



"Offering our community more than a home"

Medical Priority Policy

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CHA Objectives:

- To provide quality, affordable housing that meets the changing needs of our customers and to ensure fair access to housing within our area.
- To manage the houses provided, in a professional and cost-effective manner, for the benefit of our local community and the environment.
- To provide a first-class maintenance service which offers value for money and ensures the comfort and safety of our residents while achieving high levels of satisfaction.

Regulatory Standards:

- The governing body leads and directs the RSL to achieve good outcomes for its tenants and other service users.
- The RSL is open about and accountable for what it does. It understands and takes account of the needs and priorities of its tenants, service users and stakeholders. And its primary focus is the sustainable achievement of these objectives.
- The RSL manages its resources to ensure its financial well-being and economic effectiveness.
- The governing body bases its decision on good quality information and advice and identifies and mitigates risks to the organisation's purpose.

This policy can be made available on request in a variety of different formats, such as on tape, in large print and translated into other languages.

POLICY FOR APPLYING FOR MEDICAL PRIORITY APPLICATIONS

1. Introduction

This Policy details how Clydebank Housing Association assesses applicants applying for housing on medical grounds. The policy should be read in conjunction with Clydebank Housing Association's Allocations Policy, which is available on demand. The policy takes the following guidance into consideration:

Housing (Scotland) Act 2014

The allocation of social housing in Scotland is governed by the provisions within the Housing (Scotland) Act 1987, as amended by the Housing (Scotland) Act 2001 and again by the Housing (Scotland) Act 2014. The legislation sets out the principles that should guide the practice of social landlords in relation to holding and managing a housing list, the extent to which circumstances and needs should be assessed and the applicant characteristics that should be prioritised in the assessment of housing need.

The Housing (Scotland) Act 2014 changed certain aspects of the law on social housing allocations and management:

- The Right to Buy was abolished for all social housing tenants in Scotland by this Act.
- The Act also made changes to allocation rules for social landlords, to increase flexibility and allow them to make best use of their stock.
- The Act also allows landlords to issue Short Scottish Secure Tenancies (Short SSTs) to address anti-social behaviour.

The other legislative provisions surrounding the allocation of social housing in Scotland relate to meeting the needs of homeless households set out in the Housing (Scotland) Act 2001 and Homelessness etc. (Scotland) Act 2003.

There is also a framework of rights based legislation which influences the allocation of housing and with which the housing association must comply with. These are:

- Human Rights Act 1998;
- Data Protection Act (Incorporating GDPR) 2018;
- Matrimonial Homes (Family Protection) (Scotland) Act 1981;
- Children Scotland Act 1995;
- Civil Partnership Act 2004;
- Immigration & Asylum Act 1999;
- Protection from Harassment Act 1997;
- Domestic Abuse (Scotland) 2011;
- Management of Offenders etc. (Scotland) Act 2005;
- Equality Act 2010; and
- Adult Support & Protection (Scotland) Act 2007

Allocations – reasonable preference

The law requires us to give reasonable preference to certain groups when letting houses. We use the word “house” in this policy in reference to all housing types. The groups to which we must give reasonable preference when letting houses are:

- (a) Homeless persons and people threatened with homelessness with unmet housing needs;
- (b) People living in unsatisfactory housing conditions with unmet housing needs, e.g.:
 - Housing below the tolerable standard
 - Overcrowded houses or large families
 - Where the house is medically unsuitable
- (c) Tenants of houses which are held by a social landlord and we consider them to be under-occupied as defined in this policy

We would consider that a person has unmet housing needs if they have a need which is not capable of being met by their current housing circumstances.

In practice, we will explore housing options on request with all applicants so that they can make informed decisions regarding their housing preferences.

Further details on the above and the allocations process can be found in the allocations policy.

2. Aims

This policy aims to ensure that all medical applicants are awarded the correct points based on their disclosed circumstances and the impact of housing on their medical condition(s).

The key principle of the policy is that it is not the medical condition in itself which should be assessed, but whether rehousing can significantly alleviate it. The term medical condition can relate equally to either a physical or mental health medical condition. Current housing circumstances, existing support services, access/qualification to further support services and the surrounding environment will all be taken into consideration when considering an application for medical points. All medical conditions must have been diagnosed by a qualified person, e.g. a Doctor or equivalent.

3. Definition of Medical Priority

For those who would benefit from medical priority rehousing, the following general definition will apply.

“Those with a health need or mobility difficulty for whom, assuming appropriate health and social work support is provided, rehousing would improve or stabilise their condition or would enable them to function more independently”. Where the health need or mobility difficulty is expected to be short term, no medical points award will be made.

A health need can relate to either a physical or mental health condition.

4. In-House medical points assessment

A self-assessment medical application form must be completed by the applicant. Trained housing services staff will assess each application and award points. The medical application must be made in addition to a housing application form and cannot be considered without this.

Staff will consult an historical database of medical conditions and awards to confirm the number of points and grade to be awarded. Where the database does not include the condition, and where it is clear the condition is being adversely affected by the applicant's housing, the assessor will research the condition before agreeing a grading. This should not be a regular occurrence as the database is comprehensive. All new conditions will be added to the database along with the grading and comments for future reference. The Association has a wealth of medical information available through both the internet and the Housing Management library. The historical database comprises previously made assessments from a qualified Doctor.

The form has been designed so that the assessing officer can award points and make recommendations as to the type of house and amenities suitable, e.g. no stairs, no garden, wheelchair adapted etc, with the aim of helping alleviate a medical condition.

Additionally the assessor can recommend that the applicant should move closer to a carer or closer to amenities if required.

In cases where the recommendation is that the applicant moves closer to a carer and where the applicant lives outwith the Clydebank area, 14 points, in addition to any medical points, should be awarded as per HMPOL1 Allocation Policy. This will apply so long as documentary evidence has been provided and the provision for care points has been satisfied.

Each form and assessment should be completed as fully as possible by both the applicant and staff, with the case being referred to the Occupational Therapy Department of West Dunbartonshire Council if required. This is unlikely to be frequent, only being required in cases where no grading can be decided on, or where an appeal outcome is disputed.

Points are not normally awarded where the issue is caused by circumstances which have already attracted appropriate allocation points, under the allocation policy e.g. overcrowding. In this example the overcrowding points address the circumstances and medical points would only be awarded in exceptional circumstances where the applicant can clearly prove that there is a medical reason for rehousing as well as overcrowding circumstance.

5. Applying For Medical Priority

Applicants can apply for points whether their illness or disability is due to physical or mental health factors, or regardless of which household member has the condition. Both physical and mental illnesses will be treated with the same importance, and staff will always err on the side of trying to award points to applicants where reasonable grounds can be established (by staff) and/or where relevant supporting evidence exists.

Where more than one household member has a medical problem, the person who has the condition most likely to attract the highest level of points will be assessed. Points will only be awarded to one member of a household. The member of staff assessing should refer to the internal documentation, the existing points database, and the internet when deciding on

which condition is likely to attract the highest points. Applicants will be actively encouraged and given as much opportunity as possible to provide as much information as possible and afforded advice and assistance on the information required should it not be contained in the original application form. This is to ensure a full and fair decision making process.

Applicants who are tenants of the Association should be asked whether they would prefer to stay within their own homes if appropriate aids and adaptations could be provided. If so, an approximate waiting time should be given to the applicant so that they can make an informed decision.

Following assessment all applicants will be notified of the number of medical points and their total points. Points will be awarded as follows:

Category A

- Where the accommodation is causing extreme impairment to the applicant's medical condition, and they are housebound with little or no prospect of any adaptations being able to assist them. 20 POINTS

Category B

- Where the accommodation is causing serious impairment to the applicant's medical condition. 10 POINTS

Category C

- Where the accommodation is causing significant impairment to the applicant's medical condition. 5 POINTS

If an applicant's medical condition changes they can apply for a medical re-assessment. Information should include any further relevant information since the first assessment. Where no relevant change of circumstances has taken place, no re-assessment will be permitted for a period of six months. Our procedure for medical assessment will give staff greater detail on the above criteria in order that appropriate points are awarded.

6. Confidentiality

All staff should be aware that an applicant's medical history or condition is a confidential matter and is bound by up to date data protection legislation.

Any information provided by the applicant, other agencies or GP should be filed with the application form so that no unauthorised persons can gain access to it.

7. Completing The Application Form

Where an applicant is unable to complete the medical self-assessment form or has not been able to identify someone who can help them complete it, a member of staff should help them do this. This will be at the office or at the applicant's home. Staff will not under any circumstances include personal observations or points of view in this process and all assessment will be solely made in the information provided by the applicant.

8. Availability

The medical self assessment form can be made available in ethnic minority languages, large print or audio to anyone who requires it. Home visits will be carried out as necessary.

9. Monitoring

The number of applicants awarded medical points, the house size and type they need, the number of offers made and how long it took to rehouse the applicant should be recorded. This will enable monitoring how effective the medical points process is and highlight areas which will require to be reviewed and will provide statistics on monitoring the number of persons requiring special accommodation in terms of size and floor levels.

10. Customer Satisfaction & Appeals

New tenants are routinely surveyed during their new tenant visit to ascertain their level of satisfaction with their new home.

In cases where an applicant is dissatisfied with the way in which their application for medical points has been dealt with, they should in the first instance submit an appeal to the Head of Housing Services. If the matter is still not resolved a second appeal to the Housing Services Sub-Committee should be made. If the applicant is still not satisfied they should pursue this through the Association's Complaints Procedure which is available on demand.

11. Equal Opportunities

This policy complies with the 2010 Equality Act and Clydebank Housing Association's Equality policy. The equalities impact assessment contained in the Allocations Policy relates directly to this policy.

For Office Use Only – Actions

Customer Consultation Required/Arranged	No
Intranet Update	Yes
F Drive Update	Yes
Website Update	Yes
Leaflet change required?	No
Newsletter Promotion?	No
Other information updated, e.g. posters, automatic email responses, post cards, answering machine messages, etc.	No