

**Report under Section 21 of the Public Services Ombudsman (Wales) Act
2005 of an investigation into a complaint
made against
Caerphilly County Borough Council**

INTRODUCTION

1. This report is issued under Section 21 of the Public Services Ombudsman (Wales) Act 2005 ("the Act"). In accordance with the requirements of the Act the report has been anonymised. The report accordingly refers to the complainants as Mr and Mrs P.

THE COMPLAINT

2. Mr and Mrs P complained about the manner in which Caerphilly County Borough Council had dealt with their request for a transfer from their former home. In particular Mr and Mrs P complained that the Council had failed to award them exceptional medical points on their initial application and, in addition, had failed to take account of the difficulties caused by the geographical location of their property.

THE INVESTIGATION

3. The Council provided its formal response to the matters complained of, including relevant background papers and I considered these in detail together with the information provided by Mr and Mrs P in their complaint. I also spoke directly with Mr and Mrs P. Whilst I have not included in this report every single detail investigated, I am satisfied that no matter of significance has been overlooked.

THE RELEVANT POLICIES AND PROCEDURES

4. The Council's Housing Allocation Scheme outlines the priority the Council awards (in the form of points) to people applying for housing allocation or transfer within the County. In respect of health and welfare factors, section 5.3b states that :

"Additional points will only be awarded where there is a clear relationship between ill-health and unsuitable housing and where existing accommodation is not capable of being adapted through the disabled adaptations scheme, or, (in the case of Council tenants only) this is undesirable.

Decisions regarding the award of additional points on health and welfare grounds will be taken following joint assessment by an in-house panel (the rehousing assessment panel) consisting of the Public Sector Housing Manager, an Area Housing Manager, the Accommodation Services Manager and the Occupational Therapist based within the Directorate of the Environment.

Additional points will not normally be awarded to applicants over 60 years of age suffering the common disabilities of age e.g. angina, arthritis, emphysema unless the disability has a substantial and long term adverse affect on the applicant's ability to carry out normal day to day tasks. Applicants will be required to specify why their home is unsuitable and how rehousing will improve their capacity to manage their day to day responsibilities. Applicants under the age of 60 years who suffer from these conditions will be assessed on the same basis, that is, the extent to which the disability affects their ability to carry out normal day to day tasks.

Additional points will not normally be awarded in respect of common ailments e.g. asthma, coughs and colds attributed to dampness or inadequate heating, unless the effect of the condition has a substantial and long term adverse effect on the way in which the applicant is able to carry out normal daily to day tasks.

Additional points will not normally be awarded to enable applicants to secure the tenancy of high demand accommodation when there is lower demand

accommodation available in the area which would meet the medical need without disrupting the existing social support networks.

Additional points will be awarded to disabled persons requiring purpose built or adapted housing.

...

Applicants whose circumstances do not warrant referral to the Rehousing Assessment Panel, but who can demonstrate difficulty in coping with house or garden, may qualify for an additional award of points to reflect this difficulty, regardless of their age and whether or not they are living in general needs accommodation.”

5. The Council’s leaflet outlining its points scheme states that “you will only get [50 exceptional medical points] if your illness/disability makes your present home unsuitable or hinders your recovery. The illness or disability may affect you or any member of the family to be rehoused with you.”

6. The Council’s Adaptations and Daily Living Equipment Procedures are currently under review. The relevant section of the procedures states that the essential criteria for adaptations includes that the adaptations must be “necessary and appropriate because of the nature of their disability. The adaptations must to a significant degree actively enhance an individual’s independence and/or ability to remain in or be discharged into the community. Appropriate alternative housing for Public Sector applicants MUST be explored before considering the provision of major adaptations.”

7. Under the heading ‘General Considerations’, the procedures state:
“The client is assessed for Adaptations that are deemed to be ‘necessary and appropriate’ by Directorate of Social Services. The Directorate of Environmental Services & Housing will assess whether the request is ‘reasonable and practicable’ in respect of recommended adaptations.

The assessment provision of the Adaptation should take into account both the current and long term needs. Advice should be taken from appropriate sources where necessary e.g. District Nurses, General Practitioners, Consultants etc.”

8. The criteria in respect of the provision of stairlifts, include that “the client is unable to climb the stairs without extreme difficulty and/or it is medically contra-indicated for the client to climb the stairs and the prognosis is static or deteriorating.”

9. Section 9 of the procedure also sets out the role and scope of the Medical Assessment Panel. It states that:

“The Medical Assessment Panel comprises the Public Sector Housing Manager, Housing Manager (Accommodation Services), Area Housing Manager, Occupational Therapist (Housing) and the Team Manager (Community Occupational Therapy). The Panel meets monthly to consider reports from the Area/Neighbourhood Housing Managers in respect of applicants seeking priority rehousing on medical grounds. Cases presented to the Medical Assessment Panel are carefully researched, and must be accompanied by supporting documentation to assist the panel in reaching a decision. The Panel also acts as a review body in cases where the Area/Neighbourhood Housing Manager does not support an applicant’s request for medical priority.

The Panel can make an award of 50 points to cases which they approve, but these are granted only in exceptional circumstances to applicants whose physical or mental ill-health make a move to alternate accommodation a matter of urgency.”

EVENTS LEADING TO THE COMPLAINT

10. At the time of the complaint, Mr and Mrs P were renting a three bedroom property from the Council and lived there with their two teenage children.

11. On 10 January 2006 the Council received an application from Mr and Mrs P to transfer from their then property. The form indicated that Mrs P was finding climbing stairs and bathing difficult and that she had been assessed by an occupational therapist ("OT") on 9 January 2006. The form also stated that Mrs P wanted to be rehoused on the flat as she was unable to negotiate the steep hill up to her current home.

12. The occupational therapy assessment stated that both Mr and Mrs P were able to walk around their property independently, though Mrs P did need to hold onto furniture or use a crutch. It was noted that she could only manage to walk a short distance and therefore had a wheelchair for outdoors. She was able to negotiate the stairs though it was noted that she was "a little breathless". Mrs P was recorded as having had two strokes which had resulted in some left-sided weakness. She also suffered with asthma, diabetes and osteo-arthritis. In relation to bathing, it was recorded that "Bathlift in situ from Feb[ruary] 2005 provided by hospital OT following CVA. Mrs [P] demonstrated safe transfer on/off. Mrs [P] did state that she has had some difficulty with bathlift, and would prefer shower, however, she does not meet the criteria at present". The assessment further stated that "Mrs [P] would like to be able to go out more on her scooter but is restricted by both the steep hill and access to the property. There was also a handwritten undated note at the bottom of page one of the file copy of the assessment form that Mrs P "currently has transit chair pending assessment for electric chair."

13. The recommendations which were set out at the end of the form included:

"Provision of stairlift. Following discussion with Mrs Pike they have decided to apply for housing transfer. Therefore stairlift cannot be provided at

present. Any property that Mr and Mrs [P] were to move to would need to be suitable for stairlift to be fitted or to all be on the level.”

14. As Mr and Mrs P’s transfer application form indicated that there were medical issues, they were asked to complete a “Rehousing Assessment Form”. On the form, Mrs P reiterated the difficulties that she was experiencing at her current property. In response to a request for information about her mental health, Mrs P wrote that she had “no mental health problem, but I am getting depressed a lot as I cannot do anything like go out on my scooter to town or the doctors on my own.”

15. The Council wrote to Mr and Mrs P on 17 January acknowledging receipt of the form and stating that it was necessary for Mrs P to provide medical evidence from her GP and consultant to assist in the Council’s assessment of her application.

16. A letter from Mrs P’s GP was received by the Housing Office on 8 February. It stated:

“I write on behalf of this lady who has requested more suitable accommodation. She is not in good health and suffers from disc prolapse, asthma, osteoarthritis, diabetes and has a history of CVA/stroke. She has motorised means of transport but this will not manage the hills surrounding her present accommodation. Her husband suffers from sciatica. I support her request to be re-housed.”

17. A letter dated 15 February was sent to Mr and Mrs P stating that their application had been awarded 10 points and informing them that they had a right to review. A further letter was sent on the same date acknowledging receipt of the GP’s letter and requesting medical evidence from Mrs P’s consultant.

18. Mr and Mrs P’s local Assembly Member (“AM”) approached the Council about the award of medical points to Mr and Mrs P’s transfer application. In her

email response of 15 February, the Neighbourhood Housing Manager explained the Council's process for the award of medical points:

"The award of additional points due to medical circumstances requires thorough investigation. This investigation normally includes an assessment by an Occupational Therapist who would provide a report containing recommendations, along with a request for the applicant to provide written medical evidence from their GP and consultant. The decision to award medical points is made by a panel and in order to consider the request, the panel requires extensive information which can, unfortunately, take time to collate."

19. It was noted that there appeared subsequently to be some confusion about getting information from Mrs Ps' consultant, but it was clarified by a second OT (who had become involved in the transfer request as she was a housing OT) that she (the OT) could request the relevant information from the consultant directly.

20. The second OT requested a copy of the OT assessment which had been undertaken in January. She also carried out a home visit on 21 March 2006. It was noted that the second OT was unable to assess Mrs P's mobility as she was taking medication in preparation for a hospital test the following day. The summary of the report stated:

"Mrs [P] stated that she feels isolated in her property , as she is only able to leave when accompanied by her husband. This is due to the fact that the property is situated at the top of a hill which Mrs [P] finds too difficult to negotiate. They had attempted to overcome this by privately purchasing a scooter, however in order to enable the scooter to be dismantled and transported in the car, it was of limited local use due to its lack of power. Although Mrs [P] has been provided with an attendant propelled wheelchair for use out of doors Mr [P] stated that he is unable to push the wheelchair

due to his own health problems but also because of the steepness of the area in which they live.

Recommendations: that further information be obtained from Mrs [P]'s consultant prior to any recommendations as to the suitability of the current property as the difficulties arise not as a result of the property itself, which is suitable for or could be adapted to meet Mrs [P]'s needs, but relates to the area in which the property is situated."

21. Following the OT assessment, the Council wrote to Mrs P's consultant for further information about Mrs P's condition particularly in light of the recent scan which she had undergone, and how this may restrict her housing needs. A letter was received back from the consultant on 18 April 2006 which stated:

"This lady has undergone CT scanning for degenerative spinal disease with degenerative change at L4/5 and L5/S1 on CT scan. She is to undergo an epidural injection shortly. Hopefully, symptoms will be somewhat reduced following this."

22. However, he subsequently submitted a further letter dated 2 May, and recorded as being received at the Council's offices on 1 June, which stated:

"Mrs [P] has undergone her epidural injection with no improvement. She has now been referred on to the Chronic Pain Clinic.

The amount of disability that she has regarding her back and also secondary to a previous CVA means that she is virtually housebound in the house that she has at the moment, which is on a hill. It would be very much in her interest and long-term well being to be re-housed in a house on the flat. I would be grateful if you could give her every assistance with this."

23. The content of this letter was noted by the second OT and in addition that the family's main difficulties related to the geographical location rather than the property itself which could be adapted to meet the family's needs. She therefore suggested that the family be awarded additional points for 'difficulty coping' given that the adaptations were not being undertaken due to their current transfer application.

24. On 30 June a letter was sent to Mr and Mrs P stating that they had a total of 28 points on the transfer list. The letter also informed them that they had a right to request a review of the decision. Mr and Mrs P did contact the Council about the matter and met with the Chief Housing Officer to voice their concerns that the nature of the area had not been taken into consideration. The Chief Housing Officer subsequently wrote to Mr and Mrs P on 11 July 2006 stating that the Council:

"Will treat this as an appeal against the decision not to award additional medical points outlined in the letter to you of 30 June 2006. The basis of your appeal is that the Council has not properly considered the need you have expressed to live in a flat area to allow Mrs [P] to greater independence and mobility outside of the home."

25. Mr and Mrs P were informed that their appeal was to be heard by the 'Rehousing Assessment Panel' on 21 September 2006. The Neighbourhood Housing Manager presented the report of Mr and Mrs P's case, the recommendations of which were:

"The decision not to submit this case to the rehousing assessment panel for the award of medical points was based on the information provided by Mrs [P] and the professionals involved with both her medical care and those professionals who carried out assessments. Specifically the report provided by [the second OT] did not recommend urgent rehousing neither did the report by [the first OT]. [The first OT] did in fact recommend adaptations to

the current property; however, Mrs [P] stated that she would prefer to move. The housing circumstances of Mrs [P] do not appear to be any more severe than many other applicants at this time.

In addition, Mrs [P] has maintained throughout the investigation process that her current property is not a problem, the problem is that her scooter cannot manage the hilly area. I would therefore recommend that the Housing Managers decision is upheld and the applicant's request for additional points based on medical circumstances is denied."

26. The records of the discussion at the panel meeting included:

"Several times during the appeal, Mr [P] advised that their current accommodation is suitable to their needs, but the location is not – too hilly. Mr [P] advised that they would move anywhere (apart from [one estate in the borough]) if the property was situated on the flat. ... Mrs [P] advised that she wants her own independence and not have to rely on their car to go out.

...

Mr [P] advised that he has made enquiries with Charter Mobility who have advised him that no motorised scooter would be able to manage the hill where they reside.

Panel members agreed [...] that the property is suitable to their needs, however recognising that there are some difficulties.

Recommendation: To uphold Neighbourhood Manager's decision and to undertaken minor adaptations and to also advise Mr and Mrs [P] that mutual exchange could be an option.

If there is any deterioration in Mrs [P]'s condition, to re-submit an application."

27. Mr and Mrs P were informed of the decision not to award the medical points in a letter dated 2 October. Over the next few weeks there was much contact between Mr and Mrs P and the Council as they were clearly undecided as to whether to remain on the transfer list or to remain at their property and have the adaptations completed.

28. Mr and Mrs P decided that they wanted to remain on the transfer list. It is recorded in email correspondence that the Housing Manager "requested the Housing OT to review the case with regard to any adaptations required and also in respect of Mrs [P]'s disability. We will contact Mrs [P] once that review has been concluded." The Chief Housing Officer wrote to Mr and Mrs P's AM who had approached the Council on their behalf. The letter stated :

"I wish to advise you that the Council is aware that Mr and Mrs [P]'s problems include the location of their current property, rather than the type of property itself. I also wish to confirm that this issue was taken into consideration by the rehousing assessment panel.

In view of the circumstances, my officers have requested a review of this case, by the Housing Occupational Therapist, with regard to any adaptations required and also in respect of Mrs P's disability."

29. The OT subsequently visited Mrs P at home on 20 November to reassess her needs. It was noted that she was able to manage the stairs "with difficulty" and that she was to be provided with a powered wheelchair for mobility outdoors. The assessment that was produced noted three main areas of concern; that Mrs P had difficulty managing the stairs to access the bathroom and bedroom, that whilst Mrs P was able to use the bathlift but since being on insulin she felt giddy when it moved upwards and thus no longer felt able to use it (she said that she was going to her friend's house to shower once a week) and that there were some issues with the access for her powered wheelchair as a temporary ramp would not be suitable due to the weight of it. In respect of the provision of a

stairlift, the OT's assessment recorded that: "heavy duty perching type as client is approx. 18 stone and GP has advised that L[eft] leg should remain in extended position. To complete recommendation to housing technical following discussion that stairlift could now be provided . Also to check with housing technical that this type of stair lift can be provided as it is not what was originally thought to be needed." It was also noted that "Mrs [P] stated that she used to go out shopping and to bingo every week, and that she is no longer able to do so due to the steep hill where housing is situated. Powered wheelchair may make the hill and then Mrs [P] should be able to go out more locally."

30. In her email correspondence summarising the assessment, the OT noted that Mrs P "has put on weight and had more difficulty managing stairs. The problem with flexing her left knee is that it goes numb when in flexed position, then when she goes to stand she finds it difficult to put weight through it at all. GP has apparently advised her to keep it in a more extended position, (and therefore she is unable to use her scooter). GP has referred Mrs [P] to Wheelchair Service and they have ordered her an EPIOC Harrier with 19" seat. This won't be delivered until ramped access is done. She is also having chest pains and is having ECG today [...]. Mrs [P] also stated that she is incontinent (which wasn't mentioned previously. This has apparently been a problem since CVA." It was also noted that there were issues with bathing and that "Mr [P] did say that if all adaptations could be done maybe they would reconsider staying at the property."

31. Adaptation work to install ramped access to the property and a stairlift suitable for Mrs P's needs was ordered at the end of November. The ramped access to the property was completed, though a letter dated 8 December from Mr P's AM stated that Mr and Mrs P were "concerned that 'major works' are being carried out at a property that is not suitable for his wife due to its location. He stressed again that his wife is virtually housebound because of the steepness of the hills surrounding their home."

32. It was recorded that it was explained to Mr P that where rehousing was likely to take some considerable time, the Council could approve adaptations in the interim to improve the quality of life of the disabled person whilst waiting for rehousing. However, works would not normally be carried out whilst a decision from the Medical Panel was pending as it would not be possible to determine how long an applicant would wait for rehousing until the points award was finalised. It was explained to Mr P that this was why the adaptations were not carried out sooner in his case.

33. Two stairlift companies were approached. One stated that they were unable to quote to supply a stairlift as the only lift which may meet Mrs P's needs was a 'freelift' with swivel seat and the company did not supply this lift. The second company confirmed that a 'perched' lift would not be suitable but it would be able to install a 'freelift' at a cost of £4,200. However, it subsequently stated that "on visiting Mrs [P] to complete our final survey it was found that the [freelift] would be unfeasible due to Mrs [P]'s posture i.e. unable to bend her knees. There is no stairlift on the market that would be suitable so unfortunately we are unable to install a stairlift at this property."

34. It was further considered whether a vertical lift could be installed at the property to enable Mrs P to appropriately access upstairs, but it was decided that there was insufficient space at the property for a vertical lift which could accommodate Mrs P's wheelchair.

35. It is recorded that the OT visited Mrs P again on 17 January to reassess her needs. It was recorded that she had fallen "off the bathlift when getting off it and fell as her left leg gave way. She currently has an arm in plaster as she broke her arm when she fell."

36. A Medical Assessment form for rehousing was completed by Mrs P dated 18 January 2007. On this form she stated that she was having difficulty with the stairs and was having falls in and out of the bath. She stated that she now had an

electric wheelchair for indoor and outdoor use, but was not able to get around as the doorways at the property were not wide enough.

37. At the meeting of the Rehousing Assessment Panel on 25 January, it was recorded that:

"A previous request for medical consideration was refused. A further reassessment has taken place. Mrs [P]'s functional ability has deteriorated. It is not feasible to adapt the current accommodation. OT has recommended rehousing to 3 bed level accommodation.

Recommendation:

- Award 50 points
- Any further offer of alternative accommodation is to be made in consultation with the Housing OT"

Mr and Mrs P were therefore awarded the 50 exceptional medical points and were subsequently offered a property when a suitable vacancy arose. Mr and Mrs P have since moved into the property.

WHAT THE COMPLAINANT HAD TO SAY

38. Mr P said that the family had applied for a transfer due to the location of their property, which was situated on a long steep hill. He said that due to her mobility problems she had to use a wheelchair outdoors which was virtually impossible to do on the hill that they lived on. Mrs P said that she had felt isolated and depressed as she had no independence to be able to go out on her own. Mrs P said that she had to rely on Mr P to drive her as she could not drive, and she was unable to even get to the shops or doctors on her own. She said that they had purchased a scooter, but it was not powerful enough to get up the hill. Mrs P said that she felt that she was therefore a prisoner in her own home.

39. Mr P said that the Council had requested medical evidence, and they had then provided letters from both Mrs P's GP and her hospital consultant. Mr P said that the Council had said that it needed medical evidence, but had not specified what evidence it required over and above the letters that Mr and Mrs P had already provided. Mr P cited the criteria set out in the Council's own points scheme for the award of the 50 medical points. It states :

"You will get these points if your illness/disability makes your present home unsuitable or hinders your recovery. The illness or disability may affect you or any member of the family to be rehoused with you."

40. Mr P stated that he had asked the Council to explain in more detail what "hinders your recovery" means, but he said that he had received no response to this point. He said that in his view, the consultant's letter clearly states that Mrs P's recovery will be hindered by the fact that she is unable to get out and about on her own. Therefore he felt that the 50 medical points should have been awarded.

41. Mr P stated that he could not believe that they had not been awarded the medical points so he appealed. He said that he also made the point that a stairlift could not be fitted at the property. Two days before the panel date, he said that a technical officer from the Council came out to visit the property and measured up to check that a stairlift could be installed.

42. Mr P said that the main problem remained the location of the property and this was stated at the panel hearing in September 2006. He said that, after their appeal to the panel had been turned down, they considered whether to have the adaptation work done or to stay on the transfer list. Mr P confirmed that at that time Mrs P was being considered for an electric wheelchair from Rookwood Hospital because of the fact that she was not able to go out on her own. However, he said that she was not able to have the wheelchair without a ramp to the front door being installed. As soon as this was completed, Mrs P said that she

was able to go out on her own as she was able to get up and down the hill in her wheelchair. Mr and Mrs P therefore felt that their circumstances were improving as Mrs P had some independence and the house was to be adapted so that Mrs P could get up and down the stairs.

43. Mrs P explained that her left leg had to remain in the extended position as if she bends it for more than a few seconds, her leg goes numb. This had caused a problem with the installation of a stairlift. A perching stairlift was not suitable as Mrs P would have to have her weight on both feet to use it safely which she could not do. Therefore it was felt that a freelif swivel seat would be appropriate. However, it transpired that the landing was not wide enough for the lift to swivel at the top of the stairs with Mrs P's leg still extended.

44. Mr P said that as soon as there was recognition that the property could not be adapted, they were awarded the 50 points very quickly. Mrs P said that she felt that the OT was suddenly taking her seriously as the hospital had provided her with a special wheelchair. Mrs P said that she did not feel that her mobility had deteriorated since the previous assessment, though her back condition was deteriorating. The main difference was the fact that she had broken her wrist following a fall getting out of the bath. This meant that she was unable to steady herself and thus her mobility had suffered. However, it was not a permanent change as her hand would heal and Mr P said that he felt that it did not warrant such a drastic change in the assessment.

45. Mr and Mrs P said that they were pleased that they had now been rehoused. However, Mr P felt that the 50 medical points should have been awarded to them at the outset and that the 12 month wait had caused them stress and uncertainty.

WHAT THE COUNCIL HAD TO SAY

46. In its response to this office, the Council outlined the chronology of the matters complained about, much of which is outline in the earlier part of this report. It further stated:

"The Social Services Occupational Therapist (OT) initially assessed Mrs [P] on 9 January 2006. At that time, it was determined that either adaptation of their property by installation of a straight stairlift and possibly ramping, or a transfer would meet her needs. I understand that as the family's main concern was the position/location of their home and the OT could not support the installation of a hardstanding they opted to apply for a transfer. No action was therefore taken in respect of adaptations and no recommendation was forwarded to the Adaptations team, whilst their transfer request was being submitted and processed in order that the timescale for rehousing could be assessed. A transfer application was submitted on 10 January 2006.

Whilst not specifically documented in any policy this is normal procedure as it is not considered appropriate to highly adapt a general needs property when the tenant is hoping to and/or is likely to be rehoused to a more suitable property in the near future. Therefore, no adaptations are normally considered for processing when a transfer request is submitted until the points and likely waiting time for rehousing has been established.

...

It is also unusual to carry out major adaptations to a property where a tenant's primary wish is rehousing as the completion of adaptations invariably results in the tenant/housing applicant losing housing points in relation to the special circumstances such as upstairs bathroom/WC, which may significantly compromise their case for rehousing. However if someone is likely to be waiting for a considerable time for rehousing and we are able to improve the disabled person's quality of life in the interim we can and do look at whether adaptations could be provided in the interim, as long as the client accepts that they may have to wait longer for rehousing because of the resulting subsequent reduction of points.

[The] Housing OT assessed Mrs [P] in March 2006 in connection with the transfer application and indicated that the family's primary concern related to the location of their home rather than the need for adaptations. She concurred with the Social Services OT that the property was capable of being adapted to meet Mrs [P]'s needs but that the family wanted to move regardless of adaptations because of the location of their current home."

CONCLUSIONS

47. Mr and Mrs P's complaint is that they should have been awarded the 50 exceptional medical points in January 2006 because their house was not suitable for their needs. It seems to me that there are two main issues at the heart of their complaint; firstly, that the 50 exceptional medical points should have been awarded in early 2006 after the first assessment and the accompanying medical information from Mrs P's GP and consultant, and secondly that insufficient weight was given to the location of their property and how that impacted on its suitability for Mrs P.

48. I note that Mr P has stated that Mrs P's condition had not deteriorated during the time between the first and second assessments. I can only take account of the content of the written assessments and accompanying documentation to reach my conclusions. The first assessment in January 2006 indicates that Mrs P, whilst having some difficulty, was mobile around the property, could manage the stairs and was using a bathlift to assist her with bathing. By the time of the subsequent assessment in November 2006, it was noted by the OT that she was having more difficulty with the stairs and she said that she was not using the bathlift due to problems of feeling dizzy. Therefore it was noted that she was not bathing. It was also noted that she was incontinent which had not been raised in the previous assessment or in either of the medical letters from the GP or the consultant. By January 2007, the OT noted that Mrs P had in fact fallen from the bathlift and broken her arm. She was not using the bathlift and therefore could not bathe.

49. It seems to me that the assessments do indicate a deterioration in Mrs P's circumstances from someone who was coping, albeit with some difficulties, in January 2006 to someone who was having increasing difficulty and was unable to maintain hygiene by the time of the second assessment. Indeed, by January 2007, Mrs P had caused herself further injury in her attempts to bathe. This indicated a pressing need for some sort of intervention. There is nothing to suggest in the first assessment that urgent rehousing was needed; the main difficulty outlined by Mr and Mrs P concerned the social effects of Mrs P's isolation due to the property's location.

50. In my view, there is sufficient evidence from the documents that I have seen that there was deterioration in Mr and Mrs P's situation between the assessments. I note Mr P's argument that the location of the property "hindered Mrs P's recovery". I also note that Mr P was aggrieved that he had sought clarification of this phrase, as used in the leaflet detailing the Council's points scheme (paragraph 4 above), from the Council and that this was not forthcoming. Mr P has to accept that such phrases are open to interpretation and a definitive definition is not possible and can even be restrictive for applicants. Whilst I accept that a lack of independence may have had an effect on Mrs P's social and emotional well being, I cannot accept that it "hindered her recovery" from her medical condition in the sense that is meant here or constituted a reason for urgent rehousing. Having considered all the factors outlined above, I conclude that the initial decision by the Council not to award the exceptional medical points was not unreasonable or contrary to their current policy. I appreciate that it subsequently transpired that the property could not be adapted. However, Mr and Mrs P did not raise a concern about this in their application or at the Appeal Panel hearing and it was impossible for the Council to predict that the stairlift company, having initially agreed to fit the stairlift, would change their opinion. I therefore do not uphold this part of Mr and Mrs P's complaint.

51. However, I do have concerns that the Council did not take account of the topography of the area and the effect that this had on the suitability of the

property and the long term prospects for Mrs P. Its adaptations procedures indicate that both current and long term needs should be taken into account in the assessment.

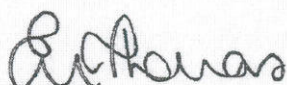
52. Whilst I can see that individual officers did attempt to deal with Mr and Mrs P's transfer request and their subsequent concerns, I have seen no documentary evidence to indicate that the Council gave consideration to the location of the property. Mrs P's isolation, whilst not a reason for urgent rehousing, should certainly have been a factor in considering the long term suitability of the property. The Council never specifically addressed this issue in any of the notes or correspondence on file. I cannot accept that the geographical location of a property, where the local topography has an extreme effect on an applicant's quality of life, is not a relevant consideration when assessing suitability. The ability to achieve independence has to be a significant factor for someone of Mrs P's age and situation and it is understandable that she would request a transfer in order to achieve this. Indeed it was specified by Mr and Mrs P as the central reason for their request for rehousing and the medical evidence all related solely to this issue. As such, it should have been a substantial part of the Council's consideration of Mr and Mrs P's circumstances. However, the Council do not seem to have looked at this issue at all, rather taking a very narrow view that it could consider the internal layout of the property only.

53. I am concerned therefore that Mr and Mrs P's central problem with their former property was never followed up from the first assessment by social services or adequately considered by the housing department. In my view, the Council's reluctance to specifically address this issue resulted in confusion for Mr and Mrs P and delay in the process. The Council was prepared to sanction major adaptation work to a property which may not have ever been suitable in the long term. This was understandably a source of concern and anxiety to Mr and Mrs P who felt that their former property would never be suitable for their needs. It is clear from subsequent events that there was a wheelchair available which was powerful enough to allow Mrs P to go out unaided. Further enquiries could have

been made at the time of Mr and Mrs P's initial transfer application to ascertain whether there was a means of enabling Mrs P to gain her independence at that property. Thus, the Council could have clarified whether the property would ever be suitable for Mrs P at a much earlier stage. Whilst I cannot say that this would have speeded up Mrs P's referral for her wheelchair or that it would have facilitated quicker rehousing for the family, it would certainly have alleviated some of the uncertainty for Mr and Mrs P and the understandable indecision which they faced during the intervening period. The Council's failure to follow up or adequately consider the problems presented by the geographical location of the property and Mrs P's lack of independence identified in the assessment, medical evidence and by Mr and Mrs P themselves amounts to maladministration. I therefore uphold this part of their complaint.

RECOMMENDATIONS

54. I recommend that the Council apologise to Mr and Mrs P and make a payment of £500 in recognition of the anxiety and uncertainty caused to Mr and Mrs P by the Council's failure to adequately consider the issue of the location of the property, as well as their time and trouble in pursuing their complaint.



Elizabeth Thomas

Director of Investigations

[Signed under the authority delegated to me by the Ombudsman]

Date: 25 February 2008

Report Reference Number: 200601739