

POLICY & RESOURCES CABINET BOARD

11th JULY 2013

FINANCE & CORPORATE SERVICES

REPORT OF THE HEAD OF FINANCIAL SERVICES – DAVID REES

INDEX OF REPORT ITEMS

PART 1 - Doc.Code: PRB-110713-REP-FS-DR

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SECTION A – MATTERS FOR DECISION

ITEM 1 – INSURANCE CLAIMS NOTIFICATION

1. Purpose of Report

This report is to inform Members of changes in legislation connected with the Civic Justice Reforms and how they will impact on the processes required for dealing with litigated insurance claims of up to £25,000 in value.

2. Background

Under the current system for such claims, the Authority receives the claim via post or e-mail from the claimants or their legal representatives. A decision on liability has to be made within 3 months.

With effect from 31st July, these insurance claims must be submitted by the claimant or legal representative using a Claims Notification Form (CNF) which is either sent by first class post or via an electronic portal. Receipt of the CNF must be acknowledged by the Authority by the end of the next working day.

The timescales for deciding on liability will reduce to 6 weeks for Employer's Liability claims and to 8 weeks for Public Liability claims.

The changes will also impact on the legal costs to defend an Insurance claim. The current system allows the successful party to recover the costs from the third party however this will no longer be the case. Whilst some claims will fall out of the portal process, fixed recoverable costs will restrict the amount of legal fees paid on claims the authority are unable to defend.

3. Summary

In order to comply with the above changes, the Authority will firstly need to register with the portal to allow claims to be processed in line with the new requirements. As an interim measure we have opted to utilise the current portal set up by the Authority's claims handlers (Gallagher Bassett) to enable us to comply with the 31st July deadline.

Protocols and revised processes need to be drawn up and agreed with all directorates to ensure that the new, tighter guidelines are met thereby avoiding additional costs in the insurance process.

The exact impact cannot be assessed until the process has been embedded, however the current opinion within the Insurance industry is that if there are robust systems in place to establish liability at an early stage, the litigation costs (primarily due to the fixing of recoverable costs) will come down.

4. Recommendation

Members approve the Authority's registration on the electronic portal to enable insurance claims to be processed in line with the new requirements.

Appendices

Appendix 1 – Claim Notification Form (EL1)

Appendix 2 – Claim Notification Form (EL2)

Background Papers

Insurance files

Wards Affected

All

Officer Contact

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COMPLIANCE STATEMENT

INSURANCE CLAIM NOTIFICATION

(a) **Implementation of Decision**

The decision is proposed for implementation after the 3 day call-in period.

(b) **Sustainability Appraisal**

Community Plan Impacts:

Economic Prosperity	No impact
Education and Lifelong Learning	No impact
Better Health and Well Being	No impact
Environment and Transport	No impact
Crime and Disorder	No impact

Other Impacts:

Welsh Language	No impact
Sustainable Development	No impact
Equalities	No impact
Social Inclusion	No impact

(c) **Consultation**

There has been no requirement under the Constitution for external consultation on this item.

This is a formal claim against you, which must be acknowledged by email immediately and passed to your insurer.

Claim notification form (EL1)

Low value personal injury claims in employers' liability - accident only (£1,000 - £25,000)

Before filling in this form you are encouraged to seek independent legal advice.

Date sent / /

Items marked with (*) are optional and the claimant must make a reasonable attempt to complete those boxes. All other boxes on the form are mandatory and must be completed before being sent.

What is the value of your claim? up to £10,000 up to £25,000

Please tick here if you are not legally represented? *If you are not legally represented please put your details in the claimant's representative section.*

Claimant's representative - contact details

Defendant's details

<p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Contact name <input type="text"/></p> <p>Telephone number <input type="text"/></p> <p>E-mail address <input type="text"/></p> <p>Reference number <input type="text"/></p>	<p>Defendant's name <input type="text"/></p> <p>Defendant's address* <input type="text"/></p> <p>Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Policy number reference (If not known insert not known) <input type="text"/></p> <p>Insurer/Compensator name (if known) <input type="text"/></p>
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EL1 Claim notification form (04.13)

Section A — Claimant's details

Mr. Mrs. Ms.
Miss Other

Claimant's name

Address

Postcode

Date of birth

Is this a child claim? Yes No

National Insurance number

If the claimant does not have a National Insurance number, please explain why

Occupation

Date of accident

If exact accident date is not known please select the most appropriate date and provide further details in Section B 1.1

Section B — Injury and medical details

1.1 Please provide a brief description of the injury sustained as a result of the accident

[Empty text box for injury description]

SPECIMEN

1.2 Has the claimant had to take any time off work as a result of the accident? Yes No

1.3 Is the claimant still off work? Yes No

If No, how many days in total was the claimant off work?

1.4 Has the claimant sought any medical attention? Yes No

If Yes, on what date did they first do so? / /

1.5 Did the claimant attend hospital as a result of the accident? Yes No

If Yes, please provide details of the hospital(s) attended

1.6 If hospital was attended, was the claimant detained overnight? Yes No

If Yes, how many days were they detained?

Section C — Rehabilitation

2.1 Has a medical professional recommended the claimant should undertake any rehabilitation such as physiotherapy? Yes No Medical professional not seen

If Yes, please provide brief details of the rehabilitation treatment recommended and any treatment provided including name of provider

2.2 Are you aware of any rehabilitation needs that the claimant has arising out of the accident? Yes No

If Yes, please provide full details

Section D — Accident time, location and description

3.1 Estimated time of accident (24 hour clock)

3.2 Where did the accident happen?

3.3 At the time of the accident the claimant was

- working at the claimant's own place of work
- working in the workplace of another employer
- Other (please specify)

3.4 Please explain how the accident happened

SPECIMEN

3.5 Was the accident reported?

- Yes
- No
- Not known

If Yes, please confirm the date the accident was reported and to whom it was reported (if known)

Section E — Liability

4.1 Why does the claimant believe that the defendant was to blame for the accident?

Section F — Funding

5.1 Has the claimant undertaken a funding arrangement within the meaning of CPR rule 43.2(1)(k) of which they are required to give notice to the defendant? Yes No

If Yes, please tick the following boxes that apply:

The claimant has entered into a conditional fee agreement in relation to this claim, which provides for a success fee within the meaning of section 58(2) of the Courts and Legal Services Act 1990

Date conditional fee arrangement was entered into / /

The claimant has taken out an insurance policy to which section 29 of the Access to Justice Act 1999 applies.

Name of insurance company

Address of insurance company

Policy number

Policy date / /

Level of cover

Are the insurance premiums staged? Yes No

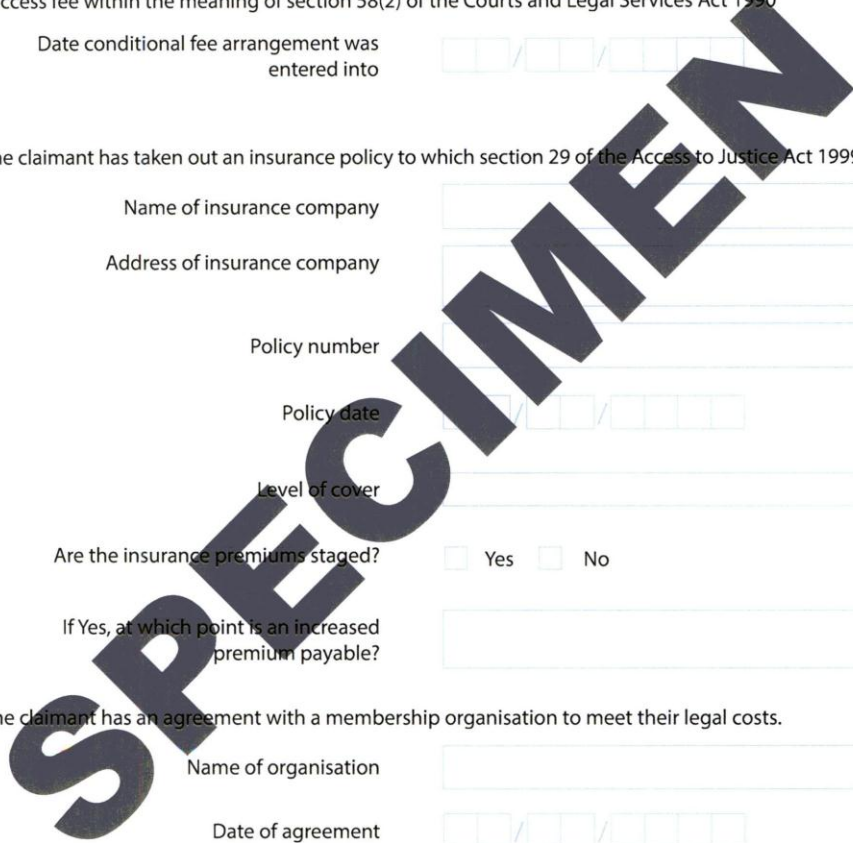
If Yes, at which point is an increased premium payable?

The claimant has an agreement with a membership organisation to meet their legal costs.

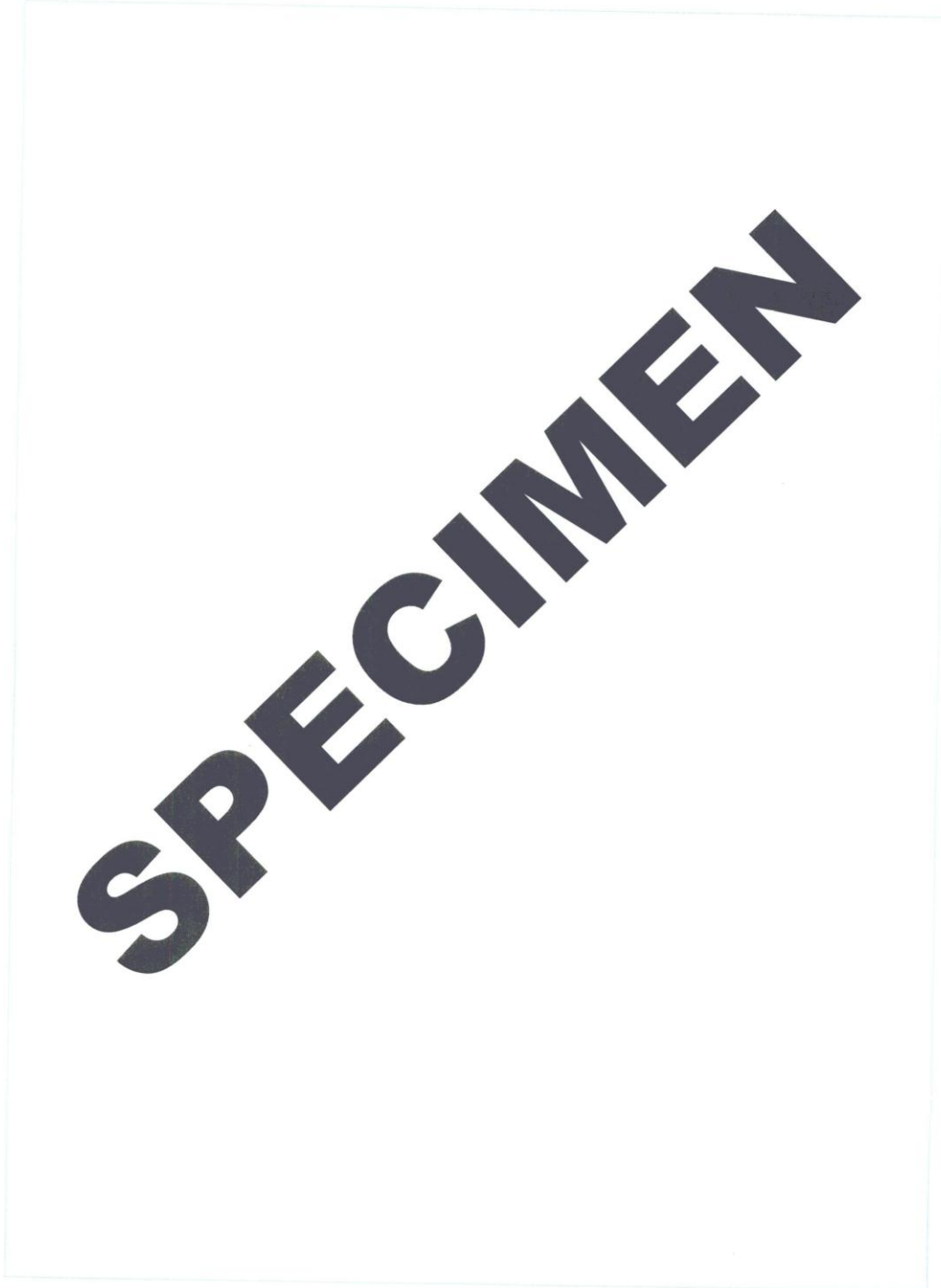
Name of organisation

Date of agreement / /

Other, please give details



Section G — Other relevant information



Section H — Statement of truth

Your personal information will only be disclosed to third parties, where we are obliged or permitted by law to do so. This includes use for the purpose of claims administration as well as disclosure to third-party managed databases used to help prevent fraud, and to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

Where the claimant is a child the signature below will be by the child's parent or guardian or by the legal representative authorised by them.

- I am the claimant's legal representative. The claimant believes that the facts stated in this claim form are true. I have written authority from the claimant to sign this statement.
- I am the claimant. I believe that the facts stated in this claim form are true.

Signed

Date

Position or office held
(if signed on behalf of firm or company)

- I have retained a signed copy of this form including the statement of truth.

SPECIMEN

This is a formal claim against you, which must be acknowledged by email immediately and passed to your insurer.

Claim notification form (PL1)

Low value personal injury claims in public liability accidents (£1,000 - £25,000)

Before filling in this form you are encouraged to seek independent legal advice.

Date sent / /

Items marked with (*) are optional and the claimant must make a reasonable attempt to complete those boxes. All other boxes on the form are mandatory and must be completed before being sent.

What is the value of your claim? up to £10,000 up to £25,000

Please tick here if you are not legally represented? *If you are not legally represented please put your details in the claimant's representative section.*

Claimant's representative - contact details

Defendant's details

Name

Defendant's name

Address

Defendant's address*

Postcode

Postcode

Contact name

Policy number reference (if not known insert not known)

Telephone number

Insurer/Compensator name (if known)

E-mail address

Reference number

PL1 Claim notification form (04.13)

Section A — Claimant's details

Mr. Mrs. Ms.
 Miss Other

Is this a child claim? Yes No

Claimant's name

National Insurance number

If the claimant does not have a National Insurance number, please explain why

Address

Occupation

Postcode

Date of accident

Date of birth

If exact accident date is not known please select the most appropriate date and provide further details in Section B 1.1

Section B — Injury and medical details

1.1 Please provide a brief description of the injury sustained as a result of the accident

this section continues over the page ⇨

1.2 Has the claimant had to take any time off work as a result of the accident? Yes No

1.3 Is the claimant still off work? Yes No

If No, how many days in total was the claimant off work?

1.4 Has the claimant sought any medical attention? Yes No

If Yes, on what date did they first do so? / /

1.5 Did the claimant attend hospital as a result of the accident? Yes No

If Yes, please provide details of the hospital(s) attended

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Section C — Rehabilitation

2.1 Has a medical professional recommended the claimant should undertake any rehabilitation such as physiotherapy? Yes No Medical professional not seen

If Yes, please provide brief details of the rehabilitation treatment recommended and any treatment provided including name of provider

2.2 Are you aware of any rehabilitation needs that the claimant has arising out of the accident? Yes No

If Yes, please provide full details

Section D — Accident time, location and description

3.1 Estimated time of accident (24 hour clock)

3.2 Where did the accident happen?

Please provide sufficient detail to identify the precise accident location (e.g. road name, house number, permanent location feature, grid reference etc.)

3.3 Please give a description of the accident and provide a sketch or photograph, if appropriate

3.4 Was the accident reported?

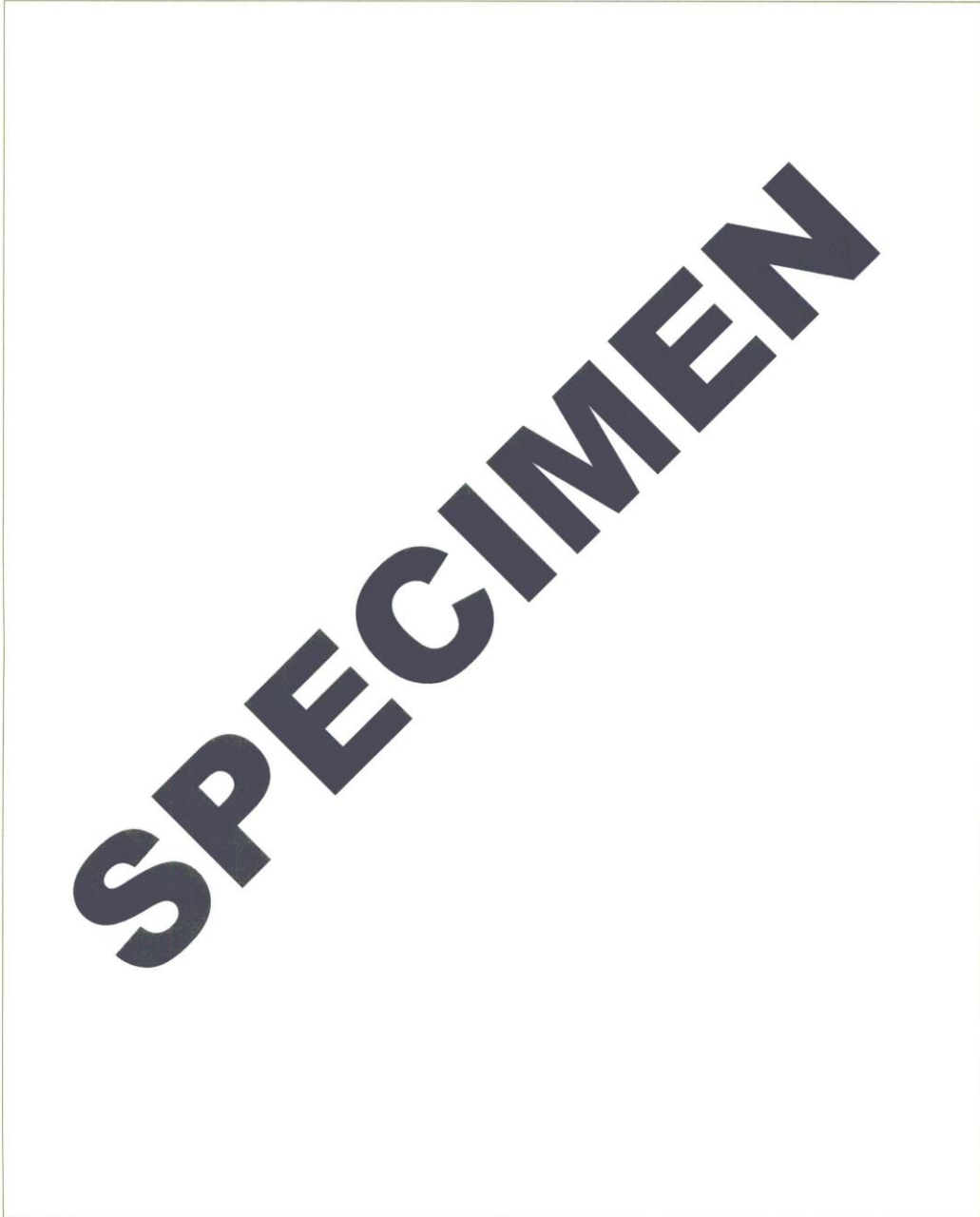
Yes No Not known

If Yes, please confirm the date the accident was reported and to whom it was reported (if known)

SPECIMEN

Section E — Liability

4.1 Why does the claimant believe that the defendant was to blame for the accident?

A large rectangular box with a thin black border, containing the word "SPECIMEN" written diagonally from the bottom-left to the top-right in a large, bold, dark blue font.

Section F — Funding

5.1 Has the claimant undertaken a funding arrangement within the meaning of CPR rule 43.2(1)(k) of which they are required to give notice to the defendant? Yes No

If Yes, please tick the following boxes that apply:

The claimant has entered into a conditional fee agreement in relation to this claim, which provides for a success fee within the meaning of section 58(2) of the Courts and Legal Services Act 1990

Date conditional fee arrangement was entered into / /

The claimant has taken out an insurance policy to which section 29 of the Access to Justice Act 1999 applies.

Name of insurance company

Address of insurance company

Policy number

Policy date / /

Level of cover

Are the insurance premiums staged? Yes No

If Yes, at which point is an increased premium payable?

The claimant has an agreement with a membership organisation to meet their legal costs.

Name of organisation

Date of agreement / /

Other, please give details



Section G — Other relevant information

Section H — Statement of truth

Your personal information will only be disclosed to third parties, where we are obliged or permitted by law to do so. This includes use for the purpose of claims administration as well as disclosure to third-party managed databases used to help prevent fraud, and to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

Where the claimant is a child the signature below will be by the child's parent or guardian or by the legal representative authorised by them.

- I am the claimant's legal representative. The claimant believes that the facts stated in this claim form are true. I have written authority from the claimant to sign this statement.
- I am the claimant. I believe that the facts stated in this claim form are true.

Signed

Date

//

Position or office held
(if signed on behalf of firm or company)

- I have retained a signed copy of this form including the statement of truth.

Claim notification form (PL1)

Low value personal injury claims in
public liability accidents (£1,000 - £25,000)

Compensator response

Section A — Liability

Please select the relevant statement

- Defendant admits:
- Accident occurred
 - Caused by the defendant's breach of duty
 - Caused some loss to the claimant, the nature and extent of which is not admitted
 - The defendant has no accrued defence to the claim under the Limitation Act 1980

- The above are admitted
- The defendant makes the above admission but the claim will exit the process due to contributory negligence

If the defendant does not admit liability please provide reasons below

Section B — Services provided by the compensator - Rehabilitation

Is the compensator prepared to provide rehabilitation? Yes No

Has the compensator provided rehabilitation? Yes No

If Yes, please provide full details below

SECTION B - MATTERS FOR INFORMATION

ITEM 2

TREASURY MANAGEMENT MONITORING 2013/14

1. Purpose of Report

This report sets out treasury management action and information since the previous report.

2. Rates of Interest

Bank base rates continue to be at an all time low of 0.5% (since 5th March 2009) and detailed below are the changes in the bank base rate since April 2008.

Effective Date	Bank Rate
10 April 2008	5.00%
08 October 2008	4.50%
06 November 2008	3.50%
04 December 2008	2.00%
08 January 2009	1.50%
05 February 2009	1.00%
05 March 2009 to date	0.50%

The following table provides examples of external borrowing costs as provided by the Public Works Loans Board as at 25th June 2013.

	Equal Instalments of Principal		Annuity		Maturity	
	Previous 14 May 13	Current 25 June 13	Previous 14 May 13	Current 25 June 13	Previous 14 May 13	Current 25 June 13
	%	%	%	%	%	%
5-5.5 years	1.29	1.72	1.29	1.72	1.84	2.45
10-10.5 years	1.84	2.45	1.86	2.49	2.86	3.47
20-20.5 years	2.86	3.47	2.97	3.59	3.77	4.18
35-35.5 years	3.63	4.18	3.80	4.21	4.13	4.41
49.5-50 years	3.96	4.31	4.10	4.40	4.10	4.38

3. General Fund Treasury Management Budget

The following table sets out the treasury management budget for 2013/14 and consists of a gross budget for debt charges i.e. repayment of debt principal and interest, and interest returns on investment income.

	2013/14 Original Budget £'000
Debt Charges	17,466
Investment Income	
- Total	(1,250)
- less allocated to other funds	210
- General Fund (net)	(1,040)
Net General Fund	16,426

NB: Other funds include Trust Funds, Social Services Funds, Schools Reserves, Bonds etc.

4. Borrowing

Temporary short-term borrowing has been carried out since the last report totalling £10m. This was entered into due to short-term cash flow requirements it was fully repaid on the 5th June 2013. The cost of short term borrowing was less than the loss of interest on investments.

5. Investment Income

In line with the Council's Investment Strategy, the 2013/14 Original Budget for investment income is £1.250m, treasury management investment income to date totals £206,000.

Members should note that all investments are classified as 'specified' i.e. up to 12 months and are currently with the major banks including Barclays, Lloyds Group, Bank Santander, Clydesdale, RBS and Nationwide BS.

Co-operative Bank PLC

Fitch Ratings has downgraded Co-operative Bank PLC's (CB) Long Term (LT) and Viability (VR) ratings, whilst placing them on Evolving Watch (EW). At the same time, Fitch also downgraded the bank's Short Term (ST) and Support ratings.

Co-operative bank no longer meet the minimum credit criteria for investments. The Council does not have any investments with Co-operative Bank.

Icelandic Bank Update

Members should note the following position in relation to the recovery of monies from investments in Icelandic related banks.

Since the last report to Members, a distribution has been received from the administrators of KSF. The total amount received was £92,589.76 on 6th June, this amount is reflected in the tables below.

Table 1 – Original Investments

Bank	Original Investment	Amount of Principal Repaid	Current Outstanding Investment
	£'000	£'000	£'000
Glitnir	2,000	2,000	0
Heritable	9,000	7,066	1,934
KSF	3,000	2,439	561
Landsbanki Islands HF	6,000	2,995	3,005
	20,000	14,500	5,500

In addition to the amounts listed above, an additional £50,000 was received in relation to the Glitnir Bank settlement. This £50,000 was in respect of interest due on the original investment.

Table 2 – Investments Held in Escrow Accounts – Icelandic Kroner

Bank	Investment (Sterling Equivalent) £'000	Amount Repaid £'000	Outstanding Investment £'000
New Glitnir	387	0	387
New Landsbanki	47	0	47
	434	0	434

Some of the investments matured by the old Glitnir and Landsbanki banks have resulted in cash being held in the form of Icelandic Kroner. In line with Icelandic law, the Kroner is not tradable and can only be spent within Iceland. The Local Government Association is pursuing ways of transferring these investments to realise repayments into Sterling. These new investments with the new banks are held in Escrow Accounts in the name of the local authority and generating interest in excess of 4%.

List of Background Papers

Treasury Management Files
PWLB Notice Number 240/13
Sector Credit Rating Update 1198

Appendix

None

Wards Affected

All

Officer Contact

For further information on this report item, please contact:

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Mr Geoff Powell – Senior Accountant
Tel No: 01639 763590
E-mail: g.powell1@npt.gov.uk

ITEM 3

DISCRETIONARY HOUSING PAYMENTS POLICY

1. Introduction

- 1.1. The purpose of this report is to inform Members of the Discretionary Housing Payment Policy (Appendix attached) in the context of Government changes to benefits in the welfare system that will reduce entitlement to Housing Benefit and so increase demand for additional discretionary help through this scheme.

2. Background

- 2.1. In 2001, Central Government established the Discretionary Housing Payment (DHP) Scheme to give Local Authorities the power to award additional payments to Housing and Council Tax Benefit recipients. As Council Tax Benefit has been abolished since April 2013 Discretionary Housing Payments are now only applicable to customers in receipt of Housing Benefit either where there is a shortfall between the rent charged (less any ineligible services such as heating and lighting) and the amount of housing benefit payable, or where the claimant is in receipt of Housing Benefit and merits a lump sum payment for a bond, rent in advance, or clear arrears etc.
- 2.2. The Government provides funding for DHPs and has increased the amount allocated nationally for 2013/14 due to the significant adverse effects on Housing Benefit due to the changes in the welfare system. The funding allocation for Neath Port Talbot CBC for 2013/14 is £330,000. This is a very small amount in relation to the Council's total spend on housing benefit of circa £46 million.

3. Applications and Spend to Date

- 3.1 It is important to monitor the actual and projected spend on DHP awards on a monthly basis to ensure we do not exceed the £330,000 fund. As at the 19th June 2013, there had been just under 600 claims for additional help under the scheme. There have been 337 successful awards totalling a DHP expenditure of £173,000. There have been 199 unsuccessful claims and there are currently 54 applications outstanding.

4. Objectives of the Scheme

4.1 Discretionary Housing Payments should not seek to undermine the purpose and nature of the Housing Benefit scheme, nor support irresponsible behaviour, nor assist in situations so common that a consistent approach to such payments would involve expenditure above the allocated funding. However through the DHP scheme the Council will aim to:

- Assist in sustaining tenancies to prevent homelessness
- Safeguard residents in their own home
- Help customers financially through difficult circumstances or events
- Support the most vulnerable households
- Provide further financial assistance to those most affected by the welfare reforms.

5. Criteria for DHPs

5.1 When considering a DHP you must be satisfied that:-

- There is a shortfall between the amount of weekly benefit awarded and the amount of weekly eligible rent the claimant is liable to pay (except in the case of help with tenancy start up or moving costs) and the shortfall must be shown to be causing hardship which would be alleviated if additional support were paid.
- The claimant requires further help with housing costs.
- There are sufficient funds available to make a payment (once the fund has been spent no further awards will be granted even though the criteria may be satisfied).

A DHP **cannot** be made:

- To top up an award made under the Council Tax Reduction Scheme.
- To contribute to the cost of ineligible service charges (such as heating and lighting).
- To assist in paying for rent increases imposed as a result of incurring rent arrears.
- To assist in paying for rent costs which arise from the imposition of sanctions or reductions in Housing Benefit.

6. Decision Making Process

6.1 The decision to award/refuse a DHP lies with the Senior Benefits Officer (SO)/designated Homelessness Officer (HO).

6.2 When making the decision, the SO/HO will consider each application on its own merit having regard to the following:

- The shortfall between Housing Benefit and the liability;
- Any steps taken by the claimant to reduce the rent liability;
- If a member of the household has a disability and has the accommodation been adapted to meet their needs;
- The medical circumstances (i.e. ill health and disabilities) of the claimant, their partner and any other occupants of the claimant's home;
- If the claimant moved to the address in order to assist with care;
- The income and expenditure of the claimant, their partner and any other occupants of the claimant's home;
- Any savings or capital that might be held;
- The level of indebtedness of the claimant or their family;
- The exceptional nature of the claimant and family's circumstances;
- If the applicant provides accommodation for foster children;
- Hardship suffered by the claimant;
- If the individual is fleeing domestic abuse or violence;
- If children are near the age limits, at which they would qualify for their own room;
- The possible impact on the Council of not making such an award, e.g. the pressure on priority homeless accommodation;
- Any other special circumstances.

6.3 After considering the above it must be remembered that it is likely that a large number of claimants still fall into the defined categories. Any cases meeting the required criteria for an award must be considered to be more deserving, with greater exceptional circumstances, than the majority of applicants to warrant granting an award. When considering the merits of hardship in any particular case there should be more than purely the obvious hardship caused by a shortfall in the benefit payment.

7. Claiming a DHP

- 7.1 A request for DHP should usually be made in writing and should include reasons for the request (an application form is available upon request). Details of the claimant's income and expenditure will be required in order to determine financial hardship. Details of personal circumstances must be included to determine exceptional circumstances.
- 7.2 Additional evidence may be requested to support an application as deemed necessary, for example proof of rents arrears, multiple debts, disability etc.

8. Length of DHP Awards

- 8.1 Awards are expected to last for a fixed period depending on the individuals' circumstances.
- 8.2 Awards may take into account the need to allow the claimant a short future period to adjust or take into account a family's circumstances, such as hardship caused by increased hospital visits while undergoing treatment.
- 8.3 Awards may be granted for a longer period of time if appropriate.

9. DHP Decisions

- 9.1 The Council endeavours to notify the decision on the DHP request within fourteen days of the date all the information needed to support the claim is provided.
- 9.2 The Senior Officer will record the decision and the reasons for the decision on the appropriate proforma for each case.
- 9.3 The Senior Officer will notify the customer, in writing, of the decision. Where a DHP claim is successful the letter will include the weekly award, period of award, and date the next payment will be made. Where the claim is unsuccessful, the decision letter will give detailed reasons for the refusal and the right for the applicant to request a review of the decision.

- 9.4 Review requests must be made in writing, contain sufficient information for the decision in dispute to be identified and state the reasons for the disagreement.
- 9.5 Any request for review will be referred directly to the Principal Officer or alternative Senior Officer. Where the original decision is changed and an award is made the officer will provide written notification to the applicant confirming the weekly award, period of award, and date the next payment will be made. Where the decision is unchanged, the decision letter will give reasons for the refusal. There is no further right of review.

10. **Conclusion and Recommendation**

- 10.1 This Policy is likely to evolve as time passes and further experience is gained in relation to the impact of the Welfare Reforms. It is recommended that Members note this Policy which will be reviewed as deemed necessary by the Principal Benefits Officer.

List of Background Papers

The Discretionary Financial Assistance Regulations 2001

Appendix

Discretionary Housing Payments Policy

Wards Affected

All

Officer Contact

For further information on this report item, please contact:

Mr David Rees - Head of Financial Services

Tel. No. 01639 763646

E-mail: d.rees1@npt.gov.uk

Mr Kevin Davies - Principal Benefits Officer

Tel. No. 01639 763920

E-mail: k.davies1@npt.gov.uk

DISCRETIONARY HOUSING PAYMENTS

1. Introduction

- 1.1. This policy is likely to evolve as time passes and further experience is gained. The information below has been revised as at 4th June 2013 based on experience to date and revisions to the Benefit Regulations.

2. Policy Statement

- 2.1. Each request for additional benefit will be considered on its own merit having also given consideration to the overall position regarding other claims and the balance of monies available.
- 2.2. Anyone in receipt of Housing Benefit may be entitled to a lump sum payment which may be used towards rent in advance , a bond or rent arrears (provided the arrears have not accrued at the time full housing benefit was in payment).
- 2.3. For weekly awards there must be a shortfall between the eligible charge payable and the standard Housing Benefit payable as stipulated in the regulations.
- 2.4. There must therefore be an entitlement to housing benefit and the shortfall must be shown to be causing hardship which would be alleviated if additional benefit were paid.
- 2.5. Special consideration should be made to ensure the most vulnerable are protected e.g. those who are disabled and have special accommodation needs.
- 2.6. Consideration must be given to the amount and duration of any award of additional benefit. This may vary according to the individual circumstances of the applicant.
- 2.7. When considering the merits of the hardship in any particular case there should be more than purely the obvious hardship caused by the shortfall in the benefit payment.
- 2.8. Consideration should be given to other options available to the claimant to alleviate the hardship e.g.
- Capital holdings
 - Opportunity to obtain rent reduction
 - Availability of suitable alternative accommodation

- 2.9. Additional grounds for showing hardship may include:
- Ill-health or disability within the claimant's household
 - The family make-up i.e. the presence, number and ages of children and/or elderly members.
- 2.10. After considering the above, it must be remembered that it is likely that a large number of claimants still fall into the defined categories. Any cases meeting the required criteria for an award must be considered to be more deserving than those considered not meriting an award.
- 2.11. Decisions relating to discretionary awards will generally be made by the Senior Benefits Officers based on this policy. Appeals will be referred to the Principal Benefits Officer or an alternative Senior Officer (although there is no statutory right of appeal).

3. Procedure Relating to Discretionary Housing Payments

- 3.1. A request for additional benefit should usually be made in writing and should include reasons for the request. Details of the claimant's Income and Expenditure will be required in order to determine exceptional hardship. A note outlining the Authority's own guidelines will be available on request.
- 3.2. The benefit application may be dealt with in the normal manner whilst the request for an additional payment will be referred to the Senior Benefits Officer for consideration.
- 3.3. The Senior Benefits Officer will consider the request and will make a decision based on the Authority's policy and the information available from the claimant.
- 3.4. A standard decision sheet is available for use in such cases.
- 3.5. This decision will be issued to the claimant and will also advise him of his right to request a review. The decision will be recorded on the standard form provided.
- 3.6. Any appeal in respect of this decision will be referred directly to the Principal Officer or alternative Senior Officer.