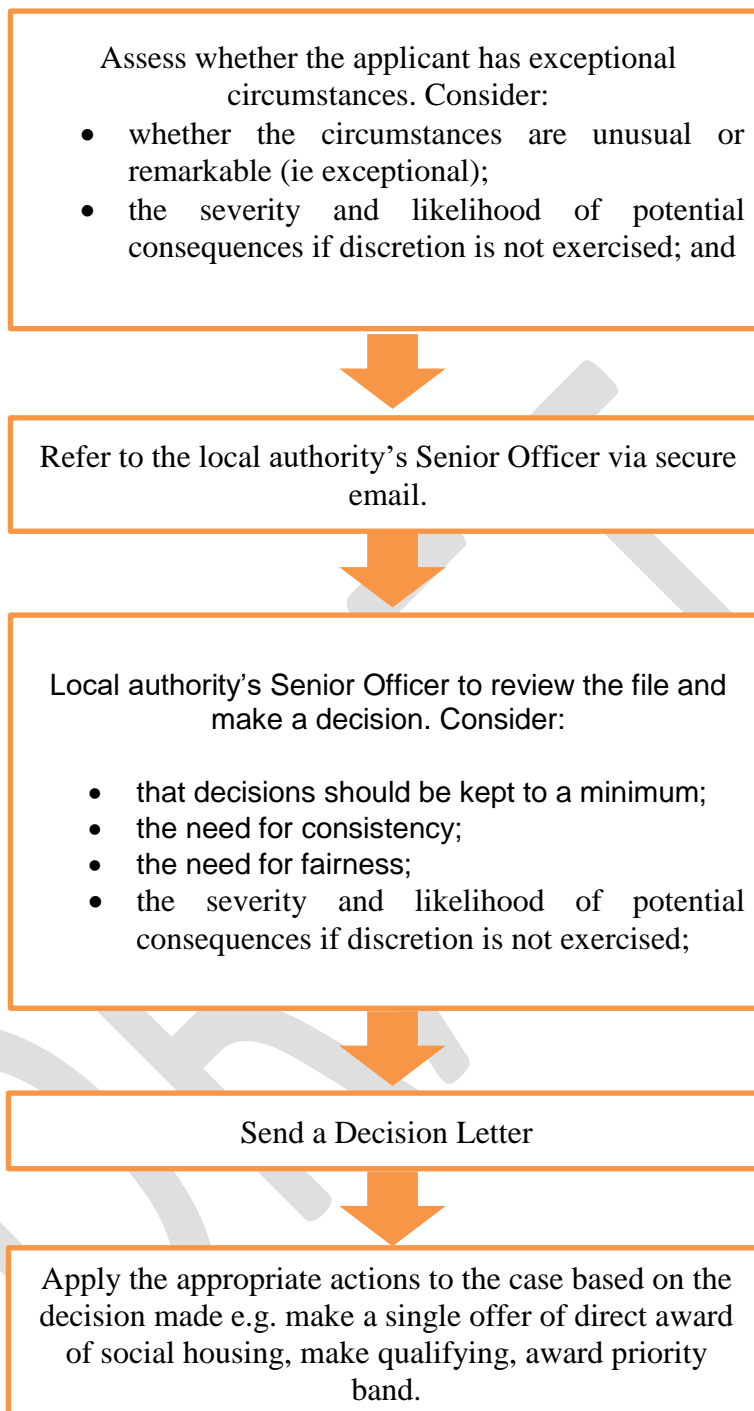
4. Inform the applicant of the outcome.

- a. Once the assessment of the application has been completed, the Local Authority Senior officer should ensure that the applicant is informed of the outcome using a Decision Letter.
- b. In all cases when direct offers are made, applicants will receive one direct offer only subject to the local authority's discretion to make a further direct offer.

5. Background information

- a. This procedure applies to any applicants who have applied for an allocation of housing in the local authority area and are considered to be in exceptional circumstances so that discretion may need to be applied.
- b. This procedure is in accordance with the Housing Allocation Scheme produced by The Council.
- c. Throughout this procedure, whenever a document is to be completed or issued, an electronic copy should be retained on the file.
- d. This procedure will be reviewed in line with any significant change in the Housing Allocation Scheme, legislation, statutory guidance or significant case law. Separate to this it should be reviewed every two years.

Process chart for applying discretion when allocating housing.



APPENDIX 4**Procedure for dealing with requests for reviews of allocation decisions.****Contents**

Procedure for dealing with requests for review of allocations decision	75
1. Assess whether the applicant is entitled to request a review	76
2. Acknowledge receipt of the request	76
3. Refer the request	76
4. Stage 1 review	76
5. Inform the applicant of the outcome of the stage 1 review	76
6. If the applicant is not satisfied with the outcome of the stage 1 review and wants to take further action	76
7. Stage 2 review	77
8. If the applicant wants to take further action	77
9. Background information	78
Process chart for dealing with requests for reviews of allocation decisions	79

DRAFT

1. Assess if the applicant is entitled to request a review

- a) Applicants or their representative can request a review of a decision made in relation to their application via their administering scheme partner. The request for a review can be made in person, by telephone, by email or in writing within 15 working days from the date of being advised of the decision they are disputing. In exceptional circumstances, discretion may be used to proceed with the review, if the request for a review is made outside of the 15 working days.
- b) Applicants can only request reviews on the following grounds;
 - i. That an applicant is not eligible for an allocation of social rented housing, due to being subject to immigration control or being an ineligible person from abroad.
 - ii. That an applicant does not meet the qualifying criteria to join the housing allocation scheme.
 - iii. The degree of preference they have been afforded, including any changes made to the degree of preference they are entitled to.
 - iv. The facts of their case which are likely to be, or have been, taken account of when deciding whether to make a nomination to a registered provider, including their medical condition or welfare needs.
 - v. The type of social rented housing for which an applicant will be considered for.
 - vi. The extent of the applicant's household.
 - vii. Whether a nomination constitutes a final offer
- c) If the applicant is not entitled to request a review due to being outside of the timeframe or requesting on grounds other than those specified below. The applicant should be informed of this in writing.

2. Acknowledge receipt of the request

- a) As soon as possible after receipt of a verbal or written request for a review, the officer must acknowledge receipt of the request.

3. Refer the request

- a) As soon as the notification has been sent, the officer should refer the request to a senior officer who was not involved in the original decision.

4. Stage 1 review

- a) The review will be carried out by a senior officer who was not involved in the original decision.
- b) The senior officer will carry out the review considering all of the facts, the policy, any relevant legislation and any statutory guidance. Any supporting documentation provided by the applicant or the applicant's representative will also be considered.

5. Inform the applicant of outcome of the stage 1 review

- a) A response should be provided with the outcome of the review to the applicant within 15 working days of the request being received.

6. If the applicant is not satisfied with the outcome of the stage 1 review and wants to take further action

- a) The applicant can request a stage 2 review within 15 working days of receiving the review decision notice advising them of the stage 1 outcome. This request for a review can be

made in person, by telephone, by email or in writing, but must set out their reasons for the request.

- b) An acknowledgement letter must be sent to the applicant, copying in the relevant scheme council, within 10 working days of receipt of the stage 2 request.
- c) All the necessary documentation must be sent immediately to the relevant council, which should include the following;
 - The applicant's initial stage 1 review complaint
 - The response from administrating scheme partner
 - The applicants request that they wish to proceed to a stage 2 review
 - Electronic application file
 - Any other relevant documentation.

7. Stage 2 Review

- a) The stage 2 review will be heard by a panel that will be chaired by a senior manager at the relevant scheme council and at least two other panel members, that will be either an officer from one or more of the administering scheme partners not involved in the original decision or stage 1 review and/or the property pool plus co-ordinator.
- b) Applicants will be offered the chance of presenting their case in person (or remotely via teams). Wherever possible a meeting will be convened within 15 working days of the acknowledgement letter being issued, however, this period may need to be extended but, in these cases, will be a maximum of 31 days.
- c) The panel will make their decision based on all the evidence that is detailed above. Please note that any new/additional evidence cannot be considered at Stage 2 but should be submitted to assessment prior to the Stage 2 Panel Hearing.
- d) The decision should be provided in writing within 10 working days from when the panel meets.

8. If the applicant wants to take further action

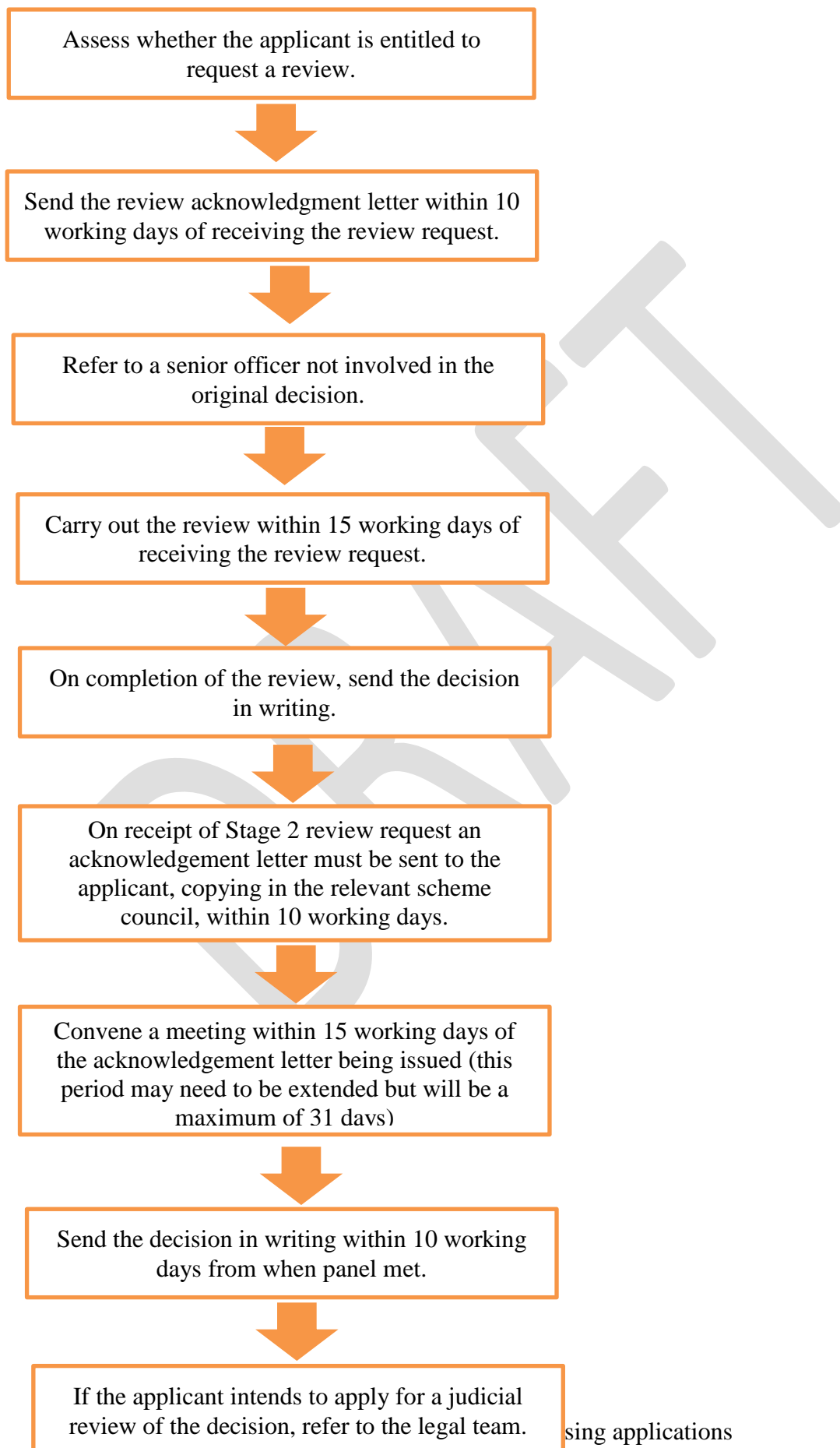
- a) Applicants will be informed of their right to pursue a judicial review, where they believe there is evidence that a decision is irrational, illegal or fails to follow public law procedural requirement. This includes a refusal to take an application to join Property Pool Plus.
- b) An applicant can apply for a judicial review, if they can show that the review decision;
 - i. is contrary to the Part 6 of the Housing Act 1996
 - ii. is contrary to the Housing Allocation Scheme
 - iii. has been reached by applying an unfair or unlawful procedure
 - iv. is based on a mistake of law (or sometimes fact)
- c) To be able to apply for a judicial review, the applicant will have to apply for the Administrative Court's permission as soon as possible, but in any event within three months of being notified of the review decision.
- d) If the officer becomes aware that the applicant intends to apply for a judicial review, the officer should immediately pass the file to the legal team.

- e) If applicants are dissatisfied with how their application and any subsequent complaint has been handled by the local authority, they will be informed of their right to make a claim of maladministration to the Local Government and Social Care Ombudsman.

9. Background Information

- a) This procedure applies to any applicants who have requested a review of a decision in relation to the allocation of social housing in the local authority area.
- b) This procedure is in accordance with the Housing Allocation Scheme produced by the local authority.
- c) Throughout this procedure, whenever a document is to be issued, a copy should be retained on file.
- d) This procedure will be reviewed in line with any significant change in the Housing Allocations Scheme, legislation, statutory guidance or significant case law. Separate to this it should be reviewed every two years.

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Process chart for dealing with requests for reviews of allocation decisions.

APPENDIX 5

Determining an applicants' entitlement to bedrooms, for assessing overcrowding and under-occupancy

1.1.0 Determining bedroom entitlement to assess overcrowding or under-occupancy.

- 1.1.1 If an applicant has applied on the basis that the applicant's existing accommodation is overcrowded or under-occupied, the officer should first establish the applicant's bedroom needs.
- 1.1.2 For the purposes of determining overcrowding or under-occupying, an assessment will be made against the minimum room size for licensed HMOs (for licences issued after 01st October 2018) or the UK Government's Bedroom Standard for any other type of dwelling, which allows a separate bedroom each for:
- i. A married or cohabiting couple,
 - ii. Adult aged 21 years or more,
 - iii. Pair of adolescents aged 10-20 years of the same gender,
 - iv. Pair of children aged under 10 years regardless of gender,
 - v. An adolescent aged 10-20 years paired with a child aged under 10 years of the same gender,
 - vi. An unpaired adolescent aged 10-20 years,
 - vii. An unpaired child aged under 10 years.
 - viii. An unborn child will be included in the bedroom calculation from the point the MATB1 certificate is provided to confirm the pregnancy. The gender of the unborn child will not be taken into consideration until the birth of the child i.e. the child will be paired with another unpaired child or unpaired adolescent regardless of gender until the birth.
 - ix. An adult or child who cannot share due to a disability or medical condition, or due to fostering arrangements being facilitated by the local authority.
 - x. An overnight carer for any usual household member, if the carer isn't a usual household member.
 - xi. Where gender identity is put forward as a reason for requiring an additional bedroom to be awarded outside the scope of the above criteria, cases will be assessed on a case by case basis. Consideration will be given to the particular circumstances in each case including evidence, which should be submitted to inform the decision, evidence may include, but is not limited to a gender recognition certificate for an adult age 18+, or for a child may include a letter of support from a Social Worker, medical professional, or member of school leadership team.
- 1.1.2 Once an applicant's bedroom needs are known, the local authority will confirm whether an applicant's existing accommodation is overcrowded or under-occupied. The local authority will confirm the size and type of the existing accommodation and the usual members of the applicant's household. This might include the local authority assessing the evidence provided by the applicant or if necessary, carrying out an inspection.

- 1.1.3 The following non-exhaustive list details the types of evidence an applicant may provide, all documents should be dated within the previous 3 months or linked to the current financial year's benefit award:
- i. Local authority letter (council tax, benefits etc.)
 - ii. DWP letter
 - iii. Payslip / P45 / P60
 - iv. Photo driving licence
- 1.1.3 Whilst determining whether an applicant is overcrowded or under-occupied, the local authority will consider whether any other services could assist an applicant in resolving their overcrowding or under-occupation and will advise the applicant accordingly.
- 1.1.4 The local authority will notify applicants as to whether they are overcrowded or under-occupying. Applicants that are overcrowded or under-occupied by two or more bedrooms will be placed in Band A. Applicants that are overcrowded or under-occupied by one bedroom will be placed in Band B. Applicants that are not overcrowded or under-occupied will be placed into Band C, unless there are any other grounds relevant to their applicant (see section 4.2.4).
- 1.1.5 If there is any indication that the applicant may have contrived the overcrowding or under-occupancy situation with the intention of gaining preferential access to housing, the officer should ask the applicant for clarification. Should any further evidence provided by the applicant not provide sufficient clarification the officer will discuss the file with a senior officer. The officer and the senior officer should agree what further inquiries there should be carried out to confirm the situation.
- 1.1.6 Applicants who have contrived an overcrowding or under-occupation situation should be dealt with under the policy for dealing with potential cases of disqualification as set out in section 2.3.0.

2.2 Specific Arrangements

- 2.2.1 Officers should discuss the potential of separate housing applications for households with qualifying adult children, if they are statutorily overcrowded at the point of application and are unlikely to have their housing needs fully met when making a single application.
- 2.2.2 Applicants may be awarded eligibility for an additional bedroom should they require and overnight carer who is required to have their own bedroom, or an additional room for medical equipment. Applicants should provide evidence from a health or social care professional with direct knowledge of the situation and housing needs.
- 2.2.3 A second ground floor living room can be regarded as a bedroom and included in the assessment of an applicant's bedroom need as such, except where the property has a through kitchen/lounge or kitchen/diner and only one other separate living room or the dividing wall between two living rooms has been substantially removed. In considering the use of a room which could be used as a bedroom, regard will be given to whether the room has a fixed heating Page 38 appliance with exposed flame which would make it unsuitable for use as a bedroom.

2.2.4 Where there is a requirement for space standards to be considered this will use the Housing Act 1985 and 2004 act to inform any decisions on applications.

2.2.5 When considering child access arrangements the council will make a decision about which parent or guardian it deems has the primary care of the child. This will be based on the individual merits of each case taking into account receipt of child benefit, court orders, percentage of time spent caring for the children, the regularity and permanence of the arrangement, and advice on affordability.

Where an applicant does not have primary care of dependent children, but shares care, either as a result of a court order or an informal arrangement, the council will consider the size and type of accommodation that is appropriate to either parent or guardian on a case by case basis.

Where an applicant has overnight access to children, they will normally be assessed as requiring one additional bedroom, but this bedroom award will not be taken into consideration for the assessment of a priority on overcrowding grounds.

An allocation of accommodation will depend on the rules applied by each registered provider. A decision of a registered provider will depend on several factors including:

1. The ability of the applicant to afford the rent with or without help from benefits; the property must be assessed as affordable.
2. The availability and popularity of family housing in any area that an applicant expresses a preference to live. For example, a registered provider may be more flexible if the property is a flat rather than a house or in an area of low demand. An applicant should contact the registered provider(s) directly for more information on their individual rules.

REPORT TO:	Health Policy and Performance Board
DATE:	24 th September 2024
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Public Health Annual Report 2024
WARD(S)	Borough wide

1.0 **PURPOSE OF THE REPORT**

1.1 The purpose of this report is to provide some background information for the presentation on the Public Health Annual Report (PHAR) for the period 2023- 24 Healthy Start, Healthy Future.

2.0 **RECOMMENDATION: That**

- i) the Board note the contents of the report, and**
- ii) Supports the recommendations.**

RECOMMENDED: That the report be noted.

3.0 **SUPPORTING INFORMATION**

3.1 Since 1988 Directors of Public Health (DPH) have been tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively.

3.2 The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report remains a key means by which the DPH is accountable to the population they serve.

3.3 For 2023-2024 the Public Health Annual Report focusses the impact of empowered young people who have embraced key messages from the Personal, Social and Health Education (PSHE) curriculum, who are inspired to promote change within their school community. The children and young people are supported to make this change through the work of the Healthy school's team in collaboration with schools and other partners. Annually this culminates in an event where the different programmes that they have developed are shared and their contributions celebrated.

- 3.4 *“Early childhood is a critical time for development of later life outcomes, including health. Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy” (The Marmot Review 10 Years On).* In recognition of the importance of this window of opportunity in our children and young people’s lives, The Public Health teams’ Healthy Schools Program works with schools and colleges to help create a healthy school environment that builds lifelong health enhancing habits.
- 3.5 The report highlights some of the key health challenges as well as some of the ways that the healthy schools programme tackles these. Empowering young people with essential life skills contributes to a healthier population and better healthcare outcomes. By shaping healthier behaviours, preventing risky choices and enhancing overall wellbeing, health education can lead to long-term cost savings in health and social care cost. When schools adopt whole-school approaches to health and wellbeing, children can naturally develop healthier habits.
- 3.6 The report cannot, by its nature, cover the work done in every school but its highlights several schools and educational settings showcasing approaches to vaping on school grounds, peer led health messaging, role modelling to parents around health food and physical activity, five ways to wellbeing and an intergenerational approach to reducing loneliness.
- 3.7 Finally, all the work has been designed by children and young people locally, including these Halton Children’s Top Tips for a healthy life:
1. Oliver, Y12, Ashley School: “Have a good routine and focus on mindful activities to promote mental wellbeing. Talk to someone.”
 2. Liam, Y12, Ashley School: “Get outside for a short time every day – anything from 5 minutes to an hour walking or cycling.”
 3. Dougie, Year 5, Windmill Hill Primary: “Eating less junk food can help you to stay healthy.”
 4. Isabella, Year 5, Windmill Hill Primary: “Build up activity 5-10 minutes at a time and get your friends involved so it’s more fun.”
 5. Hannah, Year 5, Windmill Hill Primary: “Set goals for yourself, like being active every day...and include your friends.”
 6. Poppy and Isla, Year 2, Widnes Academy: “Don’t smoke or vape in front of children.”
 7. Oliver, Year 6, Westfield Primary: “To be healthy in your mind, try to stay positive and think about the 5 ways to wellbeing.”
 8. Max, Year 5, St Michaels: “Spending time with others and

learning new things are really important and can really improve your health and wellbeing.”

4.0 **POLICY IMPLICATIONS**

4.1 The Public Health Annual Report should be used to inform commissioning plans and collaborative action for the NHS, the council and other key partners as appropriate.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified at this time.

6.0 **IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

This is a central tenet of the annual Public Health Annual report.

6.2 **Building a Strong, Sustainable Local Economy**

Begins with investing in our children and young people, empowering them with the skills and opportunities they need to shape a prosperous future.

6.3 **Supporting Children, Young People and Families**

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The report will highlight the Children’s Joint Strategic Needs Analysis (JSNA), which is a key piece of work for commissioners.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

The above priority is a key determinant of health. Therefore, improving outcomes in this area will have an impact on improving the health of Halton residents

6.5 **Working Towards a Greener Future**

The environment in which we live, and the physical infrastructure of our communities has a direct impact on our health and wellbeing.

6.6 **Valuing and Appreciating Halton and Our Community**

Intergenerational initiatives between local schools and care homes are showcased within the report identifying the value of such schemes within the community to both young and old.

7.0 **RISK ANALYSIS**

7.1 Developing the PHAR does not present any obvious risk.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This report was produced in line with all equality and diversity issues in Halton.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 Copies of the report are available in a range of formats including paper free versions. Copies are on the HBC website.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1 None under the meaning of the Act.

Healthy Start Healthy Future



**Public Health Annual Report
2023/24**

Contents

- 2 Foreword
- 3 Progress on recommendations from 2022-2023
- 7 Children's health in Halton
- 8 Healthy Schools Programme
- 9 Key achievements 2023-24
- 10 Case Study - Windmill Hill Primary School
- 13 Case Study - Widnes Academy
- 15 Case Study - St Michael's Catholic Primary School and Ferndale Court Care Home
- 17 Case Study - Ashley High School
- 19 Case Study - Westfield Primary School
- 21 Tips for staying healthy and 2023-24 recommendations
- 22 Thank you and acknowledgements

Foreword



Dr Ifeoma Onyia,
Director of Public Health

Every year the Director of Public Health is required to write a free and independent Public Health Annual Report. The report can cover a full range of what the public health team do, or it can highlight a particular service area. This year I have chosen to focus on the Halton Healthy School Award.

In all our lives, the directions we take will have their roots in our early childhood. The experiences and interactions, education and other opportunities for learning are some of the most important building blocks of lifelong health. In order to help create a supportive environment in which Halton's children and young people can excel and achieve their best, the public health team works alongside the school and some very inspiring young people to deliver the healthy school programme that will create a positive health change. We know that healthy actions sustained over time improve both well-being as well as physical health in the long term.

It is no accident that we say that children are our future, so work to support and improve children's and young people's health is crucial. This report details some of the work done in a number of schools supported by a small and dedicated number

of staff from the public health team. My intention is to increase understanding amongst the public, community and voluntary sector partners about the benefits of doing such work and where there are opportunities to reach wider; and I hope to identify more organisations with which we can work.

The data and evidence that informs our work tells us that it's now even more important to act. Many of the health indicators for children and young people need to improve to give every child the best start in life. We also know that if we want to make a difference to long term health in Halton, we need to start early, sustaining the work from the early years. The report provides examples of activity designed and led in the various schools alongside partners with our support on topics as diverse as vaping on school grounds, peer led health messaging, role modelling to parents around healthy food and physical activity, five ways to well-being and an intergenerational approach to reducing loneliness.

It is important to also highlight that public health delivers activity that cuts across all ages and in many different settings. Further information can be found on the public health sections of the Halton Borough Council Website, [halton.gov.uk](https://www.halton.gov.uk). It's my intention to highlight more information about our team and the range of services that are available as we move to a new way of sharing this work online.



Director of Public Health reports on progress on priorities from 2022-2023 report

1 Additional support and investment in children's mental health from all partners.

Mental health, well-being and self-harm are strategic priorities for the 'One Halton' partnership. Mersey Care provide mental health support teams in 45 primary and secondary schools and we are working to encourage teenage males to engage with mental health services.

Public Health continued to fund Child Bereavement UK, bereavement support for children, young people and anyone bereaved due to the death of a child, and the NHS provided an additional funding for bereavement awareness training. We are also developing guidance to help schools to respond to suicide attempt disclosures.

Children's services through educational psychology are now delivering narrative therapy and problem-solving approaches with children and young people identified through schools. Family hubs have also developed a child mental health offer, including systemic family practitioners to support difficult family issues.

2 Every time a person has a health visit they should have their weight measured and be asked about smoking and how much alcohol they drink. If they need help with any of these, they should be signposted to the Health Improvement Team.

We have introduced a new system that links with the GP practice database and identifies anyone who needs further advice following an NHS health check. Following their NHS Health check 1,271 patients out of 4,242 patients were referred onto services to support healthier lifestyle changes.

4 Raise the profile of Sure Start to Later Life so that more people are aware of the benefits of the program.

This has not progressed as far as we would have liked to see, there have been some changes in the team and there is now a new lead in post who will take on this task. The team continue to receive positive feedback about the service and it's our expectation that greater outreach is achieved over the coming year.

5 All policies should systematically and explicitly take into account health when decisions are made, specifically to close the inequality gap.

Much progress has been made in terms of working with partners to highlight how health can be impacted by wider decisions. We led a Health Scrutiny review of Health Inequalities in the borough, and were able to take part in discussions about the new corporate policies where health has been identified as a priority and so has the need to address inequality and helping those most in need. These are still very new and the intention is to continue to work across the council to embed a health in all policies approach.

3 The delivery of NHS Health Checks should increase to ensure that all eligible people in Halton get an offer.

The team have achieved the national target of 20% of the total eligible population being invited for an NHS Health Check (NHSHC). In 2023 37% of patients invited chose to attend their health check, this increased in 2023/24 to 55%, with 8,369 patients being invited and 4,242 patients receiving their check.

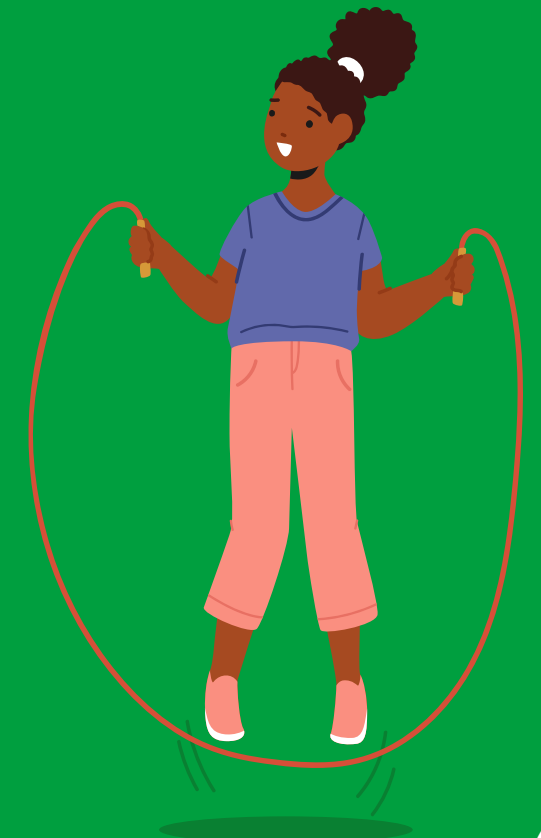
Halton NHS Health Check Service has prioritised tackling health inequalities and achieved some key milestones, including:

- To date 100% of ethnic minorities who are eligible for an NHSHC have received an invitation. Accounting for 6.4% of all NHSHC's completed in Halton.
- 53% of completed health checks are for people living in the lowest income areas, where uptake in these areas previously was the lowest.
- We have improved uptake of health checks in people of working age.



"I believe that all children in Halton deserve to have every opportunity to grow up healthily. This year's Public Health Annual Report examines the work done in schools by the children, the teachers, the public health Healthy Schools' Team and wider partners to develop plans to improve health. The examples in the report are just a few of the many innovative ways in which our children in Halton are ensuring that they take advantage of the opportunities provided. I want to see Halton being the best place where children can be born, live and grow up in – where their health supports them in achieving their hopes and dreams. I recommend this report to you."

Councillor Marie Wright





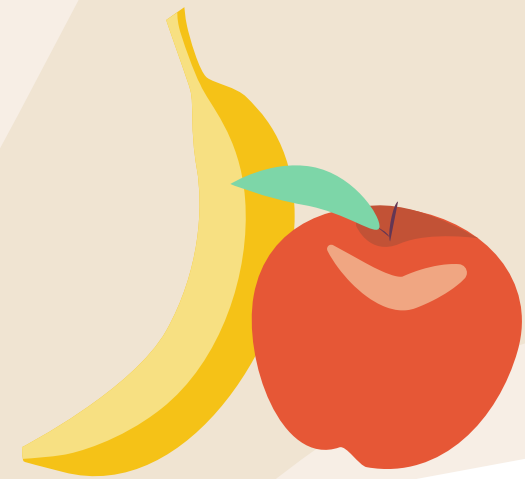
Working closely with our health colleagues across Halton, we are committed to giving all of our children and young people the best possible healthy start to their lives. I am really pleased that this report is highlighting the fantastic work that is being done in our local schools. Given the time, resources and encouragement, children embrace healthy habits quicker than adults, the results can last a lifetime and they influence those around them to be healthier. We really should be taking their lead much more.

Zoe Fearon
Executive Director of Children's Services



I would like to thank all of the children and young people who have contributed to this report. Their photos, quotes and examples of great initiatives makes for interesting reading. One of our strengths in Halton is the people and this report shows what can be achieved by our children, young people and their families supported by professionals including teachers, social care and health staff who all work closely together behind the scenes. Thank you and well done to you all.

Councillor Tom McInerney
Portfolio Holder for Children,
Education and Social Care



Children's health in Halton

We know that growing up in Halton can be tough. Halton is a relatively deprived borough, being the 23rd most deprived out of 317 districts in England. Life expectancy for men and women is lower than the national average, and the difference in life expectancy between the most and least affluent wards is 13.7 years for men and 9.3 years for women.

- Life expectancy at birth is statistically lower than the national and regional averages. A healthy and disability-free life expectancy are also lower.
- Almost 1 in 5 children under 16 are living in relative poverty in Halton. This proportion has increased locally and nationally in recent years.
- For most health-related indicators, Halton fares worse than the North West region and England, including early booking for maternity care, smoking at time of delivery, obesity during pregnancy and child obesity, breast feeding, hospital admissions due to gastroenteritis in infants (under age 1), respiratory tract infections, and some vaccination and immunisation uptake.
- Fewer Halton children receive early developmental checks - up to and including the checks for children aged 2 to 2½
- Whilst a higher proportion of 2 to 2½ year checks achieve a good level of development, lower proportions achieve a good level of development by end of reception year. However, there has been substantial improvement locally and the gap between Halton and England has narrowed.
- The last 10 years has seen fewer young people being admitted to hospital with alcohol-specific causes. However, rates remain above the England average.
- Hospital A&E admissions due to injuries are a significant problem, a leading cause of A&E attendance and the top cause of emergency admissions. Rates are statistically above England but the gap has narrowed as rates have fallen.
- Halton has higher levels of Special Educational Needs (SEN). Speech, Language and Communication problems as well as social, emotional and mental health problems are the top reasons.
- Educational attainment overall is lower than comparators.

Early childhood is a critical time for development of later life outcomes, including health. Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy.

(The Marmot Review 10 Years On)

In recognition of the importance of this window of opportunity in our children and young people's lives, Halton Borough Council's Healthy Schools Programme works with schools and colleges to help create a healthy school environment that builds lifelong health-enhancing habits.



Healthy Schools Programme

What is Halton Healthy Schools?

Halton Healthy Schools Award is a whole-school approach to physical, social, and emotional health and well-being. Schools are encouraged to adopt an holistic approach to health and well-being; integrating health and well-being in to policies and practice for pupils, staff and the entire school community.

This report focuses on the impact of empowered young people who have embraced key messages from the Personal, Social and Health Education (PSHE) curriculum, who are inspired to promote change within their school community.

What are the benefits of healthy schools?

Empowering young people with essential life skills through health education contributes to a healthier population and better healthcare outcomes. By shaping healthier behaviours, preventing risky choices and enhancing overall well-being, health education can lead to long-term savings in health and social care costs. When schools adopt whole-school approaches to health and well-being, children can naturally develop healthier habits.

The health priorities schools choose often include smoking, obesity and mental health. Most adult smokers began smoking before age 18. A smoker who started young is even more likely than a smoker who started at an older age to become ill or die from it (ASH, 2024). School-based smoking prevention and alcohol awareness education, and staff training, are part of the Tobacco Control Plan and Alcohol Strategies for Halton.

Childhood obesity often persists into adulthood. Encouraging healthy behaviours during childhood, along with whole-school approaches to nutrition and physical activity, help to address the rise of childhood obesity in Halton.

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Failure to address the mental health needs of children can have a devastating impact on their future. By using the 5 ways to wellbeing children are encouraged to actively look after their mental health.

What does healthy schools involve?

All Halton schools can participate by signing up for an annual visit. The programme offers an enhancement to PSHE for pupils through workshops, assemblies, parental engagement, staff training, policy implementation support, self-assessment tools, and referral to external organisations. It complements mandatory PSHE delivery by providing additional expertise, specialised resources and local support. The Healthy Schools Programme collaborates with partners from the Local Authority, NHS, and the Voluntary, Community and Social Enterprise (VCSE) Sector, serving as a conduit for comprehensive health and well-being support in schools.

Benefits of partnership working

Direct engagement with school leadership allows partner organisations to deliver workshops and assemblies across the majority of primary schools in Halton. Examples of this in practice include; Beacon Counselling Trust, focusing on gambling-related harms, have seen significant engagement by Halton schools (58% of primary schools), compared to neighbouring areas, with the partnership playing a key role. Over 20% of the UK population experiences gambling-related harms, affecting up to 1.4 million adults directly. These workshops are invaluable for educating young people to recognise the issues, so they are able to make safer, more informed choices about gambling, and know where to access support.

The collaboration between NSPCC and Healthy Schools has been instrumental in reaching a higher proportion of primary schools in Halton (86%) over the last 2 years. Utilising existing connections has enabled us to close the gap to support NSPCC with their aim of reaching all young people during primary school with key messages about recognising abuse and sourcing help. They aim to deliver workshops and assemblies to every primary school child in Halton, and are thrilled to have reached the vast majority so far. We aim to continue to support the push for 100% engagement.

Healthy Schools partners in 2023-24:



Key achievements 2023-24

57 out of
66 schools
have engaged with the
Healthy Schools programme
in 2023-24 (86% of schools)

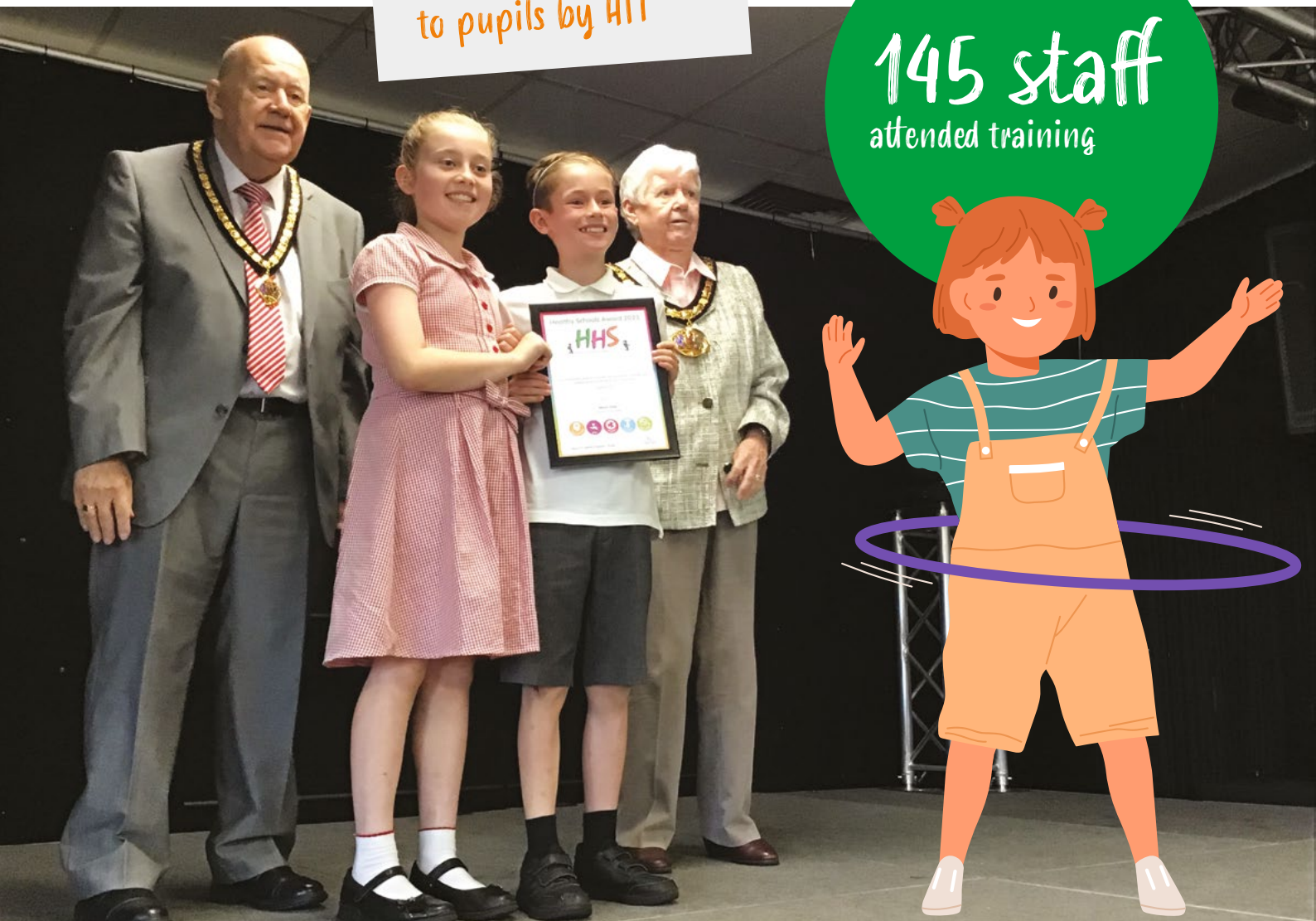
295
Sessions delivered
by partner
organisations

42
Parent workshops
delivered at
schools or online

10
Schools completing
MHARS framework

189
Workshops delivered
to pupils by HIT

145 staff
attended training



CASE STUDY

Windmill Hill Primary School (obesity)

* Reception prevalence
of obesity 2022/23
11.6% (Halton)

* Year 6 prevalence
of obesity 2022/23
28.0% (Halton)

The local picture

Childhood obesity rates in Halton exceed both the England and North West figures for Reception and Year 6. The school nursing team have been measuring obesity in reception and year 6 children since 2006. In the past decade, obesity rates among reception-aged children have remained relatively stable. However, there has been a noticeable increase in obesity among year 6 children.

Deprivation is the major underlying inequality underpinning differences in obesity levels, due to the dietary risk factors and wider determinants associated with deprivation. People in deprived areas often face significant barriers to accessing affordable, healthy food and to taking regular exercise. Recent years have seen obesity increase in the most deprived communities in England, leading to a widening gap between the most and least deprived areas. (NICE, 2023).

The cost-of-living crisis and food price inflation has disproportionately affected low-income families, who typically allocate a larger share of their budgets to food.

Nationally, less than half of children meet the recommended physical activity guidelines of at least 60 minutes of moderate physical activity each day. Children from the least affluent families are less likely to meet these guidelines.



Images and key messages from a pupil-led assembly were shared with parents, receiving extensive engagement. The Well-being Officers also introduced a reward scheme for healthy packed lunches, distributing stickers to children for making healthy choices.



Page 125

The School Project

Windmill Hill Primary School in Runcorn is committed to promoting healthy eating and physical activity among pupils. The school decided to take a proactive approach to the growing obesity concerns.

Child obesity often serves as an indicator for adult obesity, which can lead to poor health outcomes. Additionally, Windmill Hill falls within one of the most deprived areas in the borough, placing its children at further elevated risk of health issues.

Each year, the school engages with the Healthy Schools programme, through which it welcomes the Health Improvement Team and partners to enhance health education.

Furthermore, they completed the whole-systems obesity self-assessment framework, aligning its practices with guidance for creating a physically active school environment and fostering a culture of healthy eating. Specific actions were set around promoting healthier packed lunches and engaging pupils and parents in physical activity.

Pupil-led projects have been a focus. This year's theme, chosen by Tom East (PE & PSHE Lead) and the Year 5 Well-being Officers was healthy eating and physical activity.

The Well-being Officers delivered an assembly on healthy packed lunches, highlighting the impact of processed foods on health, and healthier swap ideas.

Jacob from Year 5 recognised the importance of rewarding healthy swaps "If you eat too much junk food it affects your concentration and your mental health."

Teachers have noticed an improvement in packed lunches since the sticker reward scheme was introduced.



A successful initiative is the morning 'Wake Up Shake Up' routine led by the Well-being Officers for all year groups. Pupils choreographed their routines to motivating music, visiting all classes daily.



Another ambition was to encourage parents and carers to increase their active time alongside their children. During their last health week, children invited their parents and carers to join them on their running track for The Daily Mile before school. The children were key to getting their grown-ups involved. They reported how they especially enjoy when their teachers and parents join in, showing how important role-modelling is.

"The Daily Mile and the wake up shake up gets you energised and ready for lessons".

Isabella, Year 5



Child obesity often serves as an indicator for adult obesity, which can lead to poor health outcomes.

Impact and next steps

The Well-being Officers have extended their influence beyond the classroom. Isabella says **"I act as a role model to my younger family members, not just my friends at school. It's good when children teach other children how to keep healthy because they can understand them more. They are at the same level physically and mentally."**

Teacher Tom East recognises the value of these projects **"The Well-being Officers have enjoyed themselves, they've taken ownership and are really proud. It makes the children aware of the little things they can change."**

The children have loved leading on the morning Wake Up Shake Ups. They plan to continue to deliver this throughout the school year. Oscar says the messages reach beyond the classroom **"We all tell our parents what we learn about healthy eating so they can learn from us."**



CASE STUDY

Widnes Academy (vaping)

* **34.7%**
(2021, England)

Percentage of 15 year olds that think it is ok use an e-cigarette once a week

* **13.3%**
(2021, Halton)

Smoking prevalence in adult population of Halton

The local picture

Widnes Academy identified vaping as a growing issue, particularly with parents and carers on and around school grounds. School leaders worried this behaviour was normalising vaping for children around the school setting. As youth vaping is becoming a growing issue locally and nationally, the school wanted to take a proactive approach.

In April 2023, a UK survey revealed that 20.5% of children had tried vaping, up from 15.8% in 2022 and 13.9% in 2020. The experimentation rate among children had grown by 50%, with increase numbers reporting that they vape because others do (ASH, 2023).

Isla in Year 2 had environmental concerns over discarded vapes "**People keep leaving the vapes everywhere**". There is a concerning growing issue of young people trying discarded disposable vapes.

In April 2023, a UK survey revealed that 20.5% of children had tried vaping, up from 15.8% in 2022 and 13.9% in 2020.

The School Project

During their annual Healthy Schools visit, Head Teacher Ms Kirchin, requested Health Improvement Team (HIT) school council workshops and a class workshop for pupils on tobacco and vaping. With the support of Pastoral Lead Ed Poole, the school council met with the HIT facilitator to discuss their ideas for a project to tackle the issue of vaping around school.

In their initial session, the children planned a campaign to achieve their goals. They felt a poster campaign would effectively communicate their message. Their aim was to remind parents to keep the school vape-free, emphasising the importance of children's safety and environmental protection.

Amelia from Year 5 was aware of where they could have the biggest impact "**We can't control what you do at home but all we ask you to do is not vape outside our school!**"

The children researched the topic and selected key messages for their posters. These themes covered concerns such as health implications for children, the environmental impact of vapes, and the social consequences.



Widnes Academy pupils proudly displaying their 'no vaping outside school' posters

Impact and Next Steps

Since displaying the posters around the school gates, there has been a noticeable reduction in the number of parents and carers vaping in and around the school grounds. School staff report almost no instances of vaping now.

Pupils have observed changes: one year 2 pupil shared "**When my Aunty picks me up from school she leaves the vape at home now.**" Another child noticed "**I saw a parent vaping as she was coming in to school for parents evening. She stopped to look at our posters and went back to put her vape in her car.**"

The Widnes Academy School Council remain committed to promoting health messages to keep themselves and their friends safe. Max in Year 5 says "**Vaping is still new. It's not possible to know how it's affecting people.**" The children plan to refresh the posters regularly to keep parents engaged and maintain focus on the topic.

St Michael's Catholic Primary School and Ferndale Court Care Home (Intergenerational initiatives)



* **33.4%**
(2023, England)

Percentage of 11 to 16 year olds occasionally or sometimes feel lonely

* **29.2%**
(2019/20, England)

Percentage of adults who often or sometimes feel lonely

The local picture

Loneliness can affect anyone, young and old alike and can have a marked effect on the health and well-being of anyone affected.

Since 2019, the Health Improvement Team has led on promoting the "Halt On Loneliness" campaign, aimed at raising awareness and supporting initiatives related to loneliness and social isolation.

Tish McKee, manager at Ferndale Court Care Home, contacted the Health Improvement Team to explore opportunities for intergenerational work with a local school. The Health Improvement team approached St Michael's Primary School as they had previously completed the 5 ways to well-being award, which involved activities about connecting.

The school project

St Michael's Pastoral Lead Stef Lockley met with Tish to discuss ideas for this project. Year 5 children were involved in planning what activities they would enjoy learning from residents at Ferndale Court and what skills they could learn and teach.

Each Friday afternoon, 10 children visited Ferndale Court to complete different activities with the residents to learn new things, communicate with new people and improve social skills.

Each week the children would really look forward to seeing the residents at Ferndale. Teacher Mrs Hillier commented **"All the children loved hearing how job roles have changed and how Widnes buildings and the market have changed over the years."**

Impact and Next Steps

Since attending the Friday sessions at Ferndale, Mrs. Hillier has noticed an increase in children's self-esteem, with Tyler aged 10 saying **"it made me feel loved because they always listen to our ideas and how much attention they give us."**

Ferndale Court manager Tish McKee explains **"The blend of ages and culture was a great success. Our residents passed on the skills of dominoes, bingo, old school records, history of the area, singing and dancing. In return the children passed on their skills of technology, uploading music and what's currently relevant in the pop world. It was a tremendous interaction."**

This project was initially for a term, but with it being so successful and helping both children and residents, St Michael's and Ferndale want to keep this going each year with different projects being planned over the summer term.

"It made me feel happy to see how bright some of the children are, I've always said you can learn a lot from children and animals!"

Marjorie, Ferndale Court resident

"I think it is important because we are making the residents happy and putting a smile on their faces with singing and dancing with them. I have learnt how to do Irish dancing"

Max, age 10

"I think it is important learning about the history, I loved hearing about what games children played years ago!"

Joey, age 10

"The love, fun, enjoyment and pride both the residents and the children have shown is truly humbling. I dare anyone not to have a little tear in the corner of their eye."

Tish McKee, Ferndale Court Manager

CASE STUDY

Ashley High School (Young Health Champions)



* **36.3 per 100,000**

(2020-23, Halton)

Admission episodes for alcohol-specific conditions (under 18s)

* **22.1 per 100,000**

(2021, Halton)

Conceptions in women (15-17 years)

The local picture

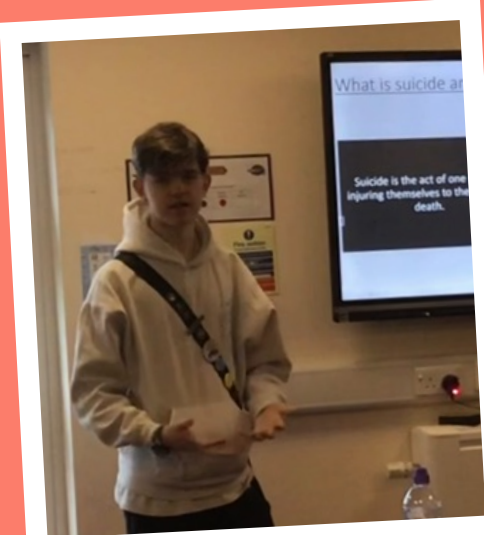
Globally and locally, there is an increasing emphasis for young people's voices to be heard and to be the driving force behind service development and change. Ashley Specialist School in Widnes were part of a co-production workshop for another project with the Health Improvement Team, and due to their interest and innovative ideas, the school were approached to take part in the Royal Society for Public Health (RSPH) Award for Young Health Champions.

The school project

The RSPH award is an accredited qualification for young people aged 14-24. It equips young people with essential skills for effective communication around health and well-being, and provides a platform to develop peer-led health campaigns. A range of health and wellbeing topics are covered as part of the course, including sexual health, diet and physical activity, and risk-taking behaviours, such as alcohol and tobacco.

Year 12 pupils at Ashley School completed the programme over a number of months, covering public health approaches, lifestyle and health, research techniques, and effective communication. Each young person chose a campaign topic that was important to them, which included alcohol awareness, physical activity, suicide, mental well-being and vaping. Each young person researched the topic and delivered a presentation to their peers.

Josh highlighted how campaigns led by pupils are so fitting: **"We know more about the world and we need to inform younger people. We're bringing self-awareness to younger people."**



Impact and Next Steps

As well as peer-led health messages being shared for the benefit of the whole school, this award also had a significant impact for the young people achieving the award. **"It was great for confidence and self-esteem, every single young person gave a presentation."** (Nicola Lightfoot, Assistant Head). Harvey (Year 12) said **"I felt very proud when I got my certificate."**

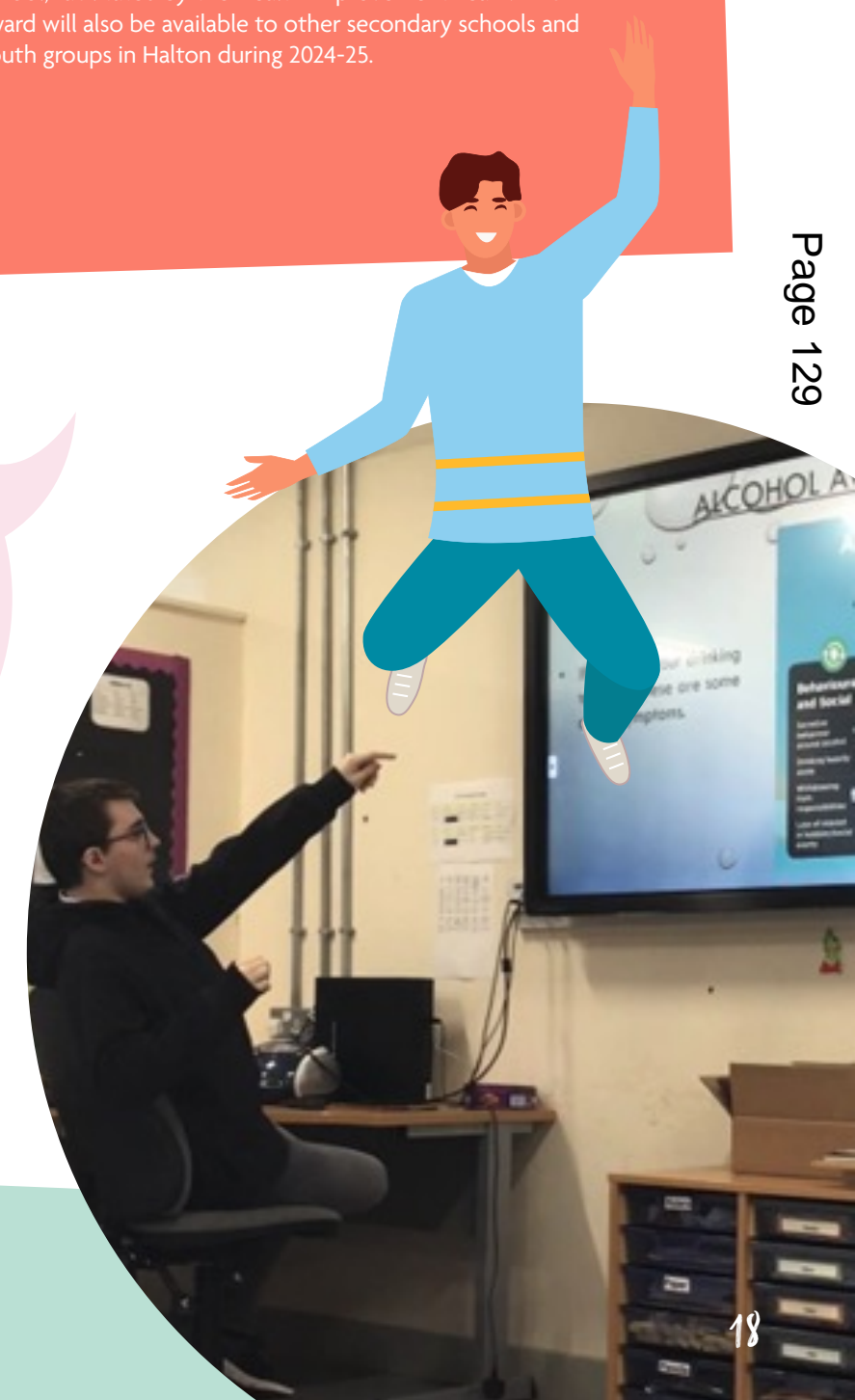
The next step is for the group to focus on one topic for a whole-school campaign, for which they have chosen mental health, due to poor mental health being increasingly prevalent in teenagers.

Ashley School have valued this programme so much that they will schedule it annually with the older cohorts within school, facilitated by the Health Improvement Team. This award will also be available to other secondary schools and youth groups in Halton during 2024-25.

The group recognised how valuable youth-led health campaigns are due to the use of simple language and relatable analogies. Oliver says **"Young people relate more to a teenager than an adult. Our info is easier to digest."**

This was backed up by Assistant Head, Nicola Lightfoot **"Young people look up to older pupils as role models. They shared important messages about signposting and spreading awareness so young people know where to go."**

As the young people were able to choose their campaign topics, they were highly engaged and felt a real sense of purpose. Teacher Gordon Gorst saw the value of this **"They took ownership - they used their personal experience to help others."**



Westfield Primary School

(5 ways to well-being award)

* **90.8 per 100,000**
(2022/23, Halton)

Hospital admissions for mental health conditions (Under 18s)

* **732.9 per 100,000**
(2021, Halton)

Hospital admissions as a result of self-harm (10-24 years)

The local picture

The 5 ways to well-being are a set of evidence-based actions that people can do in their everyday lives to help them be happier, healthier, and more able to cope especially when things aren't going great. These 5 actions are:

- * **Be active**
- * **Connect**
- * **Give**
- * **Keep learning**
- * **Take notice**

There is a strong link between the types of activities children and young people take part in everyday and their subjective well-being.

The Health Improvement Team developed the 5 Ways to Well-being award, which schools can achieve by ensuring activities are embedded into their whole school community.

The school project

Westfield Primary School identified that they wanted to improve the mental health and well-being of the whole school community and felt the 5 ways to well-being award was a great

place to start. A Health Improvement Team member supported the school by working with the school council. The children immediately came up with ideas that could help change and support Westfield families to become healthier both physically and mentally.

The school council decided that getting the message out about the 5 Ways to Well-being was the first priority. They wanted to give examples to pupils on how they could use the 5 ways to promote healthy body and mind so they held an assembly.

The school council then came up with the idea of designing a leaflet to challenge families to participate in activities to promote the 5 Ways to Well-being.



They also delivered a second assembly where they took feedback on what the children had done at home to improve their well-being. The children talked about playing board games with their family, learning to fish, going on bike rides, reading a new book, and having a family film night.

One of the 5 Ways the children have really embraced is learning something new. The children have asked for different sports clubs, boxing, badminton and mindfulness. They are running their own lunchtime clubs, Spanish, History and Art so that they can share something new with others.

This was displayed in Runcorn Shopping City for the wider community to view:



"I have played a board game with my family and it made us all sit down together."

JC age 10

"I love trying new activities with my friends at lunchtime."

SJ age 8

"It's important to promote the 5 ways to well-being to others so everyone knows how to keep well and healthier."

KT aged 10

Impact and Next Steps

Sandra Pope (Head at Westfield Primary School) explains "The positive benefits have been on the children's awareness and willingness to make a difference. They have a good understanding of how to use well-being strategies and techniques to help themselves. We have also noticed that children have been recognising when their friends have needed help."

The children have plenty of plans for this year including talent shows and playtimes games leaders, charity events, mindfulness clubs and forest school activities.



Halton Children's Top Tips for a healthy life:

"Spending time with others and learning new things are really important and can really improve your health and well-being"

Max, Year 5,
St Michael's Catholic Primary School

"To be healthy in your mind, try to stay positive and think about the 5 ways to well-being"

Oliver, Year 6,
Westfield Primary School

"Don't smoke or vape in front of children"

Poppy and Isla, Year 2,
Widnes Academy

"Eating less junk food can help you to stay healthy"

Dougie, Year 5,
Windmill Hill Primary School

"Get outside for a short time every day – anything from 5 minutes to an hour walking or cycling"

Liam, Year 12,
Ashley School

"Set goals for yourself, like being active every day... and include your friends"

Hannah, Year 5,
Windmill Hill Primary School

"Build up activity 5-10 minutes at a time and get your friends involved so it's more fun"

Isabella, Year 5,
Windmill Hill Primary School

"Have a good routine and focus on mindful activities to promote mental well-being. Talk to someone"

Oliver, Year 12,
Ashley School

Halton Public Health Annual Report 2023/24 Recommendations:

1

Healthy schools is a team effort from lots of different organisations. We want to strengthen the existing partnerships and expand them to meet the changing health and well-being needs of children growing up in Halton.

2

Develop new ways of communicating and interacting with children and families online to promote and support health and well-being.

3

Work with schools to understand their priorities for the future of healthy schools and what both primary and secondary schools need to create a healthy school environment.

4

To continue to address the challenges presented by vaping, to include preventing the illegal sales of vapes to children and supporting schools to discourage the use of vapes.

Thank you and acknowledgements

2023-24 Healthy Schools:

All Saints Upton CE Primary School
Ashley High School
Astmoor Primary School
Beechwood Primary School
Bridgewater Park Primary School
Brookfields School
Brookvale Primary School
Castle View Primary School
Chesnut Lodge Specialist School
Daresbury Primary School
Ditton Primary Academy School
Fairfield Primary School
Farnworth CE Primary School
Gorsewood Primary School
Hale CE Primary
Halebank C of E Primary School
Hallwood Park Primary School & Nursery
Halton Lodge Primary School
Hill View Primary School
Hope Corner School
Kingsway Primary Academy School

Lunts Heath Primary School
Moore Primary School
Moorfield Primary School
Murdishaw West Community Primary School
Oakfield Community Primary School & Nursery
Our Lady Mother of the Saviour Catholic Primary School
Our Lady of Perpetual Succour Catholic Primary School
Palacefields Primary Academy
Pewithall Primary School
Poppy Field School
Runcorn All Saints CE Primary School
Sandymoor Ormiston Academy
St Augustine's Catholic Primary School and Nursery
St Basil's Catholic Primary School
St Bede's Catholic Junior School
St Bertelina's C of E Primary School
St Clements Catholic Primary School
St Edward's Catholic Primary School

St Gerard's Catholic Primary and Nursery School
St John Fisher Catholic Primary School
St Martin's Catholic Primary School
St Mary's CE Primary School
St Michael's Catholic Primary School
St Michael with St Thomas CE Primary School
The Brow Community Primary School
The Grange School
The Heath School
The Holy Spirit Catholic Primary School
Victoria Road Primary School
Westfield Primary School
Weston Point Primary Academy
Weston Primary School
Widnes Academy
Windmill Hill Primary School
Woodside Primary School
Wade Deacon High School

Healthy Schools support team:

Rebekah Walsh
Angela Beesley
Maria McNulty
Louisa Mogg
Clair Shacklady
Chloe Appleton
Lisa Jones
Kate Bazley

Healthy Schools Partners:

Axess Sexual Health
Beacon Counselling Trust
British Red Cross
Child Bereavement UK
Family Action
Halton 0-19 Service
Halton Borough Council Early Help Drug & Alcohol Team
Halton Borough Council Environment & Economy Team
Halton Borough Council Health Improvement Team
Halton Borough Council Road Safety Team
Living Streets
Merseyside Sports Partnership
NSPCC
Safer Schools & Young People Partnership Cheshire
Swim!

Editorial team:

Dr Ifeoma Onyia
Julia Rosser
Ian Baddiley
Rebekah Walsh
Melanie Baker
Public Health Evidence & Intelligence Team
Adam Major
Harriet Goodship
Karen Stratford

Featured schools and settings in this year's report:

Ashley High School
Year 12 pupils, Gordon Gorst, Nicola Lightfoot
St Michael's Catholic Primary School
Year 5 pupils, Stef Lockley, Mrs Hillier
Westfield Primary School
School Council, Sandra Pope
Widnes Academy
School Council, Ed Poole
Windmill Hill Primary School
Well-being Officers, Tom East
Ferndale Care Home
Residents, Tish McKee

Healthy Start Healthy Future



E Public.Health@halton.gov.uk

T 0151 511 5200

Further information and data about children's
health can be found online at:

REPORT TO: Health Policy and Performance Board

DATE: 25 June 2024

REPORTING OFFICER: Director – Halton Place, NHS Cheshire and Merseyside

PORTFOLIO: Adult Social Care

SUBJECT: Utilisation of Mental Health Beds for Halton Residents

WARD(S): Borough wide

1.1 **PURPOSE OF THE REPORT**

1.2 This report:

- provides information on the type and number of adult mental health inpatient beds commissioned for Halton patients;
- services commissioned to support patients to safely remain in the community, reducing avoidable admissions, providing better quality and outcomes for local people;
- details utilisation of commissioned beds and any out of area placements;
- key challenges faced in ensuring local people have access to mental health inpatient beds locally when they are required.

2.1 **RECOMMENDATION: That the Board**

- 1) Note contents of the report and associated presentation; and**
- 2) Reviews and comments on the commissioning and use of mental health beds for Halton patients.**

3.1 **SUPPORTING INFORMATION**

3.2 Details of commissioned beds and their utilisation, commissioned admission avoidance services and challenges faced in ensuring local people are able to access inpatient mental health beds locally when they need them is set out in the associated presentation.

4.1 **POLICY IMPLICATIONS**

4.2 None identified.

5.1 **FINANCIAL IMPLICATIONS**

5.2 None identified.

6.1 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.2 **Children & Young People in Halton**

None identified.

6.3 **Employment, Learning & Skills in Halton**

None identified.

6.4 **A Healthy Halton**

This report and associated presentation is linked directly to this priority.

6.5 **A Safer Halton**

None identified.

6.6 **Halton's Urban Renewal**

None identified.

7.1 **RISK ANALYSIS**

7.2 None associated with this report.

8.1 **EQUALITY AND DIVERSITY ISSUES**

8.2 None associated with this report.

9.1 **CLIMATE CHANGE IMPLICATIONS**

9.2 None associated with this report.

10.1 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.2 None under the meaning of the Act.

Utilisation of Mental Health Beds for Halton residents

Anthony Leo

Place Director – Halton

NHS Cheshire & Merseyside

Beds commissioned by Halton place

Adult Beds: 14,890 bed days comprising:

- 10,220 Adult MH beds days (28 beds) (Mersey Care)
- 4380 older adult bed days (for those aged 65 and over) (Mersey Care)
- 280 MH PICU bed days (0.75 bed) (Mersey Care)
- 3650 Adult MH rehabilitation bed days (10 beds) across Halton and Warrington (Alternative Futures).

What ICB Commission

Admission Avoidance Services:

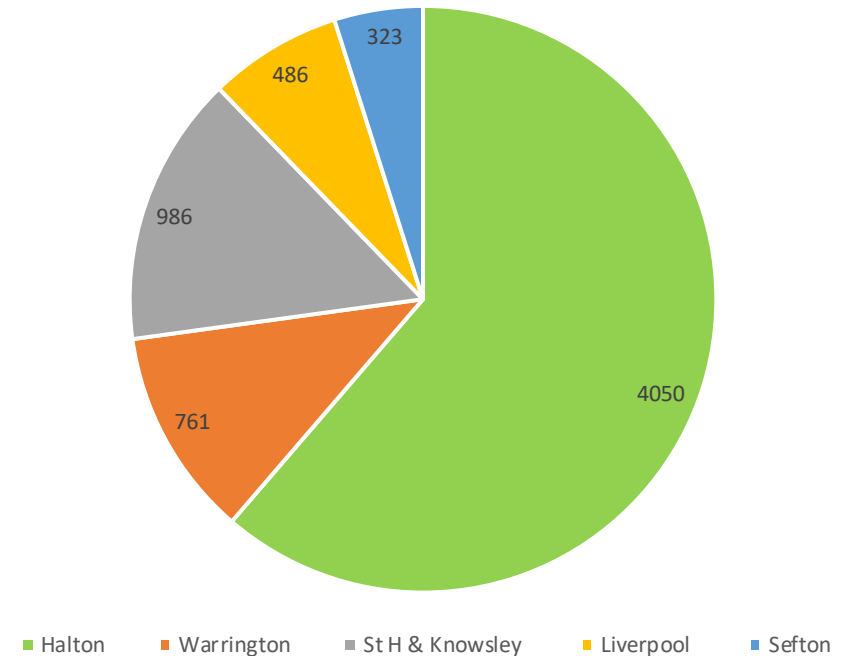
- Care Home liaison service to provide support to care homes to meet the needs of older adults with mental illness and dementia and reduce need for hospital admission.
- Home Treatment team to provide intensive home support to manage Adults mental health in the community and prevent admission/readmission to hospital. The service is 24/7, 7 days per week, 365 days per year.
- Park House crisis beds to provide short term support for those in mental health crisis.
- Personality disorder service to work with patients with complex and severe PD, reducing hospital admission and preventing need for any out of area admissions.
- LD Intensive Support Team. Provides support to Adults with LD whose behaviour is challenging for those involved in their care and who, because of this behaviour, may be at risk of a placement breakdown and inappropriate hospital admission to a MH bed. Intensive support for adults with autism only is currently being scoped.

Adult Mental Health Beds

2023/24 Adult MH Bed utilisation

- 6606 Adult MH occupied bed days (proportion by ward location shown in pie chart)
- 88% Adult in pt beds utilised were within mid Mersey region (61% within Halton)
- Of those admitted to Mid Mersey beds there were 102 Halton admissions and 80 discharges.
- Average length of stay in adult MH bed 26.7 days.(16.9 days in Sefton; 22.7 days in both Liverpool and St Helens and Knowsley; 60.84 days in Halton)

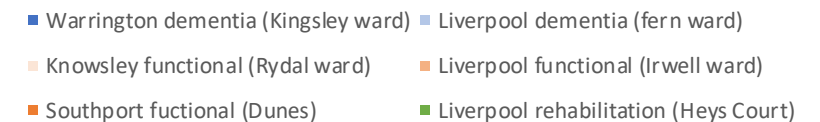
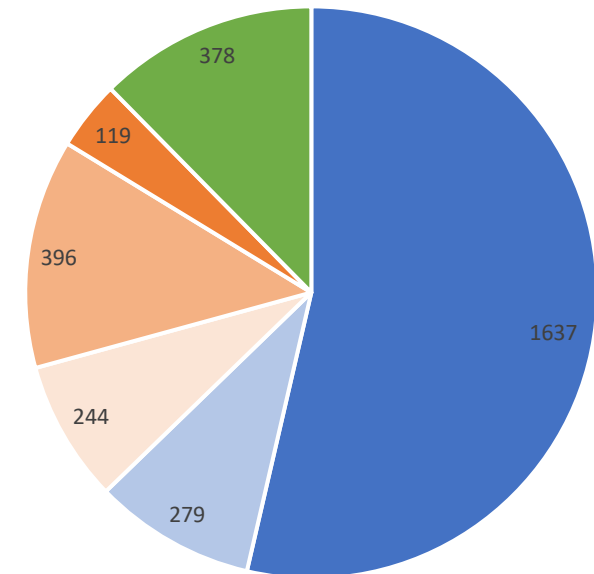
2023/24 Occupied Adult bed days per Mersey Care location



Older Adult Mental Health beds

- There are 81 older adult beds within Mersey Care (32 for dementia/memory; 49 functional). In addition to this there are 16 MH older adult rehabilitation beds in Liverpool
- 3053 older adult bed days utilised during 23/24. Pie chart shows how these were split.
- In 23/24 There were 12 admissions to mid Mersey older people's beds (11 Kingsley (Warrington), 1 Rydal (Knowsley)).
- The average length of stay was 99 days on a dementia/memory ward; 80 days on functional ward; 198 days on rehab ward.
- Care Home liaison team received 98 referrals. 11 patients were admitted to a Mersey Care Mental Health bed by the team. None of the 11 required readmission

2023/24 Older Adult bed days



PICU (Psychiatric Intensive Care Unit)

Cheshire and Merseyside

- 2023/24 – There were 2 Halton patients (1 male, 1 female) that used a total of 28 bed days
- This is lower than historical admissions due to improved outreach support patients to remain on the ward where appropriate and prevent unnecessary transfer to PICU

Rehabilitation Beds

- Warrington commission 10 rehabilitation beds from Alternative Futures Group (Lea Court, Warrington) to patients detained under the Mental Health Act and to informal patients that Halton patients can access with a recharging arrangement.
- 23/24 No Halton Bed usage. There were 6 requests for admission but these patients either did not require rehabilitation or were provided less restrictive support in the community.

Out of Area Placements

- 2023/24 – No Out of Area Mental Health hospital bed placements (Out of area being outside Mersey Care footprint)
- As at 30 April 24 there are 3 Halton patients in community out of area placements (2 females are due to be repatriated to Halton when their house is ready; 1 male is moving to another out of area placement)

Forensic Beds

- Commissioned by Specialist Commissioning (Not commissioned by ICB)
- In 2023/24 Halton patients utilised 732 bed days on Chesterton, Marlow and Tennyson Mersey Care forensic wards.
- Chesterton, Marlow and Tennyson are low secure inpatient units, based at Hollins Park, Warrington, for adults with mental health problems who are involved in the criminal justice system. This will often be people who have been given a custodial (prison) sentence but have been moved to low secure mental health wards to support their mental health needs.

Challenges

- 2023/24 9.59% (929/9687) Halton MH bed days were for those that were clinically ready for discharge. During Q4 there was a reduction in the number of bed days for Halton clinically ready for discharge patients to 7.6%
- Of the 929 CRFD days 612 were due to delay in finding housing, and 305 were due to social care; 12 uncoded. Time is needed to find and put in place suitable community provision to enable patient to be discharged (e.g. additional staff may be required)
- At 30th April 24 – 63 patients Mersey Care footprint CRFD. Of these there were 2 Halton adults CRFD within in-patient beds (1 patient requires a nursing home, the other requires a care package).
- Proportionally more delayed discharges relate to older adult placements. During 23/24, 15% (465/3053) of Halton older adult bed days were used by patients that were clinically ready for discharge, compared to 7% (464/6606) adult MH bed days.
- HBC have flagged via the care home group that care homes are struggling with challenging behaviour. There has been an increase in the requests to Halton CHC team for 1:1 support. Mersey Care report recent increase in number of requests for older adult beds for Halton patients and query whether in pt bed is required.
- High bed occupancy across C&M. 100% MH bed occupancy on Bank Holiday Monday (6th May)
- Mersey Care leads bi-weekly mental health capacity and flow meetings with representatives from Halton Continuing Health Care team and Adult Social Care to support with delayed discharges.

Next Steps

- NHS Cheshire and Merseyside is implementing a Mental Health System Flow programme in 24/25. The intention is that this programme will:
 - Reduce the number of patients waiting in a community setting for admission to a hospital bed
 - Reduce the number of patients waiting in acute hospital emergency departments for discharge into the community or to a mental health inpatient bed.
 - Reduce the number of patients who are clinically ready for discharge in mental health in-patient settings.

REPORT TO: Health Policy & Performance Board (HPPB)

DATE: 24th September 2024

REPORTING OFFICER: Director – Legal & Democratic Services

PORTFOLIO: Health and Wellbeing

SUBJECT: Joint Health Scrutiny Arrangements – Cheshire & Merseyside

WARD(S): Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The report is to introduce proposed revisions to the Joint Health Scrutiny Arrangements, which are in operation across Cheshire and Merseyside and to seek the endorsement of the Board to the revised arrangements and its referral to Council for approval.

2.0 RECOMMENDED: That

1) the report be noted; and

2) the Board endorses the revised Joint Health Scrutiny Arrangements and recommends it to Council for approval.

3.0 SUPPORTING INFORMATION

3.1 Knowsley have led on a piece of work to review the Joint Health Scrutiny Arrangements and have identified a number of proposed changes, which are being recommended for adoption by each constituent authority. The revised draft is attached as Appendix 1, with the proposed changes highlighted in yellow. They remove all references to the powers of referral to the Health Secretary and add some text on the ability to request a “call-in” by the Health Secretary. There is also amended text around the health scrutiny principles.

3.2 It is considered by officers that these changes are necessary and proportionate, and the revised arrangements are recommended for endorsement by the Board and referral to Council for approval.

4.0 POLICY IMPLICATIONS

4.1 The revised arrangements are considered to be fit for purpose and will assist the Council and partner authorities in upholding policies.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There are no financial implications arising directly from this report.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

The arrangements are considered to improve the previous version and will therefore better assist in upholding the priority.

6.2 **Building a Strong, Sustainable Local Economy**

No specific implications.

6.3 **Supporting Children, Young People and Families**

No specific implications.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

No specific implications.

6.5 **Working Towards a Greener Future**

No specific implications.

6.6 **Valuing and Appreciating Halton and Our Community**

No specific implications.

7.0 **RISK ANALYSIS**

7.1 There are no risks requiring control measures or a full risk assessment.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no specific implications arising from the report.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no specific implications arising from the report.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

10.1 There are none within the meaning of the Act.

PROTOCOL FOR THE ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS IN CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:

- scrutiny of substantial developments and variations of the health service; and,
- discretionary scrutiny of local health services.

1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

2.1 The relevant legislation regarding health scrutiny is:

- Health and Social Care Act 2012,
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013; and
- The Health and Care Act 2022.

This is supplemented by relevant guidance:

- Local Authority Health Scrutiny (DHSC, updated 2024)
- Statutory guidance: “Reconfiguring NHS services – ministerial intervention powers” (DHSC, 2024).

2.2 In summary, the statutory framework authorises local authorities individually and collectively to:

- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- consider consultations by a relevant NHS commissioning body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority’s area.

2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area. In instances where a proposal impacts on the residents of one local authority area exclusively,

this responsibility lays with that authority's health scrutiny arrangements alone.

- 2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.
- 2.5 Whilst it is recognised that the previous power of a health scrutiny committee or joint health scrutiny committee to refer a service change proposal to the Secretary of State for Health and Social Care has been removed, such committees will now possess the ability to request formally that the Secretary of State "call-in" a service change proposal. The ability to "call-in" a proposal should only be used in exceptional circumstances where all efforts to resolve issues locally have been exhausted.

3. PURPOSE OF THE PROTOCOL

- 3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:
- a) an NHS commissioning body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;
 - b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service.
- 3.2 The protocol covers the local authorities of Cheshire and Merseyside including:
- Cheshire East Council
 - Cheshire West and Chester Council
 - Halton Borough Council
 - Knowsley Council
 - Liverpool City Council
 - St. Helens Metropolitan Borough Council
 - Sefton Council
 - Warrington Borough Council
 - Wirral Borough Council
- 3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions

when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities (outcome-focussed);
- To ensure that scrutiny activity adopts an appropriate balance between a focus on future service delivery and a focus on responding to immediate concerns/ issues (balanced)
- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning (inclusive);
- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community (evidence-informed); and,
- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve, taking into account any potential impact on health service staff (collaborative).

5. SUBSTANTIAL DEVELOPMENT OF /VARIATION TO SERVICES

5.1 Requirements to consult

5.1.1 All relevant NHS bodies and providers of NHS-funded services¹ are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.

5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.

¹ This includes NHS England and any body commissioning services to the residents of Cheshire and Merseyside, plus providers such as NHS Trusts, NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

- 5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.
- 5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.
- 5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.
- 5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the proposals if more than one authority agrees that the proposed change is “substantial”.
- 5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal.. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be “substantial” and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be “substantial”.
- 5.1.8 For the avoidance of doubt, if only one authority amongst a number being consulted on a proposal deem it to be a substantial change, the ongoing process of consultation on the proposal between the proposer and the remaining authority falls outside the provisions of this protocol.

5.2 Process for considering proposals for a substantial development/variation

- 5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the relevant NHS commissioning body / provider of NHS-funded services is required to:
- Provide the proposed date by which it requires comments on the proposals
 - Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
 - Publish the dates specified above

- Inform the local authority if the dates change²

5.2.2 NHS commissioning bodies and local health service providers are not required to consult with local authorities where certain ‘emergency’ decisions have been taken. All exemptions to consult are set out within regulations.³

5.2.3 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.
- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.4 These criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is “substantial” or not. In making the decision, each authority will focus on how the proposals impacts on its own area/residents.

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be

² Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

³ Section 24 *ibid*

formally consulted on the proposal and, in exceptional circumstances, formally request that the Secretary of State to “call-in” a proposal, where local consultation has failed to resolve significant outstanding issues.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority (see section 6.6), following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions
- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal.

6.2.2 A joint health overview and scrutiny committee has the ability to request the Secretary of State to “call-in” a service change proposal where it has not been possible to resolve significant outstanding issues during the course of local consultation. The ability to request the “call-in” of a proposal should only be exercised in exceptional circumstances where all possible efforts to resolve the matter locally have been exhausted, as outlined in 6.2.3 and 6.2.4 below.

6.2.3 Where a committee has made a recommendation to a NHS commissioning body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement.

6.2.4 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS commissioning body/local health service provider in order to attempt to reach agreement.

6.2.5 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.5 An ad-hoc statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.4 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 The participating local authorities must ensure that those Councillors nominated to a joint health overview and scrutiny committee produce a membership that reflects the overall political balance across the participating local authorities. However, political balance requirements for each joint committee established may be waived with the agreement of all participating local authorities, should time and respective approval processes permit.

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members
- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

(Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be 'substantial'	No' of elected members to be nominated from each authority
4 or more	2 members
3 or less	3 members

6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities either arrange for delegated decision-making arrangements to be put in place to deal with such nominations at the earliest opportunity, or to nominate potential

representatives annually as part of annual meeting processes to cover all potential seat allocations.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one third of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based; or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
 - the number of sessions required to consider the proposal; and,
 - the date by which the joint committee aims to reach its final conclusion on the proposal – which should be in advance of the proposed date by which the NHS commissioning body/service provider intends to make its final decision on it.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS commissioning bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised.
- A summary of the evidence considered.
- A list of the participants involved in the review.
- An explanation of any recommendations on the matter reviewed or scrutinised.

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS commissioning body/health service provider.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report

setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

- 7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.
- 7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.
- 7.3 Any such committee will have the power to:
- require relevant NHS commissioning bodies and health service providers to provide information to and attend before meetings of the committee to answer questions.
 - make reports and recommendations to relevant NHS commissioning bodies/local health providers.
 - require relevant NHS commissioning bodies/local health service providers to respond within a fixed timescale to reports or recommendations.
- 7.4 Ordinarily, a discretionary joint committee would not have the ability to request the Secretary of State for Health and Social Care "call-in" a service change proposal. However, please note section 8.3 below.
- 7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.
- 7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 of this protocol should be followed, as appropriate.

8. SCRUTINY OF CHESHIRE AND MERSEYSIDE INTERGRATED CARE SYSTEM

- 8.1 Further to this protocol and in particular section 7 above, the nine local authorities have agreed to establish a discretionary standing joint health scrutiny committee in response to the establishment of the Cheshire and Merseyside Integrated Care System.
- 8.2 A separate Joint Scrutiny Committee Arrangements document has been produced in line with the provisions of this protocol to outline how the standing joint committee will operate.
- 8.3 In summary, the “Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee” has the following responsibilities:
- To scrutinise the work of the Integrated Care System in relation to any matter regarding the planning, provision and operation of the health service at footprint level only; and
 - To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities.

9. CONCLUSION

- 9.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS commissioning bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.
- 9.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health and Social Care.

REPORT TO:	Health Policy and Performance Board
DATE:	September 2024
REPORTING OFFICER:	Executive Director – Adult Service
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Performance Management Reports, Quarter 1 2024/25
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 1 of 2024/25. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION:**

1. Receive the Quarter 1 Priority Based report
2. Consider the progress and performance information and raise any questions or points for clarification
3. Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 1, 2024/25.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **FINANCIAL IMPLICATIONS**

5.1 There are no financial implications associated with this report.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.2 Building a Strong, Sustainable Local Economy

None identified.

6.3 Supporting Children, Young People and Families

None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.5 Working Towards a Greener Future

None identified.

6.6 Valuing and Appreciating Halton and Our Community

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment (EIA) is not required for this report

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

2.0 Key Developments

Adult Social Care

Halton Carer's Strategy

The One Halton all-age carers strategy 2024-2027 and associated Delivery Plan was formally ratified by the One Halton Place Based Partnership Board in April 2024.

Halton Floating Support Service

Following the recent tender process and contract mobilisation, the new Halton Floating Support Service contract commenced on 1st July 2024. Plus Dane were awarded the contract which will run until 30th June 2027.

Co-Production

The Co-Production Charter was formally ratified by the One Halton Place Based Partnership Board in April 2024 and is now being implemented.

Joint Working Agreement

The current Joint Working Agreement between Halton Borough Council and NHS Cheshire & Merseyside was reviewed and updated; the current agreement expires 31st March 2025.

Halton's Better Care Plan 2024/25

Working collaboratively with NHS Cheshire & Merseyside, Halton submitted its BCF Plan for 2024/25, which is in line with the national BCF Policy objectives i.e. Enabling people to stay well, safe and independent at home for longer and providing the right care in the right place, at the right time.

Market Sustainability & Improvement Fund (MSIF)

The 2024/25 MSIF capacity plan and associated documentation was completed and submitted to the DHSC. The primary purpose of the MSIF is to support local authorities to make tangible improvement to adult social care services.

Performance Monitoring

We have migrated our reporting system in ASC from CareFirst 6 to Eclipse which has affected some data for this period. This should be rectified for Q2.

3.0 Emerging Issues

Urgent & Emergency Care (UEC) Improvement Programme

As part of the Cheshire & Merseyside UEC Improvement Programme, Halton Borough Council is working collaboratively with a number of system partners on improvements within the discharge planning process, intermediate care services and urgent community response. It is anticipated that this will lead to some changes in pathways and processes associated with these areas.







4.0 Performance Overview

It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery, they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report.

The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

Commissioning and Complex Care Services

Key Objectives / milestones



Ref	Milestones	Q1 Progress
1A	Monitor the Local Dementia Strategy Action Plan, to ensure effective services are in place.	
1B	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
1C	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target.	
1D	Integration of Health and social care in line with one Halton priorities.	
1E	Monitor the Care Management Strategy to reflect the provision of integrated frontline services for adults.	
1F	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets.	








Supporting Commentary






- 1A The One Halton Dementia Delivery Plan was presented to One Halton Board April 2024.
- 1B Homelessness Forum took place March 24 and consultation will form part of homelessness Strategy, which is presently under review. Draft strategy to be presented to Management Team November 2024.

- 1C Budget projected to come in on target
- 1D Integration work continues through the One Halton work streams
- 1E Firstly we have funded additional dedicated support for front door referrals and Deprivation of Liberty Safeguards (DoLS) This has enabled us to clear the backlog 'at the front door' and allocate the correct support for those being referred within 24 hours.
Secondly, Halton has established a Prevention and Wellbeing Service with the support of a redesign of adult social Care, placing outreach support with a Wellbeing approach at the front door. This approach has enabled us to progress these redesigns quickly and allocate more resources to the team of first assessors and has improved both the speed and impact of this work. We are allocating all new referrals within 24/48 hours.
- 1F Training is underway to 'Train the Trainer' and Management support to ensure a longer-term legacy.
The changes to ways of working have led to a more productive workforce who have more time to speak to clients, reviews are more informed and Assessment work is more outcomes-focussed.
The Social Care IT system changed in June 24 from Care First 6 to Eclipse, with newly developed Person Centred Documentation.

Key Performance Indicators

Older People:		Actual 23/24	Target 24/25	Q1	Progress	Direction of Travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+	347.50 22/23	600	NA	NA	NA
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population.	Dec 23 to Jan 24 = 4,283	No plan set	NA	NA	NA
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital ASCOF 2D – (Formerly ASCOF 2B)	84% 23/24	85%	NA	NA	
Adults with Learning and/or Physical Disabilities:						
ASC 04	Percentage of items of equipment and	96%	97%	97.5%		NA

	adaptations delivered within 7 working days (VI/DRC/HMS)					
ASC 06	Proportion of people in receipt of DP ASCOF 3D (Formerly ASCOF 1C – people in receipt of long term support) (Part 2 DP)	47.6	45%	36.8%		NA
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family ASCOF 2E (Formerly ASCOF 1G)	90%	89%	91.5%		NA
Homelessness:						
ASC 09	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Reduction Act 2017. Relief Prevention Homeless Advice	756 290 163 121 201	3500	798 289 183 182 337		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	121	800	183		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	148 38 30 Singles 8 Families	800	171 108 Singles 108 Families 40 18 Families		NA

				5 Single s		
Safeguarding:						
	The proportion of section 42 safeguarding enquiries where a risk was identified and the reported outcome was that this risk was reduced or removed (ASCOF 4b)	NA	NA	NA	NA	NA
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	34%	30%	38%		NA
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (Previously PA6 [13/14] change denominator to front line staff only.	76%	85%	75%		
Carers:						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	99%	99%	96%		
Adult Social Care and Carer Survey measures are reported annually for service users and bi-annually for carers – these measures will be included in the Q4 2024/25 report or following publication of the NHS Digital Reporting. Further information can be found here						

Supporting Commentary

Older People:

ASC 01 Figures will be updated as soon as possible and included in Q2.

ASC 02 There is a slight delay in receiving this data due to external reporting changes. Q1 data will be updated as soon as possible and included in Q2.

ASC 03 The 23/24 figure is just below target.

Changes have been made to ASCOF measures, this measure is now to be collected quarterly, however due to changes in our reporting system, we are unable to provide this data for Q1.

Adults with Learning and/or Physical Disabilities:

ASC 04 The current figure is only up to the end of May 2024. Due to changes in our reporting system, we are unable to provide a full quarter data for Q1, we are aiming to rectify this for Q2.

ASC 06 The current figure is only up to the end of May 2024, it is likely that the target will be met.
Due to changes in our reporting system, we are unable to provide a full quarter data for Q1, we are aiming to rectify this for Q2.

ASC 07 The current figure is only up to the end May 2024. This will not be comparable for Q1 2022/23 due to this being in relation to the proportion of people with a **Learning Disability** who receive long term support who live in their own home or with family. The replacement measure, ASCOF 2E now encompasses “**The proportion of people who receive long-term support who live in their home or with family**”, therefore is inclusive of all Primary Support needs.

As we do not have a baseline figure for this measure, the target may need to be adjusted.

Due to changes in our reporting system, we are unable to provide a full quarter data for Q1, we are aiming to rectify this for Q2.

Homelessness:

ASC 09 There continues to be an increase in homelessness nationally. Halton has seen an increase in family presentations, due to no fault S21 notice seeking possessions, placing additional pressure upon temporary accommodation providers. The main emphasis is placed upon prevention, and any clients are prevented from homelessness after the officers have provided advice and assistance to resolve the identified issues.

ASC 10 There has been an increase in the homelessness acceptance duty. This is partly due to the increase in no fault eviction notices and affordability, whereby, the rents charged are far greater than the awarded local housing allowance.

ASC 11 Due to the increase in homelessness this has placed additional pressure upon temporary accommodation providers, resulting in many clients being placed temporarily in hotels.

An ongoing review of temporary accommodation is underway, and due the increase in provision, this has reduced the reliance upon hotel use.

Safeguarding:

ASC 12 This is a new measure for 2024/25, figures will be provided in Q2. The target for 24/25 has been exceeded, we have a robust screening process, ensuring that concerns raised via the Safeguarding Unit are appropriately progressed to a Section 42 Enquiry.




ASC 13 The current figure has exceeded last year's performance for the same quarter and is on track to meet the new target of 85%.







Carers:

ASC 15 The current figure is up to the end of May 2024 due to the transfer to the Eclipse system. We are on track to meet the target.

Public Health

Key Objectives / milestones

Ref	Objective 1: Child Health	Q1 Progress
	Milestones	
PH 01	Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.	
Ref	Objective 2: Adult weight and physical activity	
	Milestone	
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	
Ref	Objective 3: NHS Health Checks	
	Milestone	
PH 03	Ensure local delivery of the NHS Health Checks programme in line with the nationally set achievement targets and locally set target population groups.	
Ref	Objective 4: Smoking	
	Milestone	

PH 04	Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups.	
Ref	Objective 5: Suicide reduction	
	Milestone	
PH 05	Work towards a reduction in suicide rate.	
Ref 05	Objective 6: Older People	
	Milestone	
PH 06	Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	
Ref	Objective 7: Poverty	
	Milestone	
PH 07	To increase awareness of fuel poverty and drive change to tackle the issue through better understanding of services available across Halton (staff and clients).	
Ref	Objective 8: Sexual health	Q4 Progress
	Milestone	
PH 08	To continue to provide an easily accessible and high quality local sexual health service, ensuring adequate access to GUM and contraceptive provision across the Borough, whilst reducing the rate of sexually transmitted infections and unwanted pregnancies.	
Ref	Objective 9: Drugs and alcohol	
	Milestone	
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	

Supporting Commentary

PH 01

Supporting commentary – Child health

Regular performance contract meetings in place with the 0-19 service. The 0-19 service are supporting the development of the Family hubs model and local offer, and the SEND priority action plan.

The infant feeding offer continues to expand, now with 4 weekly drop-in support groups, in addition to home visits and telephone support in the postnatal period, plus antenatal engagement at community midwifery clinics.

Women supported with breastfeeding	134
of whom were supported via home visits	67
Women supported with safe formula feeding via phone	110
Women attending breastfeeding support groups	32
Parents attending infant feeding drop-ins	22
Parents attending Introducing Solid Foods workshops	65

100% of Halton primary schools have signed up for the Healthy Schools programme in 2023-24, and 86% of schools overall. 8 Early Years settings achieved the Healthy Early Years Award this quarter.

Two cohorts of young people completed the RSPH Young Health Champions Award this quarter; developing skills to promote health and wellbeing and delivering health messages throughout their schools.

PH 02

Supporting commentary – Adult weight and physical activity

Exercise On Prescription: The referral target for 2024/25 per month is 100. In Q1 2024/2025 **273 referrals** was made into the service. This is an **increase** on previous referrals received in Q4 2023/2024. Of those referred into the service **65% (177)** started and are active in the service so far. For 2024/25, the service target is to engage 70% of those referred into the service. For 2024/25, the service has a target to complete 50% of those who started the service. Of those due to have completed 12 weeks the program in Q1 2024/25 who started the service in Q4 2023/2024, **43.6% (44)** completed which is similar on the previous quarters, 12 week performance.

Fresh Start: (Adult Weight Management) The referral target for 2024/25 per month is 150. In Q1 2024/2025 740 of referrals was made into the service. This is **decrease** on previous referrals received in Q4 2023/2024 (760). Of those referred into the service **42% (311)** started and are active in the service so far. For 2024/25, the service target is to engage 70% of those referred into the service. For context this performance data is largely due to receiving referrals for weight management injections into the service which isn't available in Halton and the services supporting Tier 3 which is currently facing capacity issues with more complex clients. For 2024/25, the service has a target to complete 50% of those who started the service. Of those due to have completed 12 weeks the program in Q1 2024/25 who started the service in Q4 2023/2024, **32.5% (128)** completed which is an **1.5% decrease** on the previous quarters, 12-week performance. For 2024/2025, the service has set a target to complete 30% of those who started the service. Of those due to have completed the service in Q1 2024/25, who started the service in Q3 2023/24, **18% percentage (49)** completed which is a **1% increase** on the previous quarters, 6-month performance. Of those who completed 6 months on the service **81.6% percentage (40)** lost weight. In addition to this, **65% percentage (26)**

achieved lifestyle improvements. This is a **decrease** on previous quarter's performance.

PH 03**Supporting commentary – NHS Health Checks**

Each year 20% of the total eligible population should be invited for an NHS Health Check (NHS HC). In Halton the target for 2024/2025 is 5803. This means each quarter 1451 patients should be invited. In Q1 2024/25 **149.9% (2176)** have been invited of the services quarterly target. The service has decided to complete 1st invites over 10 months rather than 12 to give time for 2nd and 3rd invites throughout the year. This will mean that a data trend should show slightly above target for Q1,2&3 and slightly below on Q4 for 1st invites. This will average out over an annual average. Of the quarterly target invites/offered an NHS Health Check. Halton have set a target to engage and complete 55% of these. This would mean

Halton's quarterly uptake target is 798 NHS Health Checks completed quarterly. During Q1 2024/25 the service achieved a quarterly uptake percentage of **117.4% (937)** of its quarterly target. Halton have set a target to refer/signpost over 30% of those who have had an NHS Health Check on to further support to improve their health. This would be equivalent to 240 patients. This could range from primary care pathways to lifestyle support service such as weight management or smoking cessation. In Q1 2024/25, the service referred **37.2% (349)** of its quarterly target, onto wider support services.

PH 04**Supporting commentary – Smoking**

Quitting data from 01/04/2024 – 30/06/2024: Q1

Total Referrals	311
Total Set a Quit Date	231
Engagement Rate	74%
Total Quit	90 so far
Total Still Awaiting 4 Week Quit Outcome	59
Unemployed/Never worked Set a Quit Date	31
Unemployed/Never worked Quit	6
Awaiting 4 Week Quit Outcome	6
Routine/Manual Set a Quit Date	39
Routine/Manual Quit	9
Awaiting 4 Week Quit Outcome	13

PH 05**Supporting commentary – Suicide reduction**

We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently drive Halton's action plan to drive reduction in suicides. Work currently taking place on long term conditions,

Dual Diagnosis, Gambling harms as well as supporting education settings with self-harm and suicide attempts and engaging with teenage males to understand why they don't engage with mental health services at the same rates as teenage females. Event took place with a wide range of attendees and presenters to discuss the needs of men's mental health. Despite work happening RTS appear to be higher than other years.

PH 06

Supporting commentary – Older people

The Exercise on Referral Programme which includes falls has been rolled out in some GP practices to target common health conditions such as hypertension and falls. We have begun to supported 67 patients classed as risk of falls after scoring 10 and below in the functional assessment. Through the EoR programme work is completed with the individuals in order to reduce future risk of falling. Unfortunately we cannot report on all up to date data for Sure Start to Later Life as there has been a change in regards to the data logging system (CareFirst to eclipse). Eclipse is currently not set up to run reports and therefore there is a delay in obtaining data since in the move at the beginning of June. April and May's data shows that there were 49 referrals, with 25 assessments and 4 reviews taking place. Out of the 4 reviews that took place 2 people reported that they feel less socially isolated as a result of the intervention from the service.

PH 07

Supporting commentary - Poverty

We continue to work closely with regional partners on the LCR food poverty strategy looking at the sustainability of community food provision and networks, building on our local projects with community growing and social value donations continuing this year. Added damp/mould kits to our fuel poverty offer to create a whole home approach with closer connections created with regional projects working alongside primary care interventions to identify those at greatest risk from poor housing conditions

PH 08

Supporting commentary – Sexual health

Axess hold weekly clinics in both Runcorn & Widnes, including evening, walk in, a dedicated 'Axess4u' young person's clinic as well as outreach clinics for certain targeted groups. The service implemented an improved digital offer where all appointments are bookable online. There are also currently phased improvements to the website to make it easier to navigate and user friendly as well as a 'digital front door' to other local services. The National Pharmacy Contraception Scheme has launched, where women can access oral contraception without needing to see their GP. The majority of pharmacies in Halton have signed up to deliver this service (Find a pharmacy that offers the contraceptive pill without a prescription - NHS (www.nhs.uk)) although we don't currently have access to activity data. Work is progressing with the sexual health JSNA and service specification in preparation for the new contract. Discussions continue around Women's Health Hubs and a new C&M WHH clinical









lead has been appointed to support this work, focussing on increasing LARC access.

PH 09**Supporting commentary – Drugs and alcohol**



CGL continues to delivery drug and alcohol services, working closely with other partners across the system – including Cheshire Police and the HBC Early Help Team. The Halton Drugs Strategy for 2023-26 has been finalised, and the Combatting Drugs Partnership (CDP) has produced an annual report which details progress which the CDP has made over the past 12 months. The borough will receive Individual Placement Support (IPS) funding from DHSC starting in April 2024. This new IPS funding will enable people in drug and alcohol treatment who are not currently in work to access employment, helping to break the cycle of addiction. A request is currently being prepared to utilise the first plus one of the contract extension.

Audit C screenings are delivered during Health Checks and Stop Smoking consultations to clients across Halton. During Q1 Health Trainers/Health Check Officers have delivered **937 Audit C screenings** in workplaces, GP practises and in the community. During Q1 the Stop Smoking Service have delivered **133 Audit C screenings** with clients wishing to stop smoking Total combined **Audit C screenings delivered = 1,070**

Key Performance Indicators

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 1	Current Progress	Direction of Travel
PH01a	Healthy life expectancy at birth: females (years)	58.0 (2018-20)	58.0 (2019-21)	n/a		
PH01b	Healthy life expectancy at birth: males (years)	61.4 (2018-20)	61.4 (2019-21)	n/a		
PH02	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	60.1% (2021/22)	62.5% (2023/24)	62.2% (2022/23)		
PH03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	80.4% (2022/23)	90% (standing target)	83.9% (2023/24)		

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 1	Current Progress	Direction of Travel
PH04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	71.2% (2021/22)	71.2% (2022/23)	72.7% (2022/23)		
PH05	Percentage of physically active adults	63.1% (2021/22)	63.5% (2022/23)	62.8% (2022/23)		
PH06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	104.6% (2022/23)	76.5% (2023/24)	43.9% (2023/24)		
PH07	Smoking prevalence (% of adults who currently smoke)	13.2% (2021)	13.0% (2023)	13.3% (2022)		
PH08	Deaths from suicide (directly standardised rate per 100,000 population)	9.3 (2020-22)	9.9 (2021-23)	13.4 (2021-23 provisional)		
PH09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	282.0 (2021/22)	280.6 (2022/23)	261.8 (2022/23)		
PH10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,676 (2021/22)	2,662 (2023/24)	2,206 (2022/23)		
PH11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+)	32.7% (2021/22)	40% (2022/23)	36.2% (2022/23)		
PH12	Fuel poverty (low income, low energy efficiency methodology)	12.4% (2021)	12.2% (2022)	n/a		
PH13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	380 (2022)	220 (2023)	407 (2023)		
PH14	Long acting reversible contraception (LARC) prescribed as a proportion of all contraceptives	58% (2022/23)	58% (2023/24)	45.5% (2023/24)		n/a
PH15	Admission episodes for alcohol- specific conditions	908	900	857		

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 1	Current Progress	Direction of Travel
	(Directly Standardised Rate per 100,000 population)	(2021/22)	(2022/23)	(2022/23)		
PH16	Successful completion of drug treatment (non opiate)	21.2% (2022/23)	25% (2023/24)	19.1% (2023/24)		

Supporting Commentary

PH 01a - Data is published annually by OHID. 2018-20 data showed a slight improvement; however this may not continue due to the excess deaths that occurred during 2021

PH 01b - Data is published annually by OHID. 2018-20 data showed a slight improvement; however, this may not continue due to the excess deaths that occurred during 2021.

PH 02 - The percentage reduced by 6% between 2018/19 and 2021/22 in Halton; this is similar to the decline in England overall. However, the Halton percentage did increase slightly between 2021/22 and 2022/23. Data is released annually.

PH 03 - The 2023/24 data saw an increase from 2022/23, but failed to meet the target of 90%. However, it did meet the performance standard of 75%.

PH 04 - Adult excess weight increased in 2022/23 and did not meet the target. Data is published annually by OHID.

PH 05 – Adult physical activity decreased again slightly in 2022/23. Data is published annually by OHID.

PH 06 - There has been a reduction in uptake during 2023/24 as there were a large number of invites sent out. Q1 2024/25 data is not yet available.

PH 07 – Smoking levels increased very slightly in 2022 and did not quite meet the target. Data is published annually.

PH 08 - Provisional 2021-23 data indicates the rate has increased since 2020-22 and is not on track to meet the target. Data is published annually.

PH 09 - Published 2022/23 data shows the rate of self-harm admissions has reduced since 2021/22, and met the target. Data is available annually.

PH 10 - Published 2022/23 shows the rate of falls injury admissions has reduced and has met the target. Data is available annually.

PH 11 - The proportion of adult social care users having as much social contact as they would like increased in 2022/23 but did not meet the target. Data is available annually.

PH 12 – Fuel poverty improved in Halton between 2020 and 2021.
(Data is published annually. N.B. 2021 data was updated nationally in summer 2023)

PH 13 – New STI rates increased slightly in 2023. However, rates are consistently better than the England.
Data is published annually.

PH 14 – Data for 2022/23 covers Halton & Warrington, but has been split for Halton from 2023/24. Therefore the 2023/24 data is not directly comparable to 2022/23.

PH 15 – Published 2022/23 shows the rate of alcohol-specific admissions has reduced and has met the target.

PH 16 - Data does fluctuate year on year but in 2022/23, the Halton proportion of successful completions was worse than the England average. The figure has continued to reduce in 2023/24.

APPENDIX 1 – Financial Statements

Care Homes DivisionRevenue Budget as at 31 July 2024

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
<u>Madeline Mckenna</u>					
Employees	698	233	206	27	37
Agency - covering vacancies	0	0	35	(35)	(109)
Other Premises	101	21	25	(4)	(11)
Supplies & Services	20	7	7	0	(1)
Food Provison	48	16	17	(1)	(3)
Total Madeline Mckenna Expenditure	867	277	290	(13)	(87)
<u>Millbrow</u>					
Employees	2,056	685	417	268	656
Agency - covering vacancies	0	0	309	(309)	(947)
Other Premises	129	34	47	(13)	(44)
Supplies & Services	61	30	38	(8)	(23)
Food Provison	78	23	26	(3)	0
Total Millbrow Expenditure	2,324	772	837	(65)	(358)
<u>St Luke's</u>					
Employees	2,884	961	669	292	673
Agency - covering vacancies	119	119	438	(319)	(997)
Other Premises	172	48	65	(17)	(57)
Supplies & Services	59	17	29	(12)	(18)
Food Provison	132	36	42	(6)	(20)
Total St Luke's Expenditure	3,366	1,181	1,243	(62)	(419)
<u>St Patrick's</u>					
Employees	1,839	613	399	214	504
Agency - covering vacancies	33	33	351	(318)	(985)
Other Premises	157	38	45	(7)	(22)
Supplies & Services	64	19	14	5	14
Food Provison	122	25	23	2	5
Total St Patrick's Expenditure	2,215	728	832	(104)	(484)
<u>Care Homes Divison Management</u>					
Employees	362	121	94	27	60
Supplies & Services	0	0	2	(2)	(2)
Care Home Divison Management	362	121	96	25	58
Net Operational Expenditure	9,134	3,079	3,298	(219)	(1,290)
Recharges					
Premises Support	264	88	88	0	0
Transport Support	0	0	0	0	0
Central Support	683	228	228	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	0	0	0	0	0
Net Total Recharges	947	316	316	0	0
Net Departmental Expenditure	10,081	3,395	3,614	(219)	(1,290)

Comments on the above figures

Financial Position

The care home division is made up of the following cost centres, Divisional Management Care Homes, Madeline Mckenna, Millbrow, St Luke's and St Patrick's.

The spend to 31st July 2024 across the division is over budget profile by £0.219m. The forecast for the end of 2024/25 financial year is an estimated outturn position of £1.290m over budget. This is assuming the level of agency continues at a similar rate and includes higher spend assumptions later in the financial year due to winter pressures surrounding staffing and utilities.

Comparison to Previous Year Outturn and Period 2 forecasted Outturn

The outturn position for financial year 2023/24 was £1.056m over budget. Based on the estimated outturn position for 2024/25, there is an expectation that the estimated outturn overspend will be £0.234m higher than the last financial year.

It is worth noting the forecast at Q1 2023/24 was £1.914m which was reduced to £1.036m by year end due to the addition of a Market Sustainability & Improvement Workforce grant of £0.254m and a further increase in budget of £0.213m for 1 to1 care costs. Costs were reduced by a further £0.391m due to less agency use.

The forecast outturn position as at the end of May 2024 was £1.501m over budget. Based on the estimated outturn position for period 4 (end of July), there is an expectation that the estimated outturn overspend will be £0.211m lower than the previous quarter.

The reduction of £0.211m largely relates to a reduction in agency spend and forecast. Employee expenditure specifically agency spend continues to be a pressure across the care homes.

Supporting Information

Employee Related expenditure

Employee related expenditure is over budget profile at the end of July 2024 by £0.180m with the year-end outturn position forecast to be £1.168m over budget.

It has been assumed that the pay award offer of £1,290 will be accepted. This has been included within the forecasted Outturn. This will result in an over budget spend of £0.188m across the Care Home Division.

Recruitment of staff is a continued pressure, there remains a high number of staff vacancies across the care homes. A proactive rolling recruitment exercise is ongoing within the care homes, supported by HR.

Due to pressures with recruitment and retention in the sector, heavy reliance is being placed on overtime and expensive agency staff to support the care homes. At the end of July 2024 total agency spend across the care homes reached £1.076m, the cost of this has partially been offset by staff vacancies.

Premises Related Expenditure

Premises related expenditure is over budget profile at the end of July 2024 by £0.041m and is forecast as an estimated overspend at the end of the financial year 2024/25 by £0.134m.

Repairs and maintenance continue to be a budget pressure across all the care homes. The recruitment of a facilities manager would help to reduce these costs. Budget for this post has been made available but the recruitment to this position has so far been unsuccessful.

Food Related Expenditure

Food related expenditure is over budget profile at the end of July 2024 by £0.008m and is forecast as an estimated overspend at the end of the financial year 2024/25 by £0.018m.

Risks/Opportunities

The demand for agency staff within the care homes has been significantly high for several years.

Currently agency staff are being used for a variety of different reasons, to cover vacant posts, maternity leave and sickness absence.

The forecasts for agency staff are continuously reviewed to account for fluctuations in demand, however, the difficulty in the recruitment of new staff and the inability to retain existing staff has resulted in continued reliance on agency staff. The expectation is that the use for agency staff will be an ongoing issue. The care homes and the transformation team are working actively to look at options to reduce the reliance on agency staff.

COMPLEX CARE POOL BUDGET**Revenue Budget as at 31st July 2024**

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	5,293	1,415	1,461	(46)	(136)
Oakmeadow	1,818	559	629	(70)	(209)
Community Home Care First	2,111	613	500	113	340
Joint Equipment Store	871	276	276	0	0
Development Fund	583	0	0	0	0
Contracts & SLA's	3,243	77	77	0	0
Inglenook	127	23	8	15	45
HICafs	3,620	848	813	35	105
Carers Breaks	474	138	100	38	115
Carers centre	371	0	0	0	0
Residential Care	7,234	1,825	1,825	0	0
Domiciliary Care & Supported Living	4,227	1,057	1,057	0	0
Total Expenditure	29,972	6,831	6,746	85	260
Income					
BCF	-13,484	-4,495	-4,495	0	0
CCG Contribution to Pool	-2,865	-955	-955	0	0
Oakmeadow Income	-6	-2	0	(2)	(4)
ASC Discharge Grant Income	-1,631	-544	-544	0	0
ICB Discharge Grant Income	-1,282	-1,282	-1,282	0	0
Total Income	-19,268	-7,278	-7,276	(2)	(4)
ICB Contribution Share of Surplus			41	(41)	(128)
Net Operational Expenditure	10,704	-447	-489	42	128

Comments on the above figures:

The financial performance as at 31st July 2024 shows the Complex Care Pool Budget is £0.083m under budget profile as this point of the financial year.

Intermediate Care Services are currently over budget to date predominantly due to the use of agency staff within the reablement team. This overspend is in contrast to the previous financial year which was underspent, and is the result of higher staffing costs and the absence of the LAUEC Grant this year.

Spend is over budget at this point in the year on Oakmeadow due to utilities, food and the use of agency staff. The majority of vacant posts have now been recruited to, but a few remain and agency staff are required to cover staff sickness. This agency spend is currently being investigated by the service in order to ascertain as to whether it can be reduced in year.

The underspend on HICafs relates to the reduction in value of the Bridgewater contract due to the non-recruitment of two Pharmacy posts, this has however

not been allocated yet .This is partially offset by an overspend on staffing caused by unbudgeted spend on agency staff.

The underspend on Community Home Care First is due to agency costs being lower than expected at the start of the financial year, with current indications that this may continue throughout the financial year.

Expenditure on Inglenook is less than anticipated as although there are two clients using the service, one is now funded by Continuing Health Care which has reduced the pressure on this budget.

Expenditure on Carer's Breaks is £0.038m less than anticipated for the year to date, with a forecast outturn of £0.115m under budget as demand for services is still lower than pre-pandemic levels.

Based on current intelligence, the forecast outturn for year end is £0.256m under budget, however the year-end position will result in a balanced budget for the pool with any unallocated funds in year being split with the ICB in accordance with the terms of the pool budget to fund those services under extreme pressure – namely the Health & Community Care budget. This budget has historically always overspent due to limited resources and often relies on the pool budget underspend to offset pressures. It is important to note however, that it is not guaranteed that the Pool will always have the resources to contribute towards these underspends in the future.

Pooled Budget Capital Projects as at 31st July 2024

	2024-25 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Disabled Facilities Grant	1050	350	353	697
Stair lifts (Adaptations Initiative)	200	70	66	134
RSL Adaptations (Joint Funding)	150	50	53	97
Telehealthcare Digital Switchover	135	50	60	75
Millbrow Refurbishment	100	40	26	74
Madeline Mckenna Refurb.	50	15	9	41
St Luke's Care Home	50	15	10	40
St Patrick's Care Home	50	15	14	36
	50			
Total	1,785	605	591	1,194

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2023/24 spend and budget, and expenditure across the 3 headings is projected to be within budget overall for the financial year.

The £400,000 Telehealthcare Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional Telehealthcare IT system is in place prior to the switchoff of existing copper cable based systems. Procurement commenced in 2022/23 with an initial purchase to the value of £100,000. It is anticipated that the scheme will be completed in the current financial year, fully funded from the residual capital allocation of £135,000.

On 16th June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed within a three year timescale. Spend to 31 March 2024 amounted to £947,000, leaving available funding of £3.253M at the start of the current financial year.

Executive Board have approved an additional £2M capital allocation in respect of energy efficiency initiatives. At present, detailed costing proposals are in development, with further revisions to the capital allocations to be submitted to Executive Board later in the year.

Initial 2024-25 capital allocations against each home currently therefore reflect just anticipated minor refurbishment costs.

COMMUNITY CARE

Revenue Budget as at 31st July 2024

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Residential & Nursing	14,434	4,882	4,961	(79)	(260)
Domiciliary Care & Supported living	13,587	2,900	2,985	(85)	(276)
Direct Payments	12,629	5,430	5,922	(492)	(1,602)
Day Care	405	57	119	(62)	(9)
Total Expenditure	41,055	13,269	13,987	(718)	(2,147)
Income					
Residential & Nursing Income	-13,182	-2,917	-2,927	10	33
Community Care Income	-2,270	-599	-596	(3)	(1)
Direct Payments Income	-1,014	-266	-260	(6)	(2)
Income from other CCGs	-135	-34	-34	0	0
Market Sustainability & Improvement Grant	-2,796	-932	-932	0	0
Adult Social Care Support Grant	-5,167	-1,722	-1,722	0	0
War Pension Disregard Grant	-67	0	0	0	(11)
Other Income	0	0	0	0	0
Total Income	-24,631	-6,470	-6,471	1	19
Net Operational Expenditure	16,424	6,799	7,516	(717)	(2,128)

Comments on the above figures:

At the end of July 2024 expenditure on Community Care services is over budget profile by £0.717m. It is anticipated that at the end of the financial year it will be overspent by £2.128m.

The forecast outturn figures excludes £0.5m investment from the Pool budget put forward as a saving item, agreed by Council in March 2023. This position is currently being reviewed and the outturn figure will be updated once certainty around the saving is provided.

Further analysis of individual service budgets is provided below.

Residential & Nursing Care

There are currently 416 residents in permanent external residential/nursing care as at the end of July 2024 compared to 406 in April, an increase of 2.4%. Compared to the 2023/24 average of 390 this is an increase of 6.6%.

The average cost of a package of care since April has increased from £866 to £887 an increase of 2.4%. However the average package cost for 23/24 was

£788.62, an increase of 12.4%. 416 reside within external residential homes at an average cost of £1,056.19 per week, with 95 placed within Council internal care homes.

25 external packages charge a top up currently costing £3,171.14 per week which equates to £0.164 per annum. Last year the spend was £0.179m.

Extra 1 to 1 hours in external care homes cost £15,396 per week and the forecast to year end for this is currently circa £0.694m. This is for 13 packages. Last year 20 individuals received 1 to 1 care at a cost of £0.255m.

Extra 1 to 1 hours in internal care homes has so far cost £0.119m. Last year the cost was £0.167m.

The table below shows the number of Permanent external packages over £1,000 per week.

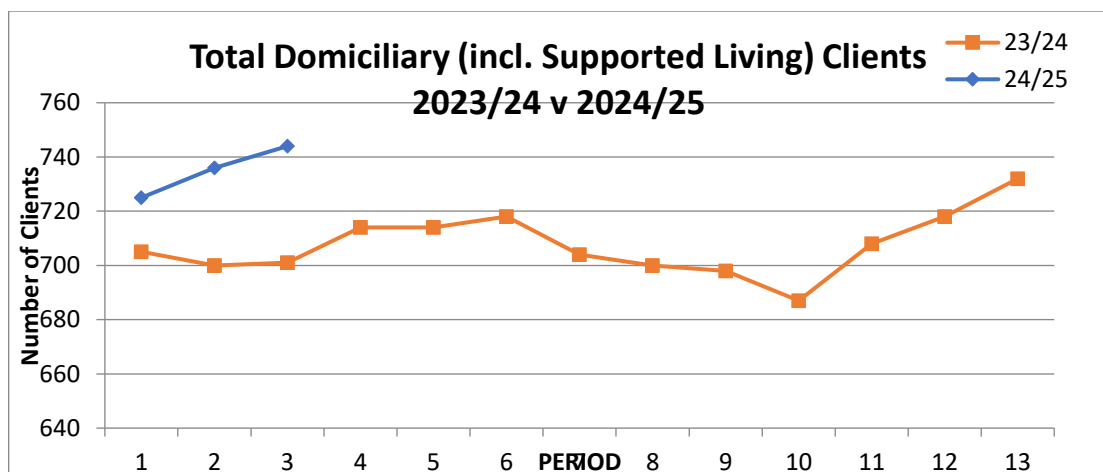
Weekly Cost £	No of Permanent PoCs			
	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4
1000-1999	52	53	53	53
2000-2999	18	18	16	17
3000-3999	5	5	5	5
4000-4999	7	8	8	8
5000-5999	3	2	2	2
6000-6999	1	2	1	2
7000-7999		1	1	1
>10,000	1	1	1	1
Total	87	90	87	89

Of the current 89 permanent placements 62 are out of borough and 43 are joint funded.

Domiciliary Care & Supported Living

Count and spend for this service group is only available up to the end of June 2024. There are 744 service users receiving a package of care at home compared to the 2023/24 average of 707, an increase of 5.2%. The average cost of a package of care is currently £494.96 compared with £490.65 in April, an increase of 0.8%. The average for 2023/24 was £409.19.

The graph below illustrates the demand for the service from April 2023 to date.



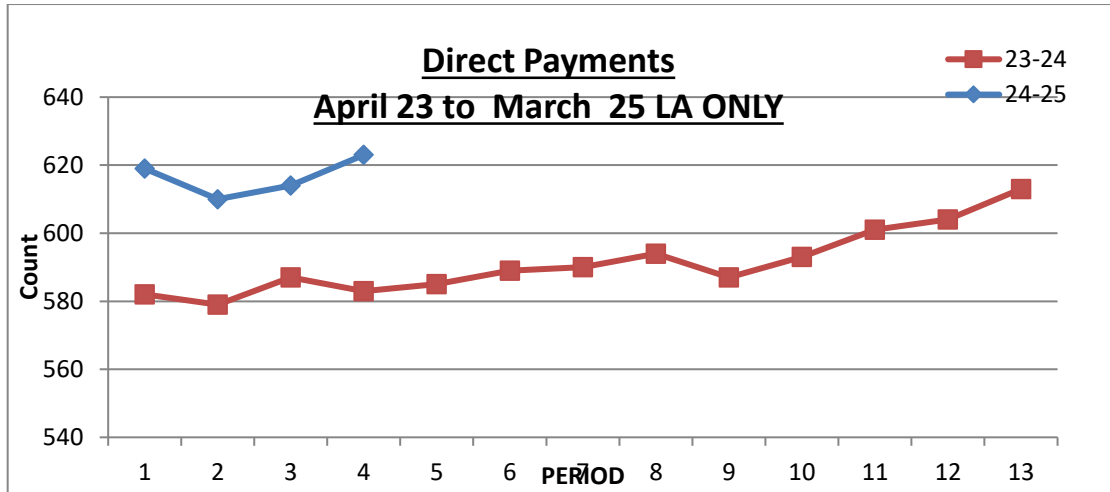
Direct Payments

623 clients received a Direct Payment (DP) in July compared with 619 in April an increase of 0.64%. The average in 2023/24 was 591, therefore there has been an increase of 5.4% on last year's average. The average cost of a package of care has decreased slightly since April from £529.04 to £508.43, a reduction of 3.8%. However, compared to last year's average of £488.39 there has been an increase of 4.1%.

There have been 66 new referrals into the service since the beginning of April and 43 have ended, the net effect being 23 new service users. Some of these are not yet in the system as they may need home visits, financial assessments etc. Due to staff absence and holidays not all of these have not been completed, hence they do not appear in the above comparison.

There are currently 161 service users receiving a DP to pay care providers that have an hourly rate higher than our domiciliary contracted rate of £21.18. This is exerting additional pressure on the budget. This budget has for many years experienced great pressure and costs will continue to exceed budget with demand at current levels which is evidenced below.

The forecast position for Direct Payments assumes an amount of £1.4m will be recovered from users following an audit to seek assurance the DP is spent in line with their care and support needs.



The Community Care budget as a whole is very volatile by nature as it is demand driven, with many influential factors such as the ageing population, deprivation within the borough and also links to the health care sector.

It will continue to be closely monitored and scrutinised throughout the rest of the financial year to quantify pressures on the financial performance. The Community Care budget recovery group continues to meet to identify savings to try to mitigate the risk of further overspend against this budget.

Adult Social Care**Revenue Operational Budget as at 31 July 2024**

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	17,478	5,809	5,446	363	1,070
Agency- Covering Vacancies	4	1	347	(346)	(1,040)
Premises	481	238	241	(3)	0
Supplies & Services	486	170	166	4	0
Aids & Adaptations	37	12	9	3	0
Transport	242	81	97	(16)	(35)
Food Provision	214	71	56	15	10
Agency	672	224	229	(5)	(5)
Supported Accommodation and Services	1,385	461	458	3	10
Emergency Duty Team	115	0	0	0	0
Transfer To Reserves	282	0	0	0	0
Capital Financing	44	0	0	0	0
Contracts & SLAs	387	86	77	9	0
Housing Solutions Grant Funded Schemes					
Homelessness Prevention	369	139	139	0	0
Rough Sleepers Initiative	167	55	54	1	0
Total Expenditure	22,363	7,347	7,319	28	10
Income					
Fees & Charges	-1,063	-354	-342	(12)	(30)
Sales & Rents Income	-420	-199	-206	7	20
Reimbursements & Grant Income	-2,051	-534	-529	(5)	0
Capital Salaries	-121	-30	-30	0	0
Housing Schemes Income	-536	-345	-346	1	0
Total Income	-4,191	-1,462	-1,453	(9)	(10)
Net Operational Expenditure	18,172	5,885	5,866	19	0
Recharges					
Premises Support	529	176	176	0	0
Transport Support	581	87	87	0	0
Central Support	3,465	1,155	1,155	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-112	-37	-37	0	0
Net Total Recharges	4,476	1,381	1,381	0	0
Net Departmental Expenditure	22,648	7,266	7,247	19	0

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is currently £0.019m below budget profile. Budget headings are currently running broadly to profile at present, with no major variances currently projected. Expenditure Patterns are consistent with the previous report based on expenditure until the end of May, when a balanced budget was forecast for year end. This projection remains unchanged based on the spend until the end of July, and is consistent with the 2023/24 outturn position.

Employee costs, including agency, are currently £0.030m below budget profile. Spend projections are based on the current pay offer, costed on a full-year basis. This results in a projected full-year cost above current budget of £0.050m. However, savings on staff turnover targets are currently projected to be in the region of £0.080m for the year, resulting in a net underspend overall.

Transport and transport recharge costs were substantially above budget in the previous financial year. A review of costs, and apportionment of recharged costs between Children's and Adults Services is ongoing. It should be noted that the costs for the first 4 months of the financial year show a significant reduction in spend. However, this situation will need careful monitoring during the year to ensure a balanced budget is achieved by year-end.








Housing Strategy initiatives included in the report above include the Rough Sleeping Initiative and Homelessness Prevention Scheme. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes, and is grant funded by the Department Of Levelling Up And Communities.





Income for the Department as a whole is broadly to budget for the year, although there is a projected full-year under-achievement of £0.040m in respect of transport income charged to service users. This is counteracted by overachievement of rents income in respect of the Traveller's sites, resulting in a balanced budget overall.

It is currently projected that Departmental spend will be within overall budget at year-end.

Whilst some of the 2024/25 approved savings have been achieved, work is still ongoing on a number of items. The above projections account for the currently projected delayed or partially achieved items.

**Adult Social Care
Progress Against Agreed Savings**

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
ASC1	Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	0	125		Anticipated to be achieved, currently under review.
ASC2	Telehealthcare	680	Explore alternative funding streams such as Health funding or Disabled Facilities Grants.	170	0		Currently Under Review
			Increase charges / review income.	170	0		Charges were increased by 40% w.e.f. April 2024, so this should be achieved
			Cease the key safe installation service.	15	0		Service still being provided
ASC17/18	Quality Assurance Team	395	Review the activities of the Quality Assurance Team, given there are fewer providers for domiciliary care and the transfer of four care homes into the Council.	0	0		Saving implemented
			Merge the service with the Safeguarding Unit.	50	0		
ASC16	Shared Lives (Adult Placement Service)	115	Engage with an external agency currently operating Shared Lives to take over the running of this service. It is anticipated that this would provide an improved service.	58	0		Service currently still provided in-house, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to ensure the 2025/6 structure can achieve the permanent savings target

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
ASC19	Voluntary Sector Support	N/A	Review the support provided by Adult Social Care and all other Council Departments, to voluntary sector organisations. This would include assisting them to secure alternative funding in order to reduce their dependence upon Council funding. A target saving phased over two years has been estimated.	200	100		Anticipated to be achieved
ASC4	Positive Behaviour Support Service	349	Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils.	100	0		Contracts being re-costed on renewal, saving anticipated to be achieved
			Review the Integrated Care Board contribution for Adults, to ensure the full recovery of related costs.	150	0		ICB funding not secured, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to ensure the 2025/6 structure can achieve the permanent savings target
ASC15	Learning Disability Nursing Team	424	Cease provision of this service. The service is a Health related function rather than Adult Social Care, but this is a historical arrangement. The Integrated Care Board would need to consider how they want to provide this function.	424	0		Costs now recharged to the ICB

ASC14	Care Management Community Care Budget	18,982	Attract £500k investment from the pooled budget (BCF) from 2024/25. Undertake work in years 1 and 2 to reduce reliance upon contracted services from 2025/26. Services are currently in the process of being redesigned on a “Strengths Based Approach” ie. focused upon prevention.	500	1,000	u	Position currently being reviewed.
Total Adult Social Care Department				1,837	1,225		

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**Revenue Budget as at 31 July 2024**

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	5,243	1,436	1,410	26	7
Agency - covering vacancies	0	0	13	(13)	0
Premises	6	0	0	0	0
Supplies & Services	368	163	118	45	40
Contracts & SLA's	7,993	1,797	1,774	23	2
Transport	4	1	0	1	0
Transfer to Reserves	19	19	19	0	0
Other Agency	24	24	24	0	0
Total Expenditure	13,657	3,440	3,358	82	49
Income					
Fees & Charges	-83	-49	-35	(14)	(4)
Reimbursements & Grant Income	-252	-281	-282	1	0
Transfer from Reserves	-1,714	-65	-65	0	0
Capital Salaries	-13	-13	-13	0	0
Government Grant Income	-12,193	-6,297	-6,297	0	0
Total Income	-14,255	-6,705	-6,692	(13)	(4)
Net Operational Expenditure	-598	-3,265	-3,334	69	45
Recharges					
Premises Support	148	49	49	0	0
Transport Support	22	7	9	(2)	(2)
Central Support	2,389	796	796	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	-500	-167	-167	0	0
Net Total Recharges	2,059	685	687	(2)	(2)
Net Departmental Expenditure	1,461	-2,580	-2,647	67	43

Comments on the above figures**Financial Position**




The current financial position shows the net spend for the department is £0.067m under budget profile. The estimated outturn position for 24/25 is £0.043m net spend under available budget. However this does include a £0.260m forecast drawdown from reserves to cover additional expenditure and contributions to public health related HBC services from the public health grant.

Due to recent recruitment employee costs are running in line with budget profile. Which is reflected in the change in the estimated outturn position for 24/25 from the last reporting period. Staff savings targets are expected to be met.

Expenditure on supplies and services will be kept to essential items only throughout the year and is currently forecasting a small underspend.




A budget pressure to be aware of is a number of contracts are due for renewal and in the current financial climate are likely to increase significantly.

Symbols are used in the following manner:

Progress	<u>Objective</u>	<u>Performance Indicator</u>
Green	 Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber	 Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red	 Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an <u>intervention or remedial action</u> taken.</i>

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		Indicates that performance is better as compared to the same period last year.
Amber		Indicates that performance is the same as compared to the same period last year.
Red		Indicates that performance is worse as compared to the same period last year.
N/A		Indicates that the measure cannot be compared to the same period last year.