

EAST AYRSHIRE COUNCIL

CABINET – 15 DECEMBER 2010

REVIEW OF HOUSING APPLICATION MEDICAL PROCESS

Report by the Depute Chief Executive/Executive Director of Neighbourhood Services

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to seek approval to implement a new assessment process and grading structure for applicants requesting priority for medical reasons to support their application for housing. This process and grading structure will be common to the Council and the four Registered Social Landlord (RSL) partners who have adopted the Common Allocation Policy and Common Housing Register.

2. BACKGROUND

- 2.1 The assessment of applications for medical priority is currently carried out by NHS Ayrshire and Arran. This service is also provided to North Ayrshire Council and locally based RSLs within both Council areas. In January 2010, NHS Ayrshire and Arran advised both Councils and the relevant RSLs that they will no longer be in a position to provide this service as of 1st April 2011. In March 2010, a Review Group was set up to consider the implications of this development, to review existing processes and to explore options on the most appropriate way forward.

3. PARTNERSHIP APPROACH

- 3.1 Recognising that two of our RSL partners within the Common Housing Register also operate within North Ayrshire and its Common Housing Register, it was agreed that there would be merit in developing an alternative system, jointly, to incorporate a degree of consistency. Moreover, a joint approach would facilitate negotiation with NHS Ayrshire and Arran in devising a suitable exit strategy.
- 3.2 The Review Group, therefore, comprised of landlords from both the North Ayrshire Housing Register (NAHR) and the Single East Ayrshire Register for Community Housing (SEARCH), namely:

East Ayrshire Council
North Ayrshire Council
Atrium Homes
Shire Housing Association
Cunninghame Housing Association
Irvine Housing Association
ANCHO

3.3 The consensus view of the Group was that the existing system had several weaknesses, including extended timescales for assessments; a lack of transparency about the assessment process; duplication of assessment between landlords; assessment was largely a paper based exercise, with no opportunity for on-site assessment; no structured appeals process and a general lack of flexibility around the implications of the assessment. The Group undertook a desktop assessment of the systems used by other authorities and carried out site visits to two local authorities which had developed alternative systems to that provided by the local Health Board.

4. CURRENT GRADING

4.1 Within the current assessment structure there are 4 possible grades:

Grade 1 (lowest grade)
Grade 2
Grade 3
Grade 4 (highest grade)

4.2 Of the 5146 applicants on the East Ayrshire Council housing list, 858 have a medical award. This is a relatively high percentage, particularly compared with other authorities which no longer use the local Health Board for medical assessment, for example Edinburgh, Renfrewshire and South Ayrshire.

<u>Register</u>	<u>Percentage of applicants awarded a medical priority</u>
East Ayrshire Council	17%
North Ayrshire Housing Register	39%
Edinburgh (Edindex CHR)	2.5%
Renfrewshire	3.8%
South Ayrshire Council	10%

5. PROPOSALS FOR CHANGE

5.1 Grading Structure

5.1.1 The Review Group found that other authorities generally used only two or three medical assessment grades, and could not find another authority that used 4 medical grades. The recommendation of the Review Group was to reduce from four grades to three grades, to be classified as **high, medium** and **low**.

5.1.2 It is proposed, therefore that the lowest current assessment, grade 1 is removed and applicants who currently have a grade 1 award are given the opportunity to apply for a re-assessment. Applicants currently with a grade 2, 3 or 4 would retain their award, which would convert to low, medium or high respectively.

5.2 Assessment Process

5.2.1 For those authorities and landlords who do not use the local Health Board to carry out assessments, the alternative system generally follows one of two options, namely:

- In-house assessment by housing staff
- Assessment by an Occupational Therapist

5.2.2 The recommendation of the Group was for assessments to be carried out by an Occupational Therapist for the following reasons.

- The Occupational Therapist has the knowledge, particularly with regard to mobility issues, to undertake a professional assessment of the applicant's housing needs in a more holistic manner
- Applicants could be assessed for adaptations when the medical priority assessment is carried out
- The Occupational Therapist would build up knowledge of the landlord's stock, including those properties with adaptations, and the Housing Allocation Policy and be able to advise applicants about realistic area and house type choices
- At the property selection stage, the Occupational Therapist will already have assessed the applicant's need which is likely to result in better matching of applicants to properties.
- A dedicated officer performing the function will aid consistency of approach and decision making.

5.2.3 The guideline assessment criteria are set out in Appendix 1 to this report. It will be noted that these guidelines are not overly prescriptive as this can impede discretion which is important in carrying out assessments of this nature.

5.3 Appeals Process

It is proposed that an Appeals System is introduced whereby the applicant may ask for a review of the assessment of the Occupational Therapist. This would be a two stage process:

- (i) First Stage: the application and assessment will be reviewed by the Occupational Therapist's Team Manager.
- (ii) Second stage: the application and assessment will be jointly reviewed by a Community Care Service Manager and a SEARCH Senior Housing Manager. For the second stage appeal, the applicant will be invited to attend a meeting with the relevant managers.

5.4 Timescales

5.4.1 The following timescales are proposed:

Process	Timescale
Initial Assessment	Within 20 working days
First Stage Appeal	Within 10 working days
Second Stage Appeal	Within 15 working days

5.4.2 Performance against these timescales will be recorded and reported within the electronic performance management system.

6. CONSULTATION

6.1 Due to the relatively tight timescales, consultation on the proposed changes was by way of a postal survey. Over 500 surveys were issued to members of Tenant and Resident Associations, East Ayrshire Residents Syndicate and other interested tenants. Consultation Surveys were also issued to both North and South Disability Access Panels via the Council's Disability Awareness Advisor and also to staff within Housing and Social Work.

6.2 A total of 83 responses were received from tenants and residents and 10 from staff. The feedback has been generally positive.

- 95% of respondents supported the rationalisation of grades from 4 to 3.
- 84% of respondents agreed that those with existing grades of 2, 3 and 4 should retain their grades (converted to low, medium and high).
- 92% of respondents supported the proposal to have an Occupational Therapist carry out the assessment.

6.3 The most prevalent comment referred to retention of existing grades. Of those who disagreed, the preference expressed was to have all existing applications re-assessed. This matter was considered by the Group, but it was felt that this would impose a very onerous burden on a new system at the outset and there could be a negative reaction to the assessment of a doctor being overruled by an Occupational Therapist if the application was re-assessed at a lower grade. However, it may be appropriate at a later date to review existing applications on an incremental basis when the new system has become established, accepted and trusted.

7. EQUALITIES IMPACT

7.1 The medical assessment process is designed to accord a degree of priority to Individuals who have a proven need for housing appropriate to their medical condition or disability.

7.2 The proposed housing medical assessment process will be applied fairly and consistently to all groupings within the community. The assessment outcome may lead to positive action being taken to assist those with an established need to access housing.

8. CONCLUSION

8.1 As NHS Ayrshire and Arran have intimated their intention to withdraw the

housing medical assessment service by April 2011, it is necessary to develop an alternative, robust and credible system to assess housing priority on medical grounds.

- 8.2 The recommended process of using a dedicated Occupational Therapist offers a service which is more holistic and customer focused, providing opportunities to explore tailored housing options for applicants which better utilise existing adapted stock. Additionally, a detailed needs assessment and options appraisal may allow the applicant to remain in their current accommodation with suitable adaptations provided.

9. HUMAN RESOURCE IMPLICATIONS

- 9.1 The new process will require a dedicated Housing Occupational Therapist. Based on a Grade 10 salary the total cost of the post is estimated to be £40,460. Consideration will be given to the appropriateness of this post being hosted within Social Work to provide service resilience.

10. FINANCIAL IMPLICATIONS

- 10.1 Along with the contribution of £9,000 from NHS Ayrshire and Arran, each of the SEARCH partners will make a pro rata contribution. The cost to the Council is estimated to be £26,269. This can be funded from existing Housing Revenue Account budgets.

Partner	Stock	Percentage	Contribution
Atrium Homes	976	6%	£1,887.60
Cunninghame Housing Association	99	2.5%	£786.50
East Ayrshire Council	12,968	83.5%	£26,269.05
Irvine Housing Association	195	1.5%	£471.90
Shire Housing Association	1005	6.5%	£2,044.90

11. LEGAL IMPLICATIONS

- 11.1 There are no legal implications.

12. COMMUNITY PLANNING IMPLICATIONS

- 12.1 The Common Allocation Policy and the associated medical assessment process will support the East Ayrshire Community Plan themes of Improving Health and Wellbeing and Delivering Community Regeneration.

13. ASSET MANAGEMENT IMPLICATIONS

- 13.1 An effective allocation policy, supported by a robust medical assessment process will contribute to sustainable tenancies which, in turn reduces void turnover and concomitant lost rent, security costs and void repair costs.

14. RISK MANAGEMENT IMPLICATIONS

14.1 There are no risk management implications.

15. RECOMMENDATIONS

15.1 It is recommended that Cabinet:

- (i) Approve the new medical process, as set out in section 5 of this report, to support the Common Allocation Policy;
- (ii) Approve the addition of one Occupational Therapist post to the establishment;
- (iii) Otherwise note the contents of the report.

Elizabeth Morton
Executive Director of Neighbourhood Services/ Depute Chief Executive

CMCA/WJ/GD
2 December 2010

LIST OF BACKGROUND PAPERS

Nil

Implementation Officer: chris.mcaleavey@east-ayrshire.gov.uk

Appendix 1

Medical Assessment Process Guideline Health and Disability Grades

The following criteria, although not exhaustive will be applied fairly and consistently. Each application received will be considered on its own merits, taking account of both the severity of the person's health condition and the benefit of a move to the person concerned.

High

An award of high may be given when the person's quality of life is severely adversely affected or curtailed by their current housing situation; or their current housing situation is significantly aggravating or exacerbating a medical condition/disability. This would include persons unable to access facilities within their home such as toileting and bathing facilities or are unable to enter or leave the property.

Medium

An award of medium may be given when the person's quality of life is significantly adversely affected by their current housing situation; or their current housing situation may be aggravating a medical condition/disability and it can be evidenced that a move of house would allow them to function more independently within their home.

Low

An award of low priority may be given when the person's quality of life is mildly affected by their current housing situation; or their current housing situation may, over time aggravate or exacerbate a medical condition or disability.

No Priority

No priority will be awarded where the person's health or disability is not affected by their current housing situation and a move of house would not improve or alleviate their condition.