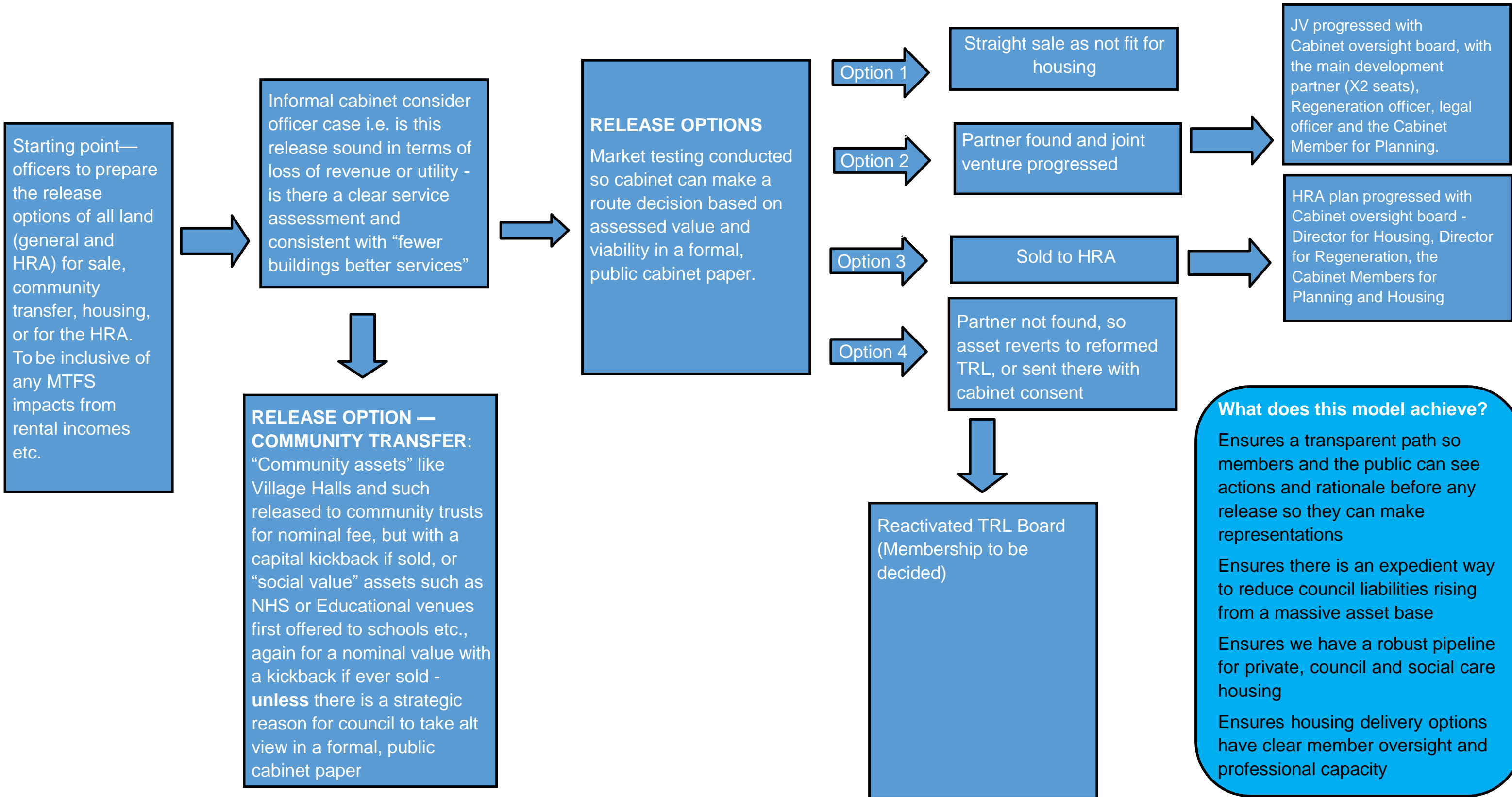


Appendix 3 - PROPOSED APPROACH TO HOUSING DELIVERY AND ASSET RATIONALISATION



Starting point— officers to prepare the release options of all land (general and HRA) for sale, community transfer, housing, or for the HRA. To be inclusive of any MTFS impacts from rental incomes etc.

Informal cabinet consider officer case i.e. is this release sound in terms of loss of revenue or utility - is there a clear service assessment and consistent with “fewer buildings better services”

RELEASE OPTION — COMMUNITY TRANSFER:
 “Community assets” like Village Halls and such released to community trusts for nominal fee, but with a capital kickback if sold, or “social value” assets such as NHS or Educational venues first offered to schools etc., again for a nominal value with a kickback if ever sold - **unless** there is a strategic reason for council to take alt view in a formal, public cabinet paper

RELEASE OPTIONS
 Market testing conducted so cabinet can make a route decision based on assessed value and viability in a formal, public cabinet paper.

Option 1

Straight sale as not fit for housing

Option 2

Partner found and joint venture progressed

Option 3

Sold to HRA

Option 4

Partner not found, so asset reverts to reformed TRL, or sent there with cabinet consent

JV progressed with Cabinet oversight board, with the main development partner (X2 seats), Regeneration officer, legal officer and the Cabinet Member for Planning.

HRA plan progressed with Cabinet oversight board - Director for Housing, Director for Regeneration, the Cabinet Members for Planning and Housing

Reactivated TRL Board (Membership to be decided)

What does this model achieve?
 Ensures a transparent path so members and the public can see actions and rationale before any release so they can make representations
 Ensures there is an expedient way to reduce council liabilities rising from a massive asset base
 Ensures we have a robust pipeline for private, council and social care housing
 Ensures housing delivery options have clear member oversight and professional capacity