

ABERDEEN CITY COUNCIL

COMMITTEE	Communities, Housing and Infrastructure
DATE	17 May 2016
DIRECTOR	Pete Leonard
TITLE OF REPORT	Extreme Medical Need for Housing
REPORT NUMBER	CHI/16/095
CHECKLIST COMPLETED	Yes

1. PURPOSE OF REPORT

This report seeks to be more responsive in meeting the housing requirements of applicants arising due to extreme medical need, by revision of criteria for conferring urgent priority under the scheme of allocations.

In particular to provide for allocation of interim tenancies to balance immediate needs and preferences with available stock; this approach is intended to limit the time which applicants require to wait in seriously inadequate accommodation and to minimise delayed discharges from hospital for applicants waiting on allocation of suitable housing.

2. RECOMMENDATION(S)

That the committee:-

- i. Amend the scheme of allocations in order that urgent priority for extreme medical need be conferred on the basis that the Council will offer the most appropriate accommodation to meet basic functional needs within a reasonable time period, typically 6-8 weeks;
- ii. Provide for the allocation of 'step-down' properties which may serve as decants or interim tenancies where sought by Health & Social Care colleagues;
- iii. In recognising that applicants may have preferences which extend beyond basic functional needs which cannot be provided for within a reasonable period, to delegate authority to the Head of Housing & Communities to approve discretionary moves for those who have been urgently rehoused due to medical needs and had sought particular areas or property types which will take longer to obtain;

- iv. Instruct officers to review existing applications with urgent priority due to extreme medical need in order that an offer which meets those needs can be made to all such applicants within a reasonable period;
- v. Amend the scheme of allocations to allow for the exceptional prioritisation of applications in instances where a medical assessment identifies elements of housing need which have not been afforded sufficient reasonable preference by default.

3. FINANCIAL IMPLICATIONS

There are no direct financial implications, however it is envisaged that this approach will lead to a reduction in delayed discharges from hospital, which will be of significant benefit to Health & Social Care providers.

Interim tenancies provided are expected to be self-financing, with the rental charge met by the tenant directly or via means-tested assistance, or in some instances by agreement with Health & Social Care services. This may include a service charge for furnishings and/or management as required.

4. OTHER IMPLICATIONS

Adopting this approach will minimise the time which applicants require to wait in seriously inadequate accommodation or within clinical or care facilities when they could otherwise live independently.

5. BACKGROUND/MAIN ISSUES

The existing scheme of allocations has been in place since October 2012 and provides for urgent priority to be conferred to applicants with extreme medical need:

“Determined after an assessment has been carried out by the Assessment and Advice Team. Such applicants will be awarded a Medium priority on this (Urgent) list. Examples of when this priority may be awarded are given below:-

- *The household cannot access their current accommodation due to extreme health issues and it is not practical to adapt their present home to meet their needs and where a move will significantly improve their quality of life, or*
- *To allow discharge from Hospital where their current accommodation is totally unsuitable due to extreme health issues and it is not practical to adapt their present home to meet their needs and where a move will significantly improve their quality of life, or*

- *Where the current accommodation coupled with the applicant's extreme health issues make a move imperative in order to reduce significantly the risk of injury to the applicant, or.*
- *Where the applicants present home makes essential activities of daily living impossible and it is not practical to adapt their home to meet their needs.*

Application will normally be placed on the list according to the date their priority was awarded but may be given additional priority in exceptional situations.”

Although this approach has been broadly effective, some unintended consequences have arisen.

Preferences & Review

In conferring the urgent status, applicants have not been limited in terms of area or property type preferences. Whereas most have taken account of stock and turnover information to make an informed decision, a proportion have held out for specific properties which exist in very low numbers and for which turnover is exceptionally low.

Urgent Medical Waiting List	Number of applicants
Less than 6 Months	18
6-12 Months	13
1-2 Years	21
Greater than 2 Years	44
Sum:	96

Accordingly more than two thirds (68%) of applicants currently conferred urgent medical priority have been on the list for over a year, with 46% waiting for over two years. There is currently no provision to review applications once the status has been conferred.

In part this reflects that once an allocation has been made, we expect the family to remain within the property permanently and will not afford them priority to move again. This leads to an understandable tendency to be very considered in terms of area and property preferences, though is evidently at the cost of a prompt allocation of suitable accommodation, which can contradict the Council's intent to urgently meet the extreme housing needs which have been assessed.

Revised Priority for Extreme Medical Need

The revised priority for extreme medical need is intended to responsively meet the basic functional needs of an applicant household within a reasonable period, typically 6-8 weeks. This will provide the best match in terms of assessed needs and availability. By this

approach the Council takes seriously the responsibility to source the most suitable accommodation for a household in extreme circumstances. In practice it is likely that a pool of 'step-down' tenancies will be identified to be allocated as needs arise, on a similar basis to decants or temporary accommodation.

Applicants accepting this offer will be given the opportunity to seek a planned move under discretion to their original area of preference, though will be entitled to remain if they prefer. As such an applicant in hospital who cannot return to their own property and is seeking a sheltered house in Bridge of Don will be able to accept an immediately available property in Seaton, whilst waiting on their preferred location to become available.

If applicants refuse the offer made the appeals process will be available to consider whether a further offer ought to be made, otherwise the application would revert to consideration under the waiting or transfer list.

Review of Existing Cases

Officers will engage existing applicants with extreme medical needs to review household requirements and preferences in order to seek an appropriate resolution. Applicants will be afforded no less than six months to revise preferences in an effort to achieve a resolution, further to which an offer of accommodation which meets functional needs will be made under the revised criteria.

Reasonable Preference for Applicants with medical needs

The present scheme of allocations provides for a fixed award of points to reflect tangible elements of unmet housing need and under medical assessment for recommendations to be made for the specification of property required e.g. floor level or in the most severe cases urgent priority to be conferred due to extreme medical need.

Whilst this succeeds in affording most cases sufficient priority on the housing lists to resolve unmet needs, in a limited number of cases an acute set of circumstances exists whereby the default award falls short of affording the reasonable preference which the overall situation merits. An example of this could be where the requirement for an autistic child to have their own room needs to be met more quickly than would be the case for families whose children are merely of age to seek the same.

Although this does not affect a large number of applicants, it represents a gap in terms of reflecting unmet housing need under the policy. It is envisaged that an earlier resolution by medical assessment will reduce the number of these cases which would otherwise necessitate the award of 'urgent' priority once the situation deteriorates to that extent.

Partnership working with Health & Social Care

The provisions of this report are intended to enhance the significant contribution of housing towards minimising delayed discharges and otherwise assisting those in extreme housing need to promptly obtain suitable accommodation. Partnership work with statutory and voluntary sector stakeholders in Health & Social Care is crucial to the success of this approach and officers will continue to work closely with colleagues towards shared objectives as social policy evolves in this regard.

6. IMPACT

Improving Customer Experience:

This approach will improve customer experience by more promptly meeting extreme medical need for housing and diminish the pressure to make a permanent move to a particular area in order to leave hospital sooner.

Improving Staff Experience:

Staff will be enabled to work with vulnerable clients to find suitable solutions to extreme housing need and it will be less likely that applicants will be frustrated due to waiting long periods in adverse circumstances.

Improving our use of Resources:

This approach will more efficiently meet the needs of applicants in extreme housing need and particularly minimise delayed discharges from hospital for applicants awaiting allocation of more suitable housing.

Corporate

The proposals in this report will contribute to the delivery of the National Outcomes for Health and Social Care as articulated within the Housing Contribution Statement and are in line with Aberdeen City Council's 5 Year Business Plan 2013/14-2017/18 and the Single Outcome Agreements. They will deliver Smarter Living and focus on prevention and intervention. The proposals and action so far have been aimed to ensure that the services work alongside partners to develop and deliver services through a 'whole system approach' in line with the Scottish Government and Community Planning Aberdeen's vision to deliver better outcomes for the people of Aberdeen City. Specifically the proposals encourage a culture of self help and will enable people to stay longer in their own homes.

7. BACKGROUND PAPERS

H&E/11/005 Review of the Allocations Policy (01 March 2011)

8. REPORT AUTHOR DETAILS

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